Arizona Health Improvement Plan

Healthy People, Healthy Communities

2016 - 2020

Arizona Health Improvement Plan

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Healthy People, Healthy Communities

The overall quality of life for Arizonans depends to some extent on the critical role public health plays in helping communities and individuals thrive. Public health services exist to create conditions for improvement in health by assessing and monitoring the health of communities and populations; preventing the spread of disease; promoting policies; and developing partnerships to identify and solve health problems.

The development of the Arizona State Health Improvement Plan (AzHIP), *Healthy People, Healthy Communities*, is the result of the diligent work of numerous public health professionals, advocates and community stakeholders at the state, county and community levels. The AzHIP is a plan for the entire public health system. Stakeholders include state and local government, healthcare providers and health plans, employers, community groups, schools, universities, and many more. The AzHIP provides a structure and a venue to bring together a loosely networked system of partners to align resources and efforts to improve the health of communities and individuals across Arizona. This is the Arizona health agenda.

Assessing Arizona Health Issues

The AzHIP is an extension and natural outgrowth of the State Health Assessment (SHA) which was completed in April 2014. More than 10,000 individuals were engaged in identifying the local community health priorities. The SHA includes analysis of both quantitative and qualitative data to determine the public health status of the state. The SHA explored Arizona's population demographics, social and economic realities, and accounted for community and partner input. The end result was a comprehensive summary of leading public health issues faced by Arizonans statewide.

A combination of the Community Health Status Indicator Project Model and the Healthy People 2020 Map-It Model was applied to better understand the public health issues and ensure a comprehensive view of the public health system and health indicators. The assessment process began with a review of 60 nationally recognized indicators of health for data reliability, availability, and comparability across Arizona, which later narrowed to 30 priority indicators. High risk communities were identified in the report to help determine specific geographic areas most challenged in accessing preventative healthcare and achieving positive health outcomes.

Each of the 15 Arizona county health departments engaged the public and their local partners to develop a county-wide assessment, which included primary and secondary data analysis. Primary data was collected through local community participation in surveys, focus groups, and strategy meetings to establish local priorities. Secondary data was compiled for each county by the Arizona Department of Health Services (ADHS). Each of the 15 County-Level Health Assessments (CHAs) serves as a basis for a County Health Improvement Plan (CHIP) and provided data for the SHA. County Health Profiles were developed to summarize the key issues for each county and to be used as communication pieces for the public (Exhibit A).

Fifteen leading public health issues were identified from county and state priority rankings. The leading public health issues are summarized in the assessment in terms of impact on the lives of Arizonans through the significance and scope of the problem, trending over recent years, and a comparative analysis against national data. Additionally, a preliminary assessment of Arizona's capacity to address each issue was developed including determining the level of community support, the availability of evidence-based and best practices, and the current level of state and community assets.

Health indicators inform the public about the health of a community. Community health characteristics can improve, worsen, or maintain over time. They can also be heavily impacted by factors such as economic, social, quality of life and environmental statuses. Mortality and morbidity information, Healthy People 2020 indicators and county-level information provided the basis for initial identification of leading public health issues in Arizona. Additionally, at-risk communities were identified by comparing the status of 27 health indicators, the presence of medical professional shortage areas, and poverty at the Community Health Analysis Area (CHAA) level.

The criteria for the indicators were:

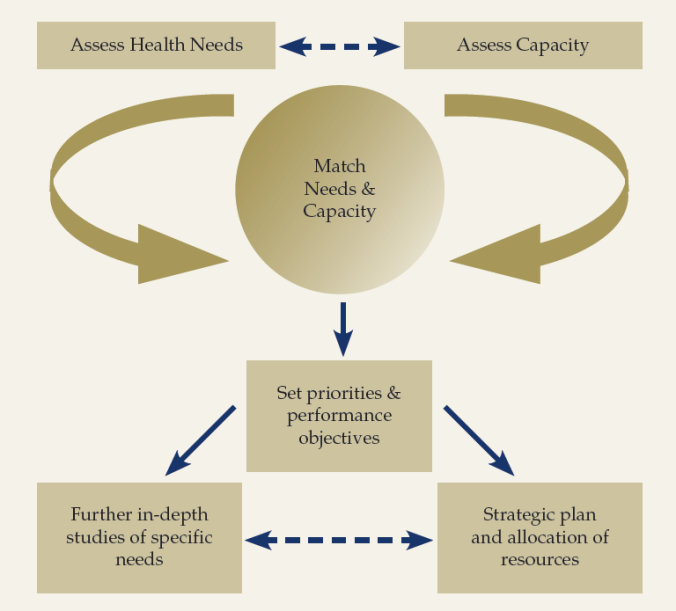
- Comparable measures of health over time, between groups of people, and across geographic areas
- Informed by conceptual models of health
- Reliable and valid
- Communicated well and easy to understand
- Relevant, important health issues
- Reflective of prevention opportunities
- Transparent in measurement
- Credible with quality data sources and methods
- Frequently updated
- Reflective of a stated purpose
- Indicate who is accountable to act

Leading public health issues were then selected from the health indicators using the following factors: the scope or magnitude of the problem; the seriousness or severity of the problem; the availability of effective interventions; the feasibility of addressing or the potential to impact the problem; community acceptance; and laws permitting program activities to be implemented. This framework, combined with a strong substantive analysis of needs and system capacity, informed the establishment of AzHIP priorities. (Figure 1)

What is a Community Health Analysis Area?

Typically in most states, data is collected at a county level, and county level data represent the communities of a state well. However, in Arizona, with only 15 counties and over 60% of the population in just one county, the data shown at the county level are not population-weighted and do not accurately represent all the communities of Arizona. In the US Census hierarchy of geographic types, the next possible geographic designations are Census Tracts, but with 1107 tracts in Arizona this option creates small areas with too small of a population to be statistically significant. Therefore, ADHS created geographical designations called community health analysis areas (CHAAs) that both represent the communities of the state and provide population numbers conducive to statistical analysis. CHAAs can be utilized to monitor trends because their borders remain stable over time. CHAAs are built from US Census 2000 Block Groups by aggregating them in a way that closely matches existing community boundaries, such as cities, planning areas, and Indian Reservations. Since CHAAs are built from Census Block Groups, all data available at the Block Group level can be aggregated to the CHAA level. In addition, any street address or zip-code-level data can be added to the CHAA layers through a process of geocoding then spatial joining. Geocoding was implemented for all datasets containing address information.

Figure 1: Health Assessment and Health Improvement Planning Framework



Primary Data Collection: County Public Health Departments conducted primary data collection in each of Arizona's 15 counties. Methods included, but were not limited to:

- Surveys (English and Spanish)
- Focus groups (youth, elderly, etc.)
- Community meetings
- Provider group meetings
- Partnerships with non-profit hospitals completing Internal Revenue Service (IRS) community needs requirements
- Involvement of Tribal Health Departments

Community Health Assessments (CHAs):

- All 15 counties completed a CHA
- Various models for CHAs were utilized to best represent the needs of each county
- Multiple trainings and technical assistance opportunities were provided by the National Association of County and City Health Officials (NACCHO) & ADHS
- A SharePoint site providing IT infrastructure was created in the Cloud to house all data and share information across counties
- Arizona Accreditation Learning Community created to allow for networking and encourage sharing of resources and best practices within the State
- Analysis of the 15 county CHAs revealed great variability in the number and type of health priorities among the counties (from 3 to 12 priorities)

County Survey: Due to the variability in the number of health priorities identified across the county reports, ADHS again surveyed all County Health Departments to ensure that the resulting top ten priorities from the County perspective were represented. Each county had an equal number of votes in determining the priorities. The priorities identified in the County Survey were:

1. Obesity
2. Behavioral Health Services (access and/or coverage)
3. Diabetes (prevention and management)
4. Heart Disease (prevention and management)
5. Insurance Coverage (affordability and/or availability)
6. Teen Pregnancy
7. Substance Abuse (drug/alcohol usage)
8. Access to Well-care, General Health Check-ups
9. Creating Healthy Communities and Lifestyles
10. Management of other Chronic Diseases (Cancer, Respiratory Disease, and Asthma)

Statewide Health Issues: Statewide data trends, when combined with the county priorities and other key health indicators, resulted in a list of health issues that also warranted further in-depth analysis:

- Healthcare Associated Infections (HAI)
- Suicide
- Oral Health
- Unintentional Injury
- Tobacco Use

Arizona has made significant strides in the improvement of the overall health of the population; however, much remains to be done. In the State Health Assessment (SHA), public health issues and opportunities were defined within the context of Arizona's people, geography, and environment. Age, economic status, educational attainment, and the community environment impact public health issues and health needs. This ever changing landscape requires continuous review, community and partner input, and data analysis to identify the current state of the health of Arizonans.

Leading Public Health Issues

The leading public health issues were identified as those health issues impacting the health and quality of life of a significant number of Arizonans, where the greatest potential existed to impact health outcomes and where there was widespread community support to address the issue. To identify the leading public health issues, criteria were established and additional data were reviewed. The criteria for selection were:

1. **Significance of the Issue**
   - Severity: Lifelong Impact & Quality of Life
   - Scope: At least one half of the counties reported 10% of the county population was impacted
   - Disparities: Variance in health status indicators for certain populations or geographic areas
   - Trend: Minimum of three years of data
   - Comparison: National Average, Healthy People 2010, Healthy People 2020

2. **Ability to Make a Difference**
   - Presence of effective interventions that would have a measurable impact on the target population in the next five years
   - Community support for change

3. **Capacity to Address the Issue**
   - Winnable Battle—measurable progress could be made in the next five years
   - Availability of resources—federal, state, Local, and other

Community and Partner Comment

This process resulted in the identification of 15 leading public health issues that are the focus of the detailed health assessment information and formed the foundation of the State Health Improvement Plan.

To ensure broad public review of the priorities and to solicit statewide input, several strategies were employed:

1. Public review of the SHA with the opportunity to submit comments in February - April 2014.

2. Targeted invitations to our public health partners for review of the SHA and comment via webinar broadcast and survey questions.

3. Engagement of partners throughout the process at both the county level and the state level, in multiple forums, to ensure that the data analyzed and the partner input influenced the strategic direction of the SHA Based on comments received from the community, public health officials statewide, and community stakeholders, the State Health Assessment was revised and finalized.

Health Issues & Themes

Any plan or map must have a starting point. To chart Arizona's next steps in addressing and improving these key measures of health, ADHS, its partners, and the public need to know where we are today.

What follows is a snapshot of the status of the leading public health issues, including: the significance and scope of the issue in Arizona, the multi-year trends, comparisons with the national health indicators, and disparities in health status. An overview of our capacity to achieve progress on each of these issues in the next five years, based on the availability of evidence-based and best practices and resources

currently available to address the issue, is also included. Identification of priorities, measurable objectives, and strategies to achieve the objectives will be defined in the Arizona Health Improvement Plan. As we began to address the leading public health issues, we categorized them under three main headings to comprehensively address issues related to access to care as opposed to issues around specific conditions.

Table 1: Arizona SHA Identified *Themes* & Health Issues

Risk Factors and Co-occurring Conditions	
• Creating Health Communities and Lifestyles • Obesity • Tobacco Use	• Substance Abuse • Teen Pregnancy
Morbidity and Mortality	
• Diabetes • Healthcare-Associated Infections (HAI) • Heart Disease • Oral Health	• Suicide • Unintentional Injury (UI) • Other Chronic Diseases (Cancer, Chronic Lower Respiratory Disease, Asthma)
Systems of Care	
• Access to Health Insurance Coverage • Access to Behavioral Health Services	• Access to Health Insurance Coverage

The health issues were organized in terms of impact on the lives of Arizonans through the significance and scope of the problem, trending over the past few years, and a comparative analysis against national data. Additionally, a preliminary assessment of Arizona's capacity to address each issue was developed including determining the level of community support, the availability of evidence-based and best practices, and the current level of state and community assets. The end result is a comprehensive summary of leading public health issues impacting Arizonans.

AzHIP Steering Committee

Developing the AzHIP has served as a catalyst for moving diverse groups of partners and sectors across Arizona toward a common health agenda. The role of the AzHIP Steering Committee has been to support ADHS efforts to achieve a comprehensive health improvement plan to effect change and improve the health of all Arizonans. The AzHIP Steering Committee, a leadership group representing private and public sector health organizations, reviewed results from the SHA to identify health issues and direct the development of overall goals, strategies, tactics and action items targeting each of the leading health issues that comprise the AzHIP.

Health Priority Determination

The first round of stakeholder input to prioritize the 15 health issues occurred in June 2014 with the inaugural meeting of the AzHIP Steering Committee. The State Health Assessment provided a data-driven analysis for refinement of the leading health issues and priorities for Arizona. Health issue briefs were prepared by ADHS subject matter experts for each of the identified health issues and provided to

Steering Committee Members prior to their next meeting. Subject matter experts prepared the health issue briefs (Exhibit C), addressing a comprehensive list of factors including: scope or magnitude of the problem, problem severity (morbidity/mortality), potential to impact (winnable battle), cost effectiveness, existence of evidence-based models, political feasibility, community readiness, disparities, current trends, and quality of life. These were reviewed by ADHS leadership and Steering Committee Members to discuss the issues and the feasibility of addressing them over the coming five years.

Informing Arizonans of the identified health issues was a top priority following the steering committee meeting to ensure the state's needs were being addressed. To accomplish this, a live webcast was held coinciding with the rollout of a new informational ADHS web page surrounding the Steering Committee's activities and the identified health issues. In the webcast, ADHS leaders and Steering Committee Members discussed the plans to seek accreditation and informed partners why seeking accreditation was important for Arizona's healthy future. All participants, including steering committee members, public health officials, other partners, and the public were invited to contribute via a survey after the broadcast. This survey asked for participants to rank the health priorities in order of importance. This information was vital to assist with priority setting for the identified health issues within the communities served. Additionally, survey participants were asked to provide information on assets and gaps, as well as potential resources or partners for effecting change for each of the health issues. Participants were invited to volunteer to be included as a part of a health priority workgroup or to contribute to future stages of the health improvement plan planning process.

Survey results from the online health issue rankings were gathered and analyzed using both weighted and non-weighted methods to determine a priority ranking for the health issues. Information from the issue briefs and the survey analysis provided to ADHS leadership and the Steering Committee for further refinement of the leading health issues and priorities for Arizona.

Workgroups were organized in the fall of 2014 (Exhibit D). Survey data and health issues briefs were provided to the workgroup participants along with additional information from the SHA. After reviewing the prepared documents, including state assets and resources (Exhibit E) health priority workgroups convened with the task of developing high-impact evidence-based strategies targeted at improving their assigned health priority.

The AzHIP identifies strategic issues and desired health and public health system outcomes to be achieved through the coordinated activities of the many partners who provided input throughout the process. Fourteen health issues were identified; with 10 health priorities and strategies targeted for achieving measureable success over the next five years implementation beginning in early 2016.

AzHIP strategies targeting the remaining four health priorities: Access to Care, Mental Health, Suicide Prevention, and Substance Abuse will be released in late summer 2016. These groups are delayed due to a State re-organization resulting in the transfer of Behavioral Health Services to The Arizona Health Care Cost Containment System (AHCCCS). As a result of this change, the workgroup leadership was reorganized in early 2016 to ensure proper participation and involvement from AHCCCS and other Agencies that will be leading efforts across the Mental Health Spectrum & Access to Care priorities.

Additionally, the Arizona Office of the Governor has announced a Substance Abuse Task Force. To ensure we are aligning and coordinating efforts to address this priority for Arizonans we are planning to work with and support the efforts of this new Substance Abuse Task Force and are waiting on more information to properly inform the direction of the AzHIP Substance Abuse Workgroup.

Table 2: Arizona's Leading Health Priorities

Health Priority List	
1. Access To Care	**8.** Maternal & Child Health
2. Behavioral Health Services	**9.** Obesity
3. Cancer	**10.** Oral Health
4. Cardiovascular Disease & Stroke	**11.** Substance Abuse
5. Chronic Lower Respiratory Disease (CLRD) & Asthma	**12.** Suicide
6. Diabetes	**13.** Tobacco
7. Healthcare-Associated Infections (HAIs)	**14.** Unintentional Injury (UI)

Implementation Plan and Monitoring

Arizona has continued to improve health outcomes in many areas. However, for the leading public health issues, challenges remain. Although Arizona scores better than the national average on some indicators, recent trends are not favorable in every category. Implementation of the AzHIP is necessary and vital to continue to move the needle on improving the health status of Arizonan's while also affecting a system-wide public health change through alignment and coordination of our partners and resources.

Implementation of several evidence-based strategies targeting the AzHIP health priorities have already begun. Throughout the course of implementation, ADHS will provide support and technical assistance to community partners and stakeholders who have graciously agreed to take the lead on specific action items (Exhibit G). Timelines for implementation and completion of each action item will be agreed upon by the lead organizations. When groups reconvene annually in February-March, a discussion of progress, barriers to implementation, and a review of data for their health priority will occur. All health priority goal and key strategy performance indicator progress data will be maintained and visible in an electronic dashboard environment. This will ensure that monitoring is ongoing and that the AzHIP aligns with organizational plans as appropriate. Steering Committee Members (Table 3) will review overall progress toward AzHIP goals and determine modifications to the plan as needed. As the priorities evolve, emphasis will be placed upon receiving public and stakeholder input.

AzHIP's success will be the result of partners who have contributed to its creation and are committed to carrying out the work. Through these partnerships we continue to build a healthy future for all Arizonans.

Table 3: Arizona Health Improvement Plan Steering Committee

Name	Title & Organization
Cara M. Christ, MD, MS Co-Chair	Director, Arizona Department of Health Services
Suzanne Pfister, MPA Co-Chair	President and CEO, Vitalyst Health Foundation
David Adame	Director, Chicanos Por La Causa
Maria Baier, JD	Senior Vice President , Communications & Public Affairs, Phoenix Suns Board Member, Southwest Human Development
Thomas Betlach, MPA	Director, Arizona Health Care Cost Containment System
Cynthia Claus, PhD, MPH	Director, Phoenix Area Indian Health Services
Christina Corieri, JD	Policy Advisor, Health and Human Services, Office of the Arizona Governor
Dan Derksen, MD	Walter H. Pearce Endowed Chair and Director, Center for Rural Health, University of Arizona, Mel and Enid Zuckerman College of Public Health
Diana 'Dede' Yazzie Devine, MBA	President and CEO, Native American Connections
Francisco Garcia, MD, MPH	Director, Pima County Health Department Representative, Arizona Local Health Officers Organization
Deb Gullett	Executive Director, Arizona Association of Health Plans
Emily Jenkins, JD	President and CEO, Arizona Council of Human Service Providers
Debbie Johnston	Senior Vice President, Policy Development, Arizona Hospital and Healthcare Association
Leonard Kirschner, MD	Past President, American Association of Retired Persons, Arizona Former Director, Arizona Health Care Cost Containment System
John C. McDonald, MS	CEO, Arizona Alliance for Community Health Centers
Rick Murray	CEO, Arizona Small Business Association
James Napoli, MD, MMM, CPE	Senior Medical Director, Provider Partnership and Care Transformation, BlueCross BlueShield of Arizona
Rebecca Nevedale	Director at Large, Arizona Public Health Association Associate Director, Arizona Chapter American Academy of Pediatrics
Teri Pipe, PhD, RN	Dean, Arizona State University College of Nursing and Healthcare Innovation
Tony Penn	President and CEO, United Way of Tucson and Southern Arizona
Colonel Wanda Wright, MBA, MPA	Director, Department of Veterans' Services

Arizona Health Improvement Plan
2016-2020

Cancer

2020 Goal: Reduce the rate of Cancer deaths by 5%.

Cancer's Impact in Arizona

In 2013, Arizona's cancer death rate was 145 deaths per 100,000 Arizonans. Cancer has remained the leading cause of death in Arizona for the last four years.[1] In 2013, 11,193 Arizonans lost their lives to cancer. 215 Arizonans lose their lives to cancer each week. In the U.S., men have a 1 in 2 lifetime risk of developing invasive cancer and women have a 1 in 3 lifetime risk.[2] In 2014, the American Cancer Society estimates that Arizona will have 348,720 cancer survivors (5.3% of state residents) while the U.S. will have 14,483,830 cancer survivors (4.6% of the U.S. population).[4]

Strategies to Reduce Cancer

1. **Sustain support for existing cancer screening and treatment programs.**
   Arizona currently receives federal funds to provide a free breast and cervical cancer screening and diagnostic program for uninsured or underinsured women in Arizona. The program screens an average of 8,000 women annually. Sustaining support for current programs is important to ensure current screening, treatment, and provider education programs remain operational. These essential programs educate providers on best practice to increase screening rates and provide screening, diagnostics, and treatment for Arizona's uninsured population. For example, in most of Arizona's FQHCs, the breast cancer screening rate is close to 40%, while the Healthy People 2020 goal is 80.1%.

2. **Increase access to colorectal cancer screening and treatment.**
   Colorectal cancer is the second leading cause of cancer related death in Arizona. Colorectal cancer is a preventable disease that is highly treatable when diagnosed in early stages. Unfortunately, 45% of Arizonans with colorectal cancer are diagnosed at late stage. Getting screened allows doctors to remove any polyps that are found during colonoscopies before they turn into cancer. Most patients under 50 years old are diagnosed with colorectal cancer at late stage. In addition, colorectal cancer incidence and mortality rates are increasing among patients under the age of 50 for whom screening is restricted and crucial symptoms often go unrecognized.

3. **Reduce exposure to risk factors for skin cancer.**
   Risk factors for skin cancer include: Unprotected and/or excessive exposure to sunlight or tanning booths; Pale complexion (difficulty tanning, easily sunburned, natural red or blond hair color); occupational exposures (e.g. coal tar, pitch, creosote, arsenic compounds, or radium); Family history of skin cancer; Multiple or unusual moles; and/or Severe sunburns in the past.

4. **Increase the HPV immunization rate.**
   Vaccination is a public health intervention for reducing the risk of developing HPV-associated cancers. Best practice includes the provider making a strong recommendation for immunization and focusing the conversation on cancer prevention.

5. **Increase the number of Arizonans receiving breast, cervical, lung and colorectal cancer screening and associated diagnostics.**
   The rationale for screening is simple: if cancer is found before it spreads beyond its original site, survival rates are much higher, and it often costs far less to treat. Early detection is essential to enhancing quality of life and survival rates. Most health plans cover preventive screening tests at no cost to the patient. However, if the screening test is positive and further diagnostic tests are needed, diagnostic testing may not be affordable for everyone.

6. **Increase the proportion of people with a family history of breast, colorectal, and/or ovarian cancer who receive genetic counseling and testing, when appropriate.**
   Understanding one's family history and actively pursuing genetic testing are ways to understand inherited health risk factors, and potentially take actions to alter them.

Table 1: Arizona Health Improvement Plan Cancer Strategies, Tactics, Action Items and Strategy Key Performance Indicators

Strategies	Tactics	Action Items	Completion Timeframe	Strategy Key Performance Indicator	Baseline % or N (Year)	2020 Target
1 Sustain support for existing cancer screening and treatment programs.	a. Achieve or surpass performance on Core Quality Indicators.	1. Educate Federally Qualified Health Centers and other community clinics on the importance and impact of core quality indicators.[3]	2018	Number of unique cases managed from abnormal breast or cervical cancer screening results through final diagnosis.	**TBD** (2015)	**TBD**
	b. Increase awareness and education on importance of and need for screening and treatment programs.	1. Coordinate advocacy of partner organizations.[1,7]	2020			
2 Increase access to colorectal cancer screening and treatment.	a. Identify additional funding opportunities and sources for screening and treatment of colorectal cancer.	1. Seek competitive grant opportunities for colorectal cancer.[5]	2020	Colorectal cancer screening rate.	**8%** (Q4 2014)	**80.0%** (Q4 2020)
		2. Mobilize stakeholders to advocate for enhanced, sustainable funding for screening and treatment of colorectal cancer.[2]	2020	Number of health plans partnering with the Arizona Cancer Coalition to use evidence-based strategies to increase the number of covered individuals being screened.	**2** (2015)	**6**
3 Reduce exposure to risk factors for skin cancer.	a. Reduce overexposure to UV.	1. Educate and inform the public on dangers of overexposure to UV.[5]	2020	Number of providers reporting melanoma cases.	**164** (2013)	**200**
		2. Reduce harms from indoor training.[2]	2020	Number of melanoma cases (*in situ** and invasive+).	**1,165**[*] (2012)	**TBD**
	b. Increase the use of sun protection.	1. Encourage the integration of sun protection in school facilities, curricula, and policies.[5,8]	2019			
		2. Encourage the integration of sun safety into workplace policies and safety trainings.[5,9]	2017		**1,398**[+] (2012)	**TBD**
4 Increase the HPV immunization rate.	a. Support adoption of the Advisory Committee on Immunization Practices recommendations for adolescent vaccines.	1. Encourage adoption of the Advisory Committee on Immunization Practices recommended adolescent vaccines as a standard of care in all clinical practice.	2018	Percent (Number?) of males and females (ages 13 to 21) completing the HPV vaccination three-dose series.	**31%** (2015)	**80%**
		2. Support the 2014 Vaccine Study Committee Recommendations.[10]	2020			
		3. Expand outreach to community groups to increase knowledge of the recommendations from the Advisory Committee on Immunization Practices.[10]	2018			
		4. Expand outreach to Area Health Education Centers and higher education institutions.[6]	2020			
	b. Identify and target populations with lower than average HPV vaccination rates.	1. Analyze Arizona State Immunization Information System data to determine target populations.[5]	2016			
		2. Develop and implement intervention plan for target populations to increase HPV vaccination rates.[5]	2020			

Partners Taking Action Across Arizona: American Cancer Society[1]; American Cancer Society Cancer Action Network[2]; Arizona Alliance of Community Health Centers[3]; Arizona Cancer Coalition[4]; Arizona Department of Health Services[5]; Greater Valley Area Health Education Center[6]; Komen Foundation7; Local Health Departments[8]; Maricopa County Department of Public Health[9]; The Arizona Partnership for Immunization[10]

Table 1: Arizona Health Improvement Plan Cancer Strategies, Tactics, Action Items and Strategy Key Performance Indicators (cont.)

Strategies	Tactics	Action Items	Completion Timeframe	Strategy Key Performance Indicator	Baseline % or N (Year)	2020 Target
5 **Increase the number of Arizonans receiving breast, cervical, lung and colorectal cancer screening and associated diagnostics.**	a. Increase access to diagnostic testing.	1. Address financial barriers to diagnostic testing.[2]	2020	Breast cancer screening rate.	**58.7%** (2012)	**80%**
	b. Increase screening rates of Federally Qualified Health Centers and health plans.	1. Inform and educate Federally Qualified Health Centers on the importance of screening and best practices to increase screening rates.[3]	2018	Cervical cancer screening rate.	**80.5%** (2012)	**93%**
		2. Inform and educate health plans on the importance of and best practices for increasing screening rates.[5]	2018	Colorectal cancer screening rate (including: sigmoidoscpy, colonoscopy,[+] and FOBT[*]).	**35.6%**[*] (2012)	**70.0%**
					63.0%[+] (2012)	**85.0%**
6 **Increase the proportion of people with a family history of breast, colorectal, and/or ovarian cancer who receive genetic counseling and testing, when appropriate.**	a. Educate providers on appropriate referral guidelines.	1. Utilize risk assessment tools recommended by United States Preventive Services Task Force to aid in identifying and referring patients.[5]	2020	Percent of men and women completing family history and receiving genetic counseling and/or testing.	**TBD** (2017)	**TBD**
	b. Identify and develop network of genetic counseling resources.	1. Assess existing resource availability to ensure adequate coverage.[4]	2017			

Partners Taking Action Across Arizona: American Cancer Society[1]; American Cancer Society Cancer Action Network[2]; Arizona Alliance of Community Health Centers[3]; Arizona Cancer Coalition[4]; Arizona Department of Health Services[5]; Greater Valley Area Health Education Center[6]; Komen Foundation7; Local Health Departments[8]; Maricopa County Department of Public Health[9]; The Arizona Partnership for Immunization[10]

Chronic Lower Respiratory Disease*

2020 Goal: Reduce the Chronic Lower Respiratory Disease mortality rate by 10%.

Chronic Lower Respiratory Disease Impact in Arizona

In 2013, chronic lower respiratory disease (CLRD) was the 3rd leading cause of death in Arizona. Chronic Lower Respiratory Disease is used to describe a group of diseases generally consisting of chronic bronchitis, emphysema, chronic obstructive pulmonary disease (COPD) and asthma. In the United States, it is estimated that 22.6 million individuals are living with asthma (approximately 1 out of 14) and 14 million have been diagnosed with COPD, however it is estimated that 50% of lung disorders go undiagnosed and untreated.[1] In Arizona, CLRD accounted for 3,295 deaths equating to 7 percent of total deaths in 2013. It is estimated that 5.3% of Arizona's population has Chronic Obstructive Disease, 13.5% of Arizona adults have asthma, and 10.9% of Arizona children have asthma. COPD costs Arizona an estimated $360 million per year and asthma brings an additional $2 billion annual economic burden. A 10% CLRD reduction would result in saving 329 Arizonan's lives by 2020.

Strategies to Reduce Chronic Lower Respiratory Disease

1. **Develop and disseminate a comprehensive statewide initiative to encourage a voluntary adoption of clean air policies.**
   Outdoor air pollution can trigger an asthma attack, and the CDC advises individuals with asthma to pay attention to air quality forecasts and plan outdoor activities when air pollution levels will be low.

2. **Increase the use of home-based, comprehensive interventions with an environmental focus for individuals with Chronic Lower Respiratory Disease.**
   Providing education on the health and financial benefits of home-based, comprehensive interventions for individuals living with asthma and COPD will significantly impact the

3. **Increase early intervention and participation in disease management programs.**
   There is accumulating documentation about the success of evidence-based self-management programs in helping people with the medical, role and emotional management demands associated with chronic diseases.

*Special Note: It is important to note that the AzHIP distinguishes between CLRD and COPD in this document. We will use CLRD when referring to the complete group of lung diseases (asthma, chronic bronchitis and emphysema), and we will use COPD when referring only to chronic bronchitis and emphysema due to the epidemiology differences between the groupings.

[1] American Lung Association. *Reducing the Impact of Respiratory Disease in Arizona: A Three-Year Plan*, 2015. Available at: http://breatheeasyaz.org/wp-content/uploads/2015/12/ALA-State-Plan-FINAL.pdf

Table2: Arizona Health Improvement Plan Chronic Lower Respiratory Diseases Strategies, Tactics, Action Items and Strategy Key Performance Indicators

Strategies	Tactics	Action Items	Completion Timeframe	Strategy Key Performance Indicator	Baseline % or N (Year)	2020 Target
1 **Develop and disseminate a comprehensive statewide initiative to encourage a voluntary adoption of clean air policies.**‡	**a.** Increase public awareness of clean air behaviors in places where people live, work, learn, and play.	1. Develop campaign for top ten ways for individuals to impact better air quality. ~~Address differences in urban and rural counties.~~ [1]	2017	Number of individuals who have attended the Smoke Free Living trainings to increase their knowledge of home-based multi-trigger, multicomponent interventions with an environmental focus for persons with asthmas from at-risk communities.	**54** (2014)	**600**
		2. Promote the Americal Lung Association State of the Air Report to support better air quality. [1]	2020			
	b. Educate key stakeholders and decision-makers on benefits of adopting clean air policies.	1. Review current clean air policies and create recommendations for decision makers. [1]	2017			
		2. Provide technical assistance and education to property managers, developers, property owners, tenants, and public health advocates to implement clean air policies in multi-unit housing facilities, educational institutions, and public spaces.[3,4]	2020			
2 **Increase the use of home-based, comprehensive interventions with an environmental focus for individuals with Chronic Lower Respiratory Diseases.**	**a.** Promote and develop focused interventions for vulnerable populations.	1. Identify vulnerable populations for asthma and Chronic Obstructive Pulmonary Disease (COPD).[1,2]	2017	Number of Healthy @ Home Arizona Home Safety and Family Wellness Assessments conducted in Health Start participant homes.	**276** (2013)	**497**
		2. Review and identify best practices of home-based interventions for individuals with asthma and Chronic Obstructive Pulmonary Disease (COPD) with an environmental focus.[1,5]	2017			
	b. Provide education about the health and financial benefits of home-based, comprehensive interventions for individuals with asthma and COPD.	1. Identify and assess gaps or limited resources for home-based, comprehensive interventions.[1,2]	2016			
		2. Establish return on investment for each identified home-based comprehensive intervention.[1,2]	2017			
3 **Increase early intervention and participation in disease management programs.**	**a.** Increase public and health care awareness of risk factors and detection of pulmonary disease.	1. Provide localized diagnosis, health status, and air quality information to providers (i.e., scorecard or infographic).[2]	2020	Number of participants in chronic disease self-management programs.	**1,726** (2015)	**2,000**
		2. Prepare Health Brief on Health Disparities among Chronic Lower Respiratory Diseases population.[2]	2017			
		3. Promote training and education opportunities for providers on clinical guidelines for diagnosing Chronic Obstructive Pulmonary Disease (COPD).[2]	2017			
		4. Educate partners on risk factors for developing Chronic Obstructive Pulmonary Disease (COPD).[2]	2017			
	b. Improve effective self-management of Chronic Lower Respiratory Disease for people living with more than one illness.	1. Promote the Breathe Easy Arizona Collaborative, "Healthy Living for Healthy Lungs" Campaign.[1]	2016			
		2. Promote referral and access to self-management programs or curriculums, e.g., Chronic Disease Self-Management Program.[2]	2016			

Partners Taking Action Across Arizona: American Lung Association[1]; Arizona Department of Health Services[2]; Arizona Multi-Housing Association[3]; Arizona Smoke Free Living Coalition[4]; Asthma Coalition[5]

Diabetes

2020 Goal: Reduce deaths attributable to diabetes by 10%.

Diabetes Impact in Arizona

In 2013, 4,506 deaths attributed to diabetes occurred. Approximately 692,311 Arizonans or 13.5% of the population has diabetes and 1,796,000 Arizonan's has pre-diabetes. Diabetes is a metabolic disease diagnosed when blood glucose is greater than or equal to 200mg/dl. Before an individual develops diabetes they almost always have prediabetes which is the result of higher than normal blood glucose levels that are not yet high enough to be diagnosed as diabetes. Risk factors for diabetes include lack of physical activity and poor nutrition, resulting in obesity and cardiovascular diseases. The current prevalence rate of diabetes in Arizona is 10.7%. Achieving a 10% reduction in death and life threatening events attributable to diabetes would result in approximately 900 deaths and life threatening events from occurring. Preventing these life threatening events attributed to diabetes would also result in 2.258 million healthcare dollars saved.

Strategies for Reducing Diabetes

1. **Increase the utilization of an integrated, team-based approach to the care and treatment of diabetes.**
   Diabetes management has shifted to an integrated care model comprised of a multi-disciplinary team of professionals (physicians, nurses, dietitians, community health worker, pharmacists, behavior health) working collectively to improve health outcomes for people with diabetes.

2. **Promote the use of established diabetes clinical guidelines and increase participation in diabetes self-management education.**
   To raise awareness of diabetes risk and protective factors amongst the general population, with an emphasis on the vulnerable populations disproportionately impacted by diabetes.

3. **Increase awareness of prevention and the management practices for diabetes and prediabetes.**
   Prediabetes is a stage in which patients have elevated blood sugar, but are not high enough to be diagnosed with diabetes, and exhibit risk factors for diabetes. Approximately 90% of the patients with prediabetes are undiagnosed. If undiagnosed or not managed correctly, prediabetes may become diabetes, which can lead to secondary complications (i.e., heart disease, blindness, kidney and nerve damage, etc.). One out of nine Arizonans are diagnosed with diabetes.

Table 3: Arizona Health Improvement Plan Diabetes Strategies, Tactics, Action Items and Strategy Key Performance Indicators

Strategies	Tactics	Action Items	Completion Timeframe	Strategy Key Performance Indicator	Baseline % or N (Year)	2020 Target
1 Increase the utilization of an integrated, team-based approach to the care and treatment of diabetes.	a. Increase engagement of non-physician team members in diabetes self-management healthcare communities.	1. Increase participation in state-wide Diabetes Coalition.[2]	2017	Percent of teams utilizing an integrated, team-based approach to the care and treatment of diabetes.	**19%** (2015)	**25.0%**
		2. Provide education and resources to non-physician team members through engaging and innovative approaches.[1]	2017			
2 Promote the use of established diabetes clinical guidelines and increase participation in diabetes self-management education.	a. Educate providers on established clinical guidelines.	1. Create an online repository for established clinical guidelines for different provider types.[2]	2017	Number of participants attending Diabetes Self-Management Education (DSME) accredited or recognized programs.	**14,149** (2012)	**18,000**
		2. Identify and promote provider educational resources for diabetes self-management.	2017			
		3. Increase awareness of resources related to the American Association of Diabetes Educators 7 Self-Care Behaviors.[2]	2017			
	b. Educate on the health and cost benefits of utilizing diabetes self-management education programs.	1. Promote the Community-Based Referral Network for self-management programs.[3]	2017			
		2. Increase awareness of reimbursement mechanisms for diabetes self-management education programs.[2]	2017			
3 Increase awareness of prevention and management practices for diabetes and prediabetes.	a. Develop an integrated and comprehensive communications plan.	1. Identify innovative partners, strategies, and approaches to reach target audiences.[1]	2016	Pre-diabetes and diabetes prevalence rate.	**7.8%** (2013)	5.0%
		2. Assess and compile resources to align and coordinate efforts.[1]	2017			
		3. Prepare a health brief to address health disparities and to identify the leading secondary complications for diabetes in Arizona.[1]	2017			
		4. Collaborate and coordinate with organizations who are implementing awareness campaigns for consistent messaging.[1]	2018			
		5. Engage stakeholders to promote campaign through organization and member communications.[1]	2018			
	b. Educate community and faith-based organizations on available resources related to diabetes and prediabetes.	1. Provide technical assistance to community and faith-based organizations to increase awareness of prediabetes.[1]	2017			
	c. Educate providers and health care workers on prediabetes.	1. Integrate, distribute, and provide technical assistance for the *Agents of Change* (Chronic Disease Provider) *Toolkit*.[1]	2017			

Partner's Taking Action Across Arizona: Arizona Department of Health Services[1]; Arizona Diabetes Coalition[2]; Arizona Living Well Institute[3]

Healthcare-Associated Infections

2020 Goal: Increase the number of health care settings that have implemented best or evidence-based practices for the reduction of Healthcare-Associated Infections by 10%.

Healthcare-Associated Infection's Health Impact in Arizona

Healthcare associated infections (HAIs) are infections that occur as a result of micro-organisms—such as bacteria and viruses following a healthcare intervention. As is the case for many other patient safety issues, HAIs create additional suffering and come at a high cost for patients and their families. Infections prolong hospital stays, increase resistance to antimicrobials, represent a massive additional financial burden for health systems, generate high costs for patients and their families, and cause unnecessary deaths. The implementation of best-practices for the reduction of HAIs will have a significant impact to reduce HAIs in Arizona.

Strategies to Reduce Healthcare-Associated Infection's

1. **Improve knowledge and implementation of infection prevention and control.**
   Implementation of evidence-based infection and prevention control strategies, including infection prevention bundles, has resulted in reductions in healthcare-associated infections across multiple healthcare facility types.

2. **Improve knowledge and implementation of safe injection practices.**
   Lapses in safe injection practices continue to be reported across all healthcare settings and lead to unnecessary transmission of bacterial, viral and fungal pathogens.

3. **Improve knowledge and implementation of appropriate antimicrobial use and stewardship.**
   Implementation of antimicrobial stewardship programs – interventions to ensure that every patient gets the right antimicrobial at the right dose for the right amount of time – has been demonstrated to improve patient outcomes, reduce the development and spread of antibiotic resistant organisms, and decrease healthcare expenditures.

4. **Improve healthcare worker influenza vaccination rates.**
   Seasonal influenza is a major contributor to morbidity and mortality each year, affecting thousands or people and costing billions of dollars annually across the United States. Influenza vaccination of healthcare workers plays a major role in reducing influenza-related illness and complications among healthcare providers and their patients.[1]

1. Perason, M., Bridges, C., & Harper, S. (2006, Feb. 24). Available at: http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5502a1.htm

Table 4: Arizona Health Improvement Plan Healthcare-Associated Infections Strategies, Tactics, Action Items and Strategy Key Performance Indicators

Strategies	Tactics	Action Items	Completion Timeframe	Strategy Key Performance Indicator	Baseline % or N (Year)	2020 Target
1 **Improve knowledge and implementation of infection prevention and control.**	a. Promote education events on infection prevention and control.	1. Promote and Support Healthcare-Associated Infection Collaborative events and trainings.[1,2]	2017	Number of participants in HAI collaborative events, trainings and initiatives.	**400** (2015)	**500**
		2. Promote participation in long-term infection prevention and control initiatives.[1,2]	2017			
	b. Support implementation of prevention toolkits in healthcare facilities.	1. Distribute and provide technical assistance on the use of evidence based toolkits to facilities.[1,2]	2017			
		2. Host education events on prevention toolkits.[1,2]	2017			
	c. Strengthen partnerships between health care settings and public health agencies.	1. Identify, inventory and distribute available resources for health care settings.[1]	2017			
		2. Establish an online library of available resources for health care settings.[1]	2017			
		3. Establish, promote, and strengthen local and state partnerships between health care settings and public health agencies.[1,3]	2020			
2 **Improve knowledge and implementation of safe injection practices.**	a. Promote the use of the *Injection Safety Toolkit* and similar resources.	1. Promote and educate providers on the use of the *Injection Safety Toolkit*.[1,2]	2017	Number of unsafe injection practice occurrences reported.	**TBD** (2016)	**TBD**
		2. Provide technical assistance on the *Injection Safety Toolkit.*[1,2]	2017			
		3. Leverage and promote national injection safety campaigns where appropriate.[1,2]	2017			
3 **Improve knowledge and implementation of appropriate antimicrobial use and stewardship.**	a. Educate providers on appropriate antimicrobial use and stewardship programs.	1. Educate partners on and promote available antimicrobial resources.[1,2]	2017	Percent of healthcare facilities implementing antimicrobial stewardship programs or activities.	**TBD** (2016)	**TBD**
	b. Promote and support efforts to implement antimicrobial stewardship programs.	1. Provide technical assistance for health care settings implementing antimicrobial use and stewardship programs.[1,2]	2019			
		2. Develop an investment business model and supporting resources for the implementation of antimicrobial use best-practices.[1]	2017			
4 **Improve healthcare worker influenza vaccination rates.**‡	a. Encourage the use of the *Healthcare Worker Influenza Vaccination Toolkit and* similar resources.	1. Distribute and provide technical assistance on the use of the *Healthcare Worker Influenza Vaccination Toolkit*.[1,2]	2020	Proportion of facilities with ≥91% of healthcare workers receiveing the flu vaccine.	**37.0%** (2015)	**45.0%**
		2. Promote awareness of established return on investment projections to encourage the adoption of an annual influenza vaccination requirement by health care settings.[1,2]	2020			

Partner's Taking Action Across Arizona: Arizona Department of Health Services[1]; Arizona HAI Advisory Committee[2]; Local Health Departments[3]

Heart Disease & Stroke

2020 Goal: Reduce death and events related to heart disease and stroke by 10%.

Heart Disease & Stroke's Health Impact in Arizona

In 2013, heart disease was the 2nd leading cause of death in Arizona accounting for 10,497 deaths. Stroke was the 6th leading cause of death, accounting for 2,047 deaths. Together, heart disease and stroke are among the most widespread and costly health problems facing the nation today, accounting for more than $500 billion in health care expenditures and related expenses in 2010 alone. About 2,150 Americans die each day from these diseases, one every 40 seconds. The cost burden of heart disease and stroke continues to increase annually. Reducing cardiovascular disease and stroke in Arizona by 10% by 2020 would result in saving 1,254 lives and $6,270,000 health care dollars saved.

Strategies to Reduce Heart Disease & Stroke

1. **Increase public awareness of risk factors and prevention measures for cardiovascular disease and the warning signs for heart attack and stroke.**
   Information about heart attacks and strokes can be elusive, even despite efforts to increase widespread public knowledge of the signs, symptoms and risk factors. To remedy this, the creation of a dedicated and well thought out campaign is needed and will be undertaken as a part of the AzHIP targeting the chronic diseases.

2. **Increase the number of Arizonans who are trained to perform Hands-Only CPR.**
   Information regarding heart attacks and strokes can be elusive, even despite efforts to increase widespread public knowledge of the signs, symptoms and risk factors. To remedy this, the creation of a dedicated and well thought out campaign is needed.

3. **Increase the number of health systems participating in Cardiovascular Systems of Care.**
   Cardiovascular care needs to be well-managed with a focus on continually improving patient outcomes. Community Paramedicine (CP) is a rapidly evolving field, in both rural and urban areas. In rural areas, Community paramedics have helped to rectify health care provider shortages, thus reducing travel times for an individual to the nearest point of care.

Table 5: Arizona Health Improvement Plan Heart Disease & Stroke, Tactics, Action Items and Strategy Key Performance Indicators

Strategies	Tactics	Action Items	Completion Timeframe	Strategy Key Performance Indicator	Baseline % or N (Year)	2020 Target
1 **Increase public awareness of risk factors and prevention measures for cardiovascular disease and the warning signs for heart attack and stroke.**	a. Develop an integrated and comprehensive communications plan.	**1.** Identify innovative partners, strategies, and approaches to reach target audiences.[2]	2017	Number of participants in evidence-based and promising practices among health departments, health systems and community organizations.	**BMY** (2017)	**TBD**
		2. Assess and compile resources to align and coordinate efforts.[2]	2017			
		3. Prepare a health brief to address disparities among target populations.[2]	2017			
		4. Collaborate and coordinate with organizations who are implementing awareness campaigns for consistent messaging.[2]	2017			
		5. Engage stakeholders to promote campaign through organization and member communications.[2]	2017			
		6. Promote participation in current initiatives including Million Hearts™, to prevent cardiovascular disease.[2]	2017			
2 **Increase the number of Arizonans who are trained to perform Hands-Only CPR.**‡	a. Increase the number of adults who perform Hands-Only CPR.	**1.** Engage innovative partners to reach target audiences (e.g., Department of Motor Vehicles, Public Transit, and Movie Theaters).[1, 2]	2020	Number of dispatchers trained to provide telephone CPR.	**55** (2014)	**75**
		2. Train Dispatchers to provide telephone CPR and measure performance.[2]	2016			
	b. Increase the number of school districts implementing Hands-Only CPR training.	**1.** Collaborate with the American Heart Association's *CPR in Schools Initiative*.[1]	2019			
		2. Increase awareness of reimbursement mechanisms for diabetes self-management education programs.[1, 2]	2020			
		3. Explore partnership opportunities with the Arizona Department of Education.[2]	2016			
4 **Increase the number of health systems participating in Cardiovascular Systems of Care.**	a. Strengthen systems of care and improve outcomes in pre-hospital, hospital, and post-hospital settings for patients suffering acute cardiac events.	**1.** Ensure that local 911 centers provide guideline based telephone basic life support (CPR and AED instructions) and have the location of Automated External Defibrillators (AED) in Computer Aided Dispatch System.[2]	2020	Number health systems reporting that they are utilizing or implementing Cardiovascular Systems of Care.	**1,842** (2014)	2,000
		Increase the proportion of Emergency Medical Services agencies utilizing current national recommendations for pre-hospital ECG utilization.[2]	2020			
	b. Implement systems of care and improve outcomes in pre-hospital, hospital and post-hospital settings for stroke events.	**1.** Increase the number of agencies utilizing pre-hospital stroke assessment.[2]	2020			
		2. Increase the number of stroke care centers in Arizona.[2,3]	2020			
	c. Support education of first-responders on pre-hospital response for suspected Stroke or Heart Attack events.	**1.** Communicate performance to Emergency Medical Service Providers on implementation rates of pre-hospital protocols for suspected stroke events.[2]	2017			
		2. Communicate performance to Emergency Medical Service Providers on implementation rates of pre-hospital protocols for suspected heart attack events, including 12-lead ECG utilization.[2]	2017			
	d. Increase access to trained professionals in rural Arizona.	**1.** Identify treatment models to impact cost and critical gaps in rural systems of care.[2,3]	2017			
		2. Enhance and better utilize systems of telemedicine in rural areas.[2,3]	2018			

Partners Taking Action Across Arizona: American Heart Association[1]; Arizona Department of Health Services[2]; Arizona Stroke Collaborative[3]

Maternal & Child Health

2020 Goal: Reduce maternal and infant mortality by 5%.

Maternal & Child Health's Impact in Arizona

In 2014, Arizona's Infant Mortality rate was 6.0, reaching the Healthy People 2020 goal but still reflecting significant disparities. Impacting infant and maternal mortality requires a life course approach, which is exhibited through the strategies to address the Maternal and Child Health priority. Arizona's Maternal Child Health priority reflects the life course. Infant mortality was used as a marker because the outcome can be considered the sum of the experiences of preconception health or the health of the woman before pregnancy, pregnancy, birth and the first year of life. As a child is a part of a family, the emotional and physical health of the family is included.

Strategies to Improve Maternal & Child Health

1. **Improve the health of women before and between pregnancy(ies).**

   The health of a woman before she becomes pregnant can make a significant difference in the health of her baby, including her behavioral health. The strategies and tactics for improving the health of women before and between pregnancies include supporting the community to coalesce around the importance of wellness for all women of childbearing age including behavioral health. Women are also recommended to space their pregnancies 18 to 59 months apart. In Arizona, the percentage of women doing so has remained relatively steady from 42% in 2009 to 43% in 2013. Younger mothers (<18) were the least likely to have the desired spacing between pregnancies (16%).

2. **Decrease the incidence of childhood injury.**

   Deaths due to prematurity and unsafe sleep environments were the largest causes of infant mortality in 2014. In 2014, the deaths of 85 of Arizona's infants was associated with unsafe sleep environments, including co-sleeping (bed sharing with adults and/or other children) sleeping in an adult bed, sleeping on a couch/futon and sleeping on his/her side or stomach. Additionally, in 2013, sixteen percent (n=130) of all Arizona child fatalities in 2014 were classified as home-safety related. Arizona's strategies to decrease childhood injury include supporting safe sleep and preventing injuries around the home.

3. **Support adolescents, including youth with special health care needs, to make healthy decisions as they transition to adulthood.**

   According to the National Survey of Children's Health 2011/12, 15% of Arizona adolescents aged 12-17 were not insured. Additionally, only 78% had consistent health insurance coverage during the past 12 months. Among those insured, only 71% had insurance which met their needs. Youth Risk Behavior Surveillance System Survey data tells us that in 2013, 29% of Arizona high school students were harassed or bullied on school property while 20% experienced electronic bullying. YRBS also reports that in 2013, 36% of Arizona high school students reported feeling sad or hopeless, 19% seriously considered attempting suicide, and 11% attempted suicide one or more times. Females were more likely than males to report feeling sad or hopeless, and contemplating and attempting suicide. Arizona's adolescents need to be well and safe. This includes supporting their transition to making healthy decisions; concerning their physical health as well as their emotional health and safety.

4. **Strengthen the ability of families to raise emotionally and physically healthy young children.**

   The experiences of the early years can affect the brain architecture of a developing child and subsequently the person they become. Arizona's strategies will focus on to supporting the social emotional development of its infants and young children. Additionally, efforts will continue the important work on ensuring all Arizona's children are fully immunized to ensure their own safety, but those of all children, including the most at risk. Self-reported data from Arizona schools and childcares showed high immunization coverage levels. But, the childcare center's religious belief exemption rates increased from 3.4% (2010-11) to 4.1% (2013-14). In Kindergarten, personal belief exemption rates increased from 3.2% (2010-11) to 4.7% (2013-14).

5. Strengthen programs that give mothers the support they need to breastfeed their babies.

Breastfeeding has been linked to a decreased risk of childhood obesity, and may also provide faster weight loss to mothers. Breastfeeding supplies the newborn with protection against disease and a reduction in the risk of death, and may protect against infections such as gastroenteritis and diarrheal disease, respiratory illness, and otitis media. The protection of breast milk also extends beyond infancy as breastfeeding may prevent celiac disease, diabetes, multiple sclerosis, sudden infant death syndrome, obesity, diabetes, and childhood cancer. Increasing the initiation and duration of breastfeeding may provide a low-cost, readily available strategy to help prevent childhood and adolescent illness, including obesity. Breastfeeding is also considered a protective factor against SUID and helps to promote mother infant bonding.

Table 6: Arizona Health Improvement Plan Maternal & Child Health Strategies, Tactics, Action Items and Strategy Key Performance Indicators

Strategies	Tactics	Action Items	Completion Timeframe	Strategy Performance Indicator	Baseline % or N (Year)	2020 Target
1 Improve the health of women before, after, and between pregnancy(ies).	**a.** Increase awareness on the importance of preconception and interconception health.	1. Utilize Home Visitors and community based organizations to educate women and their support systems on preconception and interconception health. [12]	2020	Percent of women with a past year preventive medical visit.	**61.3%** (2013)	**64.4%**
		2. Promote and support continuing education for providers on preconception and interconception health via online resources. [8]	2018			
		3. Align and coordinate efforts of community based organizations to achieve consistent messaging and appropriate referrals. [8]	2018			
		4. Promote educational materials targeting support systems awareness of preconception and interconception health. [8]	2018			
	b. Increase awareness of perinatal mood disorder.	1. Inventory resources and identify organizations to align and coordinate efforts and messaging. [7]	2018			
		2. Convene interested partners and stakeholders to consider a collective approach. [7]	2019			
		3. Promote educational materials targeting support systems awareness of perinatal mood disorder. [7]	2018			
		4. Promote and support continuing education for providers on perinatal mood disorder via online resources. [7]	2018			
2 Decrease the incidence of childhood injury.	**a.** Increase awareness of what constitutes a safe sleep environment.	1. Encourage universal adoption of American Academy of Pediatricians 2011 safe sleep recommendations. [3, 10]	2020	Reduce the rate of hospitalizations for non-fatal injury in children and adolescents.	**200.8** per 100,000 (2014)	**188.2** per 100,000
		2. Identify and target areas and populations at most risk of sleep related deaths. [3]	2016			
		3. Promote annual training on safe sleep practices for practitioners and community health organizations. [10]	2018			
	b. Educate the community, parents, and caregivers on potential causes of childhood injury.	1. Promote the recommendations of the Childhood Fatality Review Committee as appropriate. [1]	2019			
		2. Encourage all who care for young children to assess injury risk in the child's environment. [9, 12]	2018			
3 Support adolescents, including youth with special health care needs, to make healthy decisions as they transition to adulthood.	**a.** Support access to proven adolescent development programs, teen pregnancy prevention programs, and STI/STD prevention programs.	1. Educate families about information resources on adolescent development, pregnancy prevention, and STI/STDs that are available to them. [3, 4, 13,]	2020	1) Percent of adolescents, ages 12-17, who are bullied or who bully others.	**18.8%** (2011-12)	**17.8%**
		2. Focus on consistent and positive messaging on targeted topics. [3, 4, 13,]	2020			
		3. Support and educate about healthy behaviors and decision making to adolescents and teens. [3, 4, 13,]	2020			
	b. Increase percentage of teens receiving well visits.	1. Educate parents and caregivers about the timing and importance of well visits. [6]	2020			
		2. Encourage adoption of teen friendly provider office policies. (to include confidential, private (audio and visual), consent, CLAS, comprehensive). [6]	2020	2) Percent of adolescents with a preventive medical visit in the past year.	**75.8%** (2011-12)	**76.0%**
		3. Educate providers and community health care workers on tactics to support effective communication techniques when addressing difficult subjects with teens. [3]	2020			
	c. Develop and promote awareness on the development of healthy relationships.	1. Identify and assess current initiatives to effectively reach target populations. [3]	2017			
		2. Promote identified resources on the development of healthy relationships to parents, caregivers, and schools. [3]	2019			

Table 6: Arizona Health Improvement Plan Maternal & Child Health Strategies, Tactics, Action Items and Strategy Key Performance Indicators (cont.)

Strategies	Tactics	Action Items	Completion Timeframe	Strategy Performance Indicator	Baseline % or N (Year)	2020 Target
4 Strengthen the ability of families to raise emotionally and physically healthy children.	**a.** Support and educate parents and caregivers on the social-emotional needs of their young children.	1. Increase parents and caregivers access to resources and opportunities that support the social emotional needs of their children. [5]	2019	1) Percent of children receiving a developmental screening using a parent-completed tool.	**21.8%** (2011-12)	**26.0%**
		2. Support training on Arizona's Infant and Toddler Guidelines and Program Guidelines for High Quality Early Education programs serving young children. [2, 5]	2018			
		3. Promote programs serving young children to align with Arizona's Infant and Toddler Guidelines and Porgram Guidelines for High Quaity Early Education. [2, 5]	2018			
		4. Integrate professional development opportunities on best practices for supporting the social emotional needs of children for professionals providing parenting education and home visitation programs for parents and caregivers. [5]	2017			
	b. Increase the childhood immunization rate.	1. Promote compliance with the required Immunizations for Child Care or School Entry. [3]	2019	2) Percent of children in Arizona Kindergartens that have 2 doses of MMR.	**94.2%** (2015-16 school year)	**95.0%**
		2. Support providers with tools and resources to allow them to better educate families about the importance of vaccinations. [14]	2018			
		3. Develop and implement intervention plan for at risk communities. [3]	2018			
5 Strengthen programs that give mothers the support they need to breastfeed their babies.‡	**a.** Support initiation of breastfeeding by developing or expanding breastfeeding education for mothers and their babies.	1. Support standardization of guidance and language concerning breastfeeding and breastfeeding support. [3]	2018	1) Percent of infants who are ever breastfed.	**81.6%** (2011)	**81.9%**
		2. Support hospitals to move toward Baby Friendly practices. [3]	2019			
		3. Work with providers, health care teams, and community health to support breastfeeding during prenatal visits and pediatric follow-up visits. [3]	2018			
	b. Support mothers to breastfeed for longer periods of time.	1. Promote the *Make It Work* workplace toolkit. [3]	2017	2) Percent of infants who are breastfed exclusively through 6 months.	**18.0%** (2011)	**25.5%**
		2. Provide support and resources necessary to overcome barriers to progress, i.e., peer counseling, breastfeeding support groups, breastfeeding aids. [3]	2020			
		3. Strengthen state capacity to build International Board Certified Lactation Consultant infrastructure. [3]	2017			

Partners Taking Action Across Arizona: Arizona Chapter of the American Academy of Pediatrics[1]; Arizona Department of Education[2]; Arizona Department of Health Services[3]; Arizona Family Health Partnership[4]; First Things First[5]; Maricopa Community Advisory Board[6]; Postpartum Support International, Arizona Chapter[7]; Preconception Health Alliance[8]; Safe Kids Arizona[9]; Safe Sleep Task Force[10]; State Child Fatality Review Team[11]; Strong Families Arizona[12]; Teen Outreach Pregnancy Services[13];The Arizona Partnership for Immunizations[14]

Obesity

2020 Goal: Increase the proportion of adults and children who are at a healthy weight by 5%.

Obesity's Impact in Arizona

In 2014, 33.8% of adults in Arizona reported being at a healthy weight. With almost two out of three adults in Arizona either overweight or obese, promoting healthy eating and active living is a top health priority. Being overweight or obese increases the risk of heart disease, stroke, type 2 diabetes and certain types of cancer, some of the leading causes of preventable death. The World Health Organization (WHO) estimates that 44% of the diabetes burden, 23% of the ischemic heart disease burden and between 7% and 41% of certain cancer burdens are attributable to being overweight and obese. Childhood obesity is a serious concern in Arizona, despite recent declines among pre-school children. The obesity rate among children nationwide has more than tripled since 1970. A healthy weight for adults is defined as a Body Mass Index (BMI) of 18.5 to 24.9. Healthy weight for children and adolescents, ages two to twenty, is defined as a BMI-for-age between the 5th percentile to less than the 85th percentile on a growth chart.[4]

Strategies to Reduce Obesity

1. **Increase availability of affordable healthy food retail.**
   In order for people to make healthy food choices, healthy food options must be available and accessible. Providing healthy foods in existing stores, increasing the availability of grocery stores, and supporting farm-to-table efforts (e.g. farmers markets, community gardens) have been shown to increase access to healthy food.[5] The farmers markets supports the local economy, increases marketing opportunities for farmers and small businesses, provides access to an assortment of local and regionally sourced products, and increases access to healthy, affordable food for the community. More farmers' markets are accepting WIC and SNAP as methods of payment as well.

2. **Provide and support opportunities designed to increase physical activity.**
   Regular physical activity has far-reaching health benefits, including lower rates of high blood pressure, diabetes, cancer, depression, and making it easier to reach a healthy weight. Improving the physical activity levels of Arizonans cannot be done solely by focusing on individual behaviors, but must be accompanied by efforts to make it easier to be physically active in the environments in which we live, learn, work, and play.

3. **Ensure coverage of, access to, and incentives for routine obesity prevention, screening, diagnosis and intervention.**
   Screening, diagnoses, education and treatment are imperative components of a comprehensive strategy to address weight. Health care providers and insurers are in a unique position to influence individuals and engage patients in healthy lifestyles. Health care providers are encouraged to provide standardized care for obesity prevention screening, diagnosis and treatment, and advocate for healthy community environments.

4. **Empower Arizonans to adopt a healthy lifestyle.**
   While there may be a general understanding of the importance of healthy eating and being physically activity, moving individuals to change behavior can be challenging. We are more likely to adopt a healthy lifestyle when social norms support healthier choices, and when individuals, families, and communities have the tools that they need to implement healthy eating and active living.

Table 7: Arizona Health Improvement Plan Obesity Strategies, Tactics, Action Items and Strategy Key Performance Indicators (cont.)

Strategies	Tactics	Action Items	Completion Timeframe	Strategy Performance Indicator	Baseline % or N (Year)	2020 Target
1 Increase availability of affordable healthy food retail.‡	**a.** Address communities with limited food access.	1. Increase acceptance of governmental nutrition programs at farmer's markets and related entities.[12]	2018	Percent of farmers markets that accept SNAP and WIC.	**25.3%** (2015)	**60.0%**
		2. Support innovation (e.g., mobile food markets, food hubs) in low food access areas.[8, 14]	2020			
		3. Promote and support the establishment of school and community gardens.[3,4]	2019			
		4. Increase availability of fruits, vegetables and other healthy food options at corner stores and convenience markets.[4,9]	2018			
	b. Address affordability, availability, purchasing, and selection of healthy food options.	1. Incentivize healthy food offerings at retailers.[12]	2020			
		2. Influence healthy food placement.[5]	2020			
2 Provide and support opportunities designed to increase physical activity.	**a.** Provide and market effective physical activity programs in educational institutions	1. Promote and support efforts to achieve 60 minutes of activity per day.[3,6]	2020	1) Percent of adults who reported meeting the aerobic physical activity guidelines (150+ min per week moderate physical activity).	**51.9%** (2013)	**57.0%**
		2. Support planning and implementation of an increased amount and types of physical activity in school physical education programs.[3,6]	2020			
	b. Support community programs promoting physical activity.	1. Promote developmentally appropriate active living education to community residents with special focus on children birth to age 5, through existing child focused programs.[4,7]	2017	2) Percentage of youth who reported physical activity of at least 60 minutes per day for the last 7 days.	**21.7%** (2013)	**27.0%**
		2. Develop and support a sustained, targeted physical activity social marketing campaign.[4]	2016			
3 Ensure coverage of, access to, and incentives for routine obesity prevention, screening, diagnosis and intervention.‡	**a.** Increase the number of schools and early care organizations incorporating routine health screenings and follow-up.	1. Educate schools and early care organizations on the benefits of health screenings and best practices for implementation.[2,3]	2020	1) Percent of children (2-4 years) who are overweight or obese.	**23.9%** (2014)	**20.0%**
		2. Incorporate FitnessGram (formerly Presidential Physical Fitness Test) back in to schools.[3,6]	2020	2) Percentage of children ages 3 to 17 who had an outpatient visit with a primary care practitioner (PCP) or obstetrical/gynecological (OB/GYN) practitioner and who had evidence of BMI percentile documentation during the measurement year.	**BMY** (2016)	**TBD**
	b. Promote education for current and future providers on routine obesity prevention, screening, diagnosis and intervention.	1. Evaluate tobacco-cessation models for application in obesity prevention and management.[11,4]	2017			
		2. Partner with professional organizations on strengthening health care provider obesity education.[13]	2018	3) Percent of adults who are overweight or obese.	**61.8%** (2013)	**58.0%**
		3. Enhance the connection between providers (e.g., lactation consultants, registered dieticians, primary care) and health plans to ensure providers have the support to address obesity.[1,11]	2019			
		4. Increase provider awareness of breastfeeding support.[4]	2017			

Partners Taking Action Across Arizona: Arizona Academy of Nutrition and Dietetics[1]; Arizona Chapter of the American Academy of Pediatrics[2]; Arizona Department of Education[3]; Arizona Department of Health Services[4]; Arizona Food Market Association[5]; Edunuity[6]; First Things First[7]; Food System Coalitions[8]; Local Health Departments[9]; Maricopa County Department of Public Health[10]; Mercy Care Plan[11]; Pinnacle Prevention[12]; University of Arizona Western Region Public Health Training Center[13]; Vitalyst Health Foundation[14]

Table 7: Arizona Health Improvement Plan Obesity Strategies, Tactics, Action Items and Strategy Key Performance Indicators (cont.)

Strategies	Tactics	Action Items	Completion Timeframe	Strategy Performance Indicator	Baseline % or N (Year)	2020 Target
4 Empower Arizonans to adopt a healthy lifestyle.	**a.** Model and promote healthy lifestyles across the lifespan to influence healthy eating and active living as the social norm.	1. Encourage parents, caregivers, teachers, health care providers and other adults in leadership roles to model and promote healthy eating and active living.[4]	2020	Percentage of Arizona adults eating vegetables at least three times and fruits at least twice daily.	**11.3%** (2013)	**18.0%**
		2. Promote reduction of screen time for families with young children.[2,4,7]	2017			
		3. Support implementation of practices to limit consumption of sugar-sweetened beverages.[2,9]	2019			
	b. Provide needed tools to implement healthy eating and the incorporation of daily physical activity.	1. Identify, inventory, and promote effective tools that individuals can use to support healthy habits.[4]	2016			
		2. Engage community partners (e.g., community health workers, local advocates, faith-based organizations) to utilize tools to assist community members with adopting a healthy lifestyle.[4,9]	2017			

Partners Taking Action Across Arizona: Arizona Academy of Nutrition and Dietetics[1]; Arizona Chapter of the American Academy of Pediatrics[2]; Arizona Department of Education[3]; Arizona Department of Health Services[4]; Arizona Food Market Association[5]; Edunuity[6]; First Things First[7]; Food System Coalitions[8]; Local Health Departments[9]; Maricopa County Department of Public Health[10]; Mercy Care Plan[11]; Pinnacle Prevention[12]; University of Arizona Western Region Public Health Training Center[13]; Vitalyst Health Foundation[14]

Oral Health

2020 Goal: Improve the oral health status of Arizonans by 5%.

Oral Health's Impact in Arizona

In 2015, tooth decay remains the number one chronic disease among Arizona children with over half of Arizona's third grade children (65%) have a history of tooth decay, higher than the national average (52%). Good oral health is more than just preserving one's smile. Aside from causing dental pain, diminished function, and reduced quality of life, oral disease and related conditions can affect overall physical, developmental, psychological, social, and economic well-being. Poor oral health disproportionately affects low-income individuals, the frail and vulnerable, and the traditionally underserved. Disparities exist in Arizona children with American Indian (86%) and Hispanic (69%) children in having the highest prevalence of the disease.

1. **Expand access to childhood oral disease prevention programs.**
   Prevention programs in the form of community based programs have far reaching health benefits. These programs are a viable way to reach underserved populations, to reduce the incidence and prevalence of oral and dental diseases, and to contain and reduce costs associated with the treatment of disease. Prevention programs focus on changing personal oral health behaviors as well as community factors and environmental influences. Prevention programs benefit people of all ages, but can be of particular benefit for young children and pregnant women.

2. **Increase utilization of the oral health care system.**
   Screening, diagnoses, education and treatment are important components of a comprehensive strategy to address oral health across the life span. Health care providers, insurers and stakeholders are in a unique position to influence individuals and engage patients in healthy behaviors. Health care providers are encouraged to provide linkages to the oral health care system and promote utilization of the oral health care benefit.

3. **Integrate oral health into whole person health.**
   The relationship between oral health and total health underscores the need for oral health care to be integrated into the health-care systems. Enhancing interprofessional development and increasing oral health literacy is an integral part of total health.

4. **Expand and maintain community water fluoridation systems.**
   Studies conducted by CDC continue to demonstrate the benefits of community water fluoridation. Widespread use of community water fluoridation prevents cavities and saves money, both for families and the health care system. For larger communities of more than 20,000 people where it costs about 50 cents per person to fluoridate the water, every $1 invested in this preventive measure yields approximately $38 savings in dental treatment costs.

Table 8: Arizona Health Improvement Plan Oral Health Strategies, Tactics, Action Items and Strategy Key Performance Indicators

Strategies	Tactics	Action Items	Completion Timeframe	Strategy Performance Indicators	Baseline % or N (Year)	2020 Target
1 **Expand access to childhood oral disease prevention programs.**	a. Increase access to early childhood oral disease prevention programs.	1. Provide education for families through home visiting to develop good oral health habits. [10, 6]	2018	1) Number of high-need elementary schools that have a school- based or school-linked sealant program.	**246** (2015)	**270**
		2. Promote the Empower oral health standards in childcare facilities. [6]	2017			
	b. Increase access to and utilization of school-based, including early care and education, prevention programs.	1. Educate on the value of school-based sealant, fluoride varnish, and fluoride mouth rinse programs. [6,8]	2018			
		2. Increase the number of school based sealant and fluoride varnish programs. [6]	2019	2) Number of preschool children that have received fluoride varnish.	**51,506** (2015)	**60,000**
		3. Promote utilization of school based sealants and fluoride varnish programs through innovative engagement strategies. [6]	2019			
2 **Increase utilization of the oral health care system.**	a. Support the Oral Health Coalitions' advocacy efforts.	1. Promote the Oral Health Coalitions' activities. [3, 4]	2018	Percent of children (ages 1 to 20 years), enrolled in Medicaid for ≥ 90 days, who received preventive dental services.	**50%** (2013)	**60%**
	b. Increase awareness on how to access the oral health care system.	1. Educate parents and caregivers on accessing and utilizing the pediatric dental benefit. [7, 10, 12]	2018			
		2. Assist adults in finding the oral health care they need. [10]	2018			
		3. Educate providers on the benefits of integrating oral health screenings in to the primary care setting. [7]	2018			
		4. Support the Arizona Health Care Cost Containment System efforts to increase awareness of how to utilize the pediatric dental benefit. [6]	2019			
3 **Integrate oral health into whole person health.**	a. Enhance Inter-professional collaboration.	1. Promote resources for provider education (e.g., *Smiles for Life Curriculum*). [2, 5, 6]	2018	1) Proportion of local health departments and Federally Qualified Health Centers (FQHCs) that have an oral health program.	**TBD** (2016)	**TBD**
		2. Promote the integration of oral health knowledge in to curricula for multiple provider types. [1]	2018			
		3. Build infrastructure for training health centers (e.g., GVAHEC). [1]	2018			
		4. Work with state professional health organizations to promote inter-professional collaboration. [2, 5]	2018			
	b. Improve oral health literacy to encourage personal and family self-care.	1. Provide anticipatory guidance to adults, parents, and caregivers in health and social services settings. [2, 6]	2019			
		2. Enhance the network of individuals (e.g., CHWs, navigators, paraprofessionals, faith-based orgs) engaging community organizations to provide oral health education. [6]	2019	2) Number of unique individuals utilizing Empower Oral Health trainings.	**TBD** (2016)	**TBD**
		3. Increase the understanding of good oral health and its positive impact on an individual's overall health and well-being. [1]	2019			

Partners Taking Action Across Arizona: A.T. Still University[1]; Arizona Academy of Pediatric Dentistry[2]; Arizona Alliance for Community Health Center[3]; Arizona American Indian Oral Health Initiative[4]; Arizona Dental Association[5]; Arizona Department of Health Services[6]; Arizona Health Care Cost Containment System[7]; First Thing First[8]; Oral Health Coalition[9]; Strong Families Arizona[10]

Table 8: Arizona Health Improvement Plan Oral Health Strategies, Tactics, Action Items and Strategy Key Performance Indicators (cont.)

Strategies	Tactics	Action Items	Completion Timeframe	Strategy Performance Indicators	Baseline % or N (Year)	2020 Target
4 **Expand and maintain community water fluoridation systems.**‡	a. Address the need for community water fluoridation to the public and policy makers.	1. Work with local government to inform and educate on the merits of community water fluoridation. [5,9]	2020	Percent of the population who receive optimally fluoridated drinking water.	**57.8%** (2012)	**60%**
		2. Leverage national resources or organizations for community water fluoridation promotion. [2]	2020			
		3. Address systems need for the public to access community water fluoridation data (i.e., WFRS Database). [6]	2020			
	b. Educate stakeholders and provide technical assistance on community water fluoridation.	1. Ensure appropriate staff is trained on the Center for Disease Control's Community Water Fluoridation Training and share the training with stakeholders and partners. [2,6]	2020			
		2. Provide technical assistance on community water fluoridation to local public health departments, water system personnel, policymakers, health providers, and the public. [2,5,6]	2020			

Partners Taking Action Across Arizona: A.T. Still University[1]; Arizona Academy of Pediatric Dentistry[2]; Arizona Alliance for Community Health Center[3]; Arizona American Indian Oral Health Initiative[4]; Arizona Dental Association[5]; Arizona Department of Health Services[6]; Arizona Health Care Cost Containment System[7]; First Thing First[8]; Oral Health Coalition[9]; Strong Families Arizona[10]

Tobacco*

2020 Goal: Reduce the percent of youth and adults that smoke cigarettes by 25%.

Tobacco's Impact in Arizona

In 2014, the number of adults smoking cigarettes was 15,700 per 100,000 and there were more than 137,000 high school youth smoking. Adult tobacco users are defined as smoking at least one cigarette in the past thirty (30) days as collected through the Behavioral Risk Factor Surveillance System (BRFSS). BRFSS is collected annually through the Arizona Department of Health Services. Over 7,000 tobacco attributed deaths occur each year and the life expectancy of a smoker is reduced by 10-30 years compared to a non-smoker. Utilizing evidence based nicotine replacement therapies (NRTs) such as the nicotine patch, gum or lozenges or pharmacotherapy such as Chantix or Zyban and some sort of behavioral support (i.e. counseling) is the most effective way to cease tobacco use. Both of these are available through the Arizona Smokers' Helpline or ASHLine. High school youth tobacco users are defined as those youth who reported smoking at least one cigarette in the past thirty (30) days as collected through the Youth Risk Behavior Survey (YRBS). The YRBS is collected every two years through the Arizona Department of Education. According to the Centers for Disease Control and Prevention, 90% of smokers begin smoking before the age of 18. One of the main factors that influences youth tobacco use is peer pressure, and Arizona youth are working around the state to raise awareness within their communities about the dangers of tobacco. Students Taking A New Direction (STAND) is Arizona's statewide anti-tobacco youth coalition and consists of more than 300 members and more than 30 coalitions. Members take part in efforts at the school level, city level, county level, and at the state level to educate their peers as well as to promote policies that protect their communities. A 25% reduction in Arizona would result in almost 200,000 less smokers in the State of Arizona.

Strategies to Reduce and Prevent Tobacco Use

1. **Promote the utilization of cessation services among health plans, employers, and health systems.**
   Educate stakeholders on the economic advantages of promoting the utilization of evidence based tobacco use cessation services and convince employers to include those services in health benefit options.

2. **Utilize community outreach, education, and advocacy at the community level to prevent youth tobacco use.**
   Prevent tobacco use among youth using targeted community interventions with special emphasis on high risk populations and engage youth in peer based approaches to prevent commercial tobacco use.

3. **Develop and implement a statewide program to assist decision makers and advocates to promote smoke free policies**.
   Conduct community outreach to multi-unit housing complexes and promote public awareness of the health and economic benefits of smoke free environments.

4. **Promote the use of cessation treatments among adult and youth smokers.**
   Encourage individuals to utilize available evidence based resources for cessation by promoting awareness of treatment options and the health economic benefits of quitting tobacco.

* **The AzHIP acknowledges the traditional and sacred use of tobacco among American Indian people living in Arizona. All instances where tobacco is mentioned in this report are in reference to commercial tobacco use.**

Table 9: Arizona Health Improvement Plan Tobacco Strategies, Tactics, Action Items and Strategy Key Performance Indicators

Strategies	Tactics	Action Items	Completion Timeframe	Key Performance Indicators	Baseline % or N (Year)	2020 Target
1 **Promote the utilization of cessation services among health plans, employers, and health systems.**	a. Educate stakeholders on the economic advantages of promoting the utilization of effective cessation services.	1. Identify and distribute targeted return on investment information for cessation services.[2,5]	2018	Number of health plans, employers, and health systems receiving training on tobacco cessation services.	**BMY** (2016)	**TBD**
		2. Promote a Screening, Brief Intervention, & Referral to Treatment (SBIRT) model among health systems.[2,5]	2016			
		3. Implement training and promote utilization of proven cessation services.[5,7]	2016			
	b. Educate employers on the benefits of adopting effective cessation plans.	1. Identify and distribute targeted return on investment information for employers.[2,5]	2018			
		2. Assess gaps in health and wellness policies among employers.[2,8]	2018			
		3. Develop a menu of proven tobacco cessation programs to promote cessations services in Arizona.[5]	2017			
2 **Utilize community outreach, education, and advocacy to prevent youth tobacco use.**	a. Prevent tobacco use among youth using targeted community interventions with special emphasis on high-risk populations.	1. Establish and enhance current youth coalition activities through youth-to-youth education, outreach, and policy.[7,9,10]	2020	Number of local policies and initiatives developed by youth coalitions.	**30** (2015)	**50**
		2. Engage youth to participate in enforcement programs.[2,6]	2020			
		3. Implement retailer diversion and education programs.[2,6]	2020			
		4. Educate School Health Advisory Committees on providing youth tobacco prevention resources.[7,9,10]	2020			
	b. Engage youth in peer-based approaches to prevent commercial tobacco use.	1. Build and expand on established youth-based presentations to elementary schools.[7,9,10]	2016			
		2. Train youth on referral process for cessation services.[7]	2020			
3 **Develop and implement a statewide program to assist decision makers and advocates to promote smoke free policies.**‡	a. Conduct community outreach to multi-unit housing (e.g., property managers, developers, owners, & residents) complexes to foster the creation of smoke free indoor environments.	1. Collect data from multi-unit housing complexes to support the need for policy change.[1]	2017	Percent of multi-unit housing properties that have smoke-free housing options.	**3%** (2015)	**25%**
		2. Train landlords and property managers on the benefits of smoke free policies.[1,3,7]	2016			
		3. Convene stakeholders to identify community needs.[17]	2016			
		4. Assist with the development and implementation of plans to include technical assistance, resources and activities for creating smoke free environments.[1,7]	2020			
	b. Promote public awareness of the health and economic benefits of smoke free outdoor environments.	1. Increase awareness of the health risks and economic impact of poor air quality.[2,4,7]	2018			
		2. Provide education to assist with the adoption of smoke free rules and policies in outdoor environments.[4]	2018			
4 **Promote the use of cessation treatments among adult and youth smokers.**	a. Encourage individuals to utilize available evidence-based resources for cessation.	1. Increase implementation of referral systems in healthcare organizations.[5,7]	2016	Number of individuals utilizing the ASHLine for cessation services.	**16,503** (2015)	**25,000**
		2. Increase individual awareness and utilization of benefit options, including behavioral interventions and pharmacotherapies.[2,5]	2016			
		3. Promote tobacco cessation services and best practices through community-based events.[5,7]	2018			
		4. Partner with organizations that serve high-risk populations.[2,5,7]	2016			
	b. Promote public awareness of the treatment options and the health and economic benefits of quitting tobacco.	1. Educate individuals about treatment options and the health and economic benefits of quitting tobacco.[2]	2018			
		2. Leverage national campaigns to support efforts when appropriate.[2]	2018			

Partners Taking Action Across Arizona: American Lung Association[1]; Arizona Department of Health Services[2]; Arizona Multi-Housing Association[3]; Arizona SmokeFree Living[4]; ASHLine[5]; Attorney General's Office[6]; Local Health Departments[7]; Maricopa County Department of Public Health[8]; Pima Prevention Partnership[9]; Students Taking a New Direction[10]

Unintentional Injury

2020 Goal: Reduce the unintentional injury death rate by 5%.

Unintentional Injury Impact in Arizona

In 2014, Arizona's Unintentional Injury Death rate was 42.6 per 100,000 residents. Unintentional Injury deaths are defined by deaths occurring as a result of: transportation injuries, falls, drowning, poisonings, fire/burns, firearm-related injuries, and recreation-related injuries. While these topics do not cover all mechanisms of unintentional injuries, the topics addressed account for the largest burden of injury-related events. Unintentional Injury can be prevented by strengthening and implementing community-based prevention policies and programs; and focusing efforts among groups at highest risk for injuries, including youth and older adults.

Strategies to Reduce Unintentional Injuries

1. **Implement and strengthen policies and programs to enhance transportation safety.**
   Effective traffic safety policies and programs prevent motor vehicle-related injuries and death.

2. **Promote, strengthen, and implement policies and programs to prevent falls, especially among older adults.**
   Fall-related injuries are a serious public health problem, especially among older adults age 65+. Exercise programs to increase strength and balance, medication review and modification to eliminate all but essential drug treatments, home modifications (e.g. grab bars, railings), and vision screening can prevent falls among older adults. Enhancing linkages between clinical- and community-based prevention efforts increases the availability and use of these programs. Properly designed and maintained playgrounds, home safety devices (e.g. stair gates) and use of protective gear when playing active sports can help prevent children from sustaining injuries related to falls.

Table 10: Arizona Health Improvement Plan Unintentional Injury Strategies, Tactics, Action Items and Strategy Key Performance Indicators

Strategies	Tactics	Action Items	Completion Timeframe	Key Performance Indicators	Baseline % or N (Year)	2020 Target
1 **Increase the use of proper motor vehicle restraints.**‡	a. Implement and strengthen policies and programs to enhance transportation safety.	1. Implement the Strategic Highway Safety Plan.[3]	2018	Percent of Arizonans using safety belts.	**87%** (2014)	**92%**
		2. Educate high-risk populations on the use of proper restraints in motor vehicles.[1,3]	2018			
	b. Increase advocacy regarding appropriate occupant protection.	1. Communicate the costs of injuries that could have been prevented by use of motor vehicle restraints.[2]	2018			
		2. Facilitate targeted safety outreach to off-road vehicle users.[1]	2019			
2 **Promote, strengthen, and implement policies and programs to prevent falls, especially among older adults.**	a. Educate providers on the need for "fall" screenings.	1. Promote the implementation of Stopping Elderly Accidents, Deaths and Injuries (STEADI) by all health care providers to screen for the risk of falls.[2]	2018	Fall-related death rate among all Arizonans.	**11.7** per 100,000 (2014)	**11.1** per 100,000
		2. Develop targeted training for first responders and Arizona Hospitals on the Centers for Disease Control field triage criteria to screen for injury resulting from fall incidents.[2]	2020			
	b. Promote healthy living practices that are evidence-based to reduce falls.	1. Collaborate with and support the efforts of the Arizona State Falls Coalition on developing education.[2]	2020			
		2. Implement education and individual interventions (e.g., Tai Chi) to prevent falls.[2]	2020			

Partners Taking Action Across Arizona: Arizona Game & Fish[1]; Arizona Department of Health Services[2]; Arizona Department of Transportation[3]

Exhibit A

Arizona Health Improvement Plan
County Profiles

Apache County

Vision

Healthy People, Healthy Environment

Major Public Health Successes

1. 100% compliance with Tdap for Health Department employees
2. Safe Routes to School—The Health Department sponsored walk to school one day each month in Round Valley and St. Johns. Chinle Safe Routes to School (SRTS) is the first partnership in Arizona between Tribal and non-Tribal entities. The Chinle SRTS start date is the fall of 2013.

Community's Health Priorities

- Diabetes
- Well-Care, General Health Check-ups
- Dental Coverage
- Pain Management
- Affordable Health Insurance and Health Services

Community Involvement

1. Held four community forums with 45 collaborators.
2. Conducted a community survey with 254 responses obtained through outreach interviews and web-based information gathering.

Community Comments

"We need committed, specialized doctors." "When is the State going to cover dental?"

Information for this profile was provided by Apache County. For more information about the Apache County Public Health Assessment, please visit Apache County's website.

Cochise County

Vision

Building a Healthier Future

Major Public Health Successes

1. Increased the number of childhood immunizations provided in the Benson Service Center by 32.8% from 2011 to 2012 with placement of a full-time RN at that location.
2. Increased the number of patients seen annually in family planning clinics by approximately 20% from 240 seen in 2012 to projected 288 for 2013.
3. Increased by 100% participation in the County employee adult wellness programs from 2010 to 2013. In a recent survey of participants, 46% of participants reported being more active and energetic, 33% of participants have increased their overall strength and endurance, and 93% of participants report feeling motivation, encouragement/support from program presentations, sessions, and workout groups.

Community's Health Priorities

- Diabetes
- Obesity
- Problems of Aging
- Availability of Medical Services
- Cancer

Community Involvement

1. Conducted a community survey with over 500 responses.
2. Held three meetings of the core group of community partners to create the survey which included 25 participants.
3. Posted CHA on County's Facebook page—compiling feedback from that source.

Community Comments

"Behavioral health support for those of us who aren't yet a danger to ourselves or others. This would include a community "Comfort Zone" to help regular folks manage stress; participate in confidential groups (bereavement, substance or food addictions); get active in dance or exercise classes; or try smoking cessation, yoga, or positive lifestyle changes before the problem becomes a mental or physical health crisis."

"Food shopping within walking distance. But I chose to live here, knowing that shopping was at least 20 miles away. As we get older, it starts to matter more, as does access to quality healthcare."

Information for this profile was provided by Cochise County. For more information about the Cochise County Public Health Assessment, please visit Cochise County's website.

Coconino County

Vision

The Coconino County Public Health Services District will be recognized as a state-of-the-art public health agency by creatively providing excellent services and useful information.

Major Public Health Successes

1. Successfully implemented the use of electronic health records at the reproductive health clinic ahead of the 2014 deadline.
2. Achieved the highest breastfeeding rates in Arizona with 91.3% breastfeeding at initiation, 55% at 6 months, and 34.3% at 1 year of age.
3. Revised and updated the Environmental Services Code to respond to Senate Bill 1598 regarding applications for permits and licenses and revised the Environmental Services Code applicable to food to include a section regulating edibles containing medical marijuana as a food product.

Community's Health Priorities

- Access to Healthcare
- Unintentional Injury
- Obesity

Community Involvement

1. Conducted a community survey with 235 responses.
2. Held eight focus groups with 107 participants.

Community Comments

"Access to care is becoming more of a challenge as people begin to lose insurance, can't afford insurance, and fall off AHCCCS. There is also a very strong homeless population presence, and these people are a strain on the financial resources of the community. There is also an extreme shortage of resources for people with mental health issues."

"Teen pregnancy, obesity, health disparities for Native Americans who live within the community and near and around Page [are major health issues]. As Native Americans we struggle to get health services since Page does not have clinics for Native Americans where we can get free primary care, dental, and mental healthcare."

Information for this profile was provided by Coconino County. For more information about the Coconino County Public Health Assessment, please visit Coconino County's website.

Gila County

Vision

To continually assess the needs of the community while providing the highest level of quality services with integrity, respect, and support for coworkers, partners, and those we serve. The Division will strive to educate, advocate, and improve the public health and safety in Gila County.

Major Public Health Successes

1. From 2012 to 2013, staff at the Health and Emergency Services Department lost 140 lbs. by participating in the Health and Wellness Program.
2. The Gila County Health Department was recognized by The Arizona Partnership for Immunization (TAPI) and received an award for the submission of data into the Arizona State Immunization Information System (ASIIS). Gila County received Dr. Daniel T. Cloud awards for outstanding practice in the Teen Award category. Our Women's Infants and Children's Department received the 2012 WIC enrollment Challenge Award for the Most Improved Agency.
3. In 2013, the Gila County Health and Emergency Services Tobacco Free Environments Program was instrumental in implementing a policy making our Gila County Central Heights Complex a Tobacco-Free Campus.

Community's Health Priorities

- Access to Care—Decrease health disparities and improve the health of diverse communities in Gila County.
- Chronic Diseases—Promote healthy lifestyles, including prevention, physical activities, and healthy eating, to reduce chronic disease rates.
- Mental and Behavioral Health—Maintain and improve access to, and awareness of, mental health and substance abuse services.

Community Involvement

1. Held six focus groups with a total of 27 community members participating.
2. Conducted a community survey with 387 responses.

Community Comments

"We have one small clinic in town once a week with limited services. I required X-rays, MRI, ultra sound, surgery, etc. I have to travel 100 miles+ each way on a dirt road (sometimes icy or snow-packed—limiting travel). Even the PA can't always make it in to provide the weekly clinic."

"It would be nice if the Insurance would work with a gym to be part of medical care and help support the cost."

Information for this profile was provided by Gila County. For more information about the Gila County Public Health Assessment, please visit Gila County's website.

Graham County

Vision

To create and maintain an environment that is clean, safe, and healthy and an educated community in which all individuals can achieve their optimum physical, cultural, social, economic, mental, and spiritual well-being today, tomorrow, and in the future.

Major Public Health Successes

1. Respondents to the CHA Survey recognized the need for exercise and the problem of obesity. Both issues illustrated the need and desire to have a healthier lifestyle. Conducting the community meetings opened the door for dialogue and for a better understanding of these issues.
2. Thirty representatives from local agencies and businesses received the Healthy Arizona Worksites training provided through a partnership among the Health Department, Healthy Arizona Worksites, Arizona Small Business Association, and Viridian Health Management. As a result, plans were discussed for increasing opportunities to exercise, including the use of existing parks and open spaces, the creation of community gardens, and the offering of more nutritious food and drinks in workplace vending machines.
3. A very successful Spring Clean-up was conducted on May 15– 16, 2013 in Solomon/San Jose. The partners in this event were the residents of Solomon/San Jose, the American Legion, County Highway Department., the Arizona Department of Corrections, County Probation Office, the University of Arizona Agricultural Extension Office, Southeastern AZ Clean and Beautiful (SEACAB), and several other key volunteers.

Community's Health Priorities

- Healthy Lifestyles
- Chronic Disease Prevention
- Improve Access to Care
- Improve Wellness Overall

Community Involvement

1. Conducted a Stakeholder and Community survey with 1,026 responses, which represented 3.62% of the County population of 37,147 residents.
2. Conducted a community-wide stakeholder meeting in September 2012, with 60 participants.
3. Conducted a follow-up stakeholder meeting in January 2013 with 45 participants.
4. Held Voices of the Community Meetings, which included facilitated group discussions in five local areas: Safford, Pima, Thatcher, Solomon, and San Jose.

Community Comments

"The survey cast a wide net and received input from a diverse group of residents."

"The Community Health Assessment was done very thoroughly for all of the local communities. Top health and wellness concerns were identified and prioritized. Community participation and involvement was impressive. Health Department staff did a fabulous job at spearheading this assessment."

Information for this profile was provided by Graham County. For more information about the Graham County Public Health Assessment, please visit the Graham County website.

Greenlee County

Vision

A healthier future for Greenlee County, Starting Now!

Major Public Health Successes

1. Policy was developed and implemented to build community and school gardens. The produce grown will then be distributed throughout the communities and in the school cafeterias.
2. Meetings with school officials' jump started the garden project and led to choosing garden organizers. These organizations have implemented changes at the different sites and looked at ways to comply under school gardening guidelines.
3. The availability of fresh produce will cause a direct impact on the community's healthy diet, and therefore a healthier diet and lifestyle.

Community's Health Priorities

- Obesity—Nutrition and Physical Activity
- Alcohol, Tobacco, and Other Drugs
- Chronic Disease

Community Involvement

1. Conducted a community survey with 32 responses.
2. Conducted a public health system survey with 13 responses.
3. Held four group discussions with 33 participants.

Community Comments

What makes you most proud of our community?

"The way people of this community help others who are having a hard time."

"The ability to do so much with so little."

"We take care of each other."

Information for this profile was provided by Greenlee County. For more information about the Greenlee County Public Health Assessment, please visit the Greenlee County website. Look under 'Public Notices' for the County Health Assessment.

La Paz County

Vision

Inspiring healthy choices by nurturing community involvement and striving towards a better health system.

Major Public Health Successes

1. The Healthy La Paz Coalition is partnering with the following community groups to implement the strategies in La Paz County's Community Health Improvement Plan (CHIP):
   a. The Parker Area Alliance for Community Empowerment (PAACE) to support efforts against substance abuse.
   b. The Western Arizona Council of Governments (WACOG) Broadband Task Force to develop communications infrastructure throughout La Paz County.
   c. The Colorado River Regional Crisis Shelter to support the development of a county Fatality Review Board for Domestic Violence.
2. La Paz County's Public Health Nursing Division continues in its tradition of excellence by receiving the Daniel T. Cloud Outstanding Practice Award for the sixth time. The Award recognizes the outstanding efforts of La Paz County Health Department nurses and staff to maintain high immunization rates against vaccine-preventable diseases among children and youth throughout the county.
3. La Paz County Health Department has increased public services by instituting a Vital Records program that processes Death Certificates. The Vital Records system aids in public health surveillance and strategic analysis of the public's health status. The Vital Records system aids in public health surveillance and strategic analysis of the public's health status.

Community's Health Priorities

- Chronic Disease Management
- Safe Neighborhoods
- Infrastructure Development (focusing on communications and transportation)

Community Involvement

1. Conducted a Community Quality of Life Survey with 246 responses.
2. Held CHA/CHIP meetings with 27 community participants.
3. Convened the CHA/CHIP Steering Committee with 15 Committee members, representing multiple sectors of society.

Community Comments

The concerns regarding healthcare management, especially in the area of chronic disease, are:

"Management overall: Reaching out to those currently diagnosed with a chronic disease; going beyond medication; do they know everything about their disease, do they have resources regarding information on the disease?"

"Alternatives to medication: Are CAM (complementary and/or alternative medicine) forms of treatment available? Are the local county doctors versed in CAM forms of treatment?"

Information for this profile was provided by La Paz County. For more information about the La Paz County Public Health Assessment, please visit the La Paz County website.

Maricopa County

Vision

A healthy and safe community.

Major Public Health Successes

1. Smoke Free Maricopa Community College District and Arizona State University.
2. 28% increase in childhood immunizations from 2012.
3. STD express testing up 43% since 2012.

Community's Health Priorities

- Obesity
- Diabetes
- Lung Cancer
- Cardiovascular Health
- Access to Care

Community Involvement

1. Conducted the REACH Community Survey with 429 responses.
2. Conducted surveys with community partners & health professionals with 241 responses.
3. Conducted a survey with Maricopa County Department of Public Health staff with 303 responses.
4. Held 23 focus groups with 202 community members participating:
    - 4 Focus groups: African American population
    - 2 Focus groups: Lesbian, Gay, Bisexual, Transgender
    - 4 Focus groups: Asian Americans
    - 2 Focus groups: Senior citizens
    - 4 Focus groups: Native Americans
    - 2 Focus groups: Low-income residents
    - 4 Focus groups: Hispanic/Latino
    - Youth-Led Community Health Assessment Project

Community Involvement

"We can't jog in this community at 4:00 or 5:00 a.m. due to no lighting and vagrants loitering; it's unsafe. In the summer, you have to get out early. Everyone wants to live better and live longer, but don't know how."

"Jobs and economic development determine the quality of a person's life. Take care of your family, take care of your property."

Information for this profile was provided by Maricopa County. For more information about the Maricopa County Public Health Assessment, please visit the Maricopa County website.

Mohave County

Vision

To create a safe and healthy environment for Mohave County citizens.

Major Public Health Successes

1. Reduced adult smoking prevalence by 9% from 2003.
2. Reduced sexually-transmitted disease rates of chlamydia by 8.4% since 2006.
3. Reduced teenage (younger than 19) pregnancy rate (per 100,000 population) by 8.9 since 2000.
4. Reduced the percentage of students who had used tobacco during their life time by 4% since 2008.

Community's Health Priorities

- Bullhead City
  - Accessible/affordable healthcare
  - Substance abuse
  - Mental health
- Kingman
  - Youth risk/protective factors
  - Substance abuse
  - Economic conditions
- Lake Havasu City
  - Accessible/affordable healthcare
  - Youth risk/protective factors
  - Mental health

Community Involvement

1. Held three community forums in each of our major cities (Bullhead City, Kingman, and Lake Havasu City) with over 100 attendees combined.
2. Conducted in-depth interviews with 26 key informants that represent persons with specialized knowledge in public health, broad interests of the community, and populations of need.
3. Distributed and collected 46 Community Stakeholder Questionnaires from community stakeholders that attended community forums.
4. Conducted a Countywide Community Survey regarding health, quality of life, and needs for health-related services in their respective communities. Collected 1,756 surveys.
5. Held three community prioritization forums in each of our major cities (Bullhead City, Kingman, and Lake Havasu City) with over 75 attendees combined.

Community Comments

"I don't think most people understand how much their daily choices impact their overall health."

"Economic growth is the #1 way to get people out of poverty."

Information for this profile was provided by Mohave County. For more information about the Mohave County Public Health Assessment, please visit the Mohave County website.

Navajo County

Vision

Education, Accessibility, & Leadership by promoting quality health through community education, planning, and partnerships.

Major Public Health Successes

1. Decreased the percentage of obesity from 35.8% in 2005 to 27.3% in 2010.
2. Reduced the rate per 1,000 births to adolescent females 19 or younger from 34.7% in 2008 to 31.1% in 2010.
3. Increased the percentage of 24- to 35-month-old children in Navajo County who are fully immunized from 65% to 82% during Fall 2012 to Spring 2013.

Community's Health Priorities

- Access to Healthcare, General Health Check-Ups, Availability of Specialty Medical/Healthcare Providers, Linking Individuals to Physicians/Healthcare Providers, and Insurance Coverage-Availability and/or Affordability
- Heart Disease, Obesity, and Management of Other Chronic Diseases
- Behavioral Health Services—Access and/or Coverage and Domestic Violence
- Maternal and Child Health

Community Involvement

1. Held five focus groups with 56 community members participating.
2. Held community discussions with 23 participants in the Navajo County Forces of Change Assessment.
3. Engaged 55 participants in the development of goals and strategies in generating the Community Health Improvement Plan 2013.

Community Comments

"We need to stop identifying domestic violence as an anger/stress issue, substance abuse, or problems with the relationship as an excuse for the abuser to abuse their victim and need to educate to eliminate this assumption."

"Gain community trust through communication and knowledge of resources to leverage among organizations and programs within the County as a referral source to the communities."

Information for this profile was provided by Navajo County. For more information about the Navajo County Public Health Assessment, please visit the Navajo County website.

Pima County

Vision

A Healthy Pima County: Everyone. Everywhere. Everyday.

Major Public Health Successes

1. Decreased adolescent pregnancies among females aged 15-17 years old from 22.3 pregnancies per 1,000 in 2011 to 20.9 in 2012.
2. Decreased number of overweight adults from 38.0% in 2011 to 35.1% in 2012.
3. Decreased emergency room visits with primary diagnosis of mental illness from 151.0 visits per 10,000 in 2011 to 134.4 in 2012.

Community's Health Priorities

- Healthy Lifestyles
- Health Literacy
- Access to Care
- Health Equity

Community Involvement

1. Conducted planning meetings to identify health priorities with the Community Health ACTION Task Force (CHAT) with over 60 members from government, for-profit and not-for-profit organizations representing advocacy, behavioral health, community and faith-based services, healthcare, education, employers, unions, American Indian communities, and philanthropy.
2. Conducted community member and stakeholder surveys regarding health status and quality of life with over 700 responses.
3. Held two community stakeholders group discussions with 15 participants to provide feedback regarding the impacts and influence of health on Pima County residents.

Community Comments

"Working with the Community Health Action Team has given us the opportunity to take all the great work that has been occurring in Pima County and organize it into one cohesive plan. I am confident that this plan, along with the support and collaboration of all the partners, will help us to successfully accomplish the goals we have for our community."

"I was thrilled to participate in the PCHD CHAT task force process. The diversity of task force members' knowledge, personal and professional experiences, and desire to work collaboratively and collegially enriched not only my experience but I believe the experiences of everyone who participated in the process. In turn, what I learned from this process, the collegiality, and shared, respectful dialogue are reinforced and integral in the non-profit organization that I direct."

Information for this profile was provided by Pima County. For more information about the Pima County Public Health Assessment, please visit the Pima County website.

Pinal County

Vision

To provide disease prevention, health promotion, and nutrition services to the residents of Pinal County so they can live healthy and productive lives.

Major Public Health Successes

1. Improved access to care with two new Pinal County Public Health Clinics opened in 2012, resulting in more than 70% of Pinal County residents living within 10 miles of a public health clinic.
2. Increased the immunization rate from 50% in 2005 to 90% in 2013 for 2–3 year olds receiving the 4:3:1:3:3:1 series by 24 months of age in Pinal County.
3. Increased the treatment of reported cases of sexually-transmitted diseases in Pinal County from 61% in 2007 to 76% in 2012 through improved communicable disease surveillance and response.

Community's Health Priorities

- Obesity
- Substance Abuse

Community Involvement

1. Conducted a community survey with 662 responses.
2. Conducted Joint Priority Setting Meetings with 25 organizations and 43 participants.
3. Held nine focus groups with 65 participants.
4. Held the CHA/CHIP Meeting with 18 organizations and 33 participants.

Community Comments

"A portion of the population is scared to go to the doctor if they are not deathly ill. They do not go to routine visits because they will find something wrong. Education to let them know that if they go to routine visits doctors can let them know if something is wrong while it is treatable and before it has progressed. The elderly population, in general, does not see a reason to go to the doctor until they are sick. Education for this population or representation for them would be great."

"I am a diabetic, adult onset since 1990. I struggled a lot. I started coming to the senior center, and once a month they were having nutrition and diabetes classes. I was able to do things that I didn't understand before. I went from 279 lbs to 200 lbs. It took a while to do it. Not having junk food at home and learning to read the labels. [Diabetes education] helped me change my habits."

Information for this profile was provided by Pinal County. For more information about the Pinal County Public Health Assessment, please visit the Pinal County website.

Santa Cruz County

Vision

Optimal Health, Wellness, and Safety for all Santa Cruz County residents.

Major Public Health Successes

1. Have reduced the teen pregnancy rate in Santa Cruz County each year since 2007.
2. Achieved a rate of 12.6% of youth currently using marijuana, which is less than both the state and national averages. Abuse of prescription drugs by youth in Santa Cruz County is less than both the state and national averages at 8.7%.
3. Have a rate of sexually-transmitted diseases well below the state average, indicative of community awareness and efficient education.

Community's Health Priorities

- Quality Schools—drug use, teen pregnancy, high drop-out rates
- Accessible transportation to access health care
- Obesity
- Support for older adults—Elder Care Facilities
- Mental health—lack of providers

Community Involvement

1. Held five community focus groups with 43 participants.
2. Conducted a Key Informant Survey with five responses.
3. Conducted a community survey with 232 responses.
4. Held community prioritization discussions with 48 participants

Community Comments

"There are places to exercise but not many. If this would have been Tucson there would be fitness centers on every corner. Here we only have one park and only one small gym that is free."

"You should direct your focus on the youth that are not enrolled in school; i.e. those that are dropped out. Nobody really pays attention to them."

Information for this profile was provided by Santa Cruz County. For more information about the Santa Cruz County Public Health Assessment, please visit the Santa Cruz County website.

Yavapai County

Vision

Yavapai County Community Health Services will provide leadership, information, and services that contribute to improving the health and well-being of Yavapai County residents.

Major Public Health Successes

1. 0.5 tuberculosis infection rate as of 2010.
2. 95% restaurant inspection rate.
3. 97% caseload fulfilled for WIC.

Community's Health Priorities

- Access to Care including Oral Health
- Behavioral/Mental Health including Substance Abuse
- Health Promotion including Nutrition, Physical Activity, and Disease Prevention

Community Involvement

1. Conducted a community health assessment survey: An electronic survey promoted throughout Yavapai County resulted in 868 responses from the community. An additional 209 responses were received using a paper version in English and Spanish from community members who do not have or use computers, or those who speak Spanish
2. Held six CHA focus groups and two CHIP focus groups with 75 community participants.

Community Comments

"The public needs more education and information regarding where to go and what to do when they have health and mental health issues to deal with in their family. It's very confusing to know how to access services, especially for those community members who have no insurance or prescription plans."

"Feed children healthy food at school that isn't pre- packaged and processed foods. The school cafeterias need to offer more fresh foods and foods that don't have such heavy doses of preservatives."

Information for this profile was provided by Yavapai County. For more information about the Yavapai County Public Health Assessment see the following web links:

Yavapai-County-Arizona-Community-Health- Assessment-Full-Version.pdf

Community Health Center of Yavapai: CHCY.info

Yuma County

Vision

The Yuma County Public Health Services District is recognized as a State-of-the-Art public health agency that dedicates itself to providing optimal public health for all of Yuma County.

Major Public Health Successes

1. Declining smoking and alcohol use during pregnancy.
2. Low rates of vaccine preventable communicable disease.
3. Decreased adolescent pregnancy rates by 8.1% from 2008 to 2010 for girls age 15 to 19.

Community's Health Priorities

- Diabetes, Cancer, Infant Mortality, Sexually-transmitted Disease and HIV/AIDS
- Obesity
- Lack of healthcare for low-income adults and children
- Underage drinking
- Lack of understanding of the effect of alcohol and drug use on the still-developing adolescent brain
- Mental health services for the uninsured population
- Teen pregnancy in certain areas of the community

Community Involvement

1. Conducted public health assessment meetings with 75 participants.
2. Held a key stakeholder discussion with 30 participants. This is an ongoing process.
3. Conducted an employee survey to assess capacity with 102 responses.
4. Conducted a community health survey with 298 responses.

Community Comments

"How do we take care of our very ill and homebound patients all over the county if there is a power outage?"

"Our number one barrier is not enough communication across various specialties of providers."

Information for this profile was provided by Yuma County. For more information about the Yuma County Public Health Assessment, please visit the Yuma County website.

Exhibit B

Arizona Health Improvement Plan
Health Issue Briefs

Arizona Health Improvement Plan

Access to Health Insurance Coverage

Criteria	Health Issue Data/Information
Scope or Magnitude of the Problem • How many people across Arizona are affected by the health issue?	• Arizona has about 1.2 million uninsured people—19% of the population • An estimated 600,000 uninsured AZ residents will be covered after implementation of Healthcare Reform. By 2016, approximately 10% of the population will remain uninsured [i] • Over 270,000 Arizonans have gained coverage since October 2013, either through Medicaid Restoration or enrollment in the Health Insurance Marketplace • Nearly a million residents of Arizona remain uninsured today [ii]
Severity (Morbidity / Mortality) • Does the health issue result in death, disability, or ongoing illness?	• Uninsured people are more likely to forego necessary healthcare or preventive services due to cost concerns • In 2011, over 18% of Arizonans indicated they could not afford needed health care [i] • Chronic disease, in particular, is not appropriately managed when there is a lack of access to primary health care • Persons without health insurance may be more likely to skip medications, use the emergency department in lieu of primary care, and go undiagnosed with critical health issues • Studies have shown that lack of insurance coverage is a substantial predictor of delayed or missed care and medication [iii] • The uninsured are at higher risk for preventable hospitalizations, are less likely to receive follow-up care for serious health issues, and have significantly higher mortality rates than those with insurance [iv]
Potential to Impact (Winnable Battle) • What resources (funding, workforce, programs, etc.) are available to address the health issue? • Can progress be made on the health issue within five years? • Could addressing the health issue also address other problems at the same time?	• Restoration and expansion of Medicaid coverage along with access to insurance through the market place can help increase percent of people with health insurance • Kaiser Family Foundation 2014 estimates, over six in ten uninsured nonelderly people in Arizona are eligible for financial assistance for coverage through either Medicaid (41%) or the Marketplaces (22%) • The remainder of the state's uninsured either have incomes too high to be eligible for tax subsidies through the marketplace (21%) or are ineligible for coverage due to immigration status (16%)v • Of the 1.2 million currently uninsured in Arizona, over 750,000 are eligible for coverage through Medicaid or the Health Insurance Marketplace • With adequate outreach and enrollment support, the state can succeed in dramatically reducing the number of uninsured over the coming years • CoverAZ is a web-based resource site for community organizations to engage in outreach and

	enrollment to assist with coverage • Health insurance coverage can lead to improved birth outcomes, early detection of disease and better prevention and management of chronic disease
Cost-Effectiveness • What is the cost of not addressing the health issue? For example, how does it impact health care costs or Medicaid costs? • How much money can be saved by addressing the problem? • Does the money put into a solution reduce costs enough to make the solution worthwhile? • What's the value of addressing the health issue?	• The financial impact of uninsurance extends beyond health care to the greater economy • The average uninsured household has no net assets, and medical debts contribute to almost half of all bankruptcies in the United States [iv] • Because they are legally mandated to provide care to all, emergency rooms are often the safety net for the uninsured • Fifty-five percent of emergency care goes uncompensated, according to the Centers for Medicare & Medicaid Services – representing 86 billion dollars of care nationwide for the uninsured in the past year alone [vi] • Lack of health insurance coverage increases risk of chronic disease going undetected or unmanaged • Uncontrolled chronic disease is costly • Reducing chronic diseases could save millions in health care costs • Public and private health care payers in AZ could save $351 million by reducing the prevalence of two chronic conditions alone, hypertension and diabetes, by just 5 percent [vii]
Quality of Life • How does the health issue impact daily living activities? How does it impact usual activities, such as work, self-care, or recreation?	• Lack of health insurance limits access to primary and preventive care • Without access to well care, early detection and diagnosis of particular diseases will be missed • Diseases that are left undiagnosed could become chronic or life-threatening and can lead to disability or premature death • If left unaddressed, other issues include physical inactivity that may trigger other health conditions, complications resulting from the undiagnosed disease, financial impact resulting from lower productivity, poor family or social interactions, and overall poor quality of life • Medical debt that can result from un- or under-insurance is a significant burden for those who require chronic care or trauma care
Disparities • How are groups of people affected differently by the health issue? • Are some groups of people more likely to be affected by the health issue than others? How significant are the differences?	Children: • According to the Arizona Children's Action Alliance, 14,000 lost coverage when Kidscare II was no longer available • A report published by the Children's Action Alliance and the Georgetown University Center for Children and Families, finds that higher costs through the exchanges makes coverage unaffordable and creates additional barriers to continued insurance coverage for children and families Hispanics:

• Types of disparities can include but are not limited to racial and ethnic groups, geographic location, age, gender, income, education, etc.	• According to the US Census Bureau, 2011 American Community Survey, approximately 28% of Hispanics in Arizona do not have health insurance coverage and approximately 35% have public coverage • Of those individuals newly eligible under Medicaid restoration in Arizona, 35% will be Hispanic—significantly more than the national average of 19% American Indians: • Among Arizona's American Indian population, 30.6% are uninsured (IHS health care is not considered insurance) • The uninsured rate is even higher among adults, with 37% of American Indians age 18–64 uninsured [i] • The American Indian Medicaid population in Arizona has the potential to increase by 22.4% under Medicaid expansion and with enhanced outreach [viii] Older Adults: • Arizona ranks 3rd in U.S. for percentage of uninsured older adults [ix] • Nationally the uninsured rate among adults age 50-64 increased by 140% between 2000 and 2010 due to: growth in population age 50-64, rising health care costs, and impact of the economic downturn • Three out of five of those in this age range are employed, but almost half have a family income below 200% FPL • Medicaid expansion may reduce future Medicare costs, as lack of coverage before reaching age 65 is associated with greater Medicare utilization [x] Rural Populations: • Those who live in rural areas tend to be poorer and less likely to be covered by employer-sponsored insurance than their metropolitan counterparts [xi] • They may also face significant barriers to both enrollment and access to care, including lack of transportation, telecommunication, and providers • Education Level: • Adults with less than a high school education are more likely to be uninsured, at 30.4% [i]
Evidence-based Models Exist • Are evidence-based models relevant to cultural and geographic differences? For example, will they work in rural as well as urban communities?	• Yes, significant federal and state resources have been committed to the restoration of Medicaid in Arizona and to the federal Health Insurance Marketplace • Funding, tools, and training have been dedicated to local initiatives designed to increase insurance coverage options for Arizonans through healthcare reform • This will insure outreach efforts are tailored to specific populations

Community Readiness / Interest in Solving • What's the degree of public support and/or interest in working on the health issue? • Which counties include this issue as a community health priority?	• Seven out of fifteen counties identified access to health insurance coverage as a priority issue [i] • A statewide coalition, Cover Arizona, provides information and resources to organizations conducting outreach and enrollment activities
Arizona Ranking below the US data • Is Arizona doing better or worse than the U.S.? • How much better or worse are we doing compared to the nation?	• According to the U.S. Census American Community Survey, the 2012 uninsured rate in Arizona was 17.6% versus 14.8% in the U.S. • Arizona fares even worse compared to national average for uninsured children (under age 18) – 13.2% versus 7.2% U.S.[xii] • It is anticipated Arizona will have the highest uninsured rate in the country post health care reform [xiii]
Political Feasibility • Is there enough support from elected officials or other policymakers to help move a strategy to implementation?	• Currently Arizona has moved forward with implementing Medicaid Restoration • The interface between the eligibility/enrollment systems for Medicaid and the Marketplace have glitches yet to be worked out to improve a streamlined process
Trend Direction • Has the health issue been getting better or worse over time?	• Full implementation of healthcare reform, the number of uninsured will decrease • Initial estimates after the first year of the federal Health Insurance Marketplace enrollment indicate uninsured Arizonans are down 19% [xiv] • Estimates indicate approximately 600,000 Arizonans will remain uninsured

Data Sources:

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Arizona Health Improvement Plan

Access to Well Care

Criteria	Health Issue Data/Information
Scope or Magnitude of the Problem • How many people across Arizona are affected by the health issue?	• 35% of Arizonans report they have not had a routine checkup in the past twelve months, and almost 10% report it has been five years or more since their last routine exam • More than 22% of Arizona adults (approximately 1.4 million Arizonans) reported they did not have a personal doctor or healthcare provider (Arizona State Health Assessment Plan April 2014) • Approximately 2.9 million Arizonans reside in a community that is designated as having a shortage of primary care providers, limiting access to preventive care in these areas • According to the CDC, about half of the US adult population does not use commonly recommended preventive services
Severity (Morbidity / Mortality) • Does the health issue result in death, disability, or ongoing illness?	• The leading cause of death in the United States is heart disease, and the second leading cause of death is cancer. (In Arizona, cancer is the leading cause of death.) Both of these diseases can be impacted positively through well care including early screening, preventive medication and support for lifestyle changes • Other chronic diseases, such as diabetes, are also more likely to be identified and appropriately managed when there is access to regular well care • Immunizations are a component of well care and critical population health issue, preventing the spread of communicable disease and resulting morbidity/mortality by creating "herd immunity" • One study, as reported in the CDC's MMWR, found that increasing use of nine clinical preventive services to a more optimal level could prevent an estimated 50,000 to 100,000 deaths each year for adults younger than 80 years of age • Research suggests that the availability of primary care physicians influence health outcomes such as ambulatory care sensitive condition (ACSC) hospitalizations and mortality [1, 2] • Studies found that higher numbers of primary care physicians are directly associated with health outcomes including lower rates of low birth weight, lower mortality of all causes and increased life spans [3]
Potential to Impact (Winnable Battle) • What resources (funding, workforce, programs, etc.) are available to address the health issue?	• As part of health care reform, most health plans must cover sets of preventive health services for adults, women and children at no cost when delivered by an in-network provider. This includes Marketplace and Medicaid coverage • The U.S. Preventive Services Task Force (USPSTF) issues annual recommendations on screening, counseling and preventive medication topics. This guide includes clinical recommendations for each topic and a variety of tools to assist primary care providers in utilizing preventive services

• Can progress be made on the health issue within five years? • Could addressing the health issue also address other problems at the same time?	• Promoting better utilization of USPSTF tools and systems-level incorporation of preventive services among health plans and primary care providers has the potential to significantly increase access to well care in the next five years • With increased coverage of well care through health care reform, the public health system may have the opportunity to shift focus from delivering these preventive services directly to a role of promoting the utilization of such services among insured people • There is an opportunity to increase access to well care and preventive services by utilizing Community Health Workers, non-traditional providers (i.e. EMTs and pharmacists), and integrated approaches to health care • Primary care workforce investments at the national level have included the expansion of the National Health Service Corps (NHSC) Program, restructured Graduate Medical Education, enhanced Medicaid primary care payments, support for rural physician training, support for primary care training to increase the number of residents training in primary care specialties, and funding for Advanced Nursing Education • The number of primary care providers in underserved communities could be increased by supporting statutory and programmatic changes to enhance State Loan Repayment Program participation and allocating more funding to support anticipated demand • Increasing the number of primary care providers in AZ may address people's access to well care and might also address a variety of health problems associated with ER visits as an alternate option for people without usual sources of care[4], unnecessary hospitalizations, chronic disease management, mental health issues, and mortality
Cost-Effectiveness • What is the cost of not addressing the health issue? For example, how does it impact health care costs or Medicaid costs? • How much money can be saved by addressing the problem? • Does the money put into a solution reduce costs enough to make the solution worthwhile? • What's the value of addressing the health issue?	• Uncontrolled chronic disease is costly - reducing chronic diseases could save millions in health care costs • Public and private health care payers in AZ could save $351 million by reducing the prevalence of two chronic conditions alone, hypertension and diabetes, by just 5 percent [5] • The CDC reported that 80% of adults ages 18-64 visited the ER during the past 12 months due to lack of access to other providers [4] • The average expenses for people who had one or more visits to the Emergency Room (ER) were $1318 in 2009 (Medical Expenditure Panel Survey, MEPS). The median cost was $615 [6] • If 80% of the estimated 1.4 million Arizonans visited the ER for preventable type services at least once or more in a given year, it will cost the State approximately 1.47 billion in health expenditures per year. This amount can be used to support programs and services to address other State health priorities

Quality of Life • How does the health issue impact daily living activities? How does it impact usual activities, such as work, self-care, or recreation?	• Without access to well care, early detection and diagnosis of particular diseases will be missed. Diseases that are left undiagnosed could become chronic or life-threatening and can lead to disability or premature death • If left unaddressed, other issues include physical inactivity that may trigger other health conditions, complications resulting from the undiagnosed disease, financial impact resulting from lower productivity, poor family or social interactions, and overall poor quality of life
Disparities • How are groups of people affected differently by the health issue? • Are some groups of people more likely to be affected by the health issue than others? How significant are the differences? • Types of disparities can include but are not limited to racial and ethnic groups, geographic location, age, gender, income, education, etc.	The Arizona State Health Assessment on page 97 reported the following data on health disparities with access to well care: Among Arizona adults obtaining a routine checkup in the past year: • Females were more likely than males to have had a routine checkup, 71.3% versus 59.7% respectively • Adults 65+ years old were more likely to have had a routine checkup, at 82.8% • Widows were more likely to have had a routine checkup, at 79.1% • Adults with a college education were more likely to have had a routine checkup, at 67% • Adults with an employment status of "Unable to work" or "Retired" were more likely to have had a routine checkup at 83.1% and 80.9% respectively • Adults with a household income of $25,000–$34,999 were more likely to have had a routine checkup at 67.9% Among Arizona adults having a usual source of healthcare: • Adults 65+ years old reported they were more likely to have a personal health care professional, at 93.5% • Widowed (92.5%) and people who are married (82.8%) were more likely to have a personal health care professional • Retired people were more likely to have a personal health care professional, at 93.3% • Adults with household incomes of more than $75,000 were more likely to have a personal health care professional, at 87.4%, than lower income adults
Evidence-based Models Exist • Are evidence-based models relevant to cultural and geographic differences? For example, will they work in rural as well as urban communities?	• Yes - the U.S. Preventive Services Taskforce issues annual evidence-based recommendations and clinical models related to the provision of well care • Identification of essential benefits through health care reform has standardized this set of preventive services nationally, making the recommendations relevant across geographic areas • A variety of best practice approaches have been developed across the state to increase access to well care. A comprehensive list can be found in the Arizona State Health Assessment Report . Some examples include workforce programs, HealthCheck programs, integrated behavioral health and

	primary care models, patient centered medical home models, Screening, Brief Intervention, Referral to Treatment (SBIRT) program, and Mental Health First Aid
Community Readiness / Interest in Solving • What's the degree of public support and/or interest in working on the health issue? • Which counties include this issue as a community health priority?	The Arizona State Health Assessment Report, pages 129-143 reported that eleven (11) counties identified access to care or well care as one of their community's health priority issues and six (6) counties also identified behavioral/mental health or access to behavioral/mental health services as one of their community's health priorities. **Access to Care or Well Care** Apache Cochise Coconino Gila Graham Maricopa Mohave Navajo Pima Yavapai Yuma **Access to Mental/Behavioral Health** Gila Mohave Navajo Santa Cruz Yavapai Yuma
Arizona Ranking below the US data • Is Arizona doing better or worse than the U.S.? • How much better or worse are we doing compared to the nation?	• Arizona ranks 42nd among States in the number of primary care physicians at 96 per 100,000 residents compared to the national average of 121 per 100,000 populations (America's Health Ranking) • The national rate for persons with ongoing source of care according to Healthy People 2020 is 86.4% compared to Arizona's 78.6% (Arizona State Health Assessment Report, page 97)
Political Feasibility • Is there enough support from elected officials or other policymakers to help move a strategy to implementation?	• Medicaid restoration was passed in Arizona, leading to an anticipated increase of approximately 300,000 Arizonans covered. This can help people with accessing well care or preventative services • The provision of essential health benefits required by health care reform will also allow insured Arizonans to receive specific screening services • Policies may need to be developed to support State initiatives for growing the primary care pipeline to ensure more primary care providers will be available in the future, ensuring support by increasing and making competitive primary care physician compensations when compared to other healthcare discipline to provide incentives for medical students to enter into primary care, and ongoing/increased funding for other primary care incentives such as loan repayments or higher primary care visit reimbursement rates

Trend Direction • Has the health issue been getting better or worse over time?	• Primary care shortages continue to persist in Arizona and nationally. The supply of primary care physicians won't meet the current and future demand resulting from population growth, aging and the increased need from Medicaid expansion and enrollment to the marketplace [8]

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Arizona Health Improvement Plan

Asthma/Respiratory Disease

Criteria	Health Issue Data/Information
Scope or Magnitude of the Problem • How many people across Arizona are affected by the health issue?	• 2012 data shows chronic lower respiratory diseases (asthma, bronchitis, and emphysema) were the 3rd leading cause of death among Arizona residents • Asthma effecting the lives of more than 600,000 Arizonans • Arizona reported a total prevalence rate of CLRD of 5.3% when compared to the national prevalence rate of 6.3% *Source:http://www.azdhs.gov/plan/report/ahs/ahs2012/pdf/text2b.pdf* http://www.azasthma.org/asthma-in-az
Severity (Morbidity / Mortality) • Does the health issue result in death, disability, or ongoing illness?	• Yes -- In 2010, chronic lower respiratory diseases (bronchitis, emphysema, asthma) were the 3rd leading cause of death among Arizona residents • From 2009 to 2010, the mortality rates for chronic lower respiratory diseases increased for both genders • Asthma, Bronchitis and Emphysema prohibit daily physical activity and is an ongoing illness for many, but it can be controlled • There is no cure for Asthma, only avoiding "triggers" to help alleviate symptoms *Source: Arizona State Health Assessment 2013 P. 68* http://www.azdhs.gov/diro/excellence/documents/az-state-health-assessment.pdf
Potential to Impact (Winnable Battle) • What resources (funding, workforce, programs, etc.) are available to address the health issue? • Can progress be made on the health issue within five years? • Could addressing the health issue also address other problems at the same time?	• Prop 303- Pulmonary Disease (RFGA Aprrox. $300,000/3years) • Progress that can be made within five years o improving the air quality of where people live, learn, and play o raising public awareness of the risk factors and detection of pulmonary disease o promoting and increasing access to evidenced-based disease management • Addressing Asthma can also address other chronic lower respiratory diseases such as bronchitis and emphysema *Source: RGFA- Pulmonary Disease Intervention*
Cost-Effectiveness • What is the cost of not addressing the health issue?	• According to the Arizona Hospital Discharge Data, there were a total of 12,923 discharges in 2011 related to CLRD with an estimate aggregate cost of $359,941,441

For example, how does it impact health care costs or Medicaid costs? • How much money can be saved by addressing the problem? • Does the money put into a solution reduce costs enough to make the solution worthwhile? • What's the value of addressing the health issue?	• Adults under age 65 -- insured by Medicaid had higher percentages of emphysema, asthma, and chronic bronchitis than those with private insurance or who were uninsured • Adults aged 65 and over -- insured by Medicaid and Medicare had higher percentages of emphysema, asthma, and chronic bronchitis than those with only Medicare or those with private insurance *The value of addressing this health issue is largely based on long term care. There is no cure for Asthma which means once a child has it; it will potentially affect them in the future. Therefore the value would be maintaining contact with treatment and follow up long term and not only when emergency services are needed. Therefore reducing Medicaid, Medicare and private insurance costs altogether.* *Source: RFGA Pulmonary Disease Intervention*
Quality of Life • How does the health issue impact daily living activities? How does it impact usual activities, such as work, self-care, or recreation?	• Asthma is the #1 chronic cause of school absenteeism among children each year accounting for more than 13 million total missed days of school • Asthma accounts for more than 10 million total missed days of work for adults each year • For adults, asthma is the 4th leading cause of work absenteeism and "presenteeism," resulting in nearly 15 million missed or lost ("less productive") workdays each year (this accounts for nearly $3 billion of the "indirect costs" shown above) • Among children ages 5 to 17, asthma is the leading cause of school absences from a chronic illness • It accounts for an annual loss of more than 14 million school days per year (approximately 8 days for each student with asthma) and more hospitalizations than any other childhood disease • It is estimated that children with asthma spend an nearly 8 million days per year restricted to bed Source: http://www.aafa.org/display.cfm?id=9&sub=42#_ftn12
Disparities • How are groups of people affected differently by the health issue? • Are some groups of people more likely to be affected by the health issue than others? How significant are the differences? • Types of disparities can include but are not limited to racial and ethnic groups, geographic location, age, gender, income, education, etc.	• Women are more likely to have asthma than men • In children, boys are more likely to have asthma than girls • Adults age 18 to 24 are more likely to have asthma than older adults • Multi-race and Black adults are more likely to have asthma than White adults • Black children are 2 times more likely to have asthma than White children • Adults who didn't finish high school are more likely to have asthma than adults who graduated high school or college • Adults with an annual household income of $75,000 or less are more likely to have asthma than adults with higher incomes *Source: Asthma's Impact on the Nation, CDC Factsheet, Pg. 2.* *http://www.cdc.gov/asthma/impacts_nation/asthmafactsheet.pdf*

Evidence-based Models Exist • Are evidence-based models relevant to cultural and geographic differences? For example, will they work in rural as well as urban communities?	Asthma Control: Home-based, Multi Trigger Multicomponent Environmental Interventions. Community Preventive Task Force Findings (June 2008): • Recommended: For Children and With Asthma o Conducted in the homes of US Urban Minority Children • Insufficient Evidence: For Adults With Asthma, no EBMs (evidence based models) found specifically for rural communities *Source: Guide to Community Preventive Services. Asthma control: home-based multi-trigger, multicomponent interventions* http://www.thecommunityguide.org/asthma/multicomponent.html
Community Readiness / Interest in Solving • What's the degree of public support and/or interest in working on the health issue? • Which counties include this issue as a community health priority?	• Arizona Asthma Coalition, American Lung Association both serve as catalysts for developing strategies and policies for the advocacy agenda • Counties highlighting Chronic Lower Respiratory Disease as a Community Health Priority include Coconino, Mohave and Pinal • Arizona Comprehensive Asthma Control Plan by ADHS support further Asthma surveillance *Sources: Arizona Asthma Coalition Website* http://www.azasthma.org/about-us *2013 Community Health Assessment Priority Areas Document*
Arizona Ranking below the US data • Is Arizona doing better or worse than the U.S.? • How much better or worse are we doing compared to the nation?	• During 2001-2009, the proportion of persons of all ages with asthma in the U.S increased from 7.3% (20.3 million persons) to 8.2% (24.6 million persons) • The number of people who had ever been told by a doctor, nurse or other health professional that they had asthma increased from 13.9% in 2002 to 15.6% in 2010, and is high than the national average • Two counties with highest incidence of Asthma for adults are La Paz at 19.6% & Pinal at 23.3% *Source: RFGA- Pulmonary Disease Intervention Arizona State Health Assessment 2013 P.74* http://www.azdhs.gov/diro/excellence/documents/az-state-health-assessment.pdf
Political Feasibility • Is there enough support from elected officials or other policymakers to help move a strategy to implementation?	• The Affordable Care Act created the new Pre-Existing Condition Insurance Plan (PCIP) program. PCIP is a temporary program that covers a broad range of health benefits and is designed as a bridge for people with pre-existing conditions who cannot obtain health insurance coverage in today's private insurance market • Support from the CDC National Asthma Control Program who funds 34 states, D.C. and Puerto Rico *Source: CDC's National Asthma Control Program* *http://www.cdc.gov/asthma/pdfs/investment_americas_health.pdf* *CMS website* http://www.cms.gov/CCIIO/Resources/Files/pcipdatamay312001.html

Trend Direction • Has the health issue been getting better or worse over time?	• According to the 2013 Arizona State Health Assessment in 2010 Asthma was most prevalent in children aged 10-14. Additionally, from the ages of 5-17 Arizona's prevalence is higher than the national prevalence. With no ongoing, current Asthma programming consistency following the trend direction is a challenge *Source: Arizona State Health Assessment 2013 P. 73* http://www.azdhs.gov/diro/excellence/documents/az-state-health-assessment.pdf

Arizona Health Improvement Plan

Behavioral Health Services

Criteria	Health Issue Data/Information
Scope or Magnitude of the Problem • How many people across Arizona are affected by the health issue?	• Behavioral health services are available to all Arizonans based on an individual's alignment to eligibility criteria; including AHCCCS eligibility and meeting serious mental illness criteria • A safety net of crisis service providers is available to everyone • The National Institute for Mental Health (NIMH) estimates that 26.2% of Americans experience a diagnosable mental disorder in a given year which would translate into 1,736,175 Arizonans annually • There are approximately 170,000 Arizonans actively engaged with ADHS contracted Regional Behavioral Health Authorities (RBHAs) at any given time
Severity (Morbidity / Mortality) • Does the health issue result in death, disability, or ongoing illness?	• Arizona's population of over 40,000 individuals with a serious mental illness (SMI) die an average of 31.8 years earlier than the general population; largely due to (1) the impact of co-morbid chronic physical health conditions that are not adequately managed and (2) the loss of life from suicide • For many individuals, quality of life is also significantly compromised due to these conditions
Potential to Impact (Winnable Battle) • What resources (funding, workforce, programs, etc.) are available to address the health issue? • Can progress be made on the health issue within five years? • Could addressing the health issue also address other problems at the same time?	• The Division of Behavioral Health Services receives approximately $1.6 billion annually to support delivery of behavioral health services throughout the state; including integrated behavioral and physical health care for individuals with a serious mental Illness in Maricopa County and a handful of zip codes in Pinal County • ADHS is seen as an industry leader in terms of offering a robust continuum of crisis safety net service providers, behavioral health led integrated care, and a clear commitment to advancing evidence-based practices throughout Arizona. This approach promises to improve both behavioral and physical health for all individuals engaged within the system of care • Improvement can be made over the course of five years; including a marked increase in life span disparity and performance in key quality of life metrics such as service satisfaction, social connectedness, HEDIS, employment and meaningful community activity through integrated care with an outcomes-based focus
Cost-Effectiveness • What is the cost of not addressing the health issue? For example, how does it impact health care costs or Medicaid costs?	• A lack of proactive recovery-focused services and prevention activities translates into higher cost healthcare interventions such as inpatient and residential treatment. Additionally, there are notable physical health care costs associated co-morbid chronic physical health conditions that are often not treated near onset. Other indirect costs include costs associated with incarceration of individuals with mental illness that might otherwise benefit from jail diversion when adequate behavioral health resources are available. Loss of income is also a key contributor to the overall

• How much money can be saved by addressing the problem? • Does the money put into a solution reduce costs enough to make the solution worthwhile? • What's the value of addressing the health issue?	cost of mental illness • The World Health Organization reports that mental illness is the leading cause of disability adjusted life years worldwide; accounting for 37% of health years lost. The report estimates the global cost of mental illness at $2.5 Trillion; nearly 2/3rds in indirect costs. NIMH reports that direct mental health expenditures in the United States represent $57.5 billion annually or $1,591 per person • The efforts of the next five years focus on using existing funding to maximize the proliferation of evidence-based practices, advancing the use of technology to supply data to drive decisions, fostering independence through permanent supportive housing and supported employment and integrated care to eliminate the huge life span and quality of life disparities that exist for individuals within the seriously mentally ill population
Quality of Life • How does the health issue impact daily living activities? • How does it impact usual activities, such as work, self-care, or recreation?	• Mental disorders and serious mental illness are diagnosed based on demonstrating evidence of specific symptomology and functional impact to the person; including employment, relationships (social connectedness), recreation and daily living skills. Service delivery is evolving to advance more community-based rehabilitation services that assist individuals in achieving their goals; an approach often delivered by peers with living mental illness experiences. ADHS is improving health and wellness for all Arizonans through these efforts; including this exceptionally vulnerable population engaged in behavioral health services
Disparities • How are groups of people affected differently by the health issue? • Are some groups of people more likely to be affected by the health issue than others? How significant are the differences? • Types of disparities can include but are not limited to racial and ethnic groups, geographic location, age, gender, income, education, etc.	• Behavioral health challenges broadly impact all groups although there are lower rates of engagement in behavioral health services for many groups
Evidence-based Models Exist • Are evidence-based models relevant to cultural and geographic differences? For example, will they work in rural as well as urban communities?	• There are a multitude of SAMHSA-defined evidence based practices implemented throughout the behavioral health system of care. As part of the agreement to end litigation in the Arnold lawsuit, ADHS has committed to the advancement of (1) assertive community treatment – ACT, (2) Consumer Operated Services , (3) Permanent Supportive Housing, and (4) Supported Employment
Community Readiness / Interest in Solving • What's the degree of public support and/or interest in working on the health issue?	• There is a significant motivation to continuously improve behavioral health services and integrated behavioral health and acute care services for some many of Arizona's most vulnerable populations. All counties are impacted and Maricopa County (and a handful of zip codes in Pinal County) currently has a contracted integrated RBHA for the SMI population with Greater Arizona targeted

• Which counties include this issue as a community health priority?	to integrate in October 2015
Arizona Ranking below the US data • Is Arizona doing better or worse than the U.S.? • How much better or worse are we doing compared to the nation?	• In many ways, Arizona is recognized as leaders in the behavioral health field; particularly around our advanced crisis system, peer involvement in service delivery and behavioral-health led integrated system of care. When it comes to life span disparity of individuals with a serious mental illness and the general public (NASMPD 2006), Arizona was identified as having the largest disparity in the 2000 data with a life expectancy 31.8 years less than the general population compared with 25 years nationally
Political Feasibility • Is there enough support from elected officials or other policymakers to help move a strategy to implementation?	• Yes. There is broad support and funding allocated through Medicaid, Federal Block Grants, County Funds and State General Funds in place to continue delivery of services and advancement of integrated care. State General Funds are in place to help fund the commitments to end Arnold litigation
Trend Direction • Has the health issue been getting better or worse over time?	• Growing awareness of mental illness and Medicaid restoration have contributed to an increase in number of individuals receiving behavioral health services in Arizona. Outcomes are improving but service providers are reporting an increase in acuity for individuals served

Arizona Health Improvement Plan

Cancer

Criteria	Health Issue Data/Information
Scope or Magnitude of the Problem • How many people across Arizona are affected by the health issue?	**Cancer Incidence in Arizona:** • 27,896 Arizona residents were diagnosed with invasive cancer in 2011[1,2] • The most diagnosed cancer types among Arizona residents are: female breast cancer (4,053 cases), lung (3,743), prostate (2,837), colorectal (2,404), and bladder (1,420)[1,2] • In 2014, the American Cancer Society estimates that Arizona will have 348,720 cancer survivors (5.3% of state residents) while the U.S. will have 14,483,830 cancer survivors (4.6% of the U.S. population)[3] • In the U.S., men have approximately a 1 in 2 lifetime risk of developing cancer. Women possess a lifetime risk of approximately 1 in 3[4,5] • Cases of melanoma have been substantially under-reported in Arizona. The Arizona Cancer Registry (ACR), University of Arizona Cancer Center and dermatologists in Tucson conducted a study and found that only 28% of melanoma cases in the study were reported to the ACR • As efforts to increase reporting rates have occurred, preliminary data for 2013 indicates there were over 2,300 cases of melanoma in Arizona
Severity (Morbidity / Mortality) • Does the health issue result in death, disability, or ongoing illness?	**Cancer Mortality in Arizona:** • Cancer is the leading cause of death in Arizona for the last three years[6] • In 2012, 209 Arizonans died every week due to cancer – 10,881 deaths total[6] • The leading cancer deaths in Arizona were lung (2,770), colorectal (938), pancreas (817), female breast (742), and prostate (578)[6] • For all counties in Arizona, cancer is either #1 or #2 as the leading cause of death[6] **Cancer Survival Rate in Arizona** • The 5-year relative survival rate for all cancers diagnosed between 2003-2009 is 57.2% for Arizonans compared to 68% for the U.S.[1,4]
Potential to Impact (Winnable Battle) • What resources (funding, workforce, programs,	**Winnable Battles in Cancer:** • Decrease rate of tobacco use

etc.) are available to address the health issue? • Can progress be made on the health issue within five years? • Could addressing the health issue also address other problems at the same time?	• Increase screening rates for the screen able cancers: cervical, breast, colorectal, skin, and lung • Increase the appropriate use of genetic testing for BRCA 1 and 2, and colorectal cancer • Improve cancer reporting to the Arizona Cancer Registry to accurately reflect Arizona's cancer burden **Early Detection of Cancer in Arizona** • Detecting cancer in early stages leads to a better prognosis for long term survival • Of the top leading cancer sites, female breast cancer is most often diagnosed in an early stage (in situ/local disease) compared to late stage (regional/distant disease): 69% to 26.5%, respectively[1] • Colorectal and lung cancer continue to be diagnosed at late stages more often. Colorectal cancer is diagnosed at late stage 48.9% compared to early stage at 38.8%. Late stage lung cancer is diagnosed at 62.8% compared to 19.1% early stage[1] **What resources are available?** • National Colorectal Cancer Round Table (NCCRT) provides training and educational materials for the 80% by 2018 initiative • American Cancer Society (ACS) provides guidance to increase clinic colorectal cancer screening rates • CDC provides funds to increase breast, cervical and colorectal cancer screening rates • The Arizona Partnership for Immunization (TAPI), the Arizona Cancer Coalition (ACC), and others are collaborating on the "You Are the Key to HPV Cancer Prevention" campaign, an evidence-based multi-resource approach funded by CDC • SunWise Skin Cancer Prevention School Program provides free curriculum, school assemblies, staff training and resources to reduce skin cancer **Can progress be made?** • ADHS works with federally qualified health centers (FQHCs) and health plans to increase clinic screening rates using systems change and evidence based strategies • Being insured does not guarantee that people are getting screened. Meaningful use and Physician Quality Reporting Standards (PQRS) are driving the health plans and providers to increase screening rates **Will it help to address other issues?** • A woman seen for a breast and cervical cancer screening also receives a tobacco use assessment, colorectal cancer screening (if appropriate), and discussion of HPV adolescent immunizations if possible

Cost-Effectiveness • What is the cost of not addressing the health issue? For example, how does it impact health care costs or Medicaid costs? • How much money can be saved by addressing the problem? • Does the money put into a solution reduce costs enough to make the solution worthwhile? • What's the value of addressing the health issue?	**What are the costs?** • In 2012, U.S. health care spending reached $2.8 trillion, or $8,915 per person[7] • Cancer costs account for about 5% of U.S. health care spending. These costs will continue to rise as cancer patients live longer[8] • According to the National Institutes of Health, the U.S. spent $89 billion on cancer care in 2007[8] • More than $19 billion of this expenditure was for cancer drugs alone[8] **How much can be saved?** • Screening costs can be significantly lower than cancer treatment costs • **Example – Screening for Colorectal Cancer (CRC):** o For patients receiving a colonoscopy every ten years, this translates to Medicare savings of $15 billion[9] o For patients screened using annual stool based testing, this translates to Medicare savings of $13.3 billion[9] **Cost Associated with Late Stage Diagnosis of Colorectal Cancer (CRC):** • Estimates for the one-year treatment cost for a patient with metastatic (late stage) CRC are as high as $310,000[9] • Stage IV CRC patients incurred $31,000 per year in excess medical costs compared with $3,000 per year for stage 0 patients[10] **What is the value of addressing the issue?** • The estimated value of workplace productivity lost due to premature death due to cancer: o 2000: $115.8 billion o 2020 estimate: $147.6 billion o Death from lung cancer accounted for more than 27% of productivity costs due to cancer[11] o These costs may be underestimated • With an estimated value of 1 year of life approximately $150,000, the estimated total value of life lost from cancer in the year 2020 is $1472.5 billion[12]
Quality of Life • How does the health issue impact daily living activities? How does it impact usual activities,	**Quality of Life** is impacted the moment a person is diagnosed with cancer and continues to be impacted in 3 stages; **1) Acute survivorship:** This is the time when a person is being diagnosed and/ or in treatment for cancer. Chemotherapy and radiation therapy are powerful and aggressive treatment modalities causing severe

such as work, self-care, or recreation?	side effects, and in some cases death.[13] Common factors impacting a person's quality of life during this stage are: • Chemo Brain • Immunosuppression • Hair loss • Peripheral Neuropathy • Fever/chills • Nausea • Stress and fatigue[14] **2) Extended survivorship:** The time immediately after treatment is completed. This period is measured in months. Common factors impacting a person's quality of life during this stage are: • Financial distress • Psychosocial effects, post-traumatic stress disorder, anxiety • Fear • Depression • Management of relationships [15] **3) Permanent survivorship:** The period of time after treatment has concluded; measured in years. Common factors impacting a person's quality of life during this stage are: • Co-morbidities • Fear of development of secondary cancers • Fertility in men and women • Patient Management[15]
Disparities • How are groups of people affected differently by the health issue? • Are some groups of people more likely to be affected by the health issue than others? How significant are the differences? • Types of disparities can include but are not limited to racial and ethnic groups, geographic location,	**Cancer Mortality – Disparities in Arizona** • In 2012, mortality data show White Non-Hispanics (8,865) with the greatest number of cases followed by White Hispanics (1,232), Blacks (327), American Indians (217), and Asian & Pacific Islanders (147)[6] **Cancer Incidence – Disparities in Arizona** • Incidence counts vary by race/ethnicities: o White Non-Hispanics (22,517), White Hispanics (3,086), Blacks (815), American Indians (581),

age, gender, income, education, etc.	and Asian & Pacific Islanders (413)[1] • For lung cancer, more diagnoses were made in late stage than early stage for all race/ethnicities. American Indians had the highest percentage of late stage lung cancer diagnoses (72.5%)[1] • For colorectal cancer, the percentage of late stage diagnoses was higher in all race/ethnic groups compared to early stage. Asian & Pacific Islander had the highest percentage of late stage colorectal cancer diagnoses[1] • For female breast cancer, the highest percentage of late stage diagnoses was among American Indians (40.0%)[1] **Other types of disparities:** • Age can create issues in cancer diagnostics – young cancer patients report meeting several barriers before reaching their diagnosis Please visit Arizona Cancer Registry 2001-2010, page 12, to see that most Arizonans under the age of 50 with colorectal cancer are diagnosed at late stage.
Evidence-based Models Exist • Are evidence-based models relevant to cultural and geographic differences? For example, will they work in rural a well as urban communities?	• The Community Guide utilizes multiple evidence-based approaches that all may be tailored to an individual community's needs: o Client-Oriented Interventions to increase breast, cervical, and colorectal cancer screening o Provider-Oriented Interventions to increase breast, cervical, and colorectal cancer screening o Preventing Skin Cancer: Education and Policy
Community Readiness / Interest in Solving • What's the degree of public support and/or interest in working on the health issue? • Which counties include this issue as a community health priority?	• The Arizona Cancer Coalition (ACC) is a statewide coalition of cancer control leaders dedicated to reducing the cancer burden for all Arizonans. Members include public-sector representatives, non-profit organizations, health, medical, and business communities, the research community, and cancer survivors and advocates from the community • As the Primary Care Association (PCA) for the State of Arizona, the Arizona Alliance for Community Health Centers (AACHC) focuses on advancing the education and expansion of Federally Qualified Health Centers (FQHCs) across the state, improving the capacity of FQHCs to deliver primary care, prevention, and behavioral services **Which counties selected this as a priority?** • Cochise, Coconino, Graham, La Paz, Maricopa (lung), Mohave (lung), Santa Cruz counties identified cancer as a priority
Arizona Ranking below the U.S. data • Is Arizona doing better or worse than the U.S.?	• A comparison of the age adjusted death rates for the last three years shows Arizona death rates are lower than the U.S. rates and the rates are declining[1,15,16]

- How much better or worse are we doing compared to the nation?

Year of Death	Arizona	U.S.
2009	150.3	173.4
2010	149.5	171.8
2011	147	168.6

- A comparison of the age adjusted incidence rates for the last three years shows Arizona incidence rates are lower than the U.S. rates and that the rates are declining[1,17]

Year of Diagnosis	Arizona	U.S.
2009	410.3	471.8
2010	382.9	457
2011	388.5	450

- Although Arizona incidence rates are lower than the U.S., the Arizona Cancer Registry has determined that there are certain cancer sites that most likely are under-reported. A pilot study revealed as much as 72% of melanoma study cases were not reported to the registry. VA Hospitals and military cases not included in data

Political Feasibility

- Is there enough support from elected officials or other policymakers to help move a strategy to implementation?

- In 2014, unanimous passage of legislation provides cost parity for oral chemotherapy medications
- Annual exams and cancer screenings are restored as a benefit to Medicaid recipients
- In 2012, passage of legislation that allows women to access breast and/or cervical cancer treatment through Medicaid regardless of where the diagnosis occurred (moving to Option 3 in the BCCTP)

Trend Direction

- Has the health issue been getting better or worse over time?

- Arizona cancer incidence rates for all invasive cancers have decreased 6.8% from 416.8 to 388.5 cases per 100,000 persons from 2007 to 2011[1]
- For the time period of 2007-2012, the Arizona death rates have declined 7.1% from 156.7 to 145.6 deaths per 100,000 persons[6]
- However, there are specific cancers where no improvement has been made stage of diagnosis; for

	example, nearly 50% of colorectal cancer cases are late stage diagnoses Visit the following link to view staging information over time for specific cancers as well as ten years of cancer data for Arizona: Arizona Cancer Registry Data 2001-2010

Data Sources:

[1] Arizona Cancer Registry, Arizona Department of Health Services. Retrieved June 18, 2014.
[2] *Note:* All data points are from the American Cancer Society (ACS) or the Arizona Cancer Registry (ACR) or the ADHS Mortality Report (ADHS). There is always a 1-2 year delay between cancer diagnosis and reporting to the ACR. Therefore, the most recent incidence data available from the ACR is 2011 data. The most recent published mortality data is from 2012.
[3] American Cancer Society. *Cancer Treatment and Survivorship Facts & Figures 2014-2015.* Atlanta: American Cancer Society; 2014.
[4] American Cancer Society. *Cancer Facts & Figures 2013.* Atlanta: American Cancer Society; 2013.
[5] *Note:* These estimates are based on the average experience of the general population and may over- or underestimate individual risk because of differences in exposure (eg. smoking), and/or genetic susceptibility.
[6] Arizona Department of Health Services, *Arizona Health Status and Vital Statistics, 2012.*
[7] Centers for Medicare & Medicaid Services. (2014). *National Health Expenditures 2012 Highlights.* Retrieved from http://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/NationalHealthExpendData/Downloads/highlights.pdf.
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[9] National Colorectal Cancer Roundtable. (2007). Increasing Colorectal Cancer screening – Saving lives and saving dollars: Screening 50 to 64 year olds reduces cancer costs to Medicare. Retrieved from http://action.acscan.org/site/DocServer/Increasing_Colorectal_Cancer_Screening_-_Saving_Lives_an.pdf?docID=18927.
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[13] Ohe Y. (2002). Treatment-related death from chemotherapy and thoracic radiotherapy for advanced cancer. *Panminerva Med, 44(3):205-12*
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[15] United States Cancer Statistics: 1999 - 2010 Mortality, WONDER Online Database. United States Department of Health and Human Services, Centers for Disease Control and Prevention; 2013. Accessed at http://wonder.cdc.gov/CancerMort-v2010.html on July 11, 2014.
[16] Hoyert DL, Xu JQ. Deaths: Preliminary data for 2011. National vital statistics reports; vol 61 no 6. Hyattsville, MD: National Center for Health Statistics. 2012. Accessed at: http://www.cdc.gov/nchs/data/nvsr/nvsr61/nvsr61_06.pdf on July 11, 2014.
[17] NAACCR age adjusted incidence rates: NAACCR Fast Stats 2007-2011. North American Association of Central Cancer Registries; Based on data submitted December, 2013; 2014. Accessed at: http://faststats.naaccr.org/selections.php?series=cancer

Arizona Health Improvement Plan

Diabetes

Criteria	Health Issue Data/Information
Scope or Magnitude of the Problem • How many people across Arizona are affected by the health issue?	• Prevalence of diabetes among Arizona adults is 10.6% (2013 BRFFS) • Prevalence of prediabetes among Arizona adults is 7.8% (2012 BRFFS) • 1/3 of people with diabetes are unaware of their diagnosis
Severity (Morbidity / Mortality) • Does the health issue result in death, disability, or ongoing illness?	• Diabetes was the 7th leading cause of death in 2012, claiming 1,698 lives. The age-adjusted death rate for Arizona is 23.5/100,000 people. • Diabetes mortality rate for American Indians/Alaskan Natives was 4 times greater than the overall death rate of Arizona, followed by African American (2.5 times greater) and Hispanic/Latino (2 times greater) • There were 11,274 inpatient discharges with diabetes as first-listed diagnosis in 2012. • Diabetes results in a number of secondary complications (See Cost-Effectives and Quality of life sections below)
Potential to Impact (Winnable Battle) • What resources (funding, workforce, programs, etc.) are available to address the health issue? • Can progress be made on the health issue within five years? • Could addressing the health issue also address other problems at the same time?	• The CDC Public Health in Actions grant (1305) to address diabetes, obesity, cardiovascular, and school health • The Arizona Diabetes Coalition was established in 1994 with the creation of the Arizona Diabetes Program. Its mission is to reduce the social, health, and economic burden of diabetes in Arizona. It is governed/guided by an advisory council known as the Arizona Diabetes Leadership Council comprised of 21 diabetes stakeholders • Progress in primary and secondary prevention for prediabetes and diabetes can be made within the next five years by helping to promote the awareness, expand, and utilize Diabetes Prevention and Self-Management Programs in Arizona
Cost-Effectiveness • What is the cost of not addressing the health issue? For example, how does it impact health care costs or Medicaid costs? • How much money can be saved by addressing the problem? • Does the money put into a solution reduce costs	• The total cost of diabetes related complications is $5,420 per person. Based on a number of 416,200 treated individuals with diabetes, the cost to Arizona was $2.4 Billion • Adjusted Medicaid healthcare costs for 2013 were $3.28 million • Diabetes is the primary cause of kidney failure, nerve damage, early blindness, and early term disability. Investing money on primary and secondary interventions can help reduce the incidence of prediabetes and diabetes and therefore prevent the evolution of the secondary complications and added costs of the disease

enough to make the solution worthwhile? • What's the value of addressing the health issue?	
Quality of Life • How does the health issue impact daily living activities? How does it impact usual activities, such as work, self-care, or recreation?	• Diabetes complications are ultimately the cause of early disability, work loss, and premature mortality and high hospital readmission rates • Diabetes, if not managed, can impact the quality of life
Disparities • How are groups of people affected differently by the health issue? • Are some groups of people more likely to be affected by the health issue than others? How significant are the differences? • Types of disparities can include but are not limited to racial and ethnic groups, geographic location, age, gender, income, education, etc.	• Diabetes mortality rate for American Indians/Alaskan Natives was 4 times greater than the overall death rate of Arizona, followed by African American (2.5 times greater) and Hispanic/Latino (2 times greater) • In 2012, males had an adjusted death rate of 29.2/100,000 people compared to their female counterparts of 18.6/100,000 people
Evidence-based Models Exist • Are evidence-based models relevant to cultural and geographic differences? For example, will they work in rural as well as urban communities?	• Diabetes Self-Management Education (DSME) accredited and recognized programs and the national Diabetes Prevention Programs are evidenced based models that have been successfully implemented in rural and urban communities. These 8 week and 16 week curricula, respectively have been modified to meet the needs of diverse populations, such as Spanish speaking only and American Indian populations • Self-management programs have been successfully integrated into the medical home model of care
Community Readiness / Interest in Solving • What's the degree of public support and/or interest in working on the health issue? • Which counties include this issue as a community health priority?	• Fourteen of the counties identified diabetes as a health priority
Arizona Ranking below the US data • Is Arizona doing better or worse than the U.S.? • How much better or worse are we doing compared to the nation?	• The rate of diabetes in Arizona (1996-2010) has been slightly greater than the national trend • In 2010, the diabetes prevalence in Arizona was 9.8% compared to the national prevalence of 8.6%

Political Feasibility • Is there enough support from elected officials or other policymakers to help move a strategy to implementation?	• Diabetes Caucus at the Arizona State Legislature that is comprised of both Senators and Representatives • The Arizona Diabetes Coalition for many years have worked arduously to promote the reimbursement of diabetes self-management programs as well as insulin pump therapy reimbursement for adults (18+ years)
Trend Direction • Has the health issue been getting better or worse over time?	• The prevalence of diabetes is increasing paralleling the increase in obesity. Over the course of 20 years, diabetes has been increasing at an alarming rate across the nation and thus primary and secondary interventions must be warranted to shift the prevalence of the disease in a negative direction

Arizona Health Improvement Plan

Healthy Communities

Criteria	Health Issue Data/Information
Scope or Magnitude of the Problem • How many people across Arizona are affected by the health issue?	**% of population with low food access** • 26% of the Arizona population lives in census tracts designated as food deserts. A food desert is defined as a low-income census tract (where a substantial number or share of residents has low access to a supermarket or large grocery store). [US Census Bureau, County Business Patterns] **Grocery Store Access** • Approximately 13 grocery stores per 100,000 people. Grocery stores are defined as supermarkets and smaller grocery stores primarily engaged in retailing a general line of food, such as canned and frozen foods; fresh fruits and vegetables; and fresh and prepared meats, fish, and poultry. Convenience stores and large general merchandise stores that also have retail food, such as supercenters and warehouse club stores are excluded. [US Census Bureau, American Community Survey] **% of population who use active transport for work** • Approximately 5% of the population uses active transport as their primary means of commuting to work. This includes walking, bicycles, buses or trolley buses, streetcars or trolley cars, ands subway or railroads. [US Census Bureau, American Community Survey] **Park Access** • Approximately 43% of population lives within ½ mile of a park. [ESRI Map Gallery; Open Street Map]
Severity (Morbidity / Mortality) • Does the health issue result in death, disability, or ongoing illness?	• Lack of Physical Activity Access: Lack of physical activity can lead to cardiovascular disease, diabetes, cancer, hypertension, obesity, depression, osteoporosis, and premature death. Americans who use transit spend a median of 19 minutes walking to and from transit [Walking To Public Transit] • Lack of Healthy Food Access: Poor nutrition can contribute to obesity, tooth decay, hypertension, high cholesterol, heart disease, diabetes, osteoporosis, cancer, depression, and eating disorders • Effect of Poverty: Highest rates of obesity occur among population groups with the highest poverty rates and least education. Poverty and food insecurity are associated with lower food expenditures, low fruit and vegetable consumption, and lower-quality diets

Potential to Impact (Winnable Battle) • What resources (funding, workforce, programs, etc.) are available to address the health issue? • Can progress be made on the health issue within five years? • Could addressing the health issue also address other problems at the same time?	• Resources are available to address healthy communities include several grant funded programs: Material and Child Health Block Grant, Supplemental Nutrition Assistance Program-Education (SNAP-Ed), Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), CDC-1305: Public Health in Action Grant, Health in Arizona Policy Initiative (HAPI), and PEW Health Impact Assessment grant • The Community Preventative Task Force recommends environmental and policy approaches to increase physical activity levels potentially impacting health and social inequities, increase physical activity levels, increase consumer choice for places to live, reduce crime and stress, increase sense of community and decrease isolation, increase in safety of walking and biking, and improve air quality [Community Guide] • The Centers for Disease Control and Prevention support healthy community design initiatives because these initiatives can increase physical activity, reduce injury, increase access to healthy food, improve air and water quality, minimize effects of climate change, reduce mental stresses, strengthen the social fabric of a community, and provide fair access to livelihood, education, and resources [CDC Healthy Places] • Public and private partnership such as the Alliance for a Healthier Generation, founded by the American Heart Association and the Clinton Foundation, work to reduce the prevalence of childhood obesity and to empower kids to develop lifelong, healthy habits • Strategies such as a competitive foods policy, school based garden, and healthy school lunch are being implemented • Healthy communities help prevent chronic disease (heart disease, cancer, asthma and other respiratory diseases), reduce health risk factors (tobacco use, substance abuse), and attain health equity [CDC Healthy Communities Program]
Cost-Effectiveness • What is the cost of not addressing the health issue? For example, how does it impact health care costs or Medicaid costs? • How much money addressing the problem can save? • Does the money put into a solution reduce costs enough to make the solution worthwhile? • What's the value of addressing the health issue?	• Community-based programs to increase physical activity, improve nutrition, and prevent smoking/tobacco use could save $16 billion on healthcare costs within five years; with an investment of $10 per person per year [Trust for America's Health] • In Arizona, potential savings within 5 years would total $242 million, equating to a return on investment of 4.2:1 [Trust for America's Health] • For every $1 invested in walking trails and programs, $3 could be saved on healthcare costs [Weintraub, WS]
Quality of Life • How do the health issue impact daily living	• The environments in which we live, learn, work, and play, including the social, physical, and economic conditions, can positively or negatively impact health, and are a major determinant of overall health and safety. Communities that have access to affordable, nutritious foods, and

activities? • How does it impact usual activities, such as work, self-care, or recreation?	opportunities for active living promote and enable community members to make healthy choices
Disparities • How are groups of people affected differently by the health issue? • Are some groups of people more likely to be affected by the health issue than others? How significant are the differences? • Types of disparities can include but are not limited to racial and ethnic groups, geographic location, age, gender, income, education, etc.	• Geographic location and geo-political environments will influence access to community resources. It may be harder for rural counties to have adequate access to grocery stores, places for physical activity, transit and transportation options if the infrastructure is not in place. For instance those who use public transit to commute to work in Cochise, La Paz, Mohave, Pinal, Santa Cruz, and Yavapai are all under 0.5% of the population; this may be a result of public transit infrastructure not being in place [Community Commons] • Communities with high rates of poverty and crime tend to have higher incidence of chronic disease (such as asthma) and injury
Evidence-based Models Exist • Are evidence-based models relevant to cultural and geographic differences? For example, will they work in rural as well as urban communities?	• See "Winnable Battles" above • The Community Preventative Task Force recommends Health Communication Campaigns that include mass media and health-related product distribution. Campaigns utilized, apply integrated strategies to deliver messages designed to influence health behaviors of target audiences. Messages are communicated through various channels including mass media, small media (brochures, posters, and printed materials), social media, and interpersonal communication. [Community Guide] • The National Prevention Strategy recommends actions that government, communities, businesses, schools, and families can take to improve the health and safety of communities
Community Readiness / Interest in Solving • What's the degree of public support and/or interest in working on the health issue? • Which counties include this issue as a community health priority?	• One third of the 15 Arizona counties, identified creating healthy communities and healthy lifestyles as one of their top 10 priorities (AZ State Health Assessment, 2014) • Nine (9) of 13 counties (69%) participating in the Healthy Arizona Policy Initiative (HAPI), are working on healthy community design strategies such as improving street design for bicyclists, pedestrians and users of transit; completing Health Impact Assessments; and increasing accessibility and availability of healthful foods and community gardens. Four (4) of 15 Arizona Nutrition Network (AzNN) contractors will work to assess and build capacity to implement active living policy in FFY 15 • Twelve (12) of 15 AzNN contractors will work to create partnerships, with community organizations such as parks and trails in FFY 15 • By the end of 2014, Arizona will have completed seven health impact assessments
Arizona Ranking below the US data	**% of population within ½ mile radius from a park**

• Is Arizona doing better or worse than the U.S.? • How much better or worse are we doing compared to the nation?	Arizona • 43.28% United States • 38.01% **% of population with low food access** Arizona • 26% United States • 23.61% **Grocery Stores per 100,000 people** • 13 stores per 100,000 people • 21.14 stores per 100,000 people **% of population who use public transportation for work** • 1.96% • 4.98%
Political Feasibility • Is there enough support from elected officials or other policymakers to help move a strategy to implementation?	• Health impacts are increasingly considered in city General Plans and county Comprehensive Plans • The feasibility of specific strategies will vary depending on the community
Trend Direction • Has the health issue been getting better or worse over time?	• Obesity rates increased dramatically during the last decade in the nation, as well as in Arizona

Resources:

US Department of Agriculture, Economic Research Service, USDA Food Access Research Atlas: 2010

US Census Bureau, County Business Patterns: 2012

US Census Bureau, American Community Survey: 2008-12

ESRI Map Gallery: 2013

OpenStreetMap: 2013

Food Research and Action Center, Food Hardship in America 2012

Households with and without Children February 2013

Arizona State Health Assessment, 2014

Centers for Disease Control and Prevention, Healthy Communities Program

Centers for Disease Control and Prevention, Healthy Places

Community Commons

The Guide to Community Preventive Services

Trust for America's Health

Walking to Public Transit

Weintrub WS, et al. Value of primordial and primary prevention for cardiovascular disease: a policy statement from the American Heart Association. Circulation. 2011; 124:967-990.

Arizona Health Improvement Plan

Heart Disease

Criteria	Health Issue Data/Information
Scope or Magnitude of the Problem • How many people across Arizona are affected by the health issue?	• In 2012, 21% deaths in Arizona were caused by heart disease • Smoking, obesity, high cholesterol and high blood pressure increase risk for heart disease. In Arizona 19% of adults smoke, 25% are obese, almost 40% have high cholesterol, and over 27 % have high blood pressure
Severity (Morbidity / Mortality) • Does the health issue result in death, disability, or ongoing illness?	• In 2012, 76,031 hospitalizations in Arizona were due to cardiovascular disease. That is more than 208 hospitalizations each day in Arizona due to heart disease • In 2012, there were 10,366 deaths attributed to heart disease in Arizona
Potential to Impact (Winnable Battle) • What resources (funding, workforce, programs, etc.) are available to address the health issue? • Can progress be made on the health issue within five years? • Could addressing the health issue also address other problems at the same time?	• CDC Funding (through prescriptive grant and action plans targeting specific aspects of heart disease (hypertension) • Proposition 303 Tobacco Tax revenue • Community Partners with shared goals (county health departments, American Heart Association, etc.) • Yes. Health care systems-based progress can be made in 5 years by targeting health information technology. This will allow patients to be better managed and their risk factors controlled through integration of health data allowing providers to see the "whole patient" and monitor risk factors (even during unrelated medical visits). This will lead to improved medication adherence, better control of risk, early identification of risk factors or co-morbid conditions
Cost-Effectiveness • What is the cost of not addressing the health issue? For example, how does it impact health care costs or Medicaid costs? • How much money can be saved by addressing the problem? • Does the money put into a solution reduce costs	• The average charge (for all payers) of a heart disease-related hospitalization (aggregating all CVD conditions) is more than $80,000 • For Medicaid in 2012 this average was more than $92,000[1] • There are over 120,000 hospital stays (days in the hospital) each year relating to CVD in AZ with a cost above $4.2 Billion[2] • With improved prevention, disease identification and management, hospital stays would decrease. This is the most expensive part of the equation. Keeping Arizonans out of the

[1] http://hcupnet.ahrq.gov/HCUPnet.jsp
[2]

enough to make the solution worthwhile? • What's the value of addressing the health issue?	hospital through both risk and disease management could save millions each year • Another costly factor is the lost time from work, productivity, family impact, rehabilitative costs, ongoing support and recovery, etc. Making the value of addressing this issue well worth the return on investment
Quality of Life • How does the health issue impact daily living activities? • How does it impact usual activities, such as work, self-care, or recreation?	• Heart disease has a tremendous impact on daily activities. There is the initial impact of time lost from work due to an acute event (heart attack, hospitalization from other related conditions, etc.) Coronary heart failure places substantial physical limitations on a sufferer's ability to move around normally due to the heart's diminished ability to pump blood • Studies have shown a correlation between coronary artery disease (CAD) and depression - 10-40% occurrence after being diagnosed • Also, the prevalence of anxiety in those with CAD has been reported at 36% with a lifetime report of anxiety disorder of 45%
Disparities • How are groups of people affected differently by the health issue? • Are some groups of people more likely to be affected by the health issue than others? How significant are the differences? • Types of disparities can include but are not limited to racial and ethnic groups, geographic location, age, gender, income, education, etc.	• The highest rate of hospitalization from CVD in Arizona was among Whites 139.6 per 10,000 population • The second highest rate of hospitalizations was among African Americans at 114.5 per 10,000 population. When comparing this to the mortality rates discussed in the previous paragraph, African Americans are hospitalized less for CVD, even though they have the highest mortality rate by a large margin • The lowest rate of hospitalizations occurred in the American Indian population at 36.2 per 10,000 population. The hospitalization rate for the American Indian population is artificially low because the state database for hospitalization does not capture events at Indian Health Service facilities • The age-adjusted mortality rate in 2005 for heart disease among males was more than 60 percent higher than the rate among females, 237.4 vs. 147.3 In Arizona, African American women are more likely to die of heart disease than all other female populations with a mortality rate of 266.2. Within the male population, Hispanic men are most likely to die from heart disease, with a mortality rate of 242.2
Evidence-based Models Exist • Are evidence-based models relevant to cultural and geographic differences? For example, will they work in rural as well as urban communities?	• Yes. Due to the high historic prevalence of heart disease, many evidence-based models are available and tailored for cultural, geographic, and demographic differences, for example: o *Your Heart – Your Life /Su Corazon, Su Vida* (Latinos/Latinas) o *With Every Heartbeat* (African Americans) o *Honoring the Gift of Heart Health* (Native Americans)

Community Readiness / Interest in Solving • What's the degree of public support and/or interest in working on the health issue? • Which counties include this issue as a community health priority?	• The degree of public support is high for working in this area. Almost everyone knows someone who suffers from heart disease, or who had died from heart disease-related factors • All counties in Arizona have targeted several heart disease-related risk factors as their community health priorities[3]
Arizona Ranking below the US data • Is Arizona doing better or worse than the U.S.? • How much better or worse are we doing compared to the nation?	• Arizona ranks 6th best in the U.S. for performance addressing heart disease, and is in the second quartile for reported heart disease prevalence between 5.3% - 5.7%. Death rates for men are 46th lowest, and for women are 44th lowest (BRFSS 2010)
Political Feasibility • Is there enough support from elected officials or other policymakers to help move a strategy to implementation?	• Support among elected officials is moderate, and it should be noted that most advances in the treatment of heart disease have occurred within the systems of care (e.g. CPR initiative), and that policy development is mostly carried out by stakeholders (e.g. HB 2491, initiated by the American Heart Association
Trend Direction • Has the health issue been getting better or worse over time?	• Death rates have been trending downwards – most likely due to better interventions, but the prevalence rate of the disease is climbing and expected to increase as the "baby boomer" generation continues to age into and through the highest risk factor years (65+)

Arizona Health Improvement Plan

Accidents/Unintentional Injuries

Criteria	Health Issue Data/Information
Scope or Magnitude of the Problem • How many people across Arizona does the health issue affect?	• For 2013, on average 13 people died each day from all injuries, resulting in 4,836 deaths for the year. Unintentional injuries are the leading cause of death for children and adults 1 through 44 years of age; the 3rd cause of death for adults 45-64 and 7th cause of death for adults 65 years and older • The three top injuries resulting in deaths were: o 1,240 deaths due to poisonings o 880 deaths due to falls o 720 deaths due to Motor Vehicle crashes • 362,493 Emergency Department visits were due to unintentional injuries
Severity (Morbidity / Mortality) • Does the health issue result in death, disability, or ongoing illness?	• Unintentional injuries accounted for 3,137 deaths in 2013 and 31,378 inpatient hospitalizations
Potential to Impact (Winnable Battle) • What resources (funding, workforce, programs, etc.) are available to address the health issue? • Can progress be made on the health issue within five years? • Could addressing the health issue also address other problems at the same time?	• At ADHS, CDC and Title V funds provide modest but inadequate investment in injury prevention. Progress is occurring in the areas of falls prevention and prescription drug misuse through partnerships such as Injury Prevention Advisory Council, Arizona Rx Misuse and Abuse Initiative and the Falls Prevention Coalition • Injury prevention partners with Home Visiting with a strong focus on Safe Sleep and child car safety and with Chronic Disease focusing on older adults falls prevention & unintentional poisoning /prescription drug misuse. Addressing injuries also addresses Creating Health Communities health issue such as safe routes to school and substance abuse
Cost-Effectiveness • What is the cost of not addressing the health issue? For example, how does it impact health care costs or Medicaid costs? • How much money can be saved by addressing the problem? • Does the money put into a solution reduce costs	• Unintentional injury hospital inpatient charges for 2013 totaled more than $1.9 billion; $595 million in charges to Medicare and $290 million to AHCCCS • Over $1.2 billion in emergency department visit charges, of which over $268 million was charged to AHCCS and $224 million to Medicare • $30 booster seats produce a cost saving greater than 9 to 1 • The value of addressing the health issue results in the improved quality and quantity of life for

enough to make the solution worthwhile? • What's the value of addressing the health issue?	Arizonans, as well as, decreasing the economic burden injuries place on the state
Quality of Life • How does the health issue impact daily living activity? How does it impact usual activities, such as work, self-care, or recreation?	• Unintentional injuries impact daily living activities in a variety of ways depending upon the type of injury. In addition to the immediate health consequences, injuries have a significant impact on the well-being of the population by contributing to premature death, disability, poor mental health, high medical costs, and lost productivity
Disparities • How are groups of people affected differently by the health issue? • Are some groups of people more likely to be affected by the health issue than others? How significant are the differences? • Types of disparities can include but are not limited to racial and ethnic groups, geographic location, age, gender, income, education, etc.	• Unintentional injuries affect groups of people differently depending upon the type of injury • Overall, American Indians had the highest Unintentional injury mortality rate for 2013 with an age-adjusted mortality rate of 104.5 deaths per 100,000 residents • American Indians had the highest poisoning rates, whereas White, non-Hispanics had the highest rate of unintentional falls
Evidence-based Models Exist • Are evidence-based models relevant to cultural and geographic differences? For example, will they work in rural as well as urban communities?	• Many of the unintentional injury strategies are not impacted by the geographic differences in the state but are impacted by the lack of resources that are unavailable in rural areas
Community Readiness / Interest in Solving • What's the degree of public support and/or interest in working on the health issue? • Which counties include this issue as a community health priority?	• Arizona has a strong injury prevention community, including the trauma system, dedicated to reducing the rates of unintentional injuries by using evidence-informed best practices and collaboration
Arizona Ranking below the US data • Is Arizona doing better or worse than the U.S.? • How much better or worse are we doing compared to the nation?	• Arizona's mortality rate for all unintentional injuries consistently ranks above the national rate • The unintentional poisoning mortality rate is approximately 30% higher than the U.S. rate • The unintentional falls death rate among those 65 and older is approximately 41% higher than the U.S. rate

Political Feasibility • Is there enough support from elected officials or other policymakers to help move a strategy to implementation?	• The political will is dependent upon the unintentional injury topic – currently there is strong support to address prescription drug misuse/abuse
Trend Direction • Has the health issue been getting better or worse over time?	• Unintentional Injury mortality rates have increased 8% from 2009 to 2013. Though some rates have decreased due to prevention efforts and policy solutions (motor vehicle traffic deaths), other such as unintentional poisonings have increased almost 10% over the past 5 years

Arizona Health Improvement Plan

Obesity

Criteria	Health Issue Data/Information
Scope or Magnitude of the Problem • How many people across Arizona are affected by the health issue?	• 62% of adults were estimated to be either overweight (36.0%) or obese (26.0%) in 2012 (BRFSS, 2012) • 23.4% of high school students were either overweight (12.7%) or obese (10.7%) in 2013 (YRBS, 2013) • 25.7% of Arizona Supplemental Nutrition Program for Women, Infants, and Children (WIC) children ages 2-5 were overweight (13.3%) or obese (12.4%) (WIC, 2013)
Severity (Morbidity / Mortality) • Does the health issue result in death, disability, or ongoing illness?	• Leads to morbidity and mortality by increasing risk for stroke, heart disease, certain cancers, diabetes, osteoarthritis, respiratory problems and other chronic conditions • The World Health Organization (WHO) estimates that 44% of the diabetes burden, 23% of the ischemic heart disease burden and between 7% and 41% of certain cancer burdens are attributable to overweight and obesity • Childhood obesity is associated with a higher chance of obesity, premature death and disability in adulthood. Obese children experience breathing difficulties, increased risk of fractures, hypertension, early markers of cardiovascular disease, insulin resistance and psychological effects. (WHO)
Potential to Impact (Winnable Battle) • What resources (funding, workforce, programs, etc.) are available to address the health issue? • Can progress be made on the health issue within five years? • Could addressing the health issue also address other problems at the same time?	• WIC serves 60% of infants born in Arizona and their families until the last child turns 5; providing breastfeeding support and nutrition education. Decreases in the prevalence of childhood obesity indicate that progress is possible with direct nutrition and breastfeeding education • The Arizona Nutrition Network promotes healthy food choices and physical activity among low-income families through education, social marketing, policy, systems, and environmental change strategies • The Arizona Department of Education supports health and nutrition programs in schools throughout the state including National School Lunch, School Breakfast Program, and Fresh Fruit and Vegetable Program; expands the number of healthy schools through Coordinated School Health Programs; encourages growth of School Health Advisory Council; and works to increase the number of Farm to School and school gardening programs • The Center for Disease Control and Prevention grant funds are aimed at reducing obesity through systems improvement in care, community planning and policy development in schools, and worksites • The Empower and Empower Plus Programs promote healthy eating and physical activity in

	early childcare settings through staff development and health policies • U.S. Preventive Services Task Force recommendations for screening and treatment of adult and childhood obesity are reshaping clinical care. Medicare and many health plans are offering preventive wellness screenings, and intensive and multicomponent behavioral interventions for obesity • Addressing obesity impacts both physical and mental health, and will reduce chronic disease development and complications (e.g., diabetes, heart disease, cancer, and arthritis in later years • Studies show that people who lose 5 to 10% of their starting weight have improvements in their health such lowering of their blood pressure, cholesterol and risk of developing type 2 diabetes • The Healthy Arizona Worksites Program is available statewide to provide free training and support to employers wanting to implement effective worksite wellness programs
Cost-Effectiveness • What is the cost of not addressing the health issue? For example, how does it impact health care costs or Medicaid costs? • How much money can be saved by addressing the problem? • Does the money put into a solution reduce costs enough to make the solution worthwhile? • What's the value of addressing the health issue?	• Arizona hospitals billed over $2 billion in 2010 for inpatient stays in which morbid obesity was the principal diagnosis, and outpatient care including: emergency room visits for injuries, falls, chest pain, sprains and strains, back pain and other spinal or musculoskeletal disorders, in which morbid obesity was listed as their principle diagnosis • Breastfeeding is a cost-effective strategy for reducing obesity, because Breastfed infants are less likely to become obese children • Savings in health care costs range from $1.77 to $3.13 within the first 60 days of life for breastfed babies
Quality of Life • How does the health issue impact daily living activities? • How does it impact usual activities, such as work, self-care, or recreation?	• In 2012, 5.4% of adults in Arizona with normal weight reported that during the last 30 days, poor physical or mental health kept them from doing their usual activities such as self-care, work, or recreation all; compared to 8.0% of those who were overweight and 9.2% of those who were obese. 13.1% of those at a normal weight rated their health as either fair or poor, compared to 16.0% of the overweight and 25.2% of the obese. 17.0% of those at normal weight got no physical activity or exercise outside of their regular job, compared to 21.8% of the overweight and 26.9% of the obese
Disparities • How are groups of people affected differently by the health issue? • Are some groups of people more likely to be affected by the health issue than others? How significant are	• Disparities exist between obesity levels for adults in Arizona by education level: no high school education (32.3%) obese, high school only (26.9%), college or tech school (25.3%), graduated from college or tech school (22.3%). *Note: not including racial disparities due to small sample sizes within individual races since sampling method changed – need to accumulate more years of data*

the differences? • Types of disparities can include but are not limited to racial and ethnic groups, geographic location, age, gender, income, education, etc.	
Evidence-based Models Exist • Are evidence-based models relevant to cultural and geographic differences? For example, will they work in rural as well as urban communities?	• Recommended community strategies and measurements to prevent obesity in the United States, developed through an innovative and collaborative process, can be used to reverse the obesity epidemic by transforming communities into places where the healthy choice is the easy choice. They are: o Affordable healthy foods options o Safe opportunities for physical activity o Joint-use agreements for schools and communities o Healthy Community and design, and safe routes to schools o Behavioral Interventions to reduce screen time o Multicomponent Counseling Interventions o Worksite Programs o Health Communication Campaigns that include mass media and health-related product distribution. [Community Guide]
Community Readiness / Interest in Solving • What's the degree of public support and/or interest in working on the health issue? • Which counties include this issue as a community health priority?	• Obesity was identified by the following nine counties as health priority in their community health assessments: o Apache o Cochise o Coconino o Gila o Graham o Greenlee o Maricopa o Navajo o Santa Cruz
Arizona Ranking below the US data • Is Arizona doing better or worse than the U.S.?	High School Students: • AZ= 25.7% overall; overweight (12.7%), obese (10.7%)

• How much better or worse are we doing compared to the nation?	• US= 30.3% overall; overweight (16.6%), obese (13.7%) Adults: • AZ= 62% overall; overweight (36%), obese (26%) • US States, DC, and Territories = 63.9% overall, overweight (35.8%), obese (28.1%)
Political Feasibility • Is there enough support from elected officials or other policymakers to help move a strategy to implementation?	• While there is broad public awareness of the problem of obesity, political feasibility for a given strategy may vary depending on community
Trend Direction • Has the health issue been getting better or worse over time?	• Arizona Adults: No significant change from 2011 to 2012. (BRFSS rates before 2011 not comparable, due to changes in CDC sampling procedures) • Arizona Youth: After reaching a high of 27.1 in 2009, rate is down to 23.4% of youth being either overweight or obese (YRBS) • Arizona Supplemental Nutrition program for Women Infants, and Children (WIC) Children Age 2-5: Overweight and obese is down from 27.2% in 2011 to 25.7% in 2013 (WIC)

Resources:

Arizona Hospital Discharge Database

Behavioral Risk Factor Surveillance System (BRFSS)

Breastfeeding:

http://www.cdc.gov/nccdphp/dnpa/nutrition/pdf/breastfeeding_r2p.pdf

http://www.fns.usda.gov/wic/breastfeeding-promotion-and-support-wic

The Guide to Community Preventative Services

Women, Infants, and Children (WIC)

Youth Risk Behavior Survey (YRBS)

Arizona Health Improvement Plan

Oral Health

Criteria	Health Issue Data/Information
Scope or Magnitude of the Problem • How many people across Arizona are affected by the health issue?	• Oral health care is the greatest unmet health need for Arizona children • More than 3.2 Million Arizonans live in a Dental Health Professional Shortage Area • Tooth decay starts early and progresses quickly for Arizona children; o 34% of Arizona preschool children have experienced tooth decay o 75 % of Arizona 3rd grade children have experienced tooth decay o Tooth decay varies among counties from a high of 93% prevalence in Apache County to a low of 60% in Yavapai County o For every child without medical insurance, there are nearly 3 without dental insurance
Severity (Morbidity / Mortality) • Does the health issue result in death, disability, or ongoing illness?	• Tooth decay can cause pain, dysfunction, school/work absences, difficulty concentrating—problems that greatly affect a quality of life and ability to succeed • Untreated tooth decay can lead to serious, potentially life-threatening infections • Tooth decay may keep toddlers from reaching normal height • Children with tooth decay will carry the disease into adulthood
Potential to Impact (Winnable Battle) • What resources (funding, workforce, programs, etc.) are available to address the health issue? • Can progress be made on the health issue within five years? • Could addressing the health issue also address other problems at the same time?	• Tooth decay is almost entirely preventable • Evidence-based methods exist for the prevention of tooth decay including school-based sealant programs, fluoride varnish programs and community water fluoridation • Addressing oral health disease will help to address other chronic diseases including diabetes, heart disease and low birth weight babies
Cost-Effectiveness • What is the cost of not addressing the health issue? For example, how does it impact health care costs or Medicaid costs? • How much money can be saved by addressing the	• Cost analysis of prevention has shown significant savings in Medicaid expenditures. The average Medicaid reimbursement for emergency dental care is approximately ten times more than the cost of preventive care ($6,498 vs. $660) • A comparison of state Medicaid reimbursements for dental care provided in a hospital's emergency rooms (ER) to preventive care if provided in a dental office for the same child, showed that ER cost is approximately ten times more than the cost of ECC preventive care

problem? • Does the money put into a solution reduce costs enough to make the solution worthwhile? • What's the value of addressing the health issue?	($6,498 vs. $660)
Quality of Life • How does the health issue impact daily living activities? How does it impact usual activities, such as work, self-care, or recreation?	• Oral diseases affect the most basic human needs: the ability to eat and drink, swallow, maintain proper nutrition, smile, and communicate. Oral health and overall health and well-being are inextricably connected
Disparities How are groups of people affected differently by the health issue? • Are some groups of people more likely to be affected by the health issue than others? How significant are the differences? • Types of disparities can include but are not limited to racial and ethnic groups, geographic location, age, gender, income, education, etc.	• Socioeconomic status is a factor in the oral health of children. Children without dental insurance and low income children suffer from more untreated dental disease than children from higher socioeconomic status • Over 80% of Hispanic and 93% of American Indian children have tooth decay experience compared to 66% of non-Hispanic White children
Evidence-based Models Exist • Are evidence-based models relevant to cultural and geographic differences? For example, will they work in rural as well as urban communities?	• Per the Guide to Community Preventive Services, evidence-based methods exist for the prevention of tooth decay at the population level, including school-based sealant programs, and community water fluoridation
Community Readiness / Interest in Solving • What's the degree of public support and/or interest in working on the health issue? • Which counties include this issue as a community health priority?	• Communities and partners (public and private) across Arizona have demonstrated a readiness and concern for oral health issues (Maricopa Oral Health Leaders Advocates and Resources; Navajo, Apache, Gila Oral Health Coalition; and Mohave Oral Health Coalition
Arizona Ranking below the US data • Is Arizona doing better or worse than the U.S.? • How much better or worse are we doing compared to the nation?	• Arizona is doing far worse than other states and ranks 1st in the nation with the highest level of 3rd grade children with tooth decay

Political Feasibility • Is there enough support from elected officials or other policymakers to help move a strategy to implementation?	• There is support and interest from elected officials as demonstrated by the June 2014, stakeholders meeting convened by State and U.S. Representatives in Arizona
Trend Direction • Has the health issue been getting better or worse over time?	• No improvements have been seen in Arizona noting back to 2000

Arizona Health Improvement Plan

Substance Abuse

Criteria	Health Issue Data/Information
Scope or Magnitude of the Problem • How many people across Arizona are affected by the health issue?	• Recent data indicates that within the past month, 28.1% of HS students have used alcohol and 51.7% of students have used alcohol in their lifetime (Arizona Youth Survey, 2012) • Arizona prescription drug misuse and abuse is the 6th highest rate in the nation with 5.66% of residents over the age of 12 abusing prescription pain-reliever • In 2010, 13% of Arizona adults and 10.4% of Arizona youth reported some type of prescription drug misuse in the past 30 days (National Survey on Drug Use and Health, 2012)
Severity (Morbidity / Mortality) • Does the health issue result in death, disability, or ongoing illness?	• The United States Census Bureau (2010) estimates Arizona's population at 6,392,017. In the same year, Arizona had 1,176 deaths (an age-adjusted rate of 18.7 per 100,000 individuals) that were caused by drug poisonings and 54% of the poisons commonly listed on death certificates were prescription drugs • In regards to hospital inpatient discharges related to poisoning, Arizona Department of Health Services Vital Statistics reported that 20,337 Arizonans were poisoned by drugs, medicinal and/or biological substances in 2012 • The number of hospital inpatient discharges related to drug dependence and drug abuse was reported at 76,825 in 2012. Of those drug dependence and drug abuse discharges, the young adult population (ages 20-44) had the highest number of discharges at 44,620 • Arizona has the fourth highest rate of alcohol related deaths in the nation at 13.4% for working age 20-64 (CDC). In 2012, Arizona Vital Statistics reported 18,486 emergency department visits which listed "non-dependent abuse of drugs" as the first listed diagnosis • Emergency department visits that listed "alcohol dependence syndrome" as the first listed diagnosis totaled 4,671 • Additionally, 3,556 Arizonans presented with a first listed diagnosis of "alcohol and/or drug psychoses" in Arizona emergency departments
Potential to Impact (Winnable Battle) • What resources (funding, workforce, programs, etc.) are available to address the health issue? • Can progress be made on the health issue within five years?	• ADHS maintains a comprehensive service delivery network providing primary prevention, treatment and rehabilitation programs to Children and Adolescents, as well as Adults with General Mental Health Disorders (GMH), Serious Mental Illnesses (SMI) and/or Substance Use Disorders (SA/SUD) • In January of 2012, the Arizona Substance Abuse Partnership (ASAP) made prescription drug misuse and abuse their strategic area of focus. Staffed by the Governor's Office, ASAP is the single statewide council on substance abuse prevention, treatment, enforcement, and recovery for the

• Could addressing the health issue also address other problems at the same time?	state of Arizona. As ADHS integrates substance abuse, behavioral health and physical health care, the ability to impact substance use will be a key component in increasing the health of the population • Current SAMHSA Substance Abuse Block Grant funding, SBIRT (Screening, Brief Intervention and Referral to Treatment) funds are in place to support these efforts to offer support throughout Arizona • Prevention does work and impact can be made over a five year period; particularly regarding coordinated efforts to address under-age drinking in our border communities and decrease rate of alcohol and other drug related deaths • Advances in reducing substance abuse will translate into decreased prevalence of accidental deaths, accidental injuries, suicide, and chronic physical health conditions exacerbated by substance use, abuse and dependence
Cost-Effectiveness • What is the cost of not addressing the health issue? For example, how does it impact health care costs or Medicaid costs? • How much money can be saved by addressing the problem? • Does the money put into a solution reduce costs enough to make the solution worthwhile? • What's the value of addressing the health issue?	• During fiscal year 2013, ADHS spent $125,989,358 in service funding for individuals and families with substance abuse disorders • Implementing effective prevention programs is a direct way to lower the costs of treatment • Continuing to treat substance use disorders along with reducing the number of individuals needing services will positively impact the population • Addressing this issue directly translates into improved health and wellness for Arizonans while decreasing the healthcare costs associated with accidental injury, suicide and evolving chronic health conditions that result from continued abuse
Quality of Life • How does the health issue impact daily living activities? • How does it impact usual activities, such as work, self-care, or recreation?	• ADHS relies on a variety of mechanisms to measure the effectiveness of treatment; including assessing the change in numerous functional outcome indicators for persons receiving behavioral health services • By definition substance abuse means that the individual is experiencing adverse impact in areas of daily living (including work, self-care and recreation) related to that person's use of substances to be categorized as substance abuse
Disparities • How are groups of people affected differently by the health issue? • Are some groups of people more likely to be affected by the health issue than others? How significant are the differences?	• Youth aged 12-24, especially within the Veteran, Native American, and students of higher education populations are at higher risk substance abuse problems. These disparities may be the result of differences in language, beliefs, norms, values, geographic remoteness/accessibility, availability of funding/resources, and/or socioeconomic factors specific to the targeted subpopulations • Specifically targeted evidence-based practices (EBPs) are aimed at reducing substance use among

• Types of disparities can include but are not limited to racial and ethnic groups, geographic location, age, gender, income, education, etc.	these populations
Evidence-Based Models Exist • Are evidence-based models relevant to cultural and geographic differences? For example, will they work in rural as well as urban communities?	• Arizona currently utilizes numerous EBP in the delivery of substance abuse treatment and prevention. Arizona has identified EBPs which are appropriate for specific geographic areas as well as for individual populations • In reference to the Prescription Drug Initiative, there are five defined strategies for the reduction of prescription drug misuse and abuse which are able to be implemented within any community across the state
Community Readiness / Interest in Solving • What's the degree of public support and/or interest in working on the health issue? • Which counties include this issue as a community health priority?	• The State and local level identify substance use as a priority area to address • Community coalitions are already working on reducing substance use and the state has developed specific strategies to address underage drinking and prescription drug use
Arizona Ranking below the US data • Is Arizona doing better or worse than the U.S.? • How much better or worse are we doing compared to the nation?	• Arizona is ranked substantially higher in both prescription drug abuse and alcohol related deaths • Current data shows that Arizona is 6th in the nation for prescription drug abuse and 4th for alcohol related deaths
Political Feasibility • Is there enough support from elected officials or other policymakers to help move a strategy to implementation?	• In response to the prescription drug abuse epidemic, ADHS has joined with the Governor's Office, Arizona Criminal Justice Commission, the Board of Pharmacy, and numerous other stakeholders to develop the prescription drug initiative • While this effort was in response to one particular substance, there is an underlying commitment from the diversely represented group to continue addressing substance use in the state. This group has been the catalyst in moving the prescription drug initiative forward
Trend Direction • Has the health issue been getting better or worse over time?	• The Prescription Drug Initiative has seen positive outcomes such as an increased use in the PDMP, a reduced number of pain prescriptions and changes in policy

Arizona Health Improvement Plan

Suicide

Criteria	Health Issue Data/Information
Scope or Magnitude of the Problem • How many people across Arizona are affected by the health issue?	• Suicide is a potential risk for all Arizonans with an elevated risk for males, Native Americans and individuals with a serious mental illness • 1,070 Arizonans died by suicide in (2012) which is listed as the 8th leading cause of death in the State • 16.2/100,000 Arizonans died by suicide in 2012 which is broadly viewed as an under-reported figure since suicide intent is not always evident • According to CDC (2011), suicide is the 4th highest contributor to years of potential life lost (YPLL) in the US for individuals under the age of 65; representing 7.1% of YPLL within this population o Suicide is the 2nd leading contributor to YPLL for Native Americans (8.2%) and higher in AZ (8.7% of total years of potential life lost) o Represents 10.8% of YPLL for Native American Males in Arizona under age 65 behind only unintentional injury (which may include unverified deaths by suicide) in all Native American categories o Individuals with a serious mental illness are 12 - 15 times more likely than the general population to lose their life to suicide o 14% of high school students report considering suicide
Severity (Morbidity / Mortality) • Does the health issue result in death, disability, or ongoing illness?	• Suicide or intentional self-harm is only included in the data above when it results in death. However, the rate of suicide / self-harm attempts receiving medical intervention is over 11 times higher than the rate of individuals dying by suicide (CDC 2005); resulting in a broad range of ongoing health issues and/or disability
Potential to Impact (Winnable Battle) • What resources (funding, workforce, programs, etc.) are available to address the health issue? • Can progress be made on the health issue within five years? • Could addressing the health issue also address other problems at the same time?	• Behavioral health services funding, prevention funding and Substance Abuse Prevention and Treatment Block Grant (SABG) funds contribute to the existing array of funding available to address suicide in Arizona. AZ has not yet adopted the national strategy which has a high likelihood of reducing the suicide rate without a notable need to increase allocated dollars • The Arizona Suicide Prevention Coalition and other community partners are engaged in the process of ending suicide in Arizona; offering resources to support ADHS efforts • Progress can be made within five years in various systems of care and the success of Magellan's Zero Suicide Initiative in central AZ is one example. Additionally, the US Air Force in the 90s and Henry Ford Health Systems in Michigan both made dramatic impact on suicide rates during similar time periods; translating into healthier communities and better engagement in behavioral health

	services prior to crisis
Cost-Effectiveness • What is the cost of not addressing the health issue? For example, how does it impact health care costs or Medicaid costs? • How much money can be saved by addressing the problem? • Does the money put into a solution reduce costs enough to make the solution worthwhile? • What's the value of addressing the health issue?	• Suicide and self-harm actions are costly. Nationally, the following data is available through CDC's 2005 Cost of Injury Report (AZ-specific data not available in report): o 32,637 individuals died by suicide with affiliated medical costs of $99,733,000 and work loss cost of $34,533,416,000 o 205,222 individuals were hospitalized by self-harm with medical costs of $2,047,479,000 and work loss cost of $4,256,673,000 o 114,311 individuals were treated in ED and released at a cost of $135,720,000 and work loss cost of $99,233,000 • Money can be saved by reducing the Arizona costs above through relatively low-cost prevention measures and ensuring boundaried populations (such as ADHS system of care) are engaged in an integrated system that incorporates suicide screening, assessment and intervention into existing practices (little or no funding increase needed). Establishing an expectation that behavioral health providers align with the National Strategy may be one solution • ADHS currently receives SABG funds which are used to support suicide prevention efforts across the state through Tribal and Regional Behavioral Health Authorities (T/RBHAs). Many AZ behavioral health providers have already trained their workforce on suicide intervention skills such as Applied Suicide Intervention Skills Training (ASIST). SABG funds are also used in collaboration with the Arizona Department of Education to implement Kognito, an online interactive gatekeeper training • Arizonans will not only live longer (see years of potential life lost above)… they will live better by addressing the source of emotional distress that leads to suicide
Quality of Life • How does the health issue impact daily living activities? How does it impact usual activities, such as work, self-care, or recreation?	• As noted previously, suicide attempts or self-harm can result in loss of employment costs • Although suicide attempts may not have long-term impact on the defined areas, the contributing factors such as feelings of despair and lack of social connection do translate into decreases in each of these areas
Disparities • How are groups of people affected differently by the health issue? • Are some groups of people more likely to be affected by the health issue than others? How significant are the differences? • Types of disparities can include but are not limited to racial and ethnic groups, geographic location, age,	• Higher risk of suicide can be seen in several different populations which include: o White males 65+ years old - 3-4x Increase o Military Veterans - 2-4x Increase o Native Americans - 2-4x Increase o LGBTQ Youth - 2-3x Increase o SMI - 6-12x Increase

gender, income, education, etc.	o Medicaid & CHIP- 4x Increase in suicide attempts
Evidence-Based Models Exist • Are evidence-based models relevant to cultural and geographic differences? • For example, will they work in rural as well as urban communities?	• In 2012, HHS, Office of the Surgeon General and National Action Alliance for Suicide Prevention advanced a National Strategy for Suicide Prevention that offers approached and interventions that can be applied in a multitude of settings • Arizona also has a behavioral health workforce that has a high penetration of staff members trained in the best practice of Applied Suicide Intervention Skills Training (ASIST) • Many members of the Arizona behavioral health community were instrumental in contributing to the design of the national strategy based on best and promising practices to prevent suicide • ADHS has supported Mental Health First Aid training delivery throughout Arizona. MHFA is a SAMHSA recognized evidence-based practice that includes instruction on assessing risk of suicide for non-behavioral health providers; strengthening our community's ability to end life lost to suicide.
Community Readiness / Interest in Solving • What's the degree of public support and/or interest in working on the health issue? • Which counties include this issue as a community health priority?	• This is a health issue impacting all Arizonans and there is notable public support to engage in activities that end suicide. • The recent suicide of Robin Williams has increased attention on this health issue which is a major contributor to years of life lost
Arizona Ranking below the US data • Is Arizona doing better or worse than the U.S.? • How much better or worse are we doing compared to the nation?	• According to 2011 data from the American Foundation for Suicide Prevention, the national suicide rate is 12.3 deaths per 100,000 and the Arizona rate was 39% higher at 17.1 per 100,000
Political Feasibility • Is there enough support from elected officials or other policymakers to help move a strategy to implementation?	• Although suicide prevention efforts do have some costs, much of the cost can be covered through federal block grant funds • Additionally, central Arizona has significantly advanced efforts to end suicide within the publicly funded behavioral health system and there has been a substantial amount of support delivered by State Representative Heather Carter.
Trend Direction • Has the health issue been getting better or worse over time?	• Nationally, there has been a slight gradual increase in suicide rate between 1999 and 2011 which is resulting in rates that are similar to those experienced in early 1990s (there was a slight gradual decrease in the rate between 1987 and 1999)

Arizona Health Improvement Plan

Teen Pregnancy

Criteria	Health Issue Data/Information
Scope or Magnitude of the Problem • How many people across Arizona are affected by the health issue?	• Though teen pregnancy birth rates have significantly declined over the past 10 years, AZ's birth rate of 35.4 per 1,000 females 15-19 years of age continues to be higher than the national rate of 29.4 • In 2012 over 8,000 births were to females under 18 years of age • In 2012, 1 in 25 females 15-19 years of age became pregnant
Severity (Morbidity / Mortality) • Does the health issue result in death, disability, or ongoing illness?	• About 1/4 of teen moms have a 2nd child within 24 months of the first birth—which can further delay their ability to finish school or keep a job • Daughters of young teen mothers are 3x more likely to become teen mothers • Babies born to teen mothers are more likely to have poor birth outcomes
Potential to Impact (Winnable Battle) • What resources (funding, workforce, programs, etc.) are available to address the health issue? • Can progress be made on the health issue within five years? • Could addressing the health issue also address other problems at the same time?	• ADHS manages over $5 million in lottery and federal funds combined to provide teen pregnancy prevention services. Additional federal resources fund some community-based organizations. • Teen pregnancy prevention rates have decreased 38.6% since 2002. Continued declines are anticipated during the next five years. • Additional support and resources such as evidence-based curricula, population specific focus, and collaboration among multiple agencies to address teen pregnancy prevention has helped to improve the issue over time • Teen pregnancy also impacts reducing STD's, school dropout, and domestic violence as curricula also focus on STDs as a consequence of sex and teach valuable life skills such as goal setting and healthy relationships
Cost-Effectiveness • What is the cost of not addressing the health issue? For example, how does it impact health care costs or Medicaid costs? • How much money can be saved by addressing the problem? • Does the money put into a solution reduce costs enough to make the solution worthwhile?	• The proportional share of births paid for by the AHCCCS increased from 77.6 percent in 2002 to 83.2 percent in 2012 for mothers 19 years and younger • An updated analysis from The National Campaign shows that teen childbearing in AZ cost taxpayers at least $240 million in 2010 • The progress Arizona has made in reducing teen childbearing saved taxpayers an estimated $287 million in 2010 alone compared to the costs they would have incurred had the rates not fallen • Teen pregnancy increases costs in welfare and prisons

• What's the value of addressing the health issue?	
Quality of Life • How does the health issue impact daily living activities? How does it impact usual activities, such as work, self-care, or recreation?	• Parenthood is the leading reason why teen girls drop out of school. Less than 1/2 of teen mothers ever graduate from high school and fewer than 2% earn a college degree by age 30 • Children of teen mothers are 50% more likely to repeat a grade, are less likely to complete high school than the children of older mothers, and have lower performance on standardized tests • About 1/4 of teen moms have a second child within 24 months of the first birth—which can further delay their ability to finish school or keep a job • 2/3 of families begun by a young, unmarried mother live in poverty
Disparities • How are groups of people affected differently by the health issue? • Are some groups of people more likely to be affected by the health issue than others? How significant are the differences? • Types of disparities can include but are not limited to racial and ethnic groups, geographic location, age, gender, income, education, etc.	• The number of pregnancies to Hispanic females aged 19 years or younger exceeded the number of pregnancies among white non-Hispanic peers in every year since 1994. In 2012, Hispanic or Latino females accounted for 52.4 percent of all pregnancies in this age group, followed by White non-Hispanics (23.1 percent). Black or African American, Asian or Pacific Islander, and American Indian females aged 19 years or younger accounted for a larger share of pregnancies in 2012 (16.0 percent) than they did in 2002 (13.8 percent)
Evidence-based Models Exist • Are evidence-based models relevant to cultural and geographic differences? For example, will they work in rural as well as urban communities?	• Culturally sensitive, evidence based models are available and successfully implemented in urban, rural and tribal communities
Community Readiness / Interest in Solving • What's the degree of public support and/or interest in working on the health issue? • Which counties include this issue as a community health priority?	• Lottery funds have been dedicated to teen pregnancy prevention through a voter proposition. • ADHS currently contracts with 28 community-based agencies and county health departments. This includes Inter-Tribal Council of Arizona which sub-contracts with tribal nations. • Teen pregnancy prevention has been identified as a health priority in Gila, La Paz and Graham counties, and as concerns in Santa Cruz, Yuma, and Maricopa.
Arizona Ranking below the US data	• In each year from 2002 to 2012, birth rates for Arizona teenagers 15-19 years old exceeded the rates of

• Is Arizona doing better or worse than the U.S.? • How much better or worse are we doing compared to the nation?	their national peers. In 2012, the Arizona birth rate was 35.4 compared the national rates of 29.4
Political Feasibility • Is there enough support from elected officials or other policymakers to help move a strategy to implementation?	• There is sufficient federal and state funding to support teen pregnancy prevention efforts. Continued funding at this level will sustain efforts and ensure long-term impact
Trend Direction • Has the health issue been getting better or worse over time?	• Teen pregnancy and birth rates are at historic lows and there has been impressive progress on both fronts. As of 2012, the Arizona teen birth rate was 37.4 births per 1,000 teen girls (age 15-19). Since 1991, the teen birth rate has declined by 53%.

Arizona Health Improvement Plan

Tobacco Use

Criteria	Health Issue Data/Information
Scope or Magnitude of the Problem • How many people across Arizona are affected by the health issue?	• 17% (over 800,000) adults (18 and older) use tobacco • 14% (over 65,900) youth (18 and younger) use tobacco *2012 BRFSS and 2013 YRBS
Severity (Morbidity / Mortality) • Does the health issue result in death, disability, or ongoing illness?	• Tobacco is the number one preventable cause of death and disease, causing over 6,000 deaths per year in Arizona • Approximately 500,000 deaths annually in the U.S. • 100,000 babies have died in the past 50 years from SIDS, complications with low birth weight and other pregnancy problems resulting from parental smoking • One out of three cancer deaths is caused by smoking • Other diseases include lung cancer (87% of deaths), coronary heart disease (32% of deaths), COPD (79% of deaths) and diabetes *2014 Surgeon General's Report
Potential to Impact (Winnable Battle) • What resources (funding, workforce, programs, etc.) are available to address the health issue? • Can progress be made on the health issue within five years? • Could addressing the health issue also address other problems at the same time?	• The Arizona Smokers' Helpline, securing Public/Private partnerships with insurers, and mass marketing campaigns • All 15 Local Health Departments, several community agencies, and four state agencies (ADHS, AHCCCS, AGO, and U-A) receiving tobacco tax revenues to address tobacco use • Progress can be made on this health issue with robust, evidence-based strategies such as increased utilization of ASHLine, surveillance and enforcement of illegal tobacco sales, local policy development (e.g. tobacco-free parks, multi-housing ordinances), and robust public education on the health and cost burdens of tobacco use • There are multiple health issues that result from tobacco use, i.e. increased risks for heart disease, respiratory disease, cancer, and stroke; tobacco also poses significant cost burdens to users, employers, healthcare providers, and communities in general
Cost-Effectiveness • What is the cost of not addressing the health issue? For example, how does it impact health care costs or	• Low income wage earners (i.e. Medicaid recipients) are more likely to use tobacco products than any other population. Not addressing the issue with this population would escalate healthcare costs.

Medicaid costs? • How much money can be saved by addressing the problem? • Does the money put into a solution reduce costs enough to make the solution worthwhile? • What's the value of addressing the health issue?	• Estimated $3 billion can be saved annually in Arizona in healthcare related costs and costs attributed to hours of productivity lost • Decreasing tobacco use creates lower healthcare costs and increased economic productivity. Employers incur an average of $6,000 in additional costs per year for every employee who smokes *2012 BRFSS and *Centers for Disease Control and Prevention. Smoking-attributable mortality, years of potential life lost, and productivity losses: United States, 200-2004. Morbidity and Mortality Weekly Report, 2008; 57(45):1226-8.*
Quality of Life • How does the health issue impact daily living activities? How does it impact usual activities, such as work, self-care, or recreation?	• Life expectancy decreases if you are a tobacco users and quality of life significantly decreases as a tobacco user is at increased risk for cancer, lung disease and heart disease. The financial impact is also significant as a pack a day smoker will spend up to $3000 a year on cigarettes
Disparities • How are groups of people affected differently by the health issue? • Are some groups of people more likely to be affected by the health issue than others? How significant are the differences? *Types of disparities can include but are not limited to racial and ethnic groups, geographic location, age, gender, income, education, etc.	• Smoking rates are over three times higher among adults earning the lowest wages compared to those earning the highest wages. • As education increases, the proportion of smokers decreases • African Americans and Native Americans are disproportionately impacted by tobacco as well as low SES populations, LGBTQ populations and people with mental health diagnosis • African Americans (24%), Native Americans (20%), Behavioral Health (32%) and rural areas have higher rates *2012 BRFSS
Evidence-based Models Exist • Are evidence-based models relevant to cultural and geographic differences? For example, will they work in rural as well as urban communities?	• Yes, but with some limitations. Evidence based tobacco cessation interventions include behavioral counseling (ASHLine/telephone/web based counseling) with usage of a Nicotine Replacement Therapy. Access to these interventions can vary based on geographic location (access to web/phone), health insurance status, and culturally-relevant approaches
Community Readiness / Interest in Solving • What's the degree of public support and/or interest in working on the health issue? • Which counties include this issue as a community health priority?	• All fifteen counties are funded to address tobacco use within their communities • Two counties (Greenlee & Santa Cruz) identified tobacco as a health priority in their community health assessments

Arizona Ranking below the US data • Is Arizona doing better or worse than the U.S.? • How much better or worse are we doing compared to the nation?	• Arizona is doing better than the national rate for tobacco use • 20% (US adult rate) vs. 17% (AZ adult rate) 15% (US youth rate) vs. 14% (AZ rate) *2012 BRFSS
Political Feasibility • Is there enough support from elected officials or other policymakers to help move a strategy to implementation?	• Support is growing by policy makers, with the bulk of policy development and advocacy being carried out by American Heart Association, American Cancer Society, American Lung Association, and other stakeholders
Trend Direction • Has the health issue been getting better or worse over time?	• The issue has been getting better over time, with tobacco prevalence reducing from 21% to 17% in the past seven years

Exhibit C

Arizona Health Improvement Plan
Community Partners

Arizona Health Improvement Plan - Community Partners

A.T. Still University
A.T. Still University, School of Dentistry & Oral Health
Aetna - Medicaid
Albertsons-Safeway
Alliance for a Healthier Generation
American Cancer Society - Cancer Action Network
American Heart Association
American Stroke Association
American Lung Association Arizona
American Lung Association of the Southwest
Apache County Public Health Services District
Applied Management Systems Health Care Consulting
Arizona Alliance for Community Health Centers
Arizona American Indian Oral Health Initiative*
Arizona Association of Health Plans
Arizona Asthma Coalition
Arizona Board of Osteopathic Examiners
Arizona Board of Pharmacy
Arizona Center for Rural Health
Arizona Dental Association
Arizona Department of Child Safety
Arizona Department of Education
Arizona Department of Veterans' Services
Arizona Developmental Disabilities Planning Council
Arizona Health Sciences' Center
Arizona Healthcare Cost Containment System
Arizona Hospital and Healthcare Association
Arizona Medical Association
Arizona Office of the Attorney General
Arizona Osteopathic Medical Association
Arizona Pharmacy Association
Arizona School of Dentistry & Oral Health
Arizona State Board of Dental Examiners
Arizona State Board of Nursing
Arizona State Dental Hygienists' Association
Arizona State University
Arizona State University, Center for Applied Behavioral Health Policy
Arizona State University, College of Nursing & Health Innovation
AstraZeneca
Banner Children's Hospital
Banner Health
Barrow Prevention & Outreach
BlueCross BlueShield of Arizona
Board of Homeopathic and Integrated Medicine Examiners
Breast Center of Southern Arizona, Well Women Program
Bridgeway Health Solutions
Bristol-Myers Squibb
Cardon Children's Medical Center, Pediatric ED
Care 1st Health Plan Arizona
Cenpatico Integrated Care
Center for Rural Health
Chicanos Por La Causa
Cochise County Health Department
Coconino County Public Health Services District
Community Alliance Consulting
Community Partnership of Southern Arizona
Connections ARIZONA*
Dairy Council of Arizona
Destination Health
Diagnostic Laboratories and Radiology
Dignity Health
Dignity Health, Center for Diabetes Management
Edunuity
EMPACT Suicide Prevention Center
Empowerment Systems, Inc.
Family Service Agency
First Things First
FrameShift Group
Gila County Health Department
Graham County Health Department
Greenlee County Health Department
Health Choice
Health Net Arizona
Health Net Access
Health Services Advisory Group
HonorHealth
HOPE Inc.
Hopi EMS
IASIS Healthcare, Health Choice
La Paz County Health Department
March of Dimes
Maricopa County Department of Public Health
Mariposa Community Health Center
MATFORCE
Mayo Clinic
Mercy Care Plan

Arizona Health Improvement Plan - Community Partners (cont.)

Mercy Maricopa Integrated Care
Mohave County Department of Public Health
Native Health*
Naturopathic Medical Board
Navajo County Public Health Services
Navajo-Apache-Gila Regional Oral Health*
Northern Arizona University
Partners for Strategic Action, Inc.
Phoenix Area Indian Health Service
Phoenix Children's Hospital
Phoenix Health Plan
Pima Community Access Program
Pima County Health Department
Pima Prevention Partnership
Pinal County Health Department
Pinnacle Prevention
RI International, Inc.
Scottsdale Cardiovascular Center
SinfoniaRx
Southwest Behavioral & Health Services
Southwest Navajo Tobacco Education Program
St. Joseph's Hospital & Medical Center
St. Mary's Food Bank Alliance
State of Arizona, Governor's Office of Youth, Faith & Family
STRATEGY forty-eight
Susan G Komen Southern Arizona
Susan G. Komen Central and Northern Arizona
TERROS
The Arizona Chapter of the American Academy of Pediatrics
The Arizona Partnership for Immunization
The Inter Tribal Council of Arizona, Dental Prevention and Clinical Support Center*
The Society of St. Vincent de Paul
The University of Arizona, Arizona Center for Rural Health
Tohono O'odham Nation*
Touchstone Behavioral Health
Trident Diagnostic Laboratories & Radiology
Trin and Associates
United Healthcare
University of Arizona
University of Arizona Cancer Center
University of Arizona Cooperative Extension
University of Arizona Health Plans
University of Arizona, Mel & Enid Zuckerman College of Public Health
Valle del Sol
Vitalyst Health Foundation
Yavapai County Community Health Services
Youth Evaluation and Treatment Centers
Yuma County Public Health Department

*Denotes Tribal Partners

Exhibit D

Arizona Health Improvement Plan
State Assets and Resources

Access to Health Insurance Coverage

Community Initiatives

Initiative	Community Organization(s)
Arizona Health Insurance Exchange administration; health insurance community meetings; exchange planning activities	Arizona Department of Insurance, in coordination with the Arizona Governor's Office of Health Insurance Exchange
Arizona Medicaid programs; Arizona Medical Assistance Program	Arizona Department of Economic Security, along with Arizona Health Care Cost Containment System
Life Enhancement Assistance Program (LEAP)	Maricopa County Department of Public Health
Cover Arizona	Coalitions of various AZ organizations
Pima Community Access Program (PCAP)	Pima County

Access to Well-Care

Evidence-based and Best Practices—ADHS-Led Initiatives

ADHS Workforce programs

ADHS HealthCheck programs

The HealthCheck Programs aim is to increase screening rates for several cancers including breast, cervical and colorectal. This is done through partnerships, community education, provider education, technical assistance and paying for screenings for the uninsured.

Community Initiatives

Initiative	Community Organization(s)
Arizona Medicaid programs; Arizona Medical Assistance Program	Arizona Department of Economic Security, Arizona Health Care Cost Containment System
Fit at Fifty HealthCheck Program; Well Woman HealthCheck	El Rio Community Health Center of Tucson; Hopi Cancer Support Services of Kykotsmovi; Mountain Park Health Center of Phoenix; North Country HealthCare of Kingman; North Country HealthCare of Flagstaff; Theresa Lee Clinic of Tucson; Catalina Community Clinic of Catalina
Program Healthy Community Tool-kit	Arizona Planning Association
Life Enhancement Assistance Program	Maricopa County Department of Public Health
Medical Home Model/Patient-Centered Care Model Program	El Rio Community Health Center

Behavioral Health Services

Evidence-based and Best Practices—ADHS-Led Initiatives

Integration of Physical Medicine and Behavioral/Mental Health

- Integrated behavioral health initiative with new RFP in Maricopa County
- Various co-located clinics throughout the state

Community Initiatives

Initiative	Community Organization(s)
American Society for Addiction Medicine—patient placement criteria 2 revision	Arizona Society for Addiction Medicine
Applied suicide intervention skills training	Choices Network of Arizona; Family Involvement Center; Magellan of Arizona; Partners In Recovery, Southwest Network; Terros
Mental Health First Aid	Community Partnership of Southern Arizona
Screening, Brief Intervention, Referral to Treatment (SBIRT) program	5 AZ counties: Apache, Coconino, Mohave, Navajo, and Yavapai
Suicide Alertness for Everyone (SAFETalk) program; Question, Persuade, Refer (QPR) Gatekeeper Training for Suicide Prevention program	Community Partnership of Southern Arizona

Creating Healthy Communities & Lifestyles

Evidence-based and Best Practices—ADHS-Led Initiatives

Healthy Community Design Policies

- Land Use
  - School Garden Program
- Neighborhood Preservation and Redevelopment
  - AZ Healthy Communities—Health Impact Assessments (HIA)
  - Healthy Community Design Toolkit
- Safe Streets/Transportation
  - Safe Routes to School
  - Active School Neighborhood Checklist (ASNC)
- Healthy Eating
  - Arizona Women, Infants, and Children Program (WIC)
  - Arizona Nutrition Network (AZNN-SNAP-Ed)
  - Health in Arizona Policies (HAPI)
  - Healthy AZ Worksites

Tenant-Based Rental Assistance Programs

Community Initiatives

Initiative	Community Organization(s)
Association on the Rural Community Health Center	Chiricahua Community Health Center (Douglas);
Domestic and Sexual Violence Program	Mariposa Community Health Center, Inc (Nogales); North Country HealthCare (Holbrook); North Country HealthCare (St. Johns)
Coordinated School Health Program	Arizona Public Health Association, along with the Arizona Department of Education
Healthy Community Tool-kit	Arizona Planning Association
Healthy Kids, Healthy Communities	St. Luke's Health Initiatives
Life Care Planning Packet	Arizona Attorney General
Racial and Ethnic Approaches to Community Health program (REACH)	City of Phoenix; City of Tucson (sponsored by CDC) 3
Steps Program	AZ counties: Cochise, Santa Cruz, Yuma; 1 Native American Tribe: Tohono O'odham Nation (sponsored by CDC)
Various interventions aimed at promoting safe and healthy children, families and communities	Injury Prevention Center at Phoenix Children's Hospital

Diabetes

Evidence-based and Best Practices—ADHS-Led Initiatives

Case Management Interventions to Improve Glycemic Control

- Diabetes self-management education

Disease Management Programs

- Arizona Diabetes Coalition (300+ members)
- Arizona Diabetes Leadership Council

Self-Management Education

Community Initiatives

Initiative	Community Organization(s)
American Diabetes Educators (AADE) accredited Diabetes Self-Management Training & Education Programs (DSMT/E)	El Rio Community Health Center; MBI Healthcare Services, LLC; Scottsdale Healthcare Diabetes Center; Tuba City Regional Healthcare Corporation; Whiteriver Indian Hospital Healthy Paths Everyday (HoPE)
Diabetes Prevention Program (DPP)	YMCA of Southern Arizona; Valley of the Sun YMCA; Ironbody Lifestyle Fitness, LLC; Selective Healthcare Inc.; Tuba City Regional Health Care Corporation; Viridian Health Management
Steps Program	3 AZ counties: Cochise, Santa Cruz, Yuma; 1 Native American Tribe: Tohono O'odham Nation (sponsored by CDC)

Heart Disease

Evidence-based and Best Practices—ADHS-Led Practices

Reducing Out-of-Pocket Costs (ROPC) for Cardiovascular Disease Preventive Services for Patients with High Blood Pressure and High Cholesterol

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Team-Based Care to Improve Blood Pressure Control

Community Initiatives

Initiative	Community Organization(s)
Community Health Worker's Sourcebook; capacity building activities	Arizona Heart Disease and Stroke Prevention (HDSP) program via CDC, in collaboration with Mayo Clinic of Scottsdale, Yuma Regional Medical Center, and Kingman Regional Medical Center
Get With The Guidelines stroke module	Arizona Heart Disease and Stroke Prevention (HDSP) program via CDC, in collaboration with the American Heart Association
Heart Health and Performance Program	Mayo Clinic
Volunteer opportunities; K–6th grade hands-on, early intervention programs; various outreach program	Arizona Heart Foundation

Healthcare-Associated Infections (HAI)

Evidence-based and Best Practices—ADHS-Led Initiatives

All HAIs: Hand hygiene

- Social Media campaign (Twitter, Facebook, etc.) during influenza season

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Catheter-associated urinary tract infection

- On the CUSP: CAUTI calls
- ADHS HAI Prevention Strategies Subcommittee—CAUTI FAQ call

Central line-associated bloodstream infection

- On the CUSP: CLABSI initiative (collaboration with partners)

Other Evidence-Based/Best Practices

- ADHS HAI Advisory Committee—Clostridium difficile toolkit and educational materials
- ADHS Long Term Care Subcommittee—HAI transfer tool
- ADHS HAI Surveillance Subcommittee—Presentation on Acute care facilities' HAI prevention business model

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Surgical site infection

- ADHS HAI Antimicrobial Stewardship Committee
- ADHS HAI Prevention Strategies Subcommittee
- ADHS HAI Advisory Committee—Clostridium difficile toolkit, addressing multiple drug resistant organisms (MDRO)
- Designated epidemiologist to provide technical assistance

Ventilator-associated pneumonia

- Semi-recumbent patient positioning
- Daily assessment of readiness for ventilator weaning
- Perform antiseptic oral care

Community Initiatives

Initiative	Community Organization(s)
Coalition building activities; Surgical Care Improvement Project (SCIP) program support; Methicillin-resistant Staphylococcus aureus (MRSA) prevention initiatives; Clostridium difficile bacteria prevention initiatives	Health Services Advisory Group, Inc. (HSAG)
On the CUSP: Stop HAI; Various catheter-associated urinary tract infections (CAUTI) prevention initiatives	Arizona Healthcare and Hospital Association (AzHHA)
Surgical Care Improvement Project (SCIP) program	All hospitals in Arizona (sponsored and measured by Centers for Medicare & Medicaid Services (CMS))

Obesity

Evidence-based and Best Practices—ADHS-Led Initiatives

Behavioral Interventions to Reduce Screen Time, Increase Physical Activity and Improve Nutrition

- Empower—Child care Initiative
- Child care licensure rules
- BNPA Communications Social Marketing Campaigns

Technology-Supported Interventions Multicomponent Coaching or Counseling Interventions to Reduce Weight and Maintain Weight Loss

- Arizona Women, Infants, and Children Program (WIC)
- Arizona Nutrition Network (AZNN-SNAP-Ed)
- Empower Program
- Health in Arizona Policies (HAPI)
- Chronic Disease Prevention and Health Promotion (CDPHP)
- AZ Healthy Communities-Health Impact Assessments (HIA)
- Safe Routes to School
- Active School Neighborhood Checklist (ASNC)
- Healthy AZ Worksites

Worksite Programs

- Health in Arizona Policies Initiative (HAPI)
- Healthy Arizona Worksites

Community-Wide Interventions

- Health in Arizona Policy Initiative (HAPI)
- AZNN
- AZ Healthy Communities-HIAs

Individually-Adapted Health Behavior Change Programs

- WIC
- AZNN

Social Support Interventions in Community Settings

- Breastfeeding Peer Counseling Program

Enhanced School-Based Physical Education

- School Health Index/School Health Advisory Council PA promotion/initiatives
- ADE partnership in Coordinated School Health
- Health in Arizona Policy Initiative (HAPI)
- Arizona Nutrition Network (AZNN)

Community-Scale Urban Design and Land Use Policies

- Arizona Healthy Communities—Health Impact Assessments (HIAs)
- Health in Arizona Policy Initiative (HAPI)
- Active School Neighborhood Checklist (ASNC) Creation of or Enhanced Access to Places for Physical Activity Combined with Informational Outreach Activities
- Health in Arizona Policy Initiative (HAPI)
- Arizona Health Communities

Community Initiatives

Initiative	Community Organization(s)
5-2-1-0 campaign among pedestrians; Obesity prevention committee	Arizona Chapter of the American Academy of Pediatrics (AzAAP)
Arizona in Action	City of Goodyear; City of Litchfield Park
Childhood obesity prevention summer camp	The Worthy Institute in conjunction with ASU
Communities Putting Prevention to Work (CPPW)	Pima County (sponsored by CDC)
Health policy and education activities; Community development activities; Capacity building activities	St. Luke's Health Initiative (SLHI)
Healthy Kids, Healthy Communities	St. Luke's Health Initiative
NHLBI We Can! (National Heart, Lung, and Blood Institute's Ways to Enhance Children's Activity & Nutrition!)	Several Arizona communities
Obesity prevention programs related to the Health in Arizona Policies Initiative (HAPI)	13 AZ counties: Coconino, Cochise, Gila, Graham, Greenlee, La Paz, Maricopa, Mohave, Navajo, Pima, Pinal, Yavapai, Yuma
School obesity prevention programs	Alliance for a Healthier Generation
Site-based physical activity and health promotion programs	United Way
Site-based physical activity and health promotion programs	YMCA locations statewide
Steps Program	3 AZ counties: Cochise, Santa Cruz, Yuma; 1 Native American Tribe: Tohono O'odham Nation (CDC) (sponsored by CDC)

Other Chronic Diseases

Evidence-based and Best Practices—ADHS-Led Initiatives

ADHS HealthCheck programs

The HealthCheck Programs aim is to increase screening rates for several cancers including breast, cervical and colorectal. This is done through partnerships, community education, provider education, and technical assistance and paying for screenings for the uninsured.

Health in Arizona Policy

Three-year collaborative between ADHS and Local Health Departments to create capacity in the areas of procurement policies, worksite wellness, school health, clinical care and community design by promoting healthy lifestyles.

Cancer Prevention and Control Programs

Support BHSD Health Check services, surveillance and systems which decrease the incidents of late stage diagnosis of cancer.

Community Initiatives

Initiative	Community Organization(s)
Steps Program	3 AZ counties: Cochise, Santa Cruz, Yuma; 1 Native American Tribe: Tohono O'odham Nation (sponsored by CDC)
Pioneering Healthier Communities (PHC)	City of Tucson (sponsored by CDC)
Various programs	Arizona Alliance for Community Health Centers (AACHC)

Oral Health

Evidence-based and Best Practices—ADHS-Led Initiatives

School-Based Dental Sealant Delivery Program

- Arizona School-based Sealant Program
- Arizona Fluoride Mouth Rinse Program

Other Evidence-Based/Best Practices

- Prevention and Control of Early Childhood Tooth Decay—Arizona Fluoride Varnish Program
- State-based Oral Health Surveillance System
- Regional Oral Health Coalitions
- Oral Health Workforce Development—Bureau of Health Systems Development

Community Initiatives

Initiative	Community Organization(s)
Oral Health of Children, Adolescents and Adults with Special Health Care Needs	Arizona School of Dentistry and Oral Health; Arizona Department of Economic Security
Oral Health Surveillance	Indian Health Service (IHS)
Oral Health Workforce Development	American Dental Association (Tribal Coalition)
Perinatal Oral Health	First Things First
Prevention and Control of Early Childhood Tooth Decay	First Things First
School-based Dental Program: Improving Children's Oral Health through Coordinated School Health Programs	Central Arizona Shelter Service (CASS)
State Oral Health Coalition	American Dental Association (Tribal Coalition)
Various programs	Arizona Alliance for Community Health Centers (AACHC)

Substance Abuse

Evidence-based and Best Practices—ADHS-Led Initiatives

American Society of Addiction Medicine—Patient Placement Criteria

Brief Interventions

Community Reinforcement Approach (CRA) with Vouchers

Dialectical Behavior Therapy

Family Support Network (FSN) for Adolescent Cannabis Users

Motivational Enhancement Therapy (MET)

Multidimensional Family Therapy (MDFT)

Community Initiatives

Initiative	Community Organization(s)
Adolescent Community Reinforcement Approach program (A-CRA)	Jewish Family & Children's Services of Phoenix
American Indian life skills training	Indian Health Service
Botvin's life skills training	Pinal Hispanic Council; Altar Valley School District; ICAN of Chandler
Cognitive behavioral therapy	Various practitioners statewide
Covert underage buys	Southeastern Arizona DUI Task Force; Arizona Department of Liquor License and Control
Dialectical behavioral therapy	Banner Health; Arizona Center for Change; HelpPro; VIP Mental Health & Life Coaching; Various practitioners statewide
Eye Movement Desensitization and Reprocessing (EMDR)	Various practitioners statewide
Methamphetamine and other illicit drug education (MethOIDE) Matrix Model	Arizona Board of Regents, in collaboration with University of Arizona DFCM; University of Arizona, CoM—Phoenix, in partnership with Arizona State University; numerous AZ community experts
Multi-systemic family therapy	Touchstone Behavioral Health Services
Party patrols	City of Buckeye Police Department; City of Tempe Police Department; City of Mesa Police Department
Prescription drug monitoring program	Arizona State Board of Pharmacy
Prescription drug take backs and drop boxes	Arizona State University (ASU) Wellness, in partnership with ASU Police; City of Phoenix Police Department, in partnership with Drug Enforcement Administration, numerous communities throughout the state, including but not limited to: Pinal, Yavapai, Gila and Graham counties.

Community Initiatives - Substance Abuse (cont.)

Initiative	Community Organization(s)
Rx 360	Arizona Affiliate of the Partnership for a Drug Free America, in partnership with AZ Attorney General Office, various law enforcement agencies, and community organizations
Screening, Brief Intervention and Referral to Treatment (SBIRT)	Arizona State Governor's Office for Children, Youth and Families, in partnership with Arizona Dept. of Health Services, Northern Arizona Regional Behavioral Health Authority (NARBHA) & 5 AZ counties: Apache, Coconino, Mohave, Navajo, and Yavapai
Shoulder tapping	Mesa Prevention Alliance, in partnership with Mesa Police
Social host laws	Arizona State Legislature
Sources of strength	One N Ten of Phoenix
Strengthening families	University of Arizona's Arizona Cooperative Extension, in partnership with 2 AZ counties: Pinal and Santa Cruz
Strengthening multiethnic families	Amistades, Inc. of Tucson
Too good for drugs	ICAN of Chandler
Various screening and assessment tools; CME trainings for primary care providers	Arizona Society for Addiction Medicine

Suicide

Evidence-based and Best Practices—ADHS-Led Initiatives

Collaborative Care for the Management of Depressive Disorders

- At-Risk in the Emergency Room
- At Risk in the High School
- At Risk for College faculty, staff and students
- At Risk Middle School
- Applied Suicide Intervention Skills Training
- Mental Health First Aid
- Question, Persuade, Refer
- Universal screening for suicide in clinical behavioral health settings in some regions of the state

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Depression Among Older Adults (60+ years):

- Mental Health and Aging Coalition of Maricopa County
- Arizona City Triad Coalition
- Rim Country Coalition
- Senior Peer Program

Dialectical Behavior Therapy

Emergency Room Intervention for Adolescent Females

Multi-systemic Therapy With Psychiatric Supports (MST-Psychiatric)

QPR Gatekeeper Training for Suicide Prevention

SOS Signs of Suicide

Sources of Strength

Community Initiatives

Initiative	Community Organization(s)
Dialectical Behavior Therapy Program; Multi-systemic Therapy With Psychiatric Supports (MST-Psychiatric) program	Meth Suicide Prevention Initiative statewide grantees (sponsored by Phoenix Area Indian Health Services)
Operation SAVE; Safety Plan Treatment Manual to Reduce Suicide Risk: Veteran Version	Phoenix VA Health Care System; Southern Arizona VA Health Care System (Tucson); Northern Arizona VA Health Care System (Prescott)
REACH for Your Life program	Coconino County Injury Prevention
Suicide Alertness for Everyone (SAFETalk) program; Question, Persuade, Refer (QPR) Gatekeeper Training for Suicide Prevention program	Community Partnership of Southern Arizona

Teen Pregnancy

Evidence-based and Best Practices—ADHS-Led Initiatives

Comprehensive Risk Reduction Interventions

Interventions Coordinated with Community Services

Be Proud! Be Responsible!

¡Cuídate!

Draw the Line/Respect the Line

Making a Difference!

Making Proud Choices! (MPC!)

Promoting Health Among Teens! Abstinence-Only Intervention

Promoting Health Among Teens! Comprehensive Abstinence and Safer Sex Intervention

Reducing the Risk

Safer Sex

Teen Outreach Program

Other Evidence-Based/Best Practices:

- Peer Assisted Leadership
- Active Parenting
- Can We Talk/Let's Talk Smart Girls
- Wise Guys
- Native Stand
- PAYA—Preparing Adolescents for Young Adulthood
- AZ Saves

Community Initiatives

Initiative	Community Organization(s)
¡Cuídate!; Be Proud! Be Responsible!	Touchstone Behavioral Health
Free pregnancy testing; teen pregnancy prevention services; free pregnancy education; free child birth classes for teenagers; free parenting classes for teenagers; boutique for program participants; teen father classes; free support groups	Teen Outreach AZ (various locations)
Making Proud Choices!	Yavapai County Community Health Services
New Hope Teen Pregnancy Program	Maricopa Medical Center
Pregnancy prevention programs	Local health departments statewide
Teen Pregnancy Prevention Program	Inter Tribal Council of Arizona, Inc. (ITCA)
Teen Pregnancy Prevention Program	Touchstone Behavioral Health of Phoenix

Tobacco Use

Evidence-based and Best Practices—ADHS-Led Initiatives

Reducing Out-of-Pocket Costs for Evidence-Based Tobacco Cessation Treatments

- ASHLine

Mass Media Campaigns when Combined with Other Interventions

- ASHLine
- Call it Quits Campaign
- Researching Youth Cessation

Smoking Bans and Restrictions

- Smoke-Free Arizona—Internet Complaint Reporting, Smart Phone Application Community Mobilization with Additional Interventions
- FDA tobacco compliance program
- Strike force program SYNAR—Monitoring of tobacco sales to minors
- Stronger local laws aimed at licensing retailers to sell tobacco
- Counter Strike Program—Implement more and more strategic enforcement and surveillance inspections, including hookah lounges STAND program—Mobilizing state-wide tobacco youth coalition to educate retailers on not selling to minors
- Contracted partners are required to provider retailer tobacco diversion trainings as instructed by local courts

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Project Quit

Community Initiatives

Initiative	Community Organization(s)
Communities Putting Prevention to Work (CPPW)	Pima County (sponsored by CDC)
Engagement and empowerment of youth through youth coalition activities	Students Taking A New Direction (STAND)
Promotion of strong clear air policies such as smoke-free parks and tobacco free campuses	Various statewide worksites, schools, etc.
Steps Program	3 AZ counties: Cochise, Santa Cruz, Yuma; 1 Native American Tribe: Tohono O'odham Nation. (sponsored by CDC)

Unintentional Injury

Evidence-based and Best Practices—ADHS-Led Initiatives

Motor Vehicle Injury Prevention

- ADHS Injury Program
- Safe Kids AZ

Accidental Poisoning Prevention

- Safe Kids AZ
- Clinical Guidelines for Prescribing Controlled Substances

Health Start; Safe Routes to School; Child Fatality Review

Community Initiatives

Initiative	Community Organization(s)
Arizona Youth Survey (AYS)	Statistical Analysis Center (SAC), Arizona Criminal Justice Commission
Education activities; Legislative actions; Awareness and enhanced product safety activities	Drowning Prevention Coalition of Arizona
Elder fall prevention; Car seat distribution; Motor vehicle collision (MVC) prevention	Hualapai Tribe
Exercise, Education and Home Safety Assessments (for falls and injury prevention)	Ak-Chin Indian Community
Fatality review activities; Legislative actions; Legal advocacy training; court watch activities	Arizona Coalition Against Domestic Violence
Health Start; Safe Routes to School; Child Fatality Review Committee	Yavapai County Community Health Services
Injury Prevention and Community Education Program	Banner Good Samaritan Medical Center (BGSMC)
Injury prevention presentations at health fairs; Injury prevention training; Skill-based bike rodeos; Helmet fitting and distribution	Barrow Prevention; Barrow Neurological Institute, St. Joseph's Hospital and Medical Center
Injury Prevention Program, including Annual Walk for Water Safety	Cardon Children's Medical Center
Keeping the Keys workshop; Permit Prep 101 workshop; Safe Ways to School workshop; Car Seat Checks/installs; Crossing Guard of the Year Award; Cross Guard Vest Donations Events; Booster Seat Giveaways	AAA Arizona
Motor vehicle safety courses; Matter of Balance fall prevention course	Navajo County Public Health Services District
Outreach activities, including the provision of off highway vehicle (OHV) safe riding practices	Arizona Game and Fish Department

Community Initiatives – Unintentional Injury (cont.)

Initiative	Community Organization(s)
Tribal Motor Vehicle Injury Prevention (CRIT TMVIPP): data collection on seatbelt use/enforcement and motor vehicle crash information on injury, alcohol involvement, and enforcement; Sobriety enforcement activities; Media use (billboards, radio, newspaper, theatre, promotional materials); Coalition building activities; Community Safety Advisory Board	Colorado River Indian Tribes
Unintentional Injury prevention programs: Child Fatality Review, Safe Routes to School, Safe Kids Coconino County; Various programs in occupant protection poison prevention, safe sleep, bicycle safety and pedestrian safety	Coconino County Injury Prevention
Various interventions aimed at reducing childhood injuries	Injury Prevention Center at Phoenix Children's Hospital

Exhibit E

Arizona Health Improvement Plan
ADHS Coordinating Committee

Arizona Department of Health Services, Arizona Health Improvement Plan Coordinating Committee

Name	Position & Division
Janet Mullen, PhD, MBA	Deputy Director, Arizona Department of Health Services
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Arizona Health Improvement Plan (2016-2020) Dashboard

Section 1: Action Item Completion Monitoring

Health Issue	Evidence-Based High-Impact Strategies	Tactics	Action Items (AI)	Lead Organizations	Completion Timeframe	AI Complete ✓ = Yes	Evidence-Base, Promising, or Best-Practice
Cancer	***2020 Goal: Reduce the rate of Cancer deaths by 5%.***						
	1 **Sustain support for existing cancer screening and treatment programs.**	**a. Achieve or surpass performance on Core Quality Indicators.**	**1.** Educate Federally Qualified Health Centers and other community clinics on the importance and impact of core quality indicators.	Arizona Alliance of Community Health Centers	2018		Arizona Hospital and Healthcare Association: "Economic and Employment Effects of Expanding Medicaid in Arizona" (2012).
		b. Increase awareness and education on importance of and need for screening and treatment programs.	**1.** Coordinate advocacy of partner organizations.	American Cancer Society & Komen Foundation	2020		
	2 **Increase access to colorectal cancer screening and treatment.**	**a. Identify additional funding opportunities and sources for screening and treatment of colorectal cancer.**	**1.** Seek competitive grant opportunities for colorectal cancer.	Arizona Department of Health Services	2020		American Cancer Society recommendations for colorectal cancer early detection (2014); National Colorectal Cancer Roundtable (2013).
			2. Mobilize stakeholders to advocate for enhanced, sustainable funding for screening and treatment of colorectal cancer.	American Cancer Society Cancer Action Network	2020		
	3 **Reduce exposure to risk factors for skin cancer.**	**a. Reduce overexposure to UV.**	**1.** Educate and inform the public on dangers of overexposure to UV.	Arizona Department of Health Services	2020		The Guide to Community Preventive Services: Cancer Prevention and Control; Surgeon General's Call to Action to Prevent Skin Cancer (2014)
			2. Reduce harms from indoor training.	American Cancer Society Cancer Action Network	2020		
		b. Increase the use of sun protection.	**1.** Encourage the integration of sun protection in school facilities, curricula, and policies.	Arizona Department of Health Services & Local Health Departments	2019		
			2. Encourage the integration of sun safety into workplace policies and safety trainings.	Arizona Department of Health Services & Maricopa County Department of Public Health	2017		
	4 **Increase the HPV immunization rate.**	**a. Support adoption of the Advisory Committee on Immunization Practices recommendations for adolescent vaccines.**	**1.** Encourage adoption of the Advisory Committee on Immunization Practices recommended adolescent vaccines as a standard of care in all clinical practice.	The Arizona Partnership for Immunization	2018		The Guide to Community Preventive Services: Increasing Appropriate Vaccination.
			2. Support the 2014 Vaccine Study Committee Recommendations.	The Arizona Partnership for Immunization	2020		
			3. Expand outreach to commuity groups to increase knowledge of the recommendations from the Advisory Committee on Immunization Practices.	The Arizona Partnership for Immunization	2018		
			4. Expand outreach to Area Health Education Centers and higher education institutions.	Greater Valley Area Health Education Center	2020		
		b. Identify and target populations with lower than average HPV vaccination rates.	**1.** Analyze Arizona State Immunization Information System data to determine target populations.	Arizona Department of Health Services	2016		
			2. Develop and implement intervention plan for target populations to increase HPV vaccination rates.	Arizona Department of Health Services	2020		
	5 **Increase the number of Arizonans receiving breast, cervical, lung and colorectal cancer screening and associated diagnostics.**	**a. Increase access to diagnostic testing.**	**1.** Address financial barriers to diagnostic testing.	Arizona Cancer Society Cancer Action Network	2020		The Guide to Community Preventive Services; Healthy People 2020 Goal: Cancer.
		b. Increase screening rates of Federally Qualified Health Centers and health plans.	**1.** Inform and educate Federally Qualified Health Centers on the importance of screening and best practices to increase screening rates.	Arizona Alliance of Community Health Centers	2018		
			2. Inform and educate health plans on the importance of and best practices for increasing screening rates	Arizona Department of Health Services	2018		
	6 **Increase the proportion of people with a family history of breast, colorectal, and/or ovarian cancer who receive genetic counseling and testing, when appropriate.**	**a. Educate providers on appropriate referral guidelines.**	**1.** Utilize risk assessment tools recommended by United States Preventive Services Task Force to aid in identifying and referring patients.	Arizona Department of Health Services	2020		Healthy People 2020 Goal: Genomics.
		b. Identify and develop network of genetic counseling resources.	**1.** Assess existing resource availability to ensure adequate coverage.	Arizona Cancer Coalition	2017		

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Chronic Lower Respiratory Diseases	***2020 Goal: Reduce the Chronic Lower Respiratory Disease mortality rate by 10%.***						
	1 **Develop and disseminate a comprehensive statewide initiative to encourage a voluntary adoption of clean air policies.**	**a. Increase public awareness of clean air behaviors in places where people live, work, learn, and play.**	**1.** Develop campaign for top ten ways for individuals to impact better air quality. Address differences in urban and rural counties.	American Lung Association	2017		The Guide to Community Preventive Services, Asthma Control: home-based multi-trigger, multicomponent interventions.
			2. Promote the Americal Lung Association State of the Air Report to support better air quality.	American Lung Association	2020		
		b. Educate key stakeholders and decision-makers on benefits of adopting clean air policies.	**1.** Review current clean air policies and create recommendations for decision makers.	American Lung Association	2017		
			2. Provide technical assistance and education to property managers, developers, property owners, tenants, and public health advocates to implement clean air policies in multi-unit housing facilities, educational institutions, and public spaces.	Arizona Smoke Free Living Coalition & Arizona Multi-Housing Association	2020		
	2 **Increase the use of home-based, comprehensive interventions with an environmental focus for individuals with Chronic Lower Respiratory Diseases.**	**a. Promote and develop focused interventions for vulnerable populations.**	**1.** Identify vulnerable populations for asthma and Chronic Obstructive Pulmonary Disease (COPD).	American Lung Association & Arizona Department of Health Services	2017		The Guide to Community Preventive Services, Asthma Control: home-based multi-trigger, multicomponent interventions.
			2. Review and identify best practices of home-based interventions for individuals with asthma and Chronic Obstructive Pulmonary Disease (COPD) with an environmental focus.	Asthma Coalition & American Lung Association	2017		
		b. Provide education about the health and financial benefits of home-based, comprehensive interventions for individuals with asthma and COPD.	**1.** Identify and assess gaps or limited resources for home-based, comprehensive interventions.	American Lung Association & Arizona Department of Health Services	2016		
			2. Establish return on investment for each identified home-based comprehensive intervention.	American Lung Association & Arizona Department of Health Services	2017		
	3 **Increase early intervention and participation in disease management programs.**	**a. Increase public and health care awareness of risk factors and detection of pulmonary disease.**	**1.** Provide localized diagnosis, health status, and air quality information to providers (i.e., scorecard or infographic).	Arizona Department of Health Services	2020		Healthy People 2020: Respiratory Diseases; National Asthma Education and Prevention Program Guidelines (2008); The Impact of Disease Management on Outcomes and Cost of Care (2000); Preventing Chronic Disease Medscape.
			2. Prepare Health Brief on Health Disparities among Chronic Lower Respiratory Diseases population.	Arizona Department of Health Services	2017		
			3. Promote training and education opportunities for providers on clinical guidelines for diagnosing Chronic Obstructive Pulmonary Disease (COPD).	Arizona Department of Health Services	2017		
			4. Educate partners on risk factors for developing Chronic Obstructive Pulmonary Disease (COPD).	Arizona Department of Health Services	2017		
		b. Improve effective self-management of Chronic Lower Respiratory Disease for people living with more than one illness.	**1.** Promote the Breathe Easy Arizona Collaborative, "Healthy Living for Healthy Lungs" Campaign.	American Lung Association	2016		
			2. Promote referral and access to self-management programs or curriculums, e.g., Chronic Disease Self-Management Program.	Arizona Department of Health Services	2016		

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Diabetes	***2020 Goal: Reduce deaths attributable to diabetes by 10%.***						
	1 **Increase the utilization of an integrated, team-based approach to the care and treatment of diabetes.**	**a. Increase engagement of non-physician team members in diabetes self-management healthcare communities.**	**1.** Increase participation in state-wide Diabetes Coalition.	Arizona Diabetes Coalition	2017		Project Impact: Diabetes (First national self-management program conducted by the APhA Foundation in pertnership with the Bristol-Myers Squibb Foundation's Together on Diabetes.
			2. Provide education and resources to non-physician team members through engaging and innovative approaches.	Arizona Department of Health Services	2017		
	2 **Promote the use of established diabetes clinical guidelines and increase participation in diabetes self-management education.**	**a. Educate providers on established clinical guidelines.**	**1.** Create an online repository for established clinical guidelines for different provider types.	Arizona Diabetes Coalition	2017		The Guide to Community Preventive Services, Diabetes Prevention and Control: Self-Management Education (2014); American Association of Diabetes Educators.
			2. Identify and promote provider educational resources for diabetes self-management.	Arizona Diabetes Coalition	2017		
			3. Increase awareness of resources related to the American Association of Diabetes Educators 7 Self-Care Behaviors.	Arizona Diabetes Coalition	2017		
		b. Educate on the health and cost benefits of utilizing diabetes self-management education programs.	**1.** Promote the Community-Based Referral Network for self-management programs.	Arizona Living Well Institute	2017		
			2. Increase awareness of reimbursement mechanisms for diabetes self-management education programs.	Arizona Diabetes Coalition	2017		
	3 **Increase awareness of prevention and management practices for diabetes and prediabetes.**	**a. Develop an integrated and comprehensive communications plan.**	**1.** Identify innovative partners, strategies, and approaches to reach target audiences.	Arizona Department of Health Services	2016		American Assocaiation of Diabetes EducatorsNational Institute of Diabetes and Digestive and Kidney Diseases, GAME PLAN for Preventing Type 2 Diabetes (2014); The Guide to Community Preventive Services - Diabetes Prevention and Contorol: Self-Management Education.
			2. Assess and compile resources to align and coordinate efforts.	Arizona Department of Health Services	2017		
			3. Prepare a health brief to address health disparities and to identify the leading secondary complications for diabetes in Arizona.	Arizona Department of Health Services	2017		
			4. Collaborate and coordinate with organizations who are implementing awareness campaigns for consistent messaging.	Arizona Department of Health Services	2018		
			5. Engage stakeholders to promote campaign through organization and member communications.	Arizona Department of Health Services	2018		
		b. Educate community and faith-based organizations on available resources related to diabetes and prediabetes.	**1.** Provide technical assistance to community and faith-based organizations to increase awareness of prediabetes.	Arizona Department of Health Services	2017		
		c. Educate providers and health care workers on prediabetes.	**1.** Integrate, distribute, and provide technical assistance for the*Agents of Change* (Chronic Disease Provider) *Toolkit* .	Arizona Department of Health Services	2017		

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Healthcare-Associated Infections	***2020 Goal: Increase the number of health care settings that have implemented best or evidence-based practices for the reduction of Healthcare-Associated Infections by 10%.***						
	1 **Improve knowledge and implementation of infection prevention and control.**	**a. Promote education events on infection prevention and control.**	**1.** Promote and Support Healthcare-Associated Infection Collaborative events and trainings.	Arizona HAI Advisory Committee & Arizona Department of Health Services	2017		CDC Healthcare-Associated Infections: Guidelines and Recommendations; ADHS Division of Licensing Deficiency Data.
			2. Promote participation in long-term infection prevention and control initiatives.	Arizona HAI Advisory Committee & Arizona Department of Health Services	2017		
		b. Support implementation of prevention toolkits in healthcare facilities.	**1.** Distribute and provide technical assistance on the use of evidence based toolkits to facilities.	Arizona HAI Advisory Committee & Arizona Department of Health Services	2017		
			2. Host education events on prevention toolkits.	Arizona HAI Advisory Committee & Arizona Department of Health Services	2017		
		c. Strengthen partnerships between health care settings and public health agencies.	**1.** Identify, inventory and distribute available resources for health care settings.	Arizona Department of Health Services	2017		
			2. Establish an online library of available resources for health care settings.	Arizona Department of Health Services	2017		
			3. Establish, promote, and strengthen local and state partnerships between health care settings and public health agencies.	Local Health Departments & Arizona Department of Health Services	2020		
	2 **Improve knowledge and implementation of safe injection practices.**	**a. Promote the use of the *Injection Safety Toolkit* and similar resources.**	**1.** Promote and educate providers on the use of the *Injection Safety Toolkit* .	Arizona HAI Advisory Committee & Arizona Department of Health Services	2017		Hepatitis B outbreak associated with a hematology-oncology office practice in New Jersey (2009); Injection practices among clinicians in United States health care settings (2010).
			2. Provide technical assistance on the *Injection Safety Toolkit.*	Arizona HAI Advisory Committee & Arizona Department of Health Services	2017		
			3. Leverage and promote national injection safety campaigns where appropriate.	Arizona HAI Advisory Committee & Arizona Department of Health Services	2017		
	3 **Improve knowledge and implementation of appropriate antimicrobial use and stewardship.**	**a. Educate providers on appropriate antimicrobial use and stewardship programs.**	**1.** Educate partners on and promote available antimicrobial resources.	Arizona HAI Advisory Committee & Arizona Department of Health Services	2017		Antibiotic Resistance Threats in the United States (2013); CDC Vital Signs: Making Health Care Safer (2014); Society for Healthcare Epidemiology of America: Antimicrobial Stewardship (2015)
		b. Promote and support efforts to implement antimicrobial stewardship programs.	**1.** Provide technical assistance for health care settings implementing antimicrobial use and stewardship programs.	Arizona HAI Advisory Committee & Arizona Department of Health Services	2019		
			2. Develop an investment business model and supporting resources for the implementation of antimicrobial use best-practices.	Arizona Department of Health Services	2017		
	4 **Improve healthcare worker influenza vaccination rates.**	**a. Encourage the use of the *Healthcare Worker Influenza Vaccination Toolkit and* similar resources.**	**1.** Distribute and provide technical assistance on the use of the *Healthcare Worker Influenza Vaccination Toolkit* .	Arizona HAI Advisory Committee & Arizona Department of Health Services	2020		CDC Barriers and Strategies to Improving Influenza Vaccination among Health Care Personnel (2014)
			2. Promote awareness of established return on investment projections to encourage the adoption of an annual influenza vaccination requirement by health care settings.	Arizona HAI Advisory Committee & Arizona Department of Health Services	2020		

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Heart Disease & Stroke	***2020 Goal: Reduce death and events related to heart disease and stroke by 10%.***						
	1 Increase public awareness of risk factors and prevention measures for cardiovascular disease and the warning signs for heart attack and stroke.	**a. Develop an integrated and comprehensive communications plan.**	**1.** Identify innovative partners, strategies, and approaches to reach target audiences.	Arizona Department of Health Services	2017		
			2. Assess and compile resources to align and coordinate efforts.	Arizona Department of Health Services	2017		
			3. Prepare a health brief to address disparities among target populations.	Arizona Department of Health Services	2017		
			4. Collaborate and coordinate with organizations who are implementing awareness campaigns for consistent messaging.	Arizona Department of Health Services	2017		
			5. Engage stakeholders to promote campaign through organization and member communications.	Arizona Department of Health Services	2017		
			6. Promote participation in current initiatives including Million Hearts™, to prevent cardiovascular disease.	Arizona Department of Health Services	2017		
	2 Increase the number of Arizonans who are trained to perform Hands-Only CPR.	**a. Increase the number of adults who perform Hands-Only CPR.**	**1.** Engage innovative partners to reach target audiences (e.g., Department of Motor Vehicles, Public Transit, and Movie Theaters).	American Heart Association & Arizona Department of Health Services	2020		American Heart Association; Preventing Chronic Disease Medscape.
			2. Train Dispatchers to provide telephone CPR and measure performance.	Arizona Department of Health Services	2016		
		b. Increase the number of school districts implementing Hands-Only CPR training.	**1.** Collaborate with the American Heart Association's *CPR in Schools Initiative* .	American Heart Association	2019		
			2. Increase awareness of reimbursement mechanisms for diabetes self-management education programs.	American Heart Association & Arizona Department of Health Services	2020		
			3. Explore partnership opportunities with the Arizona Department of Education.	Arizona Department of Health Services	2016		
	4 Increase the number of health systems participating in Cardiovascular Systems of Care.	**a. Strengthen systems of care and improve outcomes in pre-hospital, hospital, and post-hospital settings for patients suffering acute cardiac events.**	**1.** Ensure that local 911 centers provide guideline based telephone basic life support (CPR and AED instructions) and have the location of Automated External Defibrillators (AED) in Computer Aided Dispatch System.	Arizona Department of Health Services	2020		American Heart Association: The Ideal STEMI and Cardiac Resuscitation System of Care; Preventing Chronic Disease Medscape.
			2. Increase the proportion of Emergency Medical Services agencies utilizing current national recommendations for pre-hospital ECG utilization.	Arizona Department of Health Services	2020		
		b. Implement systems of care and improve outcomes in pre-hospital, hospital and post-hospital settings for stroke events.	**1.** Increase the number of agencies utilizing pre-hospital stroke assessment.	Arizona Department of Health Services	2020		
			2. Increase the number of stroke care centers in Arizona.	Arizona Stroke Collaborative & Arizona Department of Health Services	2020		
		c. Support education of first-responders on pre-hospital response for suspected Stroke or Heart Attack events.	**1.** Communicate performance to Emergency Medical Service Providers on implementation rates of pre-hospital protocols for suspected stroke events.	Arizona Department of Health Services	2017		
			2. Communicate performance to Emergency Medical Service Providers on implementation rates of pre-hospital protocols for suspected heart attack events, including 12-lead ECG utilization.	Arizona Department of Health Services	2017		
		d. Increase access to trained professionals in rural Arizona.	**1.** Identify treatment models to impact cost and critical gaps in rural systems of care.	Arizona Stroke Collaborative & Arizona Department of Health Services	2017		
			2. Enhance and better utilize systems of telemedicine in rural areas.	Arizona Stroke Collaborative & Arizona Department of Health Services	2018		

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Maternal & Child Health	***2020 Goal: Reduce maternal and infant mortality by 5%.***						
	1 **Improve the health of women before, after, and between pregnancy(ies).**	**a. Increase awareness on the importance of preconception and interconception health.**	**1.** Utilize Home Visitors and community based organizations to educate women and their support systems on preconception and interconception health.	Strong Families Arizona	2020		Healthy People 2020: Maternal, Infant & Child Health.
			2. Promote and support continuing education for providers on preconception and interconception health via online resources.	Preconception Health Alliance	2018		
			3. Align and coordinate efforts of community based organizations to achieve consistent messaging and appropriate referrals.	Preconception Health Alliance	2018		
			4. Promote educational materials targeting support systems awareness of preconception and interconception health.	Preconception Health Alliance	2018		
		b. Increase awareness of perinatal mood disorder.	**1.** Inventory resources and identify organizations to align and coordinate efforts and messaging.	Postpartum Support International, Arizona Chapter	2018		
			2. Convene interested partners and stakeholders to consider a collective approach.	Postpartum Support International, Arizona Chapter	2019		
			3. Promote educational materials targeting support systems awareness of perinatal mood disorder.	Postpartum Support International, Arizona Chapter	2018		
			4. Promote and support continuing education for providers on perinatal mood disorder via online resources.	Postpartum Support International, Arizona Chapter	2018		
	2 **Decrease the incidence of childhood injury.**	**a. Increase awareness of what constitutes a safe sleep environment.**	**1.** Encourage universal adoption of American Academy of Pediatricians 2011 safe sleep recommendations.	Safe Sleep Task Force & Arizona Department of Health Services	2020		Healthy People 2020: Injury and Violence Prevention; National Center for Education in Maternal and Child Health: Safe Sleep (2014); National Center for Education in Maternal and Child Health: Injury-Related Hospitalizations of Children and Adolescents (2014); National Center for Injury Prevention and Control CDC: Evidence-Based Effective Strategies for Preventing Injuries (2002)
			2. Identify and target areas and populations at most risk of sleep related deaths.	Arizona Department of Health Services	2016		
			3. Promote annual training on safe sleep practices for practitioners and community health organizations.	Safe Sleep Task Force	2018		
		b. Educate the community, parents, and caregivers on potential causes of childhood injury.	**1.** Promote the recommendations of the Childhood Fatality Review Committee as appropriate.	Arizona Chapter of the American Academy of Pediatrics & State Child Fatality Review Team	2019		
			2. Encourage all who care for young children to assess injury risk in the child's environment.	Safe Kids Arizona & Strong Families Arizona	2018		
	3 **Support adolescents, including youth with special health care needs, to make healthy decisions as they transition to adulthood.**	**a. Support access to proven adolescent development programs, teen pregnancy prevention programs, and STI/STD prevention programs.**	**1.** Educate families about information resources on adolescent development, pregnancy prevention, and STI/STDs that are available to them.	Arizona Family Health Partnership, Teen Outreach Pregnancy Services, & Arizona Department of Health Services	2020		National Center for Education in Maternal and Child Health: Bullying (2014); Center for Study and Prevention of Violence Institute of Behavioral Science: We Know What Works (2015); SAMHSA National Registry of Evidence-based Programs and Practices (2015)
			2. Focus on consistent and positive messaging on targeted topics.	Arizona Family Health Partnership, Teen Outreach Pregnancy Services, & Arizona Department of Health Services	2020		
			3. Support and educate about healthy behaviors and decision making to adolescents and teens.	Arizona Family Health Partnership, Teen Outreach Pregnancy Services, & Arizona Department of Health Services	2020		
		b. Increase percentage of teens receiving well visits.	**1.** Educate parents and caregivers about the timing and importance of well visits.	Maricopa Community Advisory Board	2020		
			2. Encourage adoption of teen friendly provider office policies. (to include confidential, private (audio and visual), consent, CLAS, comprehensive).	Maricopa Community Advisory Board	2020		
			3. Educate providers and community health care workers on tactics to support effective communication techniques when addressing difficult subjects with teens.	Arizona Department of Health Services	2020		
		c. Develop and promote awareness on the development of healthy relationships.	**1.** Identify and assess current initiatives to effectively reach target populations.	Arizona Department of Health Services	2017		
			2. Promote identified resources on the development of healthy relationships to praents caregivers, and schools.	Arizona Department of Health Services	2019		
			1. Increase parents and caregivers access to resources and opportunities that support the social emotional needs of their children.	First Things First	2019		

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	4 **Strengthen the ability of families to raise emotionally and physically healthy children.**	**a. Support and educate parents and caregivers on the social-emotional needs of their young children.**	**2.** Support training on Arizona's Infant and Toddler Guidelines and Program Guidelines for High Quality Early Education programs serving young children.	First Things First & Arizona Department of Education	2018		U.S Department of Health & Human Services: The 2010 National Vaccine Plan
			3. Promote programs serving young children to align with Arizona's Infant and Toddler Guidelines and Porgram Guidelines for High Quaity Early Education.	First Things First & Arizona Department of Education	2018		
			4. Integrate professional development opportunities on best practices for supporting the social emotional needs of children for professionals providing parenting education and home visitation programs for parents and caregivers.	First Things First	2017		
		b. Increase the childhood immunization rate.	**1.** Promote compliance with the required Immunizations for Child Care or School Entry.	Arizona Department of Health Services	2019		
			2. Support providers with tools and resources to allow them to better educate families about the importance of vaccinations.	The Arizona Partnership for Immunizations	2018		
			3. Develop and implement intervention plan for at risk communities.	Arizona Department of Health Services	2018		
	5 **Strengthen programs that give mothers the support they need to breastfeed their babies.**	**a. Support initiation of breastfeeding by developing or expanding breastfeeding education for mothers and their babies.**	**1.** Support standardization of guidance and language concerning breastfeeding and breastfeeding support.	Arizona Department of Health Services	2018		National Center for Education in Maternal and Child Health: Breastfeeding (2014); CDC Guide to Strategies to Support Breastfeeding Mothers and Babies (2013); CDC Division of Nutrition, Physical Activity and Obesity: Breastfeeding Support (2015); Surgeon General's Call to Action to Support Breastfeeding (2011)
			2. Support hospitals to move toward Baby Friendly practices.	Arizona Department of Health Services	2019		
			3. Work with providers, health care teams, and community health to support breastfeeding during prenatal visits and pediatric follow-up visits	Arizona Department of Health Services	2018		
		b. Support mothers to breastfeed for longer periods of time.	**1.** Promote the *Make It Work* workplace toolkit.	Arizona Department of Health Services	2017		
			2. Provide support and resources necessary to overcome barriers to progress, i.e., peer counseling, breastfeeding support groups, breastfeeding aids.	Arizona Department of Health Services	2020		
			3. Strengthen state capacity to build International Board Certified Lactation Consultant infrastructure.	Arizona Department of Health Services	2017		

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Obesity	***2020 Goal: Increase the proportion of adults and children who are at a healthy weight by 5%.***						
	1 **Increase availability of affordable healthy food retail.**	**a. Address communities with limited food access.**	**1.** Increase acceptance of governmental nutrition programs at farmer's markets and related entities.	Pinnacle Prevention	2018		SNAP-ED Strategies & Interventions: An Obestiy Prevention Toolkit for States (2014).
			2. Support innovation (e.g., mobile food markets, food hubs) in low food access areas.	Food System Coalitions & St. Luke's Health Initiative	2020		
			3. Promote and support the establishment of school and community gardens.	Arizona Department of Education & Arizona Department of Health Services	2019		
			4. Increase availability of fruits, vegetables and other healthy food options at corner stores and convenience markets.	Local Health Departments & Arizona Department of Health Services	2018		
		b. Address affordability, availability, purchasing, and selection of healthy food options.	**1.** Incentivize healthy food offerings at retailers.	Pinnacle Prevention	2020		
			2. Influence healthy food placement.	Arizona Food Market Association	2020		
	2 **Provide and support opportunities designed to increase physical activity.**	**a. Provide and market effective physical activity programs in educational institutions**	**1.** Promote and support efforts to achieve 60 minutes of activity per day.	Arizona Department of Education & Edunuity	2020		Insitute of Medicine, Accelerating Progress in Obesity Prevention: Solving the Weight of the Nation (2012)
			2. Support planning and implementation of an increased amount and types of physical activity in school physical education programs.	Arizona Department of Education & Edunuity	2020		
		b. Support community programs promoting physical activity.	**1.** Promote developmentally appropriate active living education to community residents with special focus on children birth to age 5, through existing child focused programs.	First Things First & Arizona Department of Health Services	2017		
			2. Develop and support a sustained, targeted physical activity social marketing campaign.	Arizona Department of Health Services	2016		
	3 **Ensure coverage of, access to, and incentives for routine obesity prevention, screening, diagnosis and intervention.**	**a. Increase the number of schools and early care organizations incorporating routine health screenings and follow-up.**	**1.** Educate schools and early care organizations on the benefits of health screenings and best practices for implementation.	Arizona Chapter of the American Academy of Pediatrics & Arizona Department of Education	2020		Insitute of Medicine. Accelerating Progress in Obesity Prevention: Solving the Weight of the Nation (2012)
			2. Incorporate FitnessGram (formerly Pres. Phys Fitness Test) back in to schools.	Arizona Department of Education & Edunuity	2020		
		b. Promote education for current and future providers on routine obesity prevention, screening, diagnosis and intervention.	**1.** Evaluate tobacco-cessation models for application in obesity prevention and management.	Mercy Care Plan & Arizona Department of Health Services	2017		
			2. Partner with professional organizations on strengthening health care provider obesity education.	University of Arizona Western Region Public Health Training Center	2018		
			3. Enhance the connection between providers (e.g., lactation consulstants, registered dieticians, primary care) and health plans to ensure providers have the support to address obesity.	Arizona Academy of Nutrition and Dietetics & Marcy Care Plan	2019		
			4. Increase provider awareness of breastfeeding support.	Arizona Department of Health Services	2017		
	4 **Empower Arizonans to adopt a healthy lifestyle.**	**a. Model and promote healthy lifestyles across the lifespan to influence healthy eating and active living as the social norm.**	**1.** Encourage parents, caregivers, teachers, health care providers and other adults in leadership roles to model and promote healthy eating and active living.	Arizona Department of Health Services	2020		The Guide to Community Preventive Services, Obesity Prevention and Control: Interventions in Community Settings (2014); SNAP-ED Strategies & Interventions: An Obestiy Prevention Toolkit for States (2014).
			2. Promote reduction of screen time for families with young children.	Arizona Chapter of the American Academy of Pediatrics, First Things First, & Arizona Department of Health Services	2017		
			3. Support implementation of practices to limit consumption of sugar-sweetened beverages.	Arizona Chapter of the American Academy of Pediatrics & Maricopa County Department of Public Health	2019		
		b. Provide needed tools to implement healthy eating and the incorporation of daily physical activity.	**1.** Identify, inventory, and promote effective tools that individuals can use to support healthy habits.	Arizona Department of Health Services	2016		
			2. Engage community partners (e.g., community health workers, local advocates, faith-based organizations) to utilize tools to assist community members with adopting a healthy lifestyle.	Local Health Departments & Arizona Department of Health Services	2017		

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Oral Health	***2020 Goal: Improve the oral health status of Arizonans by 5%.***						
	1 **Expand access to childhood oral disease prevention programs.**	**a. Increase access to early childhood oral disease prevention programs.**	**1.** Provide education for familiesthrough home visiting to develop good oral health habits.	Strong Families Arizona & Arizona Department of Health Services	2018		The Guide to Community Preventive Services, Preventing Dental Caries: Community-Based Initiatives to Promote the Use of Dental Sealants & School-Based Dental Sealant Delivery Programs; ASTDD Best Practice Approach Reports: School-based Dental Sealant Praograms (2015) & Use of Fluoride: School-based Fluoride Mouthrinse and Supplement Programs (2011).
			2. Promote the Empower oral health standards in childcare facilities.	Arizona Department of Health Services	2017		
		b. Increase access to and utilization of school-based, including early care and education, prevention programs.	**1.** Educate on the value of school-based sealant, fluoride varnish, and fluoride mouth rinse programs.	First Thing First & Arizona Department of Health Services	2018		
			2. Increase the number of school based sealant and fluoride varnish programs.	Arizona Department of Health Services	2019		
			3. Promote utilization of school based sealants and fluoride varnish programs through innovative engagement strategies.	Arizona Department of Health Services	2019		
	2 **Increase utilization of the oral health care system.**	**a. Support the Oral Health Coalitions' advocacy efforts.**	**1.** Promote the Oral Health Coalitions' activities.	Arizona Alliance for Community Health Centers & Arizona American Indian Oral Health Initiative	2018		Centers for Medicare and Medicaid Services, Improving Access to and Utilization of Oral Health Services for Children in Medicaid and CHIP Programs (2011); ASTDD Best Practice Approach Reports: Developing Workforce Capacity in State Oral Health Programs (2015); Keep Kids Smiling: Promoting Oral Health Through the Medicaid Benefit for Children and Adolescents (2013).
		b. Increase awareness on how to access the oral health care system.	**1.** Educate parents and caregivers on accessing and utilizing the pediatric dental benefit.	Strong Families Arizona, Arizona Academy of Pediatric Dentistry, & Arizona Health Care Cost Containment System	2018		
			2. Assist adults in finding the oral health care they need.	Strong Families Arizona	2018		
			3. Educate providers on the benefits of integrating oral health screenings in to the primary care setting.	Arizona Health Care Cost Containment System	2018		
			4. Support the Arizona Health Care Cost Containment System efforts to increase awareness of how to utilize the pediatric dental benefit.	Arizona Department of Health Services	2019		
	3 **Integrate oral health into whole person health.**	**a. Enhance Inter-professional collaboration.**	**1.** Promote resources for provider education (e.g.,*Smiles for Life Curriculum*).	Arizona Dental Association, Arizona Academy of Pediatric Dentistry & Arizona Department of Health Services	2018		ASTDD Best Practice Approach Reports: Emergency Department Referral Programs for Non-traumatic Dental Conditions (2015), Perinatal Oral health (2012) & State oral Health Coalitions and Collaborative Partnerships (2011); ASTDD First Dental Visit by Age One (2012); Oral Health Risk Assessment Timing and Establishment of the Dental Home (2003).
			2. Promote the integration of oral health knowledge in to curricula for multiple provider types.	A.T. Still University	2018		
			3. Build infrastructure for training health centers (e.g., GVAHEC).	A.T. Still University	2018		
			4. Work with state professional health organizations to promote inter-professional collaboration.	Arizona Dental Association & Arizona Academy of Pediatric Dentistry	2018		
		b. Improve oral health literacy to encourage personal and family self-care.	**1.** Provide anticipatory guidance to adults, parents, and caregivers in health and social services settings.	Arizona Academy of Pediatric Dentistry & Arizona Department of Health Services	2019		
			2. Enhance the network of individuals (e.g., CHWs, navigators, paraprofessionals, faith-based orgs) engaging community organizations to provide oral health education.	Arizona Department of Health Services	2019		
			3. Increase the understanding of good oral health and its positive impact on an individual's overall health and well-being.	A.T. Still University	2019		
	4 **Expand and maintain community water fluoridation systems.**	**a. Address the need for community water fluoridation to the public and policy makers.**	**1.** Work with local government to inform and educate on the merits of community water fluoridation.	Oral Health Coalition & Arizona Dental Association	2020		The Guide to Community Preventive Services - Preventing Dental Caries: Community Water Fluoridation; ASTDD Best Practice Approach Reports: Use of Fluoride: Community Water Fluoridation (2011).
			2. Leverage national resources or organizations for community water fluoridation promotion.	Arizona Academy of Pediatric Dentistry & Arizona Department of Health Services	2020		
			3. Address systems need for the public to access community water fluoridation data (i.e., WFRS Database).	Arizona Department of Health Services	2020		
		b. Educate stakeholders and provide technical assistance on community water fluoridation.	**1.** Ensure appropriate staff are trained on the Center for Disease Control's Community Water Fluoridation Training and share the training with stakeholders and partners.	Arizona Academy of Pediatric Dentistry & Arizona Department of Health Services	2020		
			2. Provide technical assistance on community water fluoridation to local public health departments, water system personnel, policymakers, health providers, and the public.	Arizona Dental Association, Arizona Academy of Pediatric Dentistry, & Arizona Department of Health Services	2020		

Health Issue	Evidence-Based High-Impact Strategies	Tactics	Action Items (AI)	Lead Organizations	Completion Timeframe	AI Complete ✓ = Yes	Evidence-Base, Promising, or Best-Practice
Tobacco	***2020 Goal: Reduce the percent of youth and adults that smoke cigarettes by 25%.***						
	1 Promote the utilization of cessation services among health plans, employers, and health systems.	**a. Educate stakeholders on the economic advantages of promoting the utilization of effective cessation services.**	**1.** Identify and distribute targeted return on investment information for cessation services.	ASHLine & Arizona Department of Health Services	2018		CDC Best Practices for Comprehensive Tobacco Control Programs (2014); The Guide to Community Preventive Services, Reducing Tobacco Use and Secondhand Smoke Exposure (2014); Public Health Service Clinical Practice Guidelines (2008); U.S. Preventive Services Task Force, Final Update Summary: Tobacco Use in Children and Adolescents: Primary Care Interventions (2015).
			2. Promote a Screening, Brief Intervention, & Referral to Treatment (SBIRT) model among health systems.	ASHLine & Arizona Department of Health Services	2016		
			3. Implement training and promote utilization of proven cessation services.	ASHLine & Local Health Departments	2016		
		b. Educate employers on the benefits of adopting effective cessation plans.	**1.** Identify and distribute targeted return on investment information for employers.	ASHLine & Arizona Department of Health Services	2018		
			2. Assess gaps in health and wellness policies among employers.	Maricopa County Department of Public Health & Arizona Department of Health Services	2018		
			3. Develop a menu of proven tobacco cessation programs to promote cessations services in Arizona.	ASHLine	2017		
	2 Utilize community outreach, education, and advocacy to prevent youth tobacco use.	**a. Prevent tobacco use among youth using targeted community interventions with special emphasis on high-risk populations.**	**1.** Establish and enhance current youth coalition activities through youth-to-youth education, outreach, and policy.	Pima Prevention Partnership, Students Taking a New Direction, & Local Health Departments	2020		CDC Best Practices for Comprehensive Tobacco Control Programs (2014); CDC Key Outcome Indicators for Evaluating Comprehensive Tobacco Control Programs (2005); National Prevention Council, National Prevention Strategy: Tobacco-Free Living (2014).
			2. Engage youth to participate in enforcement programs.	Attorney General's Office & Arizona Department of Health Services	2020		
			3. Implement retailer diversion and education programs.	Attorney General's Office & Arizona Department of Health Services	2020		
			4. Educate School Health Advisory Committees on providing youth tobacco prevention resources.	Local Health Departments	2020		
		b. Engage youth in peer-based approaches to prevent commercial tobacco use.	**1.** Build and expand on established youth-based presentations to elementary schools.	Pima Prevention Partnership, Students Taking a New Direction, & Local Health Departments	2016		
			2. Train youth on referral process for cessation services.	Local Health Departments	2020		
	3 Develop and implement a statewide program to assist decision makers and advocates to promote smoke free policies.	**a. Conduct community outreach to multi-unit housing (e.g., property managers, developers, owners, & residents) complexes to foster the creation of smoke free indoor environments.**	**1.** Collect data from multi-unit housing complexes to support the need for policy change.	American Lung Association	2017		National Prevention Council, National Prevention Strategy: Tobacco-Free Living (2014); The Guide to Community Preventive Services, Reducing Tobacco Use and Secondhand Smoke Exposure: Smoke-Free Policies (2014).
			2. Train landlords and property managers on the benefits of smoke free policies.	Arizona Multi-Housing Association, American Lung Association, & Local Health Departments	2016		
			3. Convene stakeholders to identify community needs.	American Lung Association & Local Health Departments	2016		
			4. Assist with the development and implementation of plans to include technical assistance, resources and activities for creating smoke free environments.	American Lung Association & Local Health Departments	2020		
		b. Promote public awareness of the health and economic benefits of smoke free outdoor environments.	**1.** Increase awareness of the health risks and economic impact of poor air quality.	Arizona SmokeFree Living, Local Health Departments, & Arizona Department of Health Services	2018		
			2. Provide education to assist with the adoption of smoke free rules and policies in outdoor environments.	Arizona SmokeFree Living	2018		
	4 Promote the use of cessation treatments among adult and youth smokers.	**a. Encourage individuals to utilize available evidence-based resources for cessation.**	**1.** Increase implementation of referral systems in healthcare organizations.	ASHLine & Local Health Departments	2016		The Guide to Community Preventive Services, Reducing Tobacco Use and Secondhand Smoke Exposure (2014); CDC Key Outcome Indicators for Evaluating Comprehensive Tobacco Control Programs (2005); Public Health Service Clinical Practice Guidelines (2008); U.S. Preventive Services Task Force (2015)
			2. Increase individual awareness and utilization of benefit options, including behavioral interventions and pharmacotherapies.	ASHLine & Arizona Department of Health Services	2016		
			3. Promote tobacco cessation services and best practices through community-based events.	ASHLine & Local Health Departments	2018		
			4. Partner with organizations that serve high-risk populations.	ASHLine, Local Health Departments, & Arizona Department of Health Services	2016		
		b. Promote public awareness of the treatment options and the health and economic benefits of quitting tobacco.	**1.** Educate individuals about treatment options and the health and economic benefits of quitting tobacco.	Arizona Department of Health Services	2018		
			2. Leverage national campaigns to support efforts when appropriate.	Arizona Department of Health Services	2018		

Health Issue	Evidence-Based High-Impact Strategies	Tactics	Action Items (AI)	Lead Organizations	Completion Timeframe	AI Complete ✓ = Yes	Evidence-Base, Promising, or Best-Practice
Unintentional Injury	***2020 Goal: Reduce the Unintentional Injury Death Rate by 5%.***						
	1 **Increase the use of proper motor vehicle restraints.**	**a. Implement and strengthen policies and programs to enhance transportation safety.**	**1.** Implement the Strategic Highway Safety Plan.	Arizona Department Of Transportation	2018		Healthy People 2020: Injury and Violence Prevention; The Guide to Community Preventive Services, Motor Vehicle-Related Injury Prevention (2013)
			2. Educate high-risk populations on the use of proper restraints in motor vehicles.	Arizona Department Of Transportation & Arizona Game & Fish	2018		
		b. Increase advocacy regarding appropriate occupant protection.	**1.** Communicate the costs of injuries that could have been prevented by use of motor vehicle restraints.	Arizona Department of Health Services	2018		
			2. Facilitate targeted safety outreach to off-road vehicle users.	Arizona Game and Fish	2019		
	2 **Promote, strengthen, and implement policies and programs to prevent falls, especially among older adults.**	**a. Educate providers on the need for "fall" screenings.**	**1.** Promote the implementation of Stopping Elderly Accidents, Deaths and Injuries (STEADI) by all health care providers to screen for the risk of falls.	Arizona Department of Health Services	2018		CDC Stopping Elderly Accidents, Deaths and Injuries (STEADI) (2015); CDC Home and Recreational Safety (2011); National Council on Aging, Falls Free®: 2015 National Falls Prevention Action Plan;
			2. Develop targeted training for first responders and Arizona Hospitals on the Centers for Disease Control field triage criteria to screen for injury resulting from fall incidents.	Arizona Department of Health Services	2020		
		b. Promote healthy living practices that are evidence-based to reduce falls.	**1.** Collaborate with and support the efforts of the Arizona State Falls Coalition on developing education.	Arizona Department of Health Services	2020		
			2. Implement education and individual interventions (e.g., Tai Chi) to prevent falls.	Arizona Department of Health Services	2020		

Arizona Health Improvement Plan (2016-2020) Dashboard

Section 2: Overall 2020 Goal & Strategy Key Performance Indicator Tracking

Health Issue	Evidence-Based High-Impact Strategies		Strategy Key Performance Indicator	Data Source	Baseline (%) or (N)	Baseline Year	2016	2017	2018	2019	2020	2020 Target
Cancer	**2020 Goal**		**Reduce the rate of Cancer deaths by 5%.**	Vital Stats	**23.4**	**2014**						**22.23**
	1	**Sustain support for existing cancer screening and treatment programs.**	Number of unique cases managed from abnormal breast or cervical cancer screening results through final diagnosis.	CaST & ADHS WWHP Under Development	TBD	2015						TBD
	2	**Increase access to colorectal cancer screening and treatment.**	Colorectal cancer screening rate.	AZ Health Plans	8%	Q4 2014						80.0%
			Number of health plans partnering with the Arizona Cancer Coalition to use evidence-based strategies to increase the number of covered individuals being screened.	Health Net	2	2015						6
	3	**Reduce exposure to risk factors for skin cancer.**	Number of providers reporting melanoma cases.	AZ Cancer Registry, ADHS*	164	2013						200
			Number of melanoma cases (*in situ* * and invasive+).	AZ Cancer Registry, ADHS*	1,165	2012						TBD
				AZ Cancer Registry, ADHS+	1,398	2012						TBD
	4	**Increase the HPV immunization rate.**	Number of males and females (ages 13 to 21) completing the HPV vaccination three-dose series.	ASIIS	31%	2015						80%
	5	**Increase the number of Arizonans receiving breast, cervical, lung and colorectal cancer screening and associated diagnostics.**	Breast cancer screening rate.	BRFSS	58.7%	2012						80%
			Cervical cancer screening rate.	BRFSS	80.5%	2012						93.0%
			Colorectal cancer screening rate (including: sigmoidoscpy, colonoscopy,+ and FOBT*).	BRFSS*	35.6%	2012						70.0%
				BRFSS+	63.0%	2012						85.0%
	6	**Increase the proportion of people with a family history of breast, colorectal, and/or ovarian cancer who receive genetic counseling and testing, when appropriate.**	Percent of men and women completing family history and receiving genetic counseling and/or testing.	Under Development	TBD	2017						TBD

Health Issue	Evidence-Based High-Impact Strategies		Strategy Key Performance Indicator	Data Source	Baseline (%) or (N)	Baseline Year	2016	2017	2018	2019	2020	2020 Target
Chronic Lower Respiratory Diseases	**2020 Goal**		**Reduce the Chronic Lower Respiratory Disease mortality rate by 10%.**	ADHS Vital Records	**44.5**	**2013**						**38.7**
	1	**Develop and disseminate a comprehensive statewide initiative to encourage a voluntary adoption of clean air policies.**	Number of Healthy @ Home Arizona Home Safety and Family Wellness Assessments conducted in Health Start participant homes.	ADHS Health Start Program	276	2013						497
	2	**Increase the use of home-based, comprehensive interventions with an environmental focus for individuals with Chronic Lower Respiratory Diseases.**	Number of individulas who have attended the Smoke Free Living trainings to increase their knowledge of home-based multi-trigger, multicomponent interventions with an environmental focus for persons with asthmas from at-risk communities.	American Lung Association	54	2014						600
	3	**Increase early intervention and participation in disease management programs.**	Number of particicapnts in chronic disease self-management programs.	AZLWI	1,726	2015						2,000

Health Issue	Evidence-Based High-Impact Strategies		Strategy Key Performance Indicator	Data Source	Baseline (%) or (N)	Baseline Year	2016	2017	2018	2019	2020	2020 Target
Diabetes	**2020 Goal**		**Reduce deaths attributable to diabetes by 10%.**	Vital Records	**23.4**	**2014**						**18.7**
	1	**Increase the utilization of an integrated, team-based approach to the care and treatment of diabetes.**	Percent of teams utilizing an integrated, team-based approach to the care and treatment of diabetes.	HRSA UDS	19%	2015						25.0%
	2	**Promote the use of established diabetes clinical guidelines and increase participation in diabetes self-management education.**	Number of participants attending Diabetes Self-Management Education accredited or recognized programs.	AADE and ADA DSME	14,149	2012						18,000
	3	**Increase awareness of prevention and management practices for diabetes and prediabetes.**	Pre-diabetes and diabetes prevalence rate.	BRFSS	7.8%	2013						5.0%

Health Issue	Evidence-Based High-Impact Strategies		Strategy Key Performance Indicator	Data Source	Baseline (%) or (N)	Baseline Year	2016	2017	2018	2019	2020	2020 Target
Healthcare-Associated Infections	**2020 Goal**		**Increase the number of health care settings that have implemented best or evidence-based practices for the reduction of Healthcare-Associated Infections by 10%.**	HAI Program	**TBD**	**2016**						**TBD**
	1	**Improve knowledge and implementation of infection prevention and control.**	Number of participants in HAI collaborative events, trainings and initiatives.	HAI Program	400	2015						500
	2	**Improve knowledge and implementation of safe injection practices.**	Number of unsafe injection practice occurrences reported.	HAI Program	TBD	2016						TBD
	3	**Improve knowledge and implementation of appropriate antimicrobial use and stewardship.**	Percent of healthcare facilities implementing antimicrobial stewardship programs or activities.	HAI Program	TBD	2016						TBD
	3	**Improve healthcare worker influenza vaccination rates.**	Proportion of facilities with ≥91% of healthcare workers receiveing the flu vaccine.	HAI Program	37.0%	2015						45.0%

Health Issue	Evidence-Based High-Impact Strategies		Strategy Key Performance Indicator	Data Source	Baseline (%) or (N)	Baseline Year	2016	2017	2018	2019	2020	2020 Target
Heart Disease & Stroke	**2020 Goal**		**Reduce death and events related to heart disease* and stroke+ by 10%.**	**HDD***	**143.0**	**2013**						**128.7**
				HDD+	**28.2**	**2013**						**25.4**
	1	**Increase public awareness of risk factors and prevention measures for cardiovascular disease and the warning signs for heart attack and stroke.**	Number of participation in evidence-based and promising practices among health departments, health systems and community organizations.	Under Development	BMY	2017						TBD
	2	**Increase the number of Arizonans who are trained to perform compression-only CPR.**	Number of dispatchers trained to provide telephone CPR.	ADHS BEMSTS	55	2014						75
	3	**Increase the number of health systems participating in Cardiovascular Systems of Care.**	Number health systems reporting that they are utilizing or implementing Cardiovascular Systems of Care.	AZLWI	1,842	2014						2,000

Health Issue	Evidence-Based High-Impact Strategies		Strategy Key Performance Indicator	Data Source	Baseline (%) or (N)	Baseline Year	2016	2017	2018	2019	2020	2020 Target
Maternal & Child Health	**2020 Goal**		**Reduce maternal* and infant+ mortality by 5%.**	**Vital Stats***	**9**	**2013**						**7**
				Vital Stats+	**447**	**2013**						**420**
	1	**Improve the health of women before, after, and between pregnancy(ies).**	Percent of women with a past year preventive medical visit.	BRFSS	61.3%	2013						64.4%
	2	**Decrease the incidence of childhood injury.**	Reduce the rate of hospitalizations for non-fatal injury in children and adolescents.	HDD	200.8	2014						188.2
	3	**Support adolescents, including youth with special health care needs, to make healthy decisions as they transition to adulthood.**	Percent of adolescents, ages 12-17, who are bullied or who bully others.	NSCH	18.8%	2011-12						17.8%
			Percent of adolescents with a preventive medical visit in the past year.	NSCH	75.8%	2011-12						76.0%
	4	**Strengthen the ability of families to raise emotionally and physically healthy young children.**	Percent of children in Arizona Kindergartens that have 2 doses of MMR.	AZ IDR	94.2%	2015-16 school year						95.0%
			Percent of children receiving a developmental screening using a parent-completed tool.	NSCH	21.8%	2011-12						26.0%
	5	**Strengthen programs that give mothers the support they need to breastfeed their babies.**	Percent of infants who are ever breastfed.	WIC	81.6%	2011						81.9%
			Percent of infants who are breastfed exclusively through 6 months.	WIC	18.0%	2011						25.5%

Health Issue	Evidence-Based High-Impact Strategies		Strategy Key Performance Indicator	Data Source	Baseline (%) or (N)	Baseline Year	2016	2017	2018	2019	2020	2020 Target
Obesity	**2020 Goal**		**Increase the proportion of adults and children who are at a healthy weight by 5%.**	**BRFSS**	**35.8%**	**2013**						**37.6%**
				YRBS	**72.7%**	**2013**						**76.3%**
	1	**Increase availability of affordable healthy food retail.**	Percent of farmers markets that accept SNAP and WIC.	Farmers Market Database	25.3%	2015						60.0%
	2	**Provide and support opportunities designed to increase physical activity.**	Percent of adults who reported meeting the aerobic physical activity guidelines (150+ min per week moderate physical activity).	BRFSS	51.9%	2013						57.0%
			Percentage of youth who reported physical activity of at least 60 minutes per day for the last 7 days.	YRBS	21.7%	2013						27.0%
	3	**Ensure coverage of, access to, and incentives for routine obesity prevention, screening, diagnosis and intervention.**	Percent of children (2-4 years) who are overweight or obese.	WIC	23.9%	2014						20.0%
			Percentage of children ages 3 to 17 who had an outpatient visit with a primary care practitioner (PCP) or obstetrical/ gynecological (OB/GYN) practitioner and who had evidence of BMI percentile documentation during the measurement year.	AHCCCS	TBD	2016						TBD
			Percent of adults who are overweight or obese.	BRFSS	61.8%	2013						58.0%
	4	**Empower Arizonans to adopt a healthy lifestyle.**	Percentage of Arizona adults eating vegetables at least three times and fruits at least twice daily.	BRFSS	11.3%	2013						18.0%

Health Issue	Evidence-Based High-Impact Strategies		Strategy Key Performance Indicator	Data Source	Baseline (%) or (N)	Baseline Year	2016	2017	2018	2019	2020	2020 Target
Oral Health	**2020 Goal**		**Improve the oral health status of Arizonans by 5%.**	ADA HPI (Low Income)	6.3	2015						6.6
				ADA HPI (High Income)	8.8	2015						9.2
				AZ HSHBS	64.0%	2016						TBD
	1	**Expand access to oral disease prevention programs.**	Number (percent) of high-need elementary schools that have a school- based or school-linked sealant program.	ADHS	246 (28.8%)	2015						270 (40%)
			Number of preschool children that have received fluoride varnish.	FTF	51,506	2015						60,000
	2	**Increase the utilization of the oral health care system.**	Percent of children (ages 1 to 20 years), enrolled in Medicaid for ≥ 90 days, who received preventive dental services.	CMS 416 EPSDT	50%	2013						60%
	3	**Integrate oral health into whole-person health.**	Proportion of local health departments and Federally Qualified Health Centers (FQHCs) that have an oral health program.	Under Development	TBD	2016						TBD
			Number of unique individuals utilizing Empower Oral Health trainings.	ADHS	TBD	2016						TBD
	4	**Expand and maintain community water fluoridation systems.**	Percent of the population who receive optimally fluoridated drinking water.	CDC WFRS	3,199,068 (57.8%)	2012						3,320,831 (60%)

Health Issue	Evidence-Based High-Impact Strategies		Strategy Key Performance Indicator	Data Source	Baseline (%) or (N)	Baseline Year	2016	2017	2018	2019	2020	2020 Target
Tobacco	**2020 Goal**		**Reduce the percent of youth* and adults+ that smoke cigarettes by 25%.**	**YRBSS***	**14.1**	**2013**						**7.6**
				BRFSS+	**15.4**	**2014**						**11.5**
	1	**Promote the utilization of cessation services among health plans, employers, and health systems.**	Number of health plans, employers, and health systems receiving training on tobacco cessation services.	ASHLine	BMY	2016						TBD
	2	**Utilize community outreach, education, and advocacy at the community level to prevent youth tobacco use.**	Number of local policies and initiatives developed by youth coalitions.	Pima Prevention Partnership	30	2015						50
	3	**Develop and implement a statewide program to assist decision makers and advocates to promote smoke free policies.**	Number of multi-unit housing properties that have smoke-free housing options.	Arizona SmokeFree Living	100	2015						500
	4	**Promote the use of cessation treatments among adult and youth smokers.**	Number of individuals utilizing the ASHLine for cessation services.	ASHLine	16,503	2015						25,000

Health Issue	Evidence-Based High-Impact Strategies		Strategy Key Performance Indicator	Data Source	Baseline (%) or (N)	Baseline Year	2016	2017	2018	2019	2020	2020 Target
Unintentional Injury	**2020 Goal**		**Reduce the Unintentional Injury Death Rate by 5%.**	ADHS Vital Stats	**43.2**	**2014**						**41.0**
	1	**Increase the use of proper motor vehicle restraints.**	Percent of Arizonans using safety belts.	FARS	87%	2014						92%
	2	**Implement interventions to prevent or minimize the impact of falls.**	Fall-related death rate among all Arizonans.	ADHS Vital Stats	11.7	2014						11.1