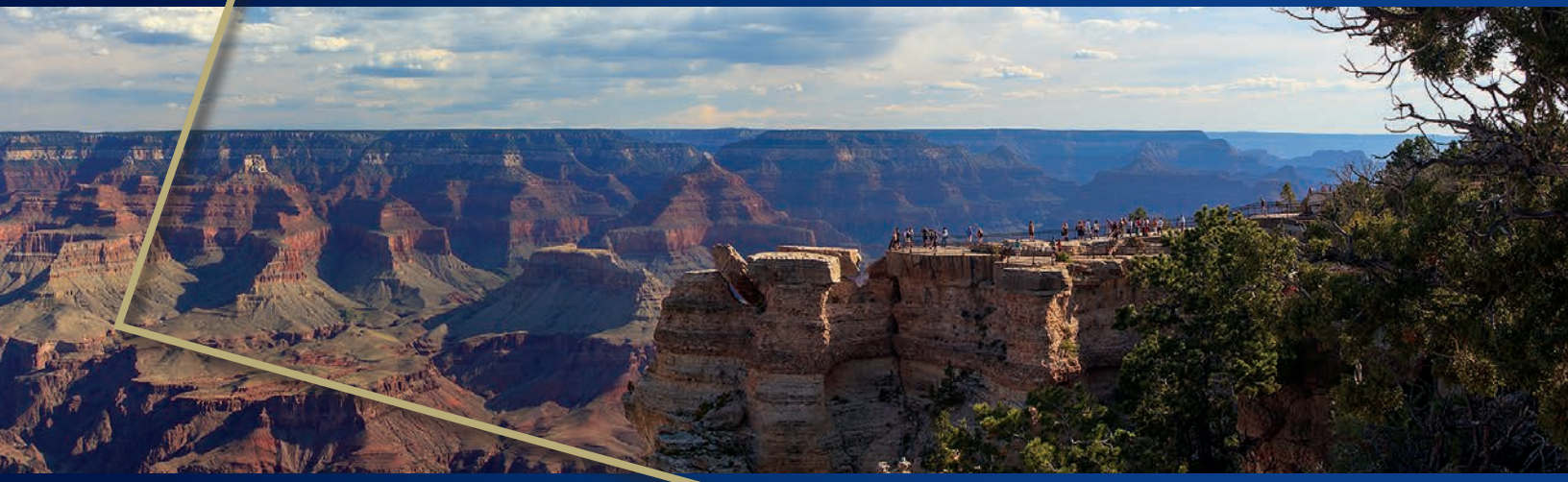
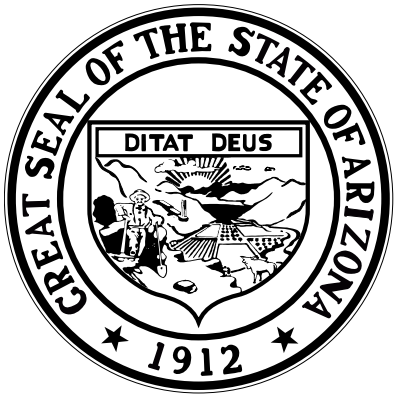
Arizona State Health Assessment

April 2014





Janice K. Brewer, Governor
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JANICE K. BREWER, GOVERNOR
WILL HUMBLE, DIRECTOR

December 2013

Dear Arizonans,

It is with great pleasure that I present you with the ***Arizona State Health Assessment***. The development of this comprehensive report comes at a critical time for public health in Arizona, a time when we are working together to refine the changing role of public health that will take place as the landscape of healthcare continues to evolve.

The State Health Assessment encompasses input from all fifteen counties and other public and private health partners across the state. Our County Health Departments took the lead in the hard work of gathering valuable public input on the concerns of community members and agencies, and our ADHS team analyzed the data collected in communities and the data collected through public data banks.

This State Health Assessment gives Arizona's public health and healthcare systems a clear tool to help drive future decision-making and resource allocation, as we collectively press ahead with implementing evidence-based interventions to improve health and wellness outcomes across Arizona.

Our next step is to bring assets and resources together across our public health system to develop a ***State Health Improvement Plan***. By capitalizing on our system and our partners' strengths, we can combine forces to make effective policy and system changes, changes that will be sustainable and long lasting.

I am pleased that Arizona has begun to address the issues identified in the health assessment, and at the same time recognize that we have a way to go. I encourage all of us to become involved in working toward the solutions. The commitment of our partners and the community working together to make targeted improvements on health issues is the key to a healthier Arizona.

Best,



Will Humble

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1.0 Executive Summary

Arizona's public health system is composed of public health professionals, advocates, and community stakeholders at the state, county, and community levels. The critical role that public health plays in helping communities and individuals thrive is essential to the overall quality of life of Arizonans. Public health services strive 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 State Health Assessment (SHA) is an analysis of both quantitative and qualitative data to determine the public health status of the state. In order to inform priority setting and planning, and to identify those health outcomes that have the greatest potential for improvement, the SHA explores Arizona's population demographics, social and economic realities, and accounts for community and partner input. The end result is a comprehensive summary of leading public health issues impacting Arizonans statewide.

A combination of the Community Health Status Indicator Project Model and the Healthy People 2020 Map-It Model were 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 the State, which later narrowed to thirty priority indicators. High risk communities have been identified in the report to help determine specific geographic areas that are most challenged in accessing preventative healthcare and achieving positive health outcomes.

Each of the 15 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 ADHS Data Advisory Board. Each of the fifteen county level health assessments (CHAs) serve as a basis for a county level health improvement plan (CHIPs) and provided data for the SHA. The SHA incorporates highlights of these CHAs in the County Health Profiles section of the report.

Approximately 10,000 people statewide were engaged in identifying the local community health priorities.

- 623 participants in 73 focus groups
- 8,156 respondents to surveys
- 318 participants in community forums
- 297 participants in key stakeholder meetings

"Public health is an organized community effort aimed at the prevention of disease and the promotion of health."

The Future of Public Health, Institute of Medicine 1988



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 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 State Health Assessment (SHA) provides a data-driven analysis that will become the basis for development of the State Health Improvement Plan (SHIP) which will target improvements in a few leading public health issues. Following public review of the SHA, ADHS and its partners will begin the process of identifying public health priorities, defining objectives for each priority, and further assessing Arizona's capacity to address the issues. Finally, performance measures and strategies will be defined to achieve and track progress on the health outcomes envisioned for all Arizonans.

Executive Summary (cont.)

Arizona has continued to improve health outcomes in many areas. However, for the leading public health issues challenges remain. Although Arizona is better than the national rate for some indicators, recent trends are not always in favorable directions. As an example, Arizona's obesity rate is below the national average; however, it has continued to increase year after year. For other leading public health issues, trending demonstrates improved health outcomes.

The following are selected highlights for each of the leading public health issues.

	Leading Public Health Issue	Selected Indicators
Risk Factors & Co-occurring Conditions	Obesity	• One in four Arizona adults (25.2%) is obese. • Income is a driving factor in the rate of obesity. The rate of obesity in low income children has increased from 12% in 2004 to 14.5% in 2011. • Since 1993, Arizona has seen a 19% increase in individuals who are overweight or obese, which is the largest increase in the nation.
	Tobacco Use	• Trends in adult smoking decreased from 2002 to 2010 (23.1% to 15%), placing Arizona below the national rate of 17.2%. • Use of tobacco products by youth increased slightly from 6.9% in 2009 to 7.1% in 2011.
	Substance Abuse	• Fourteen percent (14%) of Arizona adults and 15.7% of Arizona youth reported binge drinking in 2010. • From 2006 to 2010 the number of deaths where prescription drugs are listed on death certificates has increased significantly, almost doubling for oxycodone/hydrocodone (from 91 to 180) and almost tripling for benzodiazepines (from 56 to 155). • Rates of youth illegal drug use deceased over the past few years including marijuana use. • Marijuana use by youth is more than twice the US baseline (14.3% compared to 6.7%). There has been a decrease in the number of youth who view smoking marijuana regularly as harmful, from 55.8% in 2008 to 45% in 2012.
	Teen Pregnancy	• Arizona has had a dramatic decline of 29% in the teen pregnancy rate since 2007. • There were 30,000 children born to mothers younger than age 20 from 2008 through 2010.
	Creating Healthy Communities and Lifestyles	• Since 2002, there has been only minimal improvement in the number of people eating the recommended number of servings of fruits and vegetables a day from 22.7% to 25.2%. • Twenty percent (20%) of Arizonans indicated they have no social-emotional supports.
Morbidity & Mortality	Healthcare-Associated Infections (HAI)	• At least one in three HAIs is preventable. • Patients in Arizona hospitals had 42% fewer central line-associated bloodstream infections in 2011 than would have been predicted.
	Suicide	• The rate of intentional self-harm as a leading cause of death has continued to increase from 14.6 per 100,000 in 2000 to 16.7 per 100,000 in 2010. • The population age 65 and older has a significantly higher rate of suicide at 21.2%.
	Diabetes	• The percentage of adults told by a doctor they have diabetes increased from 7.5% in 2005 to 9.1% in 2010. • In 2010, American Indians in Arizona were 4 times more likely to die from diabetes than the average Arizonan.

Executive Summary (cont.)

	Leading Public Health Issue	Selected Indicators
Morbidity & Mortality	Heart Disease	• Heart disease is the 2nd leading cause of death in Arizona. • The mortality rate (per 100,000) for heart disease decreased by 30% from 206.1 in 2000 to 143.3 in 2010. • While the mortality rate decreased for both men and women during this time period, the rate for men remains substantially higher (179.8 per 100,000).
	Other Chronic Disease (Cancer, Respiratory Disease & Asthma)	• Cancer was the leading underlying cause of death to Arizona residents in 2010, accounting for 10,423 deaths (22.7%). • Chronic lower respiratory disease was the third leading underlying cause of death in 2010, accounting for 2,892 (6.3%) of total deaths.
	Oral Health	• Children ages 2 through 4 have tooth decay rates far beyond national targets. Arizona is the third worst in the nation for children ages 2 through 4: 30% have untreated tooth decay. • More than 54% of children age 3 have never visited a dentist. • The rate of Arizona adults receiving a dental visit within the previous year has improved only slightly from 1999 at 68.3% to 2010 at 69.5%.
	Unintentional Injury	• Unintentional injuries are the leading cause of death for Americans and for Arizonans age 1 to 44 and a leading cause of disability for all ages, regardless of sex, race/ethnicity, or socioeconomic status. • In 2010, more Arizonans died from poisoning and falls than from motor vehicle crashes. • In 2011, the Arizona Child Fatality Review Teams determined that 292 child deaths (35% of all child fatalities) were probably preventable.
Systems of Care	Access to Health Insurance Coverage	• In 2010, 18.5% of adults had no health insurance coverage. • More than 18% of adults indicated they could not afford needed healthcare; a dramatic increase from 11.8% in 2003 and more than the national rate of 16.9%. • In 2011, 11.3% of Arizona children did not have health insurance (more than 200,000).
	Access to Well Care	• More than 22% of Arizona adults reported they did not have a personal doctor or healthcare provider. • Arizona rates for preventive care related to prostate cancer screening, routine mammography, and routine PAP smears are higher than national rates.
	Behavioral Health Services	• SMI service recipients, through Medicaid Restoration, now have increased benefits that include peer and family support, ACT/Case Management, living skills and personal care, supported employment, residential room and board, respite, transportation, and crisis services. • Overall satisfaction with the services provided through our public behavioral health system has improved significantly in the past five years with more than 90% of our consumers liking the services they receive and willing to recommend to a friend or family member. • Between 7500 and 9000 individuals with SMI (with incomes between 100% and 133% of the FPL) are projected to begin receiving public mental health services this year as a result of the Governor's Medicaid Restoration Plan.



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 are defined within the context of Arizona's people, geography, and environment. Age, economic status, educational level, 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.

What is a Public Health Assessment?

A public health assessment completed at a state level, a State Health Assessment, provides a snapshot of the strengths upon which to build and the challenges faced by public health agencies. Using primary and secondary data to identify health issues of concern in Arizona, the Arizona State Health Assessment serves as a basis for data-driven decision making. Completing a State Health Assessment every five years is also a critical prerequisite in the Arizona Department of Health Services (ADHS) goal of pursuing national accreditation through the Public Health Accreditation Board (PHAB). Accreditation will help ensure that the ten essential public health services provided by ADHS are comprehensive, quality efforts that protect the health of people and communities across the State.

The State Health Assessment methodology and approach was a hybrid blend of the Community Health Status Indicator Project (CHSI) Model and the Healthy People 2020 Map-It Model.

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. CHSI mortality and morbidity information, the appropriate 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 Arizona State Health Assessment provides a detailed picture of the current status of public health in Arizona. It will become the basis for informing priority setting and will aid in the development of public health policy, programs, and interventions.

What is Public Health?

Organized public health in Arizona began in 1903, when the Arizona Board of Health was created prior to Arizona becoming a state. In 1907, practicing physicians were appointed as Health Officers in every county and incorporated town of the territory and thus laid the foundation for the current public health structure.[1]

Public health focuses on prevention and control of disease in populations, and works in tandem with the field of medicine which treats disease in the individual patient. While traditional medicine focuses on care once a person has already been diagnosed with illness, public health advocates for the prevention of illness. Public health's aim is "to create the conditions for the entire population's health to thrive."[2] Public health efforts sometimes blend into the background, and factor into system or policy changes, referral systems, or health educational efforts geared towards behavioral changes. For example, Arizonans no longer worry about expansive disease outbreaks, such as the plague or mumps, or about the cleanliness of the public water we drink from the tap.

In fact, in the 20th century alone, the top ten public health achievements summarized below represent significant improvements in health and touch on every-day aspects of our lives:[3]

1. Vaccination—eradication of smallpox; elimination of polio in the Americas; control of measles, rubella, tetanus, diphtheria, Haemophilus influenza type B, and other infectious diseases.
2. Motor vehicle safety—large reduction in motor-vehicle-related deaths due to vehicle and highway safety laws and regulations that ensure safety, and successful health education efforts to change personal behavior, through use of safety belts, child safety seats, and motorcycle helmets.

3. Safer workplaces—significant reduction of work-related health problems, such as severe injuries and deaths related to mining, manufacturing, construction, and transportation, demonstrated in part by a reduction of approximately 40% in the rate of fatal occupational injuries.
4. Control of infectious disease—resulted from clean water and better sanitation, and with the discovery of antimicrobial therapy, in control of infections such as tuberculosis and sexually-transmitted diseases.
5. Decline in deaths from coronary heart disease and stroke—smoking cessation and blood pressure control, improved access to early detection and better treatment, as demonstrated by a 51% decrease in coronary heart disease deaths since 1972.
6. Safer, healthier food—safer and healthier foods have resulted from decreases in microbial contamination, identifying essential micronutrients and establishing food-fortification programs have almost eliminated major nutritional deficiency diseases such as rickets disease, and goiter in the US.
7. Healthier mothers and babies—better hygiene and nutrition, availability of antibiotics, greater access to healthcare, prenatal care, and technological advances in maternal and neonatal medicine; since 1900 infant mortality has decreased 90% and maternal mortality has decreased 99%.
8. Family planning—access to family planning and contraceptive services providing health benefits such as longer intervals between births of children; increased pre-conception counseling and screening; fewer infant, child, and maternal deaths; and prevention of HIV and other STDs.
9. Fluoridation of drinking water—significant policies to add fluoride to public drinking water have brought reductions in tooth decay in children (40% to 70%), reductions in tooth loss in adults (40% to 60%).
10. Recognition of tobacco as a hazard—health education and promotion of cessation, reduction of smoking among adults, and policy changes resulting in the prevention of millions of smoking-related deaths.

The 1988 report, *The Future of Public Health*, published by the Institute of Medicine, defined public health as "an organized community effort aimed at the prevention of disease and the promotion of health." The report defined the central mission of public health: "To fulfill society's interest in assuring conditions in which people can be healthy." As public health has evolved, so too has the work of those agencies, businesses, community partners, and the public, who are all tasked with the responsibility of improving it.

What does Public Health do?

- **Prevents epidemics and the spread of disease**
- **Protects against environmental hazards**
- **Prevents injuries**
- **Promotes and encourages healthy behaviors**
- **Responds to disasters and assists communities in recovery**
- **Assures the quality and accessibility of health services**

Source: Public Health Functions Steering Committee, Members, July 1995
http://www.health.gov/phfunctions/public.htm

Public health works with a wide array of community partners, and provides multiple services through both state-driven programs and county health departments. The 1994 Core Public Health Functions Committee defined the ten essential services of public health to fall within three core functions for a health department: assessment, policy development, and assurance.[4] (Figure 2.0)

The Ten Essential Public Health Services

1. Monitor health status to identify and solve community health problems.
2. Diagnose and investigate health hazards in the community.
3. Inform, educate, and empower people about health issues.
4. Mobilize community partnerships and action to identify and solve health problems.
5. Develop policies and plans that support individual and community health efforts.
6. Enforce laws and regulations that protect health and ensure safety.
7. Link people to needed personal health services and assure the provision of healthcare when otherwise unavailable.
8. Assure a competent public and personal healthcare workforce.
9. Evaluate effectiveness, accessibility, and quality of personal and population-based health services.
10. Research for new insights and innovative solutions for health problems.

Public Health in Arizona

The (ADHS) is the state public health agency, as defined by Arizona State Statute (A.R.S. § 36-104). ADHS works in many public health arenas with multiple partners to accomplish these responsibilities. The 2012 ADHS Annual Report includes the following examples of major public health initiatives implemented in 2011.

- Inspected thousands of Nursing Homes, Assisted Living Facilities, Medical Facilities, Behavioral Health Facilities, and Child Care Centers and Homes to make sure people are being cared for in healthy and safe environments. ADHS Division for Licensing
- Trained over 1,000 Arizonans from all walks of life on how to identify signs of possible mental illness and connect people with professional help through Mental Health First Aid.
- Worked with stakeholders and licensees to revise the healthcare institution rules to allow both behavioral and physical health services to be provided at a single facility.
- Launched a new Healthy Babies Campaign in conjunction with the March of Dimes and the Arizona Perinatal Trust.
- Implemented, in collaboration with the EMS SHARE Program, an initiative to provide training for modifying the 911 protocols related to suspected cardiac arrest.
- Launched an interactive mapping tool that allows users to search for the nearest Sliding Fee Scale Clinics.
- Worked toward becoming Nationally Accredited.
- Investigated two large outbreaks of Botulism in the State.
- Achieved Project Public Health Ready (PPHR) recognition for all Arizona county health departments.

The ADHS vision of "Health and Wellness for all Arizonans," and its mission, "To promote, protect, and improve the health and wellness of individuals and communities in Arizona," guide the agency's work to achieve targeted improvements in public health outcomes. ADHS has developed a strategic plan to prioritize implementation efforts and monitor progress in achieving these improvements.

ADHS works collaboratively with the 15 county health departments. Statutes (A.R.S. §§ 36-181 through 36-191) provide that local county health departments are responsible for "essential public health services." ADHS delegates, contracts, and provides limited fiscal support

Figure 2.0: The Ten Essential Public Health Services and Three Core Functions



to county health departments, who are on the frontline of public health in Arizona's local communities.

The role of communities has increased as public health agencies have evolved. A focus on community-based partnering, community health workers, multi-sector approaches, and collaborative funding has expanded the responsibility for public health beyond the traditional agency. As public health evolves, effective integrated public health systems will require greater flexibility and funding to meet unique community needs. Public health is no longer the domain of government alone. Private sector partners, such as child care providers, hospitals, and corporations, are important components in the future of public health.

This State Health Assessment includes the evaluation of statewide health indicators, primary and secondary data, and local priorities to create a comprehensive picture of health in Arizona. Working in concert with local public health officers and community partners, the assessment provides a review of health status, data trends, community will, and local public health priorities, which will serve as a basis to inform the development of a State Health Improvement Plan.

State Health Assessment Methodology

The State Health Assessment methodology and approach was a hybrid blend of the Community Health Status Indicator (CHSI) Project Model and the Healthy People 2020 Map-It Model. An overarching framework that has also guided the development of the State Health Assessment process

has been the emphasis of the World Health Organization (WHO) on social determinants that call for health equity. The theory underlying social determinants of health is that inequities in health and/or avoidable health inequalities arise due to "the circumstances in which people grow, live, work, and age, and the systems put in place to deal with illness. The conditions in which people live and die are, in turn, shaped by political, social, and economic forces."[5]

The SHA utilized a variety of health indicators to accurately capture the health status of Arizona. The criteria for the indicators are:

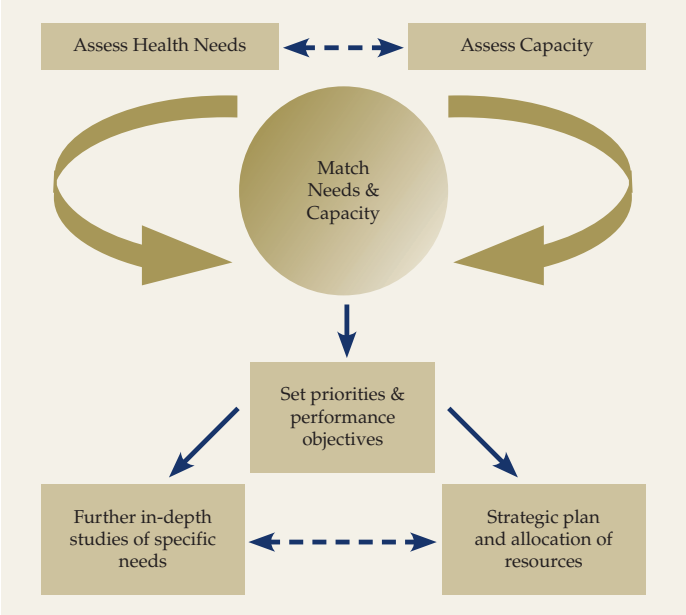
- Comparable measures of health over time, between groups of people, and across geographic areas
- Informed by conceptual models of health
- Reliable and valid
- Communicated well and easy to understand
- Relevant, important health issues; why do we measure?
- Reflective of prevention opportunities
- Transparent in measurement; how do we measure?
- Credible with quality data sources and methods
- Frequently updated
- Reflective of a stated purpose; who is involved in collecting, who are the intended audiences, and who uses these indicators
- Indicate who is accountable to act

In identifying the leading public health issues based on the indicators, factors considered included:

- The size of the problem
  - o If more people are affected, it may be of higher priority.
- The seriousness of the problem
  - o A problem with a high death rate may be of higher priority than a problem with no life-threatening consequences.
- The availability of effective interventions to address the health problem
  - o Can an intervention be implemented to prevent the further spread of the problem and to improve outcomes?
- The feasibility of addressing the problem through a health program
  - o What systems are most effective for the intervention?
  - o Does it make economic sense to address the problem?
  - o Is funding available or potentially available for a program?
- Community acceptance of a program
  - o Is it wanted?
- Do current laws allow program activities to be implemented?

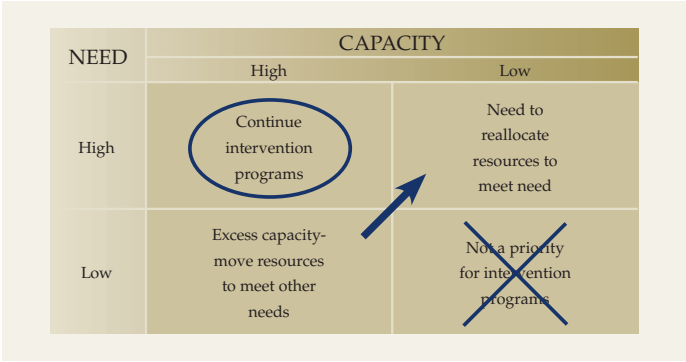
The framework, combined with a strong substantive analysis of needs and system capacity, will inform the State Health Improvement Plan priorities. (Figure 2.1)

Figure 2.1: Health Assessment and Health Improvement Planning Framework



After the assessment, the leading public health issues will be cross-matched against needs and capacity using the following rubric to identify the priority health issues for the State Health Improvement Plan (SHIP): (Figure 2.2)

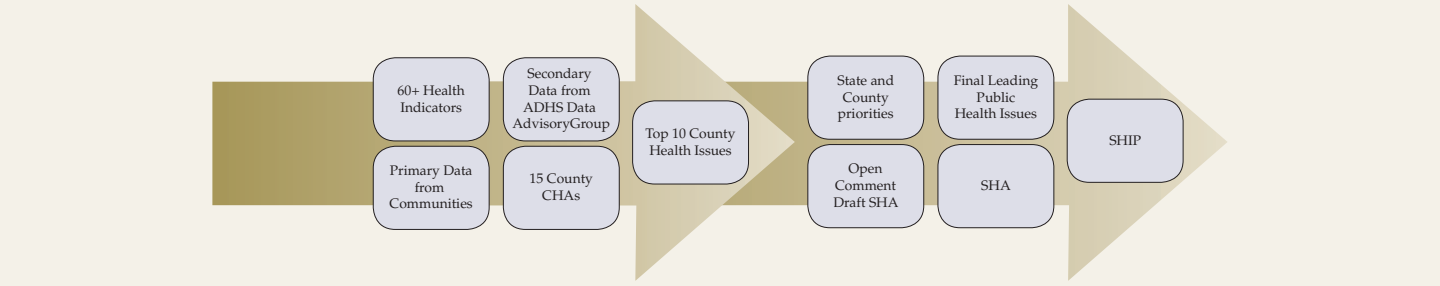
Figure 2.2: Typography of Matching Needs and Capacity



Leading Public Health Issues

The leading public health issues were identified through a series of steps that engaged multiple stakeholders throughout Arizona. Primary and secondary data were analyzed against Healthy People 2020 nationally recognized population health indicators. (Figure 2.3)

Figure 2.3: Overview of State Health Assessment (SHA) Process Leading to the State Health Improvement Plan (SHIP)



Health Indicators: The ADHS Data Advisory Group reviewed over 60 health indicators and the current status of each, examining all reliable data sources available for county, zip code, or Community Health Analysis Area (CHAA). Credible data were identified around 30 potential priority health issues that met the defined criteria outlined on page 6, and this secondary data was also provided to each county for their assessments..

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
- A CHA/CHIP network was created to encourage sharing of resources and best practices across counties
- Analysis of the 15 county CHAs revealed great variability in the number 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 fairly represented. Each county had an equal vote. No population-adjusted weighting of the results was used to ensure that rural counties had an equal vote to the larger counties. The priorities identified in the County Survey (in rank order) are:

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

Leading Public Health Issues—Criteria for Selection: To identify the leading Public Health Issues, criteria was 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 is 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 will 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 can 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 form the starting point for the State Health Improvement Plan.

To ensure broad public review of the priorities, several strategies were employed:

1. Public review of the SHA with the opportunity to submit comments.
2. Targeted invitation 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.

General Health Status

The State Health Assessment process is a comprehensive examination of quantitative and qualitative data, with an end goal of understanding the communities' health concerns that impact quality of life. In an effort to be inclusive of our partners and the many variables that affect health, the assessment includes examining the impact of social determinants, taking an in-depth look at the health status of local communities through the County Community Health Assessments, and analysis of data collected at the state-level. The identification of the leading public health issues is the result of an extensive process that engaged community partners, public health professionals, and other key stakeholders.

Despite the challenging socio-economic conditions in Arizona during the past several years, several health indicators demonstrate positive improvement trends compared to national indicators.

This review of the health status of Arizonans includes an overview of the leading causes of morbidity and mortality, general health status, and comparisons of Arizona health issues, using national data. The overarching health indicators provide state level health information that will help guide the development of priorities and strategies in the State Health Improvement Plan.

Trends in Data

Many times general health status reported by individuals also reflects the health of a community. Over 50% of respondents to the 2010 Behavioral Risk Factor Surveillance Survey (BRFSS) indicated their general health status was excellent or very good. Almost 15% reported their health status as fair or poor.

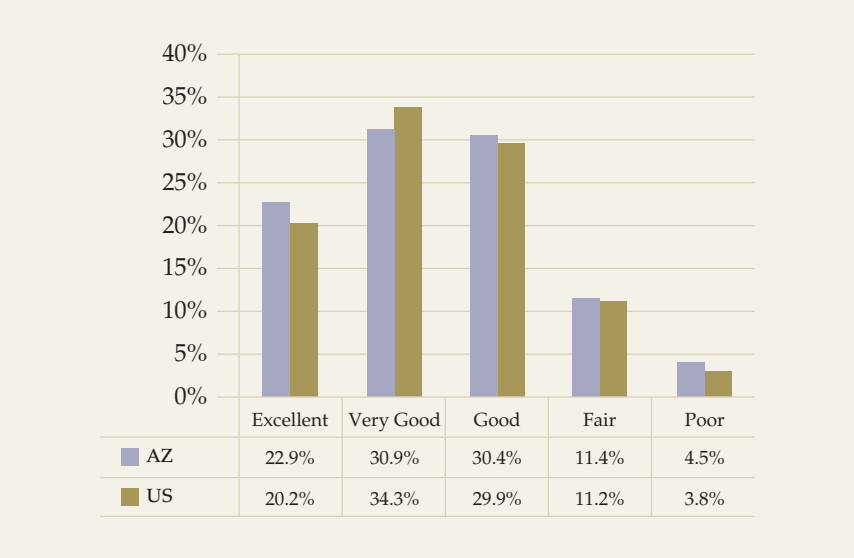
Arizona's general health status is very similar to the self-reported national health status rates. More Arizonans reported excellent health (22.9%) than the national average (20.2%) and more Arizonans also self-report poor health (4.5%) compared to the national average (3.8%). (Figure 2.4)

Among the 15.9% of Arizonans who reported their health was fair or poor, there are specific demographic characteristics and disparities associated:

- Poor health is reported more frequently as age increases.
- Looking at marital status, separated, divorced, and widowed groups reported having poor health more frequently.
- The lower the income the higher the percentage reporting poor health.
- Hispanic and Black respondents were much more likely to report poor health.

The number of Arizonans who assessed their health status as poor decreased from 4.9% in 2000 to 4.5% in 2010. There was also a reduction in those who self reported excellent health from 25.5% to 22.9%. (Figure 2.5)

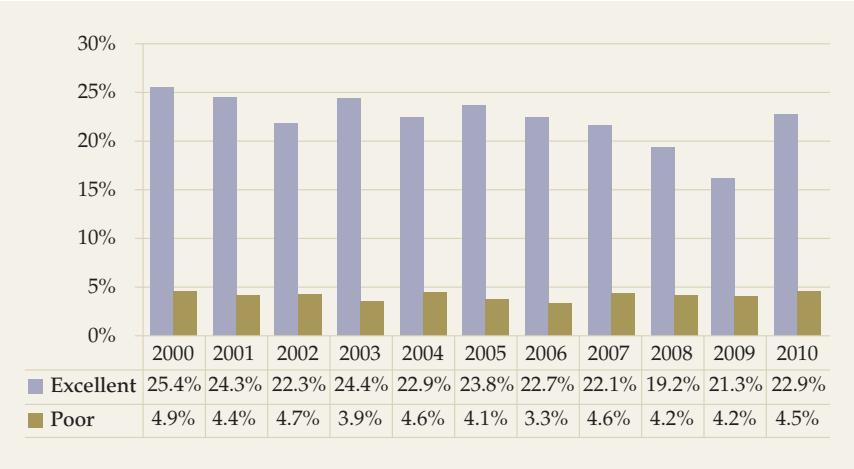
Figure 2.4: Self-Reported General Health Status, 2010



	Excellent	Very Good	Good	Fair	Poor
AZ	22.9%	30.9%	30.4%	11.4%	4.5%
US	20.2%	34.3%	29.9%	11.2%	3.8%

Source: AZ BRFSS 2010, pg.9, Figure 1A http://www.azdhs.gov/phs/phstats/brfs/reports/BRFSS2010Report.pdf

Figure 2.5: Excellent and Poor General Health in Arizona, 2000–2010



	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
Excellent	25.4%	24.3%	22.3%	24.4%	22.9%	23.8%	22.7%	22.1%	19.2%	21.3%	22.9%
Poor	4.9%	4.4%	4.7%	3.9%	4.6%	4.1%	3.3%	4.6%	4.2%	4.2%	4.5%

Source: AZ BRFSS 2010, pg.10, Figure 1C. http://www.azdhs.gov/phs/phstats/brfs/reports/BRFSS2010Report.pdf



In reviewing key health indicators from the 2010 BRFSS, Arizona is doing better than the national average in areas such as reducing alcohol binge drinking and cigarette smoking; however, the state is trending worse in other areas such as rates of asthma, diabetes, and cardiovascular disease. (Figure 2.6)

Leading Causes of Death in Arizona

In addition to general health status, a review of leading cause of death indicators and trends provides another view of possible priority health issues. In 2010, the leading cause of death was cancer, accounting for 22.7% of all deaths, followed by heart disease (21.2%), chronic lower respiratory diseases (6.3%), and accidents (unintentional injuries) (6.2%). Cancer and heart disease accounted for almost 45% of all deaths in 2010. (Figure 2.7)

The trends in Leading Causes of Death from 2000 to 2010 indicate that four areas had a reduction in the number of deaths: cerebrovascular disease, influenza and pneumonia, diseases of the heart, and kidney diseases (Figure 8). Although diseases of the heart are still one of the leading causes of death, trends since 2000 indicate a reduction in the overall number of deaths due to heart disease, so we are making progress in the right direction.

Figure 2.6: Highlights of Behavioral Risk Factors Surveillance Survey, 2010

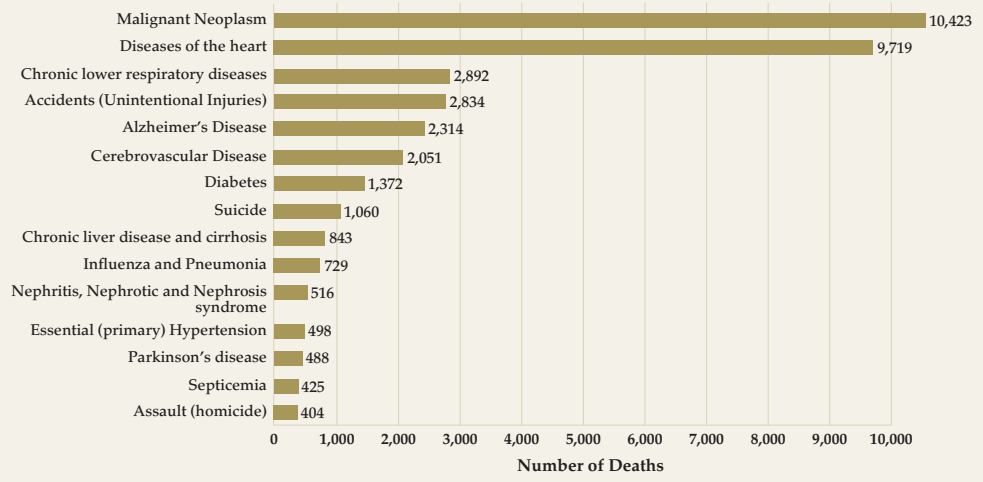
Arizona Doing Better than National Averages		
Risk Factors	**AZ (%)**	**US (Median %)**
Alcohol Abuse—Binge Drinking	14.0	15.0
Cigarette Smoking	15.0	17.3
Fecal Occult Blood Test Conducted *(ages 50+)*	39.3	17.0
Healthcare Coverage *(Uninsured)*	13.3	15.0
Obesity *(B.M.I. >30)*	25.2	27.6
Prostate Cancer Screening *(Who had a test) (40+)*	76.8	53.5
Routine Mammography *(Who had a test within past 2 years) (Female 40+)*	91.3	75.4
Routine PAP Smear *(who had a test within 3 years) (18+)*	95.3	80.9
Self-Reported Health Status—Excellent	22.9	20.2

Source: AZ BRFSS 2010, pg.1, Table 1. http://www.azdhs.gov/phs/phstats/brfs/reports/BRFSS2010Report.pdf

Arizona Doing Worse than National Averages		
Risk Factors	**AZ (%)**	**US (Median %)**
Activities Limited	22.1	20.6
Alcohol Abuse—Heavy Drinking	5.5	5.0
Asthma	15.6	13.8
Cardiovascular Disease *(Heart Attack)*	4.6	4.2
Cardiovascular Disease *(Stroke)*	3.2	2.6
Diabetes	9.1	8.7
Influenza Vaccination *(ages 65+)*	66.9	67.4
Physical Activity *(Met Standards)*	54.0	76.0
Sigmoidoscopy and Colonoscopy *(ages 50+)*	61.0	64.7
Special Equipment Required *(cane, wheelchair, special bed, or special telephone)*	7.9	7.5

Source: AZ BRFSS 2010, pg.1, Table 1. http://www.azdhs.gov/phs/phstats/brfs/reports/BRFSS2010Report.pdf

Figure 2.7: Leading Causes of Death Among Arizona Residents, 2010



Note: Not age-adjusted mortality rate. Underlying Cause of Death. All deaths in 2010 = 45,882.

Source: AZ Health Status and Vital Statistics Report 2010, Page 110, Figure 2B-1A. http://www.azdhs.gov/plan/report/ahs/ahs2010/pdf/2b1.pdf

All other areas experienced some increases in the number of deaths, taking into account population changes. Alzheimer's disease had the greatest percent of change at 121%, while assault (homicide) had a 2.9% increase. From 2000 to 2010 Arizona experienced a 24.6% increase in population. The population age 65 and older grew by 24.3% from 667,839 in 2000 to 881,831 in 2010. These demographic changes directly impact the statistics around mortality rates as we have an increasingly larger aging population in Arizona. (Figure 2.8)

Figure 2.8: Percent Change in Leading Causes of Death, 2000–2010

Rank in 2010	Cause of Death	2000	2005	2010	Percent of Change
1	Malignant Neoplasms	8,994	9,673	10,423	+15.9%
2	Diseases of Heart	10,430	10,779	9,719	-6.8%
3	Chronic Lower Respiratory Diseases	2,493	2,778	2,892	+16.0%
4	Accidents *(Unintentional Injury)*	2,087	3,006	2,834	+35.8%
5	Alzheimer's Disease	1,046	1,816	2,314	+121.0%
6	Cerebrovascular Diseases	2,603	2,325	2,051	-21.2%
7	Diabetes	993	1,196	1,372	+38.2%
8	Intentional Self-Harm *(Suicide)*	737	915	1,070	+45.1%
9	Chronic Liver Disease and Cirrhosis	645	749	843	+30.7%
10	Influenza and Pneumonia	1,201	1,280	729	-35.6%
11	Nephritis, Nephrotic Syndrome, & Nephrosis	605	603	516	-14.7%
12	Essential Primary Hypertension and Hypertensive Renal Disease	275	390	498	+81.1%
13	Parkinson's Disease	342	492	488	+42.7%
14	Septicemia	346	496	425	+18.6%
15	Assault *(Homicide)*	394	503	404	+2.9%

Increase Decrease

Source: AZ Health Status and Vital Statistics Report 2010, Table 2B-1. http://www.azdhs.gov/plan/report/ahs/ahs2010/pdf/2b1.pdf

Age-adjusted Mortality Rate

Age-adjusted mortality rates demonstrate again that cancer and heart disease are significant public health issues. Cancer or heart disease was the leading cause of death (based on age-adjusted rates) for all races/ethnicities in Arizona. Cancer was the number one cause of death for Asians or Pacific Islanders, Blacks/African Americans, Hispanic/Latinos, and White non-Hispanics. Diseases of the heart were the leading cause of death for American Indian/Alaska Native. (Figure 2.9) Cancer and heart disease were the number 1 or 2 leading cause of death for all races in both urban and rural areas.

Figure 2.9: Age-Adjusted* Mortality Rates for the Five Leading Causes of Death for Both Genders by Race/Ethnicity, Arizona, 2010 (per 100,000 Population)

Rank	Asian/Pacific Islander	American Indian/ Alaska Native	Black/ African American	Hispanic/ Latino	White Non-Hispanic
1	Cancer 96.2	Heart Disease 135.9	Cancer 182.6	Cancer 126.2	Cancer 155.6
2	Heart Disease 86.8	Cancer 106.4	Heart Disease 177.7	Heart Disease 121.3	Heart Disease 145.4
3	Alzheimer's Disease 32.2	Unintentional Injury 99.2	Stroke 53.5	Diabetes 37.3	Chronic Lower Respiratory Disease 47.1
4	Stroke 26.0	Diabetes 79.3	Diabetes 50.0	Stroke 35.1	Unintentional Injury 45.5
5	Unintentional Injury 24.6	Chronic Liver Disease and Cirrhosis 64.6	Alzheimer's Disease 46.7	Unintentional Injury 33.7	Alzheimer's Disease 35.5

Source: AZ Health Status and Vital Statistics Report 2010, pg. 111, Figure 2B-2. http://www.azdhs.gov/plan/report/ahs/ahs2010/pdf/text2b.pdf

3.0 Leading Public Health Issues

The leading public health issues have been identified as those health issues impacting the health and quality of life of a significant number of Arizonans, where the greatest potential exists to impact health outcomes and where there is widespread community support to address the issue. The leading public health issues are areas where significant opportunities exist for the State, local public health agencies, and community partners to play a role in achieving positive results.

Any plan or map must have a starting point. In order for Arizona to chart next steps in addressing and improving these key measures of health, the 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 State Health Improvement Plan. As we begin to address the leading public health issues, topically we have subcategorized them under three main headings to comprehensively address issues related to access to care as opposed to issues around specific conditions.

Leading Public Health Issues:

Risk Factors and Co-occurring Conditions

- Obesity
- Tobacco Use
- Substance Abuse
- Teen Pregnancy
- Creating Healthy Communities and Lifestyles

Morbidity and Mortality

- Healthcare-Associated Infections (HAI)
- Suicide
- Diabetes
- Heart Disease
- Other Chronic Diseases (Cancer, Respiratory Disease, Asthma)
- Oral Health
- Unintentional Injury

Systems of Care

- Access to Health Insurance Coverage
- Access to Well Care
- Access to Behavioral Health Services



Obesity

Obesity has become a national epidemic with a dramatic increase in the last 20 years. Since 1993, Arizona has seen a 19% increase in individuals who are overweight or obese. This is the largest increase in the nation.[68]

In July 2013, the American Medical Association voted to recognize obesity as a disease. Nationwide, approximately one third of all adults are obese. The designation of obesity as a disease creates new possibilities for prevention and treatment options as covered services under insurance plans.

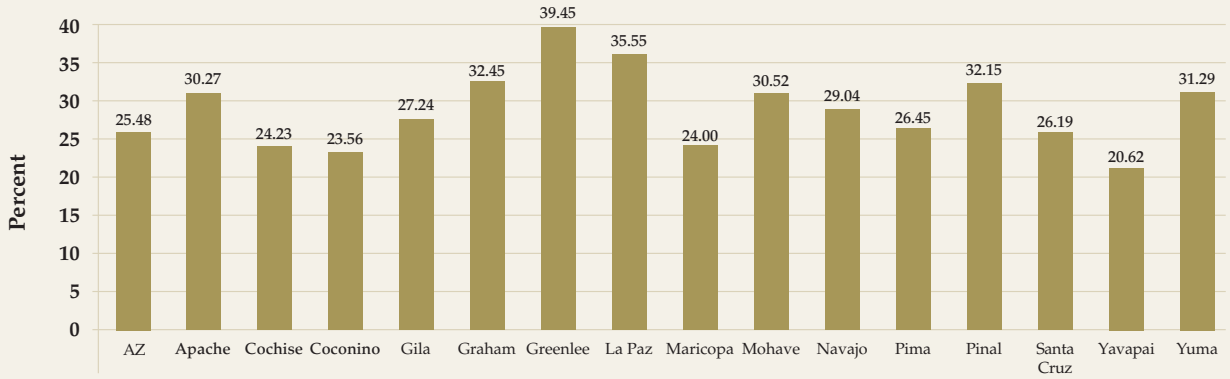
Obesity is in large part a result of lifestyle and the environments in which we live. In Arizona, over 60% of the population is either obese or overweight. The challenge is to impact behavior and reset the cultural norm to include active lifestyles and healthier eating. Challenges in achieving healthier lifestyles are having access to healthy foods, parks, recreation areas, and an environment that supports activity and appropriate nutrition. Environment in this context is defined as it applies to homes, communities, schools, and work sites; all these places can support or hinder an individual's ability to maintain a healthy weight through physical activity and appropriate nutrition.

Obesity is defined by measuring a person's Body Mass Index (BMI). According to the CDC, an adult with a BMI (a calculation using a person's height and weight) of 30 or higher is considered obese. An adult with a BMI between 25 and 29.9 is considered overweight. Childhood and adolescent obesity is also measured using BMI relative to the larger population. Children and adults who are overweight are at increased risk of becoming obese, which in turn increases the risk of acquiring chronic conditions such as high blood pressure, high cholesterol and Type 2 diabetes. These chronic conditions, in turn, elevate the risk for cardiovascular disease, one of the leading cause of death in Arizona in 2010.[33]

How is Arizona Doing?

One in four Arizona adults is obese. Among Arizona adults statewide, the obesity rate is 25.48%. Cochise, Coconino, Maricopa and Yavapai counties have rates of obesity less than the state rate. Greenlee and La Paz counties have rates over 35%. (Figure 3.1.1)

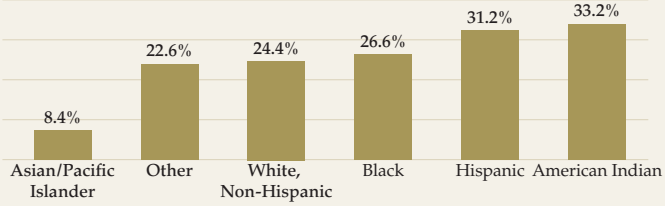
Figure 3.1.1: Adult Obesity Rates, 2008–2010



Source: AZ BRFSS 2010, pg. 51. http://www.azdhs.gov/phs/phstats/brfs/reports/BRFSS2010Report.pdf

Over 30% of American Indian and Hispanic populations report that they are obese, with most other races ranging from 22% to 26%. Also outside of this range are Asian/Pacific Islanders, who report the lowest obesity rate of 8.4%. (Figure 3.1.2)

Figure 3.1.2: Percent of Adults that are Obese by Race/Ethnicity, 2010



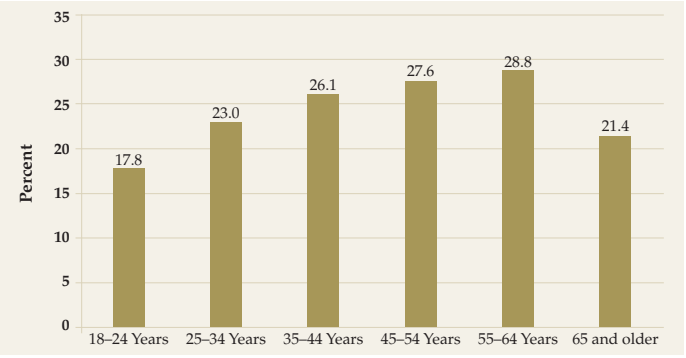
Source: AZ BRFSS 2010, pg.50, Table 10. http://www.azdhs.gov/phs/phstats/brfs/reports/BRFSS2010Report.pdf

Obesity (cont.)

Obesity is a challenge in Arizona for all adult age groups. In the youngest adult group aged 18 to 24 years, the obesity rate is 17.8%, a rate that continues to increase until age 65. At that point, there is a decline in obesity from 28.8% for adults age 55–64 to 21.4% for adults age 65 and older. (Figure 3.1.3)

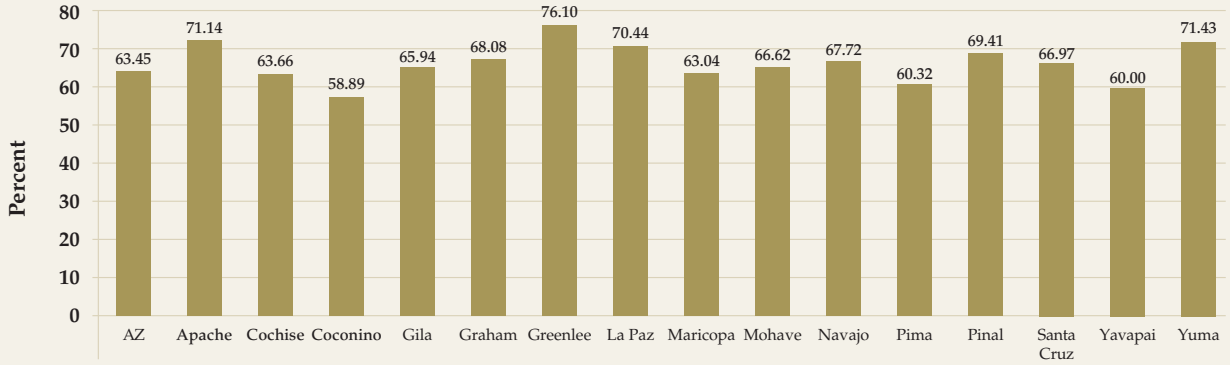


Figure 3.1.3: Adult Obesity Rate by Age Group, 2010



Source: AZ BRFSS 2010, pg.50, Table 10.
http://www.azdhs.gov/phs/phstats/brfs/reports/BRFSS2010Report.pdf

Figure 3.1.4: Adult Rates of Obesity and Overweight by County, 2008–2010



Source: Independent analysis of combined years' data completed by ADHS Bureau of Health Status and Vital Statistics, http://www.azdhs.gov/plan/index.htm

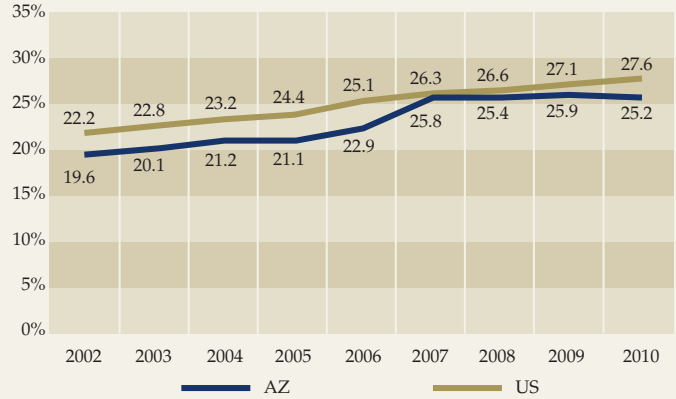
Trends

Adult Obesity

Looking at combined adults rates of overweight and obese by county, eleven counties have rates higher than the state average. Greenlee has the highest rate of 76.10% (Figure 3.1.4)

Arizona's adult obesity rate has increased from 19.6% in 2002 to 25.2% in 2010; however, it still remains below the national average. (Figure 3.1.5)

Figure 3.1.5: Obesity in Adults, 2002–2010



Source: AZ BRFSS 2010, pg.49, Figure 10. http://www.azdhs.gov/phs/phstats/brfs/reports/BRFSS2010Report.pdf

Obesity (cont.)

Trends

Childhood Obesity

As the adult obesity rate in Arizona has more than doubled in the last 20 years, the rate for children and adolescents has also increased.

Two different sub-populations demonstrate this increase, low-income children ages 2–5 and adolescents, where lack of physical activity and poor nutrition have contributed to these increased trends in obesity.

The number of low-income children ages 2–5 who are overweight has increased from 14.7% in 2004 to 15.5% in 2011. The obesity rate for this same group has increased from 12% in 2004 to 14.5% in 2011. In 2011, 30% of low-income children ages 2–5 were either overweight or obese. (Figure 3.1.6)

"Feed children healthy food at school that isn't pre-packaged and processed foods."

Yavapai County Survey Respondent
http://www.azdhs.gov/diro/excellence/documents/assessments/yavapai.pdf

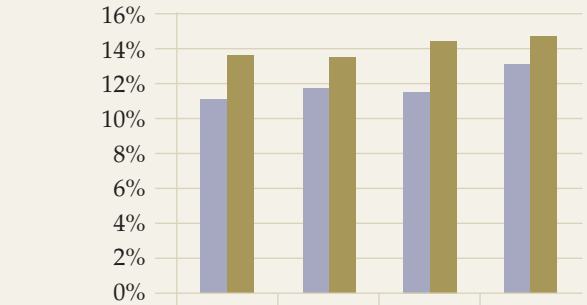
Students who reported either being overweight or obese also reported significantly lower academic performance than students who were not overweight. In only six years, 2003 to 2009, the rate of obesity for adolescents ages 14 to 18 has increased from 11.2% to 13.1%. The number of youth who are overweight has increased from 13.8% to 14.6% in that timeframe. (Figure 3.1.7) Male students were almost twice as likely to report being obese than female students; 16.9% compared to 8.9%.[7]

Figure 3.1.6: Percentage of Low-Income Children in Arizona who are Obese or Overweight, 2004–2011 (Ages 2–5)

Year	% Obese	% Overweight	Combined Overweight & Obese
2004	12.0%	14.7%	26.7%
2005	12.8%	14.7%	27.5%
2006	13.5%	15.1%	28.6%
2007	14.4%	15.8%	30.1%
2008	14.6%	16.0%	30.6%
2009	14.3%	15.8%	30.1%
2010	14.2%	15.7%	29.9%
2011	14.5%	15.5%	30.0%

Source: WIC Pediatric Nutrition Surveillance Survey 2012 pgs. 10–11.
http://www.azdhs.gov/azwic/documents/F2F/PediatricPregnancySurveillanceSystems_PedNSS_PNSS.pdf

Figure 3.1.7: Percent of Adolescents who are Obese or Overweight, 2003–2009



	2003	2005	2007	2009
Obese	11.2%	11.9%	11.7%	13.1%
Overweight	13.8%	13.6%	14.2%	14.6%

Source: AZ Youth Risk Behavior Survey 2011, pg. 10, Table 1. http://www.azed.gov/prevention-programs/files/2012/06/2011-trend-report.pdf

Obesity (cont.)

How Does Arizona Compare?

Healthy People 2020 Objectives

Adult Obesity: Reduce the rate of obesity for persons age 20 and older.

US 2005–2008 Rate:	33.9%
HP 2020 Target:	30.8%
AZ 2010 Rate:	25.48%

Childhood Obesity: Reduce the proportion of children aged 2 to 5 years who are considered obese.

US 2005–2008 Rate:	10.7%
HP 2020 Target:	9.6%
AZ 2010 Rate:	14.2%
AZ 2011 Rate:	14.5%

Disparities—Obesity Among Adults

Among adults in Arizona, the following populations are more likely to be obese than others:

- Adults with incomes below 185% of poverty—31%
- Adults with less than a 12th grade education—36.2%
- Adults between the ages of 35 and 64—28.2%
- By marital status, adults who were separated were more likely to be obese—33.6%.
- Adults who were unable to work were more likely than the other employment subgroups to be obese—44.5%
- American Indian and Hispanic populations were more likely to be obese compared to the other race/ethnicities—33.2% and 31.2%, respectively

Source: AZ BRFSS 2010, pg.50, Table 50.
http://www.azdhs.gov/phs/phstats/brfs/reports/BRFSS2010Report.pdf

Ability to Make a Difference

Reducing Obesity is a Winnable Battle. The ability to make a difference criteria is an assessment of the level of community support for change and whether or not there are effective interventions (evidence-based, best practices, promising approaches) that are likely to have a measurable impact on the target population in the next five years that are available and feasible for implementation.

- 12 of the 15 counties identified obesity as one of their top 10 public health priorities.
- 5 of the 15 counties identified access to healthy foods as one of their top 10 public health priorities.

Evidence-Based and Best Practices

Evidence-based and best practices have been developed targeting both prevention and control of obesity and increasing physical activity to reduce obesity. There is no single solution; however, there are multiple interventions that have been proven to be successful in preventing and decreasing the incidence of obesity. (See Appendix E)

Capacity

Capacity includes to what extent the issue can be impacted; i.e. are there current actions underway, are there resources available and opportunities to increase efforts to impact the issue.

State and Federal resources currently being directed through the ADHS to reduce obesity in Arizona are listed below. In addition to these resources, local communities have initiatives also directed at reducing obesity.

Resources Available

- AZ Healthy Communities: $440,000
- SNAP-Ed: $14 Million
- WIC: $125 Million
- Empower: MCH Block Grant, Tobacco Tax, WIC, Lottery Funds: $1,250,000
- Breastfeeding Peer Counseling Program: $800,000
- Health in Arizona Policy: $1.2 Million
- Healthy AZ Worksites: $288,000
- CDC State Public Health Actions: $1.9 Million

Evidence-Based and Best Practices Being Implemented in Arizona

ADHS, along with its community partners, have implemented evidence-based and best practices across the State to help address issues of obesity by focusing on increased physical activity and improving access to healthy foods. Current Programs include: interventions to reduce screen time, use of technology, community worksite programs, adapted behavior change programs, social support interventions in community settings, school-based physical education programs, urban design or land use initiatives, and places for physical activity. A preliminary list of resources has been compiled with the assistance of ADHS. A more comprehensive asset map will be developed with partner input following the release of the SHA Report and during the SHIP process. Details of these programs can be found at the following link: Communityguide.org. (See Appendix F)

Obesity (cont.)

Evidence-Based and Best Practices
ADHS-Led Initiatives
Active School Neighborhood Checklist (ASNC)
AZ Healthy Communities - Health Impact Assessments (HIA)
Arizona Nutrition Network (AZNN - SNAP-Ed)
Arizona Special Supplemental Nutrition Program for Women, Infants, and Children
Breastfeeding Peer Counseling Program
Chronic Disease Prevention and Health Promotion (CDPHP)
Coordinated School Health in partnership with the Arizona Department of Education
Empower - Child Care Initiative
Child Care Licensure Rules - Set screen time limitations for all ages and physical activity / nutrition standards
Communications Social Marketing Campaigns
Health in Arizona Policies (HAPI)
Healthy AZ Worksites
Safe Routes to School
School Health Index/School Health Advisory Council - physical activity promotion initiatives
Community Initiatives
Obesity prevention programs related to the Health in Arizona Policies Initiative (HAPI)
Health policy and education activities; Community development activities; Capacity building activities
Arizona in Action
NHLBI We Can! (National Heart, Lung, and Blood Institute's Ways to Enhance Children's Activity & Nutrition!)
Site-based physical activity and health promotion programs
5-2-1-0 campaign among pediatricians (Obesity Prevention Committee)
Childhood obesity prevention summer camp
School obesity prevention programs
Communities Putting Prevention to Work (CPPW)
Healthy Kids, Healthy Communities
Steps Program

Opportunities to Expand Current Efforts

With a focus on obesity and physical activity nationwide, there are opportunities to expand resources in Arizona through federal grants and foundations. Among the possible opportunities are:

- CDC Grant Funded Initiatives
- Robert Wood Johnson Foundation grants
- Leveraging other individual education/behavior change/obesity prevention programs across both Federal and State initiatives
- USDA Team Nutrition Resources
- CDC School Health Resources
- Alliance for a Healthier Generation
- Fuel Up to Play 60 Resources
- PEW Charitable Trust Resources
- Change Lab Resources

Tobacco Use

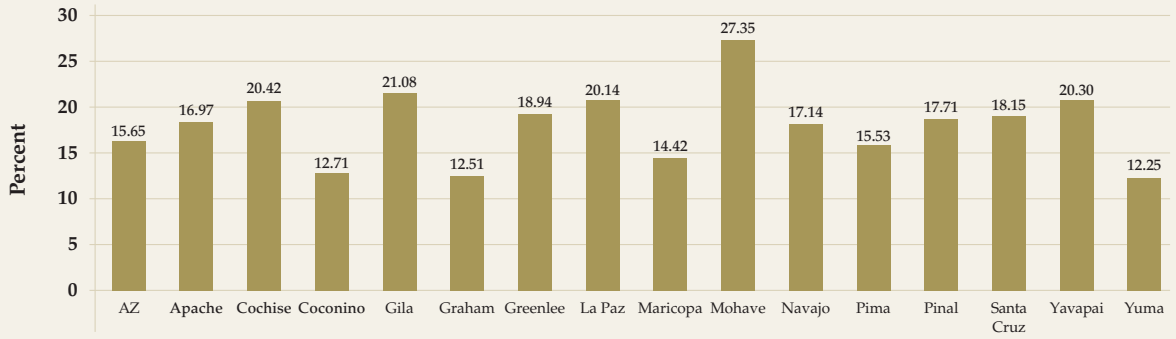
Smoking is the single most preventable cause of death in the US. The rate of tobacco use has been on a long and steady decline for 40 years. Even with that decline, tobacco use is the leading cause of preventable death in the US, and contributes to each of the top four leading causes of death in Arizona, which are heart disease, cancer, respiratory disease, and strokes. An estimated 6,000 Arizonans die each year from tobacco smoking, with 10% of those due to exposure to second hand smoke.[8] Historically, people were exposed to second hand smoke in restaurants, schools, and the work place. Policy changes have dramatically reduced the harmful exposure to secondhand smoke.

In the United States, cigarette smoking and exposure to secondhand smoke cause 443,000 deaths per year—or 1 in 5 deaths. Economic losses are also staggering. Smoking-caused diseases result in $96 billion in healthcare costs annually. "Every day, more than 1,200 people in this country die due to smoking. For each of those deaths, at least two youth or young adults become regular smokers each day. Almost 90% of those replacement smokers smoke their first cigarette by age 18."[9]

How is Arizona doing?

Statewide, the rate of adults who are current smokers is on the decline and is currently 15.65%. Only five of Arizona's 15 counties have a rate lower than the statewide average: Coconino, Graham, Maricopa, Pima, and Yuma. The lowest rate is found in Yuma County, at 12.25%; the highest is found in Mohave County at 27.35%. (Figure 3.1.8)

Figure 3.1.8: Percent of Current Adult Smokers by County, 2008-2010

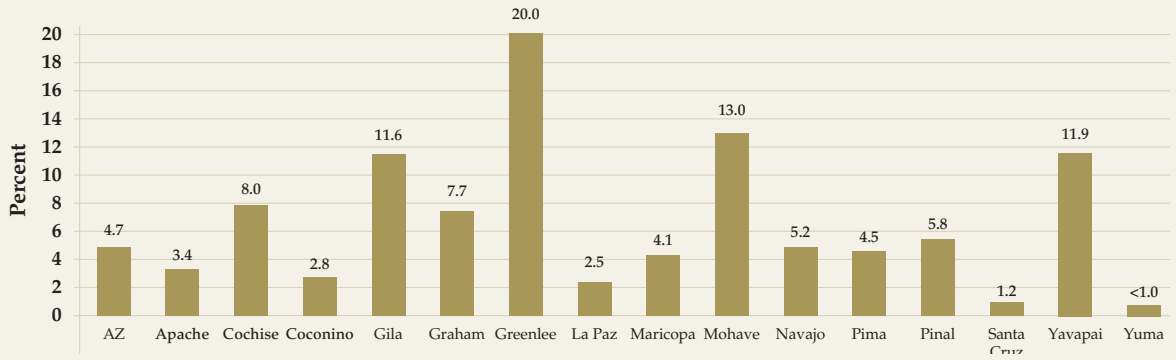


Source: Independent analysis of combined years' data completed by ADHS Bureau of Health Status and Vital Statistics, http://www.azdhs.gov/plan

Smoking During Pregnancy

Another key health measure related to tobacco use is the percentage of Arizona women who reported smoking during pregnancy. Of the more than 87,000 births in Arizona in 2010, approximately 4.5% of women smoked during pregnancy. Seven counties reported a rate lower than the statewide rate. Yuma County had the lowest rate, less than 1%; Mohave County had the highest rate at 12.3%. (Figure 3.1.9)

Figure 3.1.9: Percent of Births with Women Smoking During Pregnancy, 2010



Source: Arizona Health Status and Vital Statistics Report 2010, Table 5B-30. http://www.azdhs.gov/plan/report/ahs/ahs2010/pdf/5b30.pdf

Note: Greenlee County rate not reliable—too few samples.

Trends in Smoking

Smoking During Pregnancy

Since 2000 Arizona has increased the rate of abstinence from smoking during pregnancy from 92.6% (7.4% smoking) to 95.3% (4.7% smoking). (Figure 3.1.10)

Among low-income families, smoking in the household during the prenatal period has decreased from 9.2% in 2006 to 6.6% in 2011.

Source: ADHS Bureau of Nutrition and Physical Activity, Research and Development, July 20, 2012.

Youth Tobacco Use

According to the 2011 Arizona Youth Risk Behavioral Survey (YRBS), since 2003 there has been a substantial decrease in youth cigarette smoking from 23.3% to 17.4%. The percent of students reporting use of other tobacco products has increased slightly between 2009 and 2011. (Figure 3.1.11)

Adult Smoking

From 2002 to 2010 the rate of adult smoking in Arizona has declined from 23.4% to 15%. While our rate was comparable to the national rate in 2002 (23.1%), Arizona is now below the national rate of 17.2%. (Figure 3.1.12)

In 2008 smoking among Arizona adults declined by 20% from 2007. This reduction in the number of smokers is attributable, at least in part, to the implementation of the Smoke Free Arizona proposition and a new tax on tobacco products.

Figure 3.1.10: Arizona Trend—Abstinence from Smoking During Pregnancy, 2000–2010

Year	Rate	Year	Rate
2000	92.6	2001	93.2
2002	93.7	2003	94.2
2004	94.2	2005	94.6
2006	94.9	2007	95.3
2008	95.1	2009	95.2
2010	95.3		

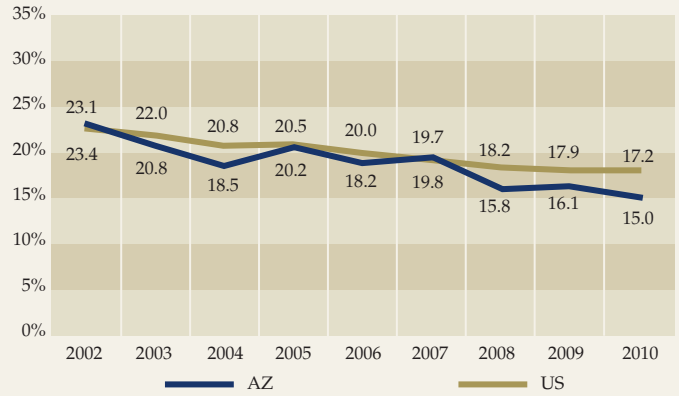
Source: Independent analysis of combined years' data completed by ADHS Bureau of Health Status and Vital Statistics
http://www.azdhs.gov/plan/index.htm

Figure 3.1.11: Youth Tobacco Use, 2011

Tobacco Use	2003	2011
Percentage of students who smoked cigarettes on one or more of the past 30 days	23.3%	17.4%
Percentage of students who smoked cigarettes on school property on one or more of the past 30 days.	6.4%	4.2%
Tobacco Use	**2009**	**2011**
Percentage of students who used chewing tobacco, snuff, or dip on one or more of the past 30 days	6.9%	7.1%

Source: AZ Youth Risk Behavior Survey 2011, pg. 4
http://www.azed.gov/prevention-programs/files/2012/06/2011-trend-report.pdf

Figure 3.1.12: Adult Smokers, 2002–2010



Source: AZ BRFSS 2010, pg.67, Figure 19—Percent of Arizona respondents who reported that they were current smokers in 2002–2010. http://www.azdhs.gov/phs/phstats/brfs/reports/BRFSS2010Report.pdf

How does Arizona compare?

Arizona Youth Smoking

In Arizona, the percentage of youth in grades 9–12 who currently smoke cigarettes was 17.4% in 2011. The range across 44 states was 5.9% to 24.1%. Arizona ranked 23rd among 44 states.[10]

The percentage of youth in Arizona who currently use smokeless tobacco was 7.1% in 2011. The range across 40 states was 3.5% to 16.9%. Arizona ranked 11th among 40 states.[11]

Healthy People 2020 Objectives

Reduce smoking by adults:

US 2007 Rate:	20.6%
HP 2020 Target:	12%
AZ 2010 Rate:	15%

Reduce tobacco use in adolescents:

HP 2020 Target:	21%
AZ 2009 Rate:	25.8%

Reduce cigarette use by adolescents:

HP 2020 Target:	16%
AZ 2011 Rate:	17.4%

Reduce use of smokeless products by adolescents:

HP 2020 Target:	6.9%
AZ 2011 Rate:	7.1%

Reduce smoking during pregnancy:

US 2007 Rate:	89.6%
HP 2020 Target:	98.5%
AZ 2010 Rate:	95.3%

Second-hand Smoke

There is no risk-free level of exposure to secondhand smoke. Second-hand smoke causes numerous health problems in infants and children, including severe asthma attacks, respiratory infections, ear infections, and sudden infant death syndrome (SIDS). Some of the health conditions caused by second-hand smoke in adults include heart disease and lung cancer.[12]

- Arizona ranked 6th in the nation for smoke-free homes with 86% of the population reporting having 100% smoke-free homes.
- Arizona ranked 3rd in the nation for smoke-free vehicles with 83% of the population reporting having 100% smoke-free vehicles.[13]

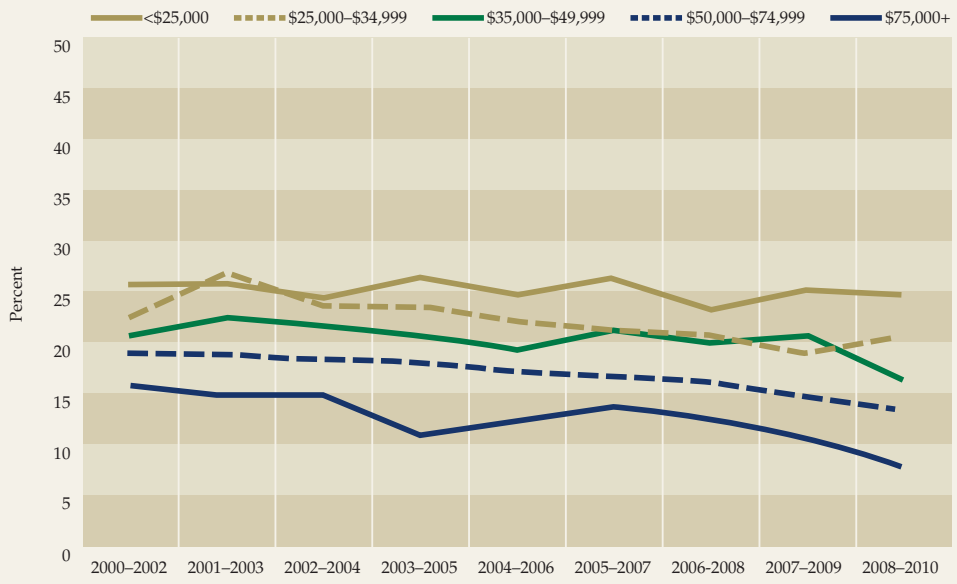
Disparities—Adult Smokers

The following indicates the disparities related to individuals who are more or less likely to smoke:

- 45.3% of adults over age 25 with general education certificate are smokers.
  Source: CDC Smoking & Tobacco Use—Data & Statistics
  http://www.cdc.gov/tobacco/data_statistics/fact_sheets/adult_data/cig_smoking/index.htm
- Men (16.1%) are more likely to smoke than women (14%).
  Source: AZ BRFSS 2010, pg.68, Table 14
  http://www.azdhs.gov/phs/phstats/brfs/reports/BRFSS2010Report.pdf
- 25% of adults with income less than $25,000 annually are smokers. (Figure 3.1.13)
  Source: AZ BRFSS 2010, pg.68, Table 14
  http://www.azdhs.gov/phs/phstats/brfs/reports/BRFSS2010Report.pdf
- The highest proportion of smokers are in the age group 18–24, with 25.7% who are current smokers.
  Source: AZ BRFSS 2010, pg.68, Table 14
  http://www.azdhs.gov/phs/phstats/brfs/reports/BRFSS2010Report.pdf
- As education increases, the proportion of smokers decreases.
  Source: AZ BRFSS 2010, pg.68
  http://www.azdhs.gov/phs/phstats/brfs/reports/BRFSS2010Report.pdf
- Low income pregnant women are more than twice as likely to smoke during pregnancy than higher income pregnant women.
  Source: Arizona Title V MCH Needs Assessment 2010, pg. 113, Figure 4
  http://www.azdhs.gov/phs/owch/pdf/mch/Arizona%20Maternal%20Child%20Health%20Needs%20Assessment%202010.pdf



Figure 3.1.13: Arizonans Who Currently Smoke by Income, 2000–2010



Note: Rolling 3-year averages for self-reported income from BRFSS data
Source: AZ BRFSS 2010, Pg. 68, http://www.azdhs.gov/phs/phstats/brfs/reports/BRFSS2010Report.pdf

Ability to Make a Difference

Reducing Tobacco Use is a Winnable Battle. Reducing tobacco use has been an ongoing area of focus within Arizona, resulting in continuous decline in use. There have been multiple state and local efforts and broad community support over the years to reduce the use of tobacco and to prevent people from starting to use tobacco.

Evidence-Based and Best Practices

There are evidence-based and best practices available in the areas of Increasing Tobacco Use Cessation, Reducing Secondhand Smoke Exposure, and Restricting Minors' Access to Tobacco Products. (See Appendix E)

Capacity

State and Federal resources currently being directed through the ADHS to prevent and reduce tobacco use in Arizona are listed below. In addition to these resources local communities have initiatives also directed at reducing tobacco use. In FY 2010, funding from the Arizona tobacco propositions (200 and 303) and federal monies from CDC supported the tobacco use prevention and reduction initiatives in Arizona.

Resources Available

- Tobacco Tax and Healthcare Act (Proposition 200): $16,349,577
- Tobacco Tax (Proposition 303): $2,663,234
- CDC Federal Funds: $1,894,896

Evidence-Based and Best Practices Implemented in Arizona

Using primarily Arizona's ASHLine—a smoker's help-line providing referrals and information—ADHS recorded 170,000 Arizona "quitters" in 2008. Recognizing that quitting can add years of quality life, the ASHLine is designed to help people make the firm commitment to quit smoking and provides support during the quitting process.

The state has also seen significant changes in public policy including more city ordinances around non-smoking restaurants, workplaces and other public spaces with designated non-smoking areas. Future policy changes will likely focus on reducing second hand smoke.

One of the most important and constant partnerships is the Smoke-Free Arizona Program with the county health departments. Through delegation agreements, county health departments play a major role in providing education, compliance assistance, and in some instances enforcement of the Smoke-Free Arizona Act. Each year, the Smoke-Free Arizona Program offers a training session to provide standard and consistent information to county health educators and county health inspectors.

A preliminary list of resources has been compiled with the assistance of ADHS. A more comprehensive asset map will be developed with partner input following the release of the State Health Assessment Report and during the SHIP process. Details of these programs can be found at the following link: Communityguide.org. (See Appendix F)

Evidence-Based and Best Practices
ADHS-Led Initiatives
ASHLine: Provides medication and counseling to all Arizona residents who want to quit using tobacco. TV and Radio Commercials Billboards
Mass Communication: Mass outreach health communication interventions through TV, Radio, Billboards and social media that combine cessation messages with ASHLine Number Outreach to health care systems and providers by ADHS contracted partners and the ASHLine
Smoke-Free Arizona—Internet Complaint Reporting, Smart Phone Application
Youth Smoking: • FDA Tobacco Compliance Program • SYNAR—the monitoring of the sale of tobacco products to youth under age 18 • Researching youth cessation • Stronger local laws aimed at licensing retailers to sell tobacco • Counter Strike Program Implement more strategic enforcement and surveillance inspections (including hookah lounges) • Mobilizing state-wide tobacco youth coalition to educate retailers on not selling to minors (STAND program) • Contracted partners are required to provide retailer tobacco diversion trainings as instructed by local courts
Call it Quits Campaign
Project Quit
Community Initiatives
Engagement and empowerment of youth through youth coalition activities
Promotion of strong clear air policies such as smoke-free parks and tobacco free campuses
Steps Program
Communities Putting Prevention to Work (CPPW)

Opportunities to Expand Current Efforts

Policy, advocacy and resource development opportunities exist to build upon current partnerships to prevent and reduce tobacco use:

- Building a sustainability plan for the ASHLine that includes multiple revenue sources.
- Continuing to focus on reducing the acceptability of smoking and the accessibility of tobacco products through marketing and advocacy.
- Applying for CDC funding through a Funding Opportunity Announcement (FOA), to be released in the spring of 2014 that focuses on Tobacco program sustainability.
- Exploring additional policy options to prevent the sale of tobacco products to minors.

Substance Abuse

Substance abuse includes the use of illegal drugs and the misuse of alcohol or prescription medications. Each of these areas of substance abuse has profound negative impacts on the lives of individuals, their families, and the communities in which they live. "Like physical illnesses, mental and substance use disorders cost money and lives if they are not prevented, are left untreated, or are poorly managed. Their presence exacerbates the cost of treating co-morbid physical diseases and results in some of the highest disability burdens in the world for individuals, families, businesses, and governments." [14]

The annual estimated societal cost of substance abuse in the United States is $510.8 billion.[15] According to the National Survey on Drug Use and Health (2010): [16]

- An estimated 22.6 million Americans age 12 and older are current, illicit drug users, meaning they had used an illicit drug during the month prior to the survey interview.
- Slightly more than half of Americans age 12 or older reported being current drinkers of alcohol in the 2010 survey (51.8%). This translates to an estimated 131.3 million people, similar to the 2009 estimate of 130.6 million people (51.9%).

Substance Abuse and Mental Health Services Administration (SAMHSA) estimates that underage drinking in Arizona cost $1.2 billion in 2010. (Figure 3.1.14) Over $119 million of those costs were medical, almost $400 million were loss of work costs, and over $700 million were costs due to pain and suffering. Youth violence (homicide, suicide, and aggravated assault) and traffic crashes attributed to alcohol use by underage youth represent the largest costs for Arizona. In 2009, there were an estimated 23 traffic fatalities and 862 non-fatal traffic injuries attributed to underage drinking. There were also 43 homicides and 20,000 non-fatal violent crimes such as rape, robbery and assault attributed to underage drinking.

How is Arizona Doing?

Emergency Room Visits

In 2010, there were over 1.8 million visits made by Arizona residents to hospital emergency rooms (ER) in total, equating to about 29 visits per 100 persons. Among those visits were 337,876 that identified a mental disorder (including drug and alcohol-related diagnoses) as one of the diagnoses resulting from the visit. In 2010, there were 65,000 visits where mental health disorders were the first diagnosis, compared to 58,000 in 2009. From 2009 to 2010, there was an increase in all categories related to drug or alcohol use except drug dependence, which had a slight decrease. (Figure 3.1.15)

Figure 3.1.14: Cost of Underage Drinking in Arizona by Problem, 2010

Problem	Cost *(In Millions)*
Youth Violence	$663.2
Youth Traffic Crashes	$146.9
High-Risk Sex, Ages 14–20	$190.7
Youth Property Crime	$134.8
Youth Injury	$36.3
Poisonings and Psychoses	$14.3
FAS Among Mothers Age 15–50	$32.9
Youth Alcohol Treatment	$14.7
Total	$1,239.9

Source: Pacific Institute for Research and Evaluation, Underage Drinking in Arizona—The Facts, 2011.
http://www.udetc.org/factsheets/AZ.pdf

Figure 3.1.15: Emergency Room Visits for Mental Disorder Related to Drug or Alcohol are the First-Listed Diagnosis, 2009 and 2010

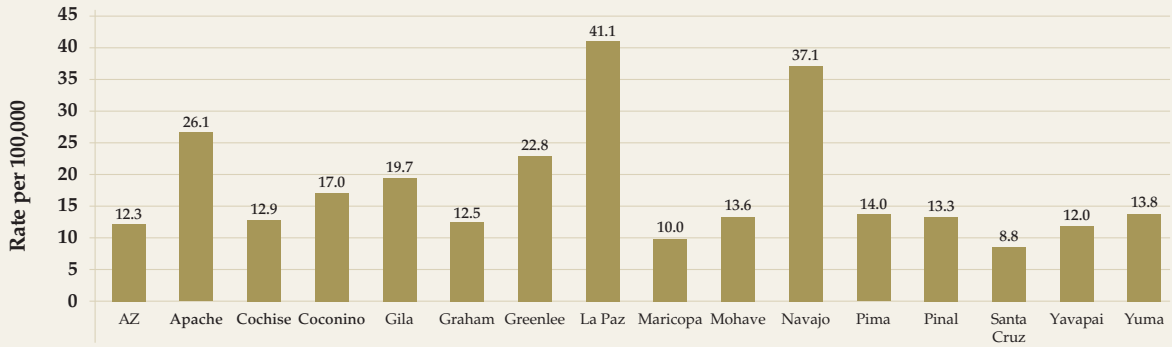
	2009	2010
Mental Disorders	58,400	65,043
Psychoses	13,050	14,501
Alcoholic Psychoses	1,494	1,791
Drug Psychoses	2,398	2,965
Neurotic Disorders	45,327	50,533
Drug Dependence	878	847
Alcohol Dependence Syndrome	3,413	4,110

Source: Arizona Health Status and Vital Statistics Report 2009, Table 7C-1.
http://www.azdhs.gov/plan/report/ahs/ahs2009/pdf/7c1.pdf
Arizona Health Status and Vital Statistics Report 2010, Table 7C-1.
http://www.azdhs.gov/plan/report/ahs/ahs2010/pdf/7c1.pdf

Cirrhosis and Chronic Liver Disease Deaths

One set of key measures for substance abuse for adults relates to the prevalence of cirrhosis and chronic liver disease deaths. Twelve of 15 counties had mortality rates for cirrhosis and chronic liver disease higher than the Arizona rate. Only Maricopa, Santa Cruz, and Yavapai Counties had rates lower than the state rate of 12.3%. (Figure 3.1.16)

Figure 3.1.16: Mortality Rates for Cirrhosis and Chronic Liver Disease by County, 2010 (per 100,000)

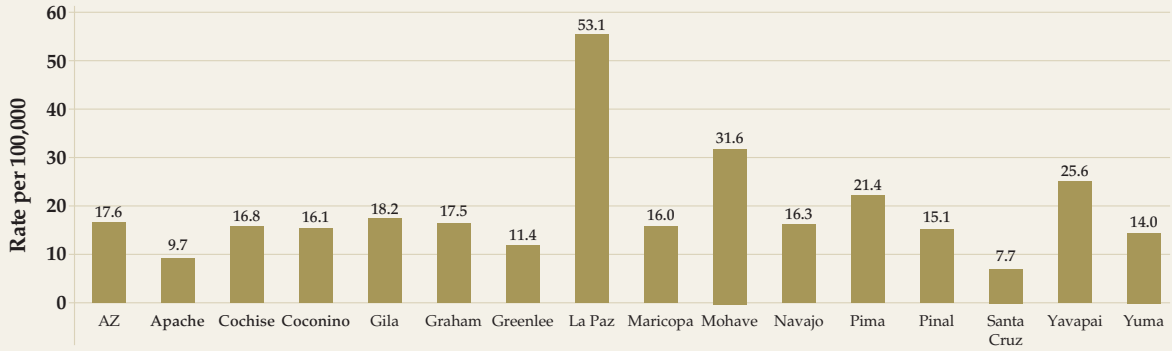


Source: Arizona Health Status and Vital Statistics Report 2010, Table 5E-11. http://www.azdhs.gov/plan/report/ahs/ahs2010/pdf/5e11.pdf

Drug-Induced Deaths

The rate in Arizona in 2010 for drug-induced deaths was 17.6 people per 100,000. Four counties had rates higher than the state rate: Gila, La Paz, Pima, and Yavapai. La Paz had a rate more than three times the state rate of drug-induced death, while Santa Cruz and Apache counties had the lowest rates. (Figure 3.1.17)

Figure 3.1.17: Drug Induced Deaths, 2010 (Rate per 100,000)



Source: Arizona Health Status and Vital Statistics Report 2010, Table 5E-11. http://www.azdhs.gov/plan/report/ahs/ahs2010/pdf/5e11.pdf

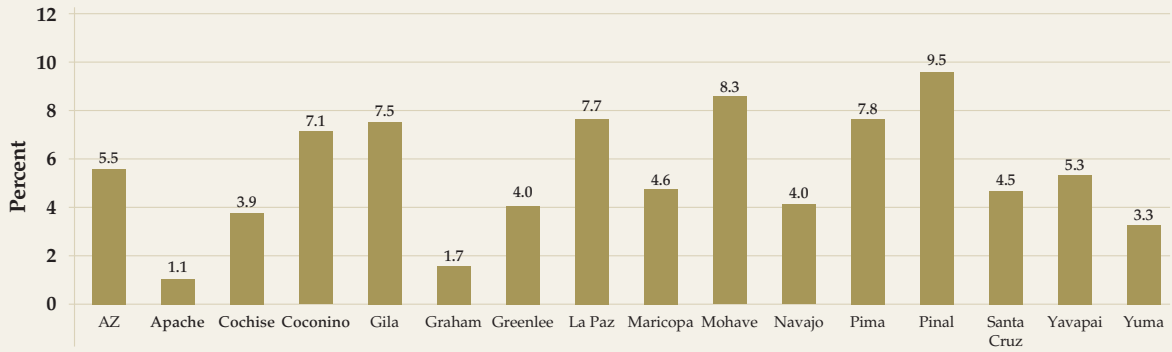
Poisoning-Related Deaths

The CDC has documented prescription drug-related overdose deaths at epidemic levels nationally. Deaths from drug overdose have more than tripled since 1990. In 2008, CDC reported that opioid pain relievers accounted for 74% of the 36,000 overdose deaths that year. Based on death certificate information, alcohol was the most frequently identified substance in terms of type of poison causing death. In 2010, there were 1,176 incidents of poison listed on death certificates in Arizona. Eighteen percent (18%) or 207 of the poisons listed were alcohol in Arizona followed by the prescription drugs oxycodone and hydrocodone at 15% (180 people) and benzodiazepines at 13% (155 people). More than one substance may be identified for an individual.

Alcohol Use

An additional indicator of alcohol use is the frequency of both heavy drinking and binge drinking. Adult heavy drinking is defined as adult men having more than two drinks per day and adult women having more than one drink per day. In Arizona, the percent of adults reporting heavy drinking ranged from 1.1% in Apache County to a high of 9.5% in Pinal County. (Figure 3.1.18)

Figure 3.1.18: Percentage of Arizonans Reporting Heavy Drinking, 2010



Source: AZ BRFSS 2010, Pg. 65. http://www.azdhs.gov/phs/phstats/brfs/reports/BRFSS2010Report.pdf

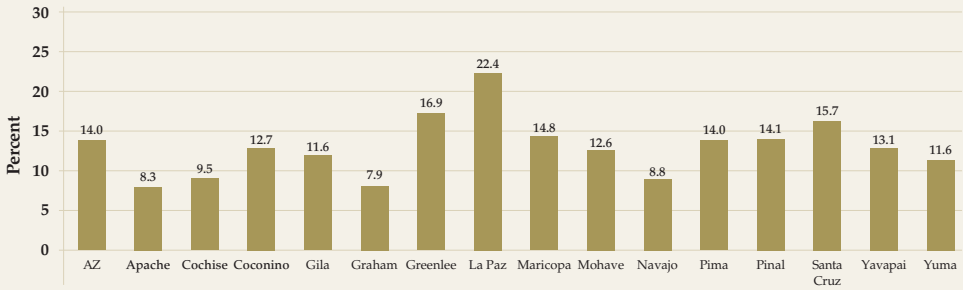
Adult Binge Drinking

The statewide rate of adults who reported binge drinking in 2010 is 14%, with a low of 7.9% in Graham County and a high of 22.4% in La Paz County. Binge drinking is considered five or more drinks on one occasion in the previous 30 days. (Figure 3.1.19)

Income may also play a role in those individuals who binge drink. Interesting to note is that higher income levels show a greater propensity to binge drink, as well as self-report as heavy drinkers. (Figure 3.1.20)

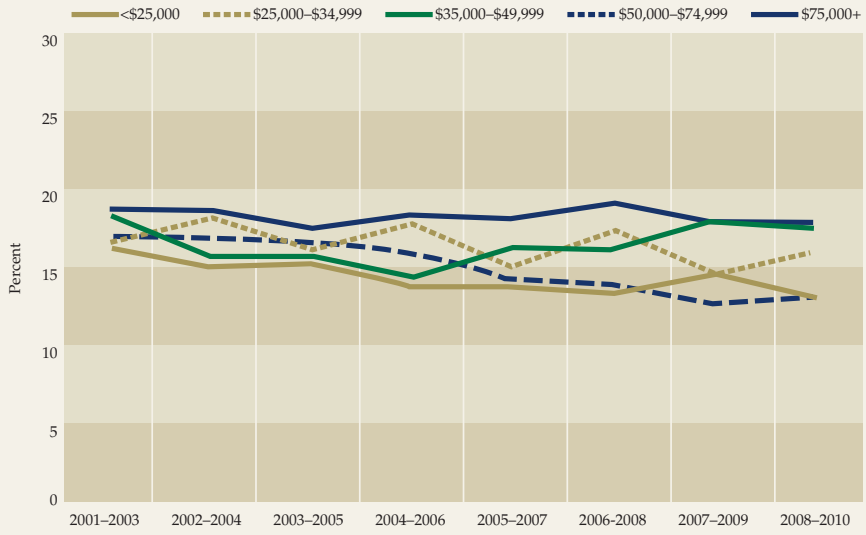
In Arizona in 2010, more deaths were caused by accidental poisoning (879) than motor vehicle accidents (711).

Figure 3.1.19: Percentage of Arizonans Reporting Binge Drinking, 2010



Source: AZ BRFSS 2010, Pg. 61. http://www.azdhs.gov/phs/phstats/brfs/reports/BRFSS2010Report.pdf

Figure 3.1.20: Arizonans Who Are At Risk for Binge Drinking by Income, 2001–2010

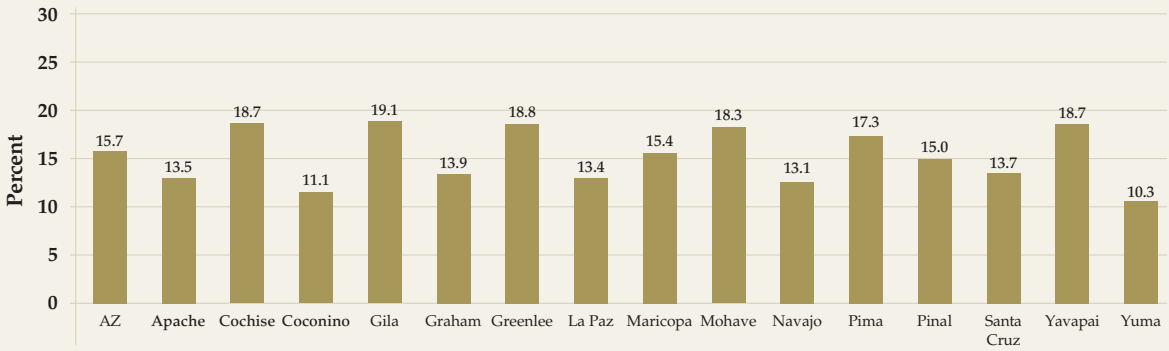


Note: Rolling 3-year averages for self-reported income from BRFSS data
Source: AZ BRFSS 2010, Pg. 60, Table 12. http://www.azdhs.gov/phs/phstats/brfs/reports/BRFSS2010Report.pdf

Youth Binge Drinking

As part of the Arizona Youth Survey, youth were asked to report if they had participated in binge drinking in the previous two weeks. All Arizona counties except Yavapai reported a decrease in 2012 as compared to 2010. Nine counties had rates lower than the statewide average of 15.7% in 2012. Rates ranged from a low of 10.3% in Yuma County to a high of 19.1% in Gila County. (Figure 3.1.21)

Figure 3.1.21: Rate of Youth Reporting Binge Drinking in the Previous Two Weeks by County, 2010



Source: Arizona Youth Survey, 2010, http://www.azcjc.gov/ACJC.Web/sac/ays.aspx

Veterans

Based on the Arizona Health Survey, over 43% of veterans from the Iraq/Afghanistan Wars reported binge drinking compared to 18.9% for other veterans and 22.3% for non-veterans surveyed. Additionally, more than 5% of Iraq/Afghanistan veterans reported that during the previous 30 days they, on average, drank five or more alcoholic drinks per day. One in 20 reported binge drinking every day in the previous month, almost four times higher than other veterans and non-veterans.[17]

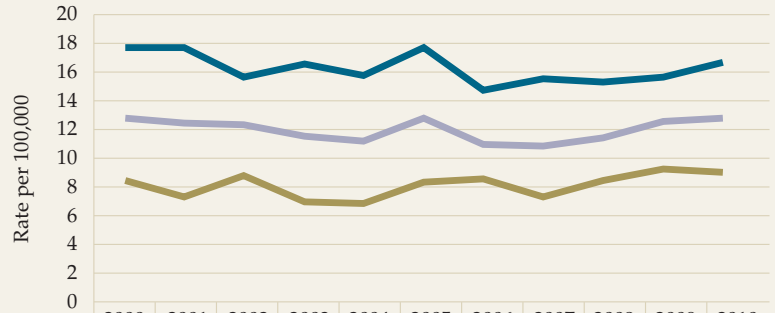
"Veterans serving in Iraq or Afghanistan are four times as likely to report binge drinking every day, on average, during the previous thirty days. They were more than twice as likely to have been diagnosed with a mental health problem. The potential for the compounded risk of a co-occurring disorder (substance abuse/dependence and mental illness) is alarming."

Source: Arizona Health Survey

Trends

Chronic Liver Disease and Cirrhosis: The number of deaths per 100,000 where cirrhosis or chronic liver disease was identified as the leading cause of death represents an area where limited progress has been made in the last 10 years. The rate is notably higher for men. This measure for both men and women, has fluctuated slightly each year with the lowest rate in 2004 (11.1) and the highest rate in 2000 (12.8). The rate has increased each year from 2007 through 2010. (Figure 3.1.22)

Figure 3.1.22: Chronic Liver Disease and Cirrhosis as the Leading Cause of Death, 2000–2010 (per 100,000 Deaths)



	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
Total	12.8	12.3	12.1	11.5	11.1	12.7	11.4	11.3	11.7	12.2	12.3
Male	17.7	17.7	15.6	16.2	15.6	17.7	14.3	15.4	15.3	15.4	16.1
Female	8.3	7.5	8.9	7.1	6.9	8.1	8.5	7.6	8.4	9.1	8.8

Source: Arizona Health Status and Vital Statistics Report 2010, Pg. 122, Figure 2B-24. http://www.azdhs.gov/plan/report/ahs/ahs2010/pdf/text2b.pdf

Substance Abuse (cont.)

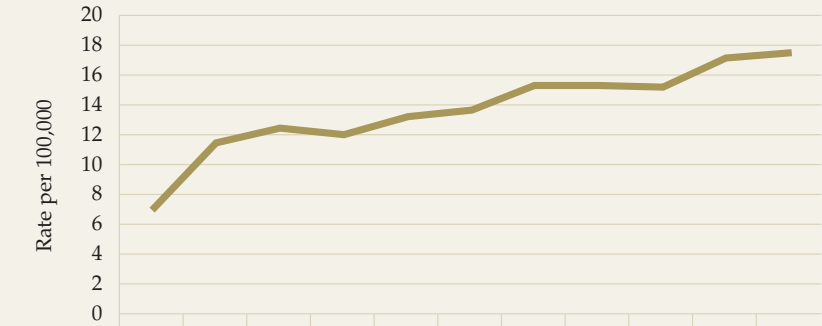
Drug-Induced Deaths

The drug-induced death rate has continuously increased every year since 2000, from 6.8 people to 17.6 people per 100,000. (Figure 3.1.23)

Poisons Listed on Death Certificates

From 2006 through 2010, the number of deaths where a poison was listed on the death certificate has increased from 914 to 1,176. Cocaine was the poison listed on a death certificate 18% of the time in 2006, but only 6% of the time in 2010. Alcohol listings on death certificates increased from 15% to 18%; however, the most dramatic increases were heroin-related deaths from 49 incidents to 89 incidents, oxycodone/hydrocodone related deaths from 91 incidents to 180 incidents, and benzodiazepines related deaths from 56 incidents to 155 incidents. (Figure 3.1.24)

Figure 3.1.23: Drug-Induced Death Rate, 2000–2010



	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
Drug Induced Deaths	6.8	11.3	12.2	12.0	13.3	13.8	15.1	15.1	14.9	16.8	17.6

Source: Arizona Health Status and Vital Statistics Report, 2010, Table 6A-10, Monitoring Progress toward Arizona and National Year 2010 Objectives. http://www.azdhs.gov/plan/report/ahs/ahs2010/pdf/6a1_10.pdf

Figure 3.1.24: Poisons Commonly Listed on Death Certificates in Arizona, 2006–2010

Poison*	2006 (n=914)		2007 (n=1,007)		2008 (n=1,044)		2009 (n=1,175)		2010 (n=1,176)	
	#	%	#	%	#	%	#	%	#	%
Alcohol	135	15%	155	15%	186	18%	223	19%	207	18%
Benzodiazepines	56	6%	54	5%	97	9%	149	13%	155	13%
Carbon Monoxide	45	5%	36	4%	41	4%	24	2%	23	2%
Carisoprodol	2	<1%	10	1%	15	1%	15	1%	14	1%
Cocaine	164	18%	125	12%	87	8%	104	9%	65	6%
Diphenhydramine	13	1%	22	2%	30	2%	33	3%	29	2%
Fentanyl	21	2%	22	2%	37	4%	22	2%	29	2%
Helium	3	<1%	5	<1%	6	1%	10	1%	12	1%
Heroin	49	5%	56	6%	67	6%	91	8%	89	8%
Methadone	85	9%	79	8%	105	10%	113	10%	101	9%
Methamphetamine	97	11%	104	10%	91	9%	101	9%	96	8%
Morphine	87	10%	81	8%	115	11%	114	10%	104	9%
Oxycodone/Hydrocodone	91	10%	119	12%	162	16%	206	18%	180	15%
Serotonin-Norepinephrine Reuptake Inhibitors	4	<1%	10	1%	11	1%	15	1%	14	1%
Selective Serotonin Reuptake Inhibitors	22	2%	44	4%	55	5%	46	4%	52	4%
Tramadol	4	<1%	13	1%	10	1%	20	2%	28	2%

**More than one poison may have been identified for each death*

Source: ADHS Bureau of Women's and Children's Health, Poisonings Among AZ Residents Report 2010, Pg. 14, Table 3, http://www.azdhs.gov/phs/owch/pdf/injuryprevention/PoisoningsAmongArizonaResidents2010.pdf

Adult Binge Drinking

Binge drinking is defined as five or more drinks on one occasion in the past 30 days. Adult binge drinking has decreased since 2002, and Arizona's rate of 14% is lower than the national rate of 15.1%. (Figure 3.1.25)

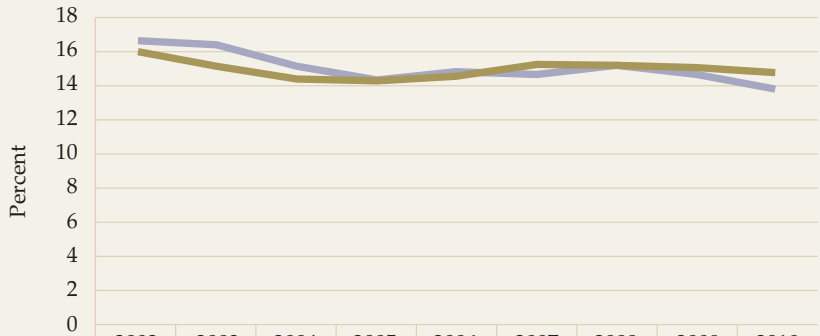
Adult Heavy Drinking

The percentage of Arizona adults who report heavy drinking has declined from the 2002 rate, when it was substantially higher than at any other time in the eight years following. However, Arizona's rate at 5.5% is slightly above the national rate of 5%. (Figure 3.1.26)

Youth Binge Drinking

Youth binge drinking decreased statewide from 19.5% in 2010 to 15.7% in 2011. Santa Cruz, Gila, and Pima counties have higher youth binge drinking rates. All the counties are trending in the direction of lower rates except Yavapai which is remaining around 18%. (Figure 3.1.27)

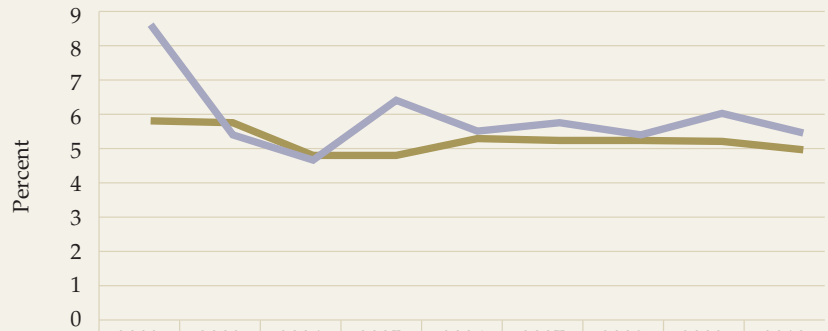
Figure 3.1.25: Adult Binge Drinking, 2002–2010



	2002	2003	2004	2005	2006	2007	2008	2009	2010
AZ	16.9	16.6	15.5	14.5	15.2	14.9	15.6	14.9	14.0
US	16.1	15.5	14.9	14.4	15.4	15.7	15.6	15.5	15.1

Source: AZ BRFSS 2010, Pg. 59, Figure 12. http://www.azdhs.gov/phs/phstats/brfs/reports/BRFSS2010Report.pdf

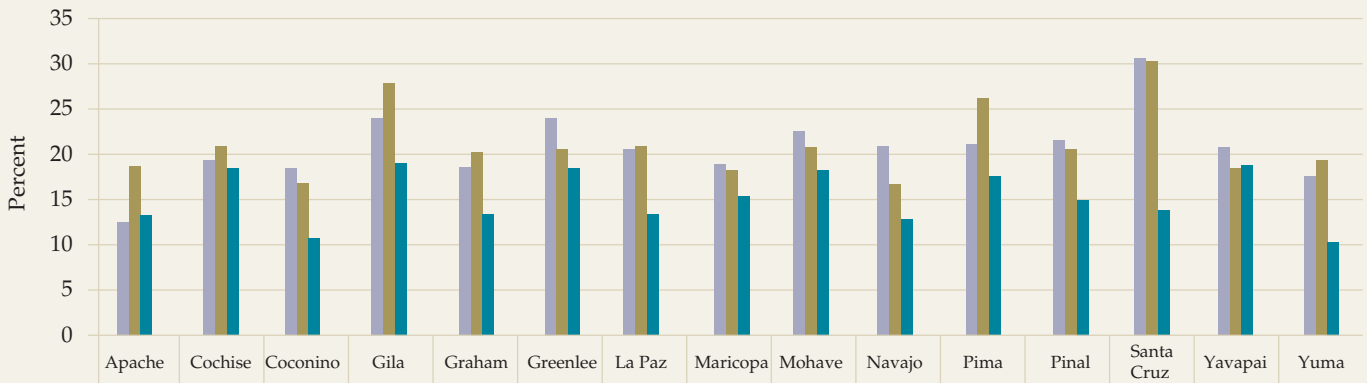
Figure 3.1.26: Adult Heavy Drinking, 2002–2010



	2002	2003	2004	2005	2006	2007	2008	2009	2010
AZ	8.7	5.4	4.8	6.3	5.5	5.8	5.3	6.0	5.5
US	5.9	5.8	4.9	4.9	5.2	5.1	5.1	5.1	5.0

Source: AZ BRFSS 2010, Pg. 63, Figure 13. http://www.azdhs.gov/phs/phstats/brfs/reports/BRFSS2010Report.pdf

Figure 3.1.27: Youth Binge Drinking—Previous Two Weeks—by County, 2008–2011



	Apache	Cochise	Coconino	Gila	Graham	Greenlee	La Paz	Maricopa	Mohave	Navajo	Pima	Pinal	Santa Cruz	Yavapai	Yuma
2008	12.7	19.7	19.2	24.7	18.5	24.5	20.2	19.0	22.7	21.7	21.1	21.8	30.6	20.9	17.5
2010	18.9	21.0	17.4	27.7	20.4	20.6	20.8	18.5	20.6	16.8	26.1	21.2	30.1	18.6	19.7
2011	13.5	18.7	11.1	19.1	13.9	18.8	13.4	15.4	18.3	13.1	17.3	15.0	13.7	18.7	10.3

Source: Youth Risk Behavioral Survey 2012, http://www.azed.gov/prevention-programs/resources/data/yrbs/

Youth Substance Abuse—Illegal Drug Use

In addition to decreases in binge drinking and marijuana use, the 2012 Arizona Youth Survey (AYS) recorded decreased use for the following substances: hallucinogens, cocaine, heroin/opiates, ecstasy, prescription drug abuse, and over-the-counter drug abuse.

Marijuana Use

Youth were asked if they used marijuana in the last 30 days. As with binge drinking, the reported rate fell between 2010 and 2012, though not significantly. Ten counties saw their rate of use drop between 2010 and 2012. Marijuana use increased in Greenlee, La Paz, Mohave, and Yavapai Counties. Maricopa County's rate of 14.3% remained unchanged from 2010 to 2012. (Figure 3.1.28)

While the drop in marijuana use is important, it is still well above the Healthy People 2020 target of 6%. In Arizona, 11.4% of high school students tried marijuana for the first time before age 13, compared with 8.1% nationwide.

In 2012 fewer Arizona youth perceived there are harmful effects associated with smoking marijuana. From 2008 to 2012, the Arizona Youth Survey data showed significant decreases in perceived harmfulness of trying marijuana once or twice (from 28.3% to 20.6%) and smoking marijuana regularly (from 55.8% to 45.0%).

Figure 3.1.28: Rate of Youth Marijuana Use by County Past 30 Days, 2008–2012

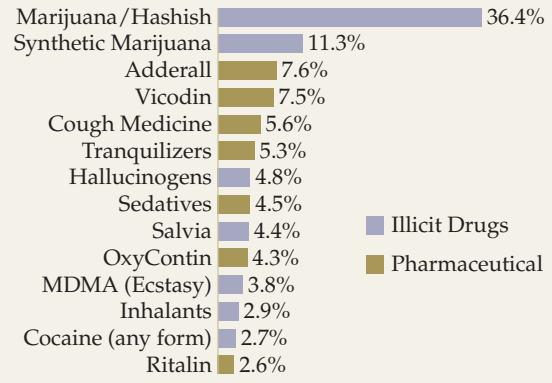
County	2008	2010	2012
AZ	-	14.8%	14.3%
Apache	22.0%	20.8%	17.8%
Cochise	11.3%	12.8%	10.8%
Coconino	16.1%	16.7%	13.9%
Gila	14.3%	22.2%	17.5%
Graham	10.5%	14.0%	10.8%
Greenlee	13.4%	14.9%	15.0%
La Paz	14.4%	10.6%	14.0%
Maricopa	11.9%	14.3%	14.3%
Mohave	13.1%	16.2%	17.9%
Navajo	19.3%	14.0%	13.6%
Pima	13.8%	18.8%	16.3%
Pinal	13.9%	15.1%	12.5%
Santa Cruz	10.3%	12.6%	8.4%
Yavapai	12.0%	14.3%	16.9%
Yuma	7.0%	10.8%	3.8%

Source: Arizona Youth Survey 2012, http://www.azcjc.gov/ACJC.Web/sac/ays.aspx

Prescription and Over-the-Counter Drug Use

Non-medical use of prescription and over-the-counter medicines remains a significant part of the teen drug problem. Nationally, in 2012, 14.8% of high-school seniors reported using a prescription drug non-medically in the previous year. Data for specific drugs show that the most commonly abused prescription drugs by teens are the stimulant Adderall and the pain reliever Vicodin. [18] (Figure 3.1.29)

Figure 3.1.29: Past-Year Use of Illicit Drugs and Pharmaceuticals among 12th Graders, 2012



Source: University of Michigan, 2012 Monitoring the Future Study, Table 6
http://www.monitoringthefuture.org/pubs/monographs/mtf-overview2012.pdf

Prescription Drug Abuse

The statewide rate of youth who reported prescription drug abuse within the previous 30 days, dropped from 10.4% in 2010 to 7.9% in 2012. Fourteen of Arizona's 15 counties saw a reduction in non-medical usage of prescription drugs from 2010 to 2012. Only Cochise County experienced an increase. Five counties: Apache, Coconino, Gila, Graham, and Santa Cruz, had a rate below 7%. Yuma County's rate for 2012 was at 7%. Graham had the lowest rate for 2012 at 5.2%, and Mohave had the highest rate at 11.2%. (Figure 3.1.30)

Figure 3.1.30: Rate of Youth Prescription Drug Use by County Past 30 Days, 2008–2012

County	2008	2010	2012
AZ	-	10.4%	7.9%
Apache	14.0%	9.9%	6.3%
Cochise	11.9%	8.9%	9.2%
Coconino	10.4%	9.2%	6.7%
Gila	11.8%	10.8%	6.9%
Graham	11.2%	11.4%	5.2%
Greenlee	15.4%	12.9%	7.9%
La Paz	14.3%	10.0%	7.5%
Maricopa	10.4%	10.1%	7.7%
Mohave	12.4%	13.5%	11.1%
Navajo	12.8%	9.2%	7.7%
Pima	10.3%	12.0%	8.1%
Pinal	12.3%	10.8%	8.2%
Santa Cruz	8.2%	8.7%	6.2%
Yavapai	12.1%	11.5%	8.7%
Yuma	8.7%	11.0%	7.0%

Source: Arizona Youth Survey 2012, http://www.azcjc.gov/ACJC.Web/sac/ays.aspx

Over-the-counter Drug Abuse

As with prescription drug abuse, the statewide reported usage rate for over-the-counter drug abuse within the last 30 days decreased between 2010 and 2012 from 5.9% to 4.4%. Thirteen counties saw a reduction in their rate between 2010 and 2012. Coconino County's rate stayed constant at 5.5%, and Navajo County's rate increased from 4.4% to 5%. Eight counties had higher rates than the statewide average in 2012. (Figure 3.1.31)

Figure 3.1.31: Rate of Youth Over-the-Counter Drug Abuse by County—Past 30 Days, 2008–2012

County	2008	2010	2012
AZ	-	5.9%	4.4%
Apache	11.0%	7.1%	4.1%
Cochise	6.8%	5.5%	4.9%
Coconino	5.4%	5.5%	5.5%
Gila	9.4%	6.4%	4.0%
Graham	7.0%	6.7%	3.3%
Greenlee	10.3%	9.3%	8.4%
La Paz	8.0%	7.2%	7.0%
Maricopa	5.5%	5.7%	4.2%
Mohave	7.5%	6.9%	5.1%
Navajo	5.6%	4.4%	5.0%
Pima	6.2%	6.3%	4.8%
Pinal	7.8%	7.2%	4.8%
Santa Cruz	5.6%	4.9%	3.3%
Yavapai	6.0%	6.0%	4.3%
Yuma	4.7%	5.8%	3.4%

Source: Arizona Youth Survey 2012, http://www.azcjc.gov/ACJC.Web/sac/ays.aspx

Methamphetamine Use

Methamphetamine was the only substance where the statewide rate remained unchanged at 0.4% from 2010 to 2012. However, eleven counties saw a reduction in their rate between 2010 and 2012; three remained constant; and only one, La Paz, saw an increase from 0% to 0.6%. (Figure 3.1.32)

Figure 3.1.32: Rate of Youth Methamphetamine Use by County Past 30 Days, 2008–2012

County	2008	2010	2012
AZ	-	0.4%	0.4%
Apache	1.1%	0.9%	0.3%
Cochise	0.3%	0.2%	0.2%
Coconino	0.4%	0.7%	0.0%
Gila	0.9%	0.6%	0.4%
Graham	0.8%	0.6%	0.3%
Greenlee	0.0%	0.8%	0.3%
La Paz	1.8%	0.0%	0.6%
Maricopa	0.5%	0.4%	0.3%
Mohave	0.6%	0.4%	0.3%
Navajo	0.8%	0.5%	0.2%
Pima	0.4%	0.4%	0.3%
Pinal	0.6%	0.5%	0.3%
Santa Cruz	0.4%	0.3%	0.2%
Yavapai	0.5%	0.3%	0.3%
Yuma	0.9%	0.8%	0.4 %

Source: Arizona Youth Survey 2012, http://www.azcjc.gov/ACJC.Web/sac/ays.aspx

Hallucinogens

Like most of the substance abuse measures for 2012, reported hallucinogen use statewide fell below 2%. In many counties, including Graham, Greenlee, La Paz, Santa Cruz, and Yuma, usage rates were actually below 1%.

Additionally, 10 of the 15 counties saw a reduction from 2010 to 2012. The five who experienced reported increases in the use of hallucinogens were: Apache County, Gila County, Greenlee County, Navajo County, and Pinal County. (Figure 3.1.33)

Figure 3.1.33: Rate of Youth Hallucinogen Use by County Past 30 Days, 2008–2012

County	2008	2010	2012
AZ	-	1.6%	1.4%
Apache	0.4%	1.0%	1.2%
Cochise	1.9%	1.5%	1.2%
Coconino	2.2%	1.3%	1.2%
Gila	0.7%	0.9%	1.0%
Graham	0.9%	1.3%	0.7%
Greenlee	1.3%	0.4%	0.7%
La Paz	1.2%	1.1%	0.3%
Maricopa	1.5%	1.7%	1.4%
Mohave	1.8%	2.3%	1.3%
Navajo	1.4%	0.8%	1.4%
Pima	2.0%	2.4%	1.6%
Pinal	1.6%	1.2%	1.3%
Santa Cruz	1.3%	1.3%	0.4%
Yavapai	1.2%	1.7%	1.3%
Yuma	1.1%	1.0%	0.2%

Source: Arizona Youth Survey 2012, http://www.azcjc.gov/ACJC.Web/sac/ays.aspx

Cocaine

Another measure that saw a statewide drop in the reported rate of use was cocaine. Youth were asked if they had used cocaine within the past 30 days. The 2012 statewide rate was 1.1%, down from 1.4% in 2010. Nine of the 15 counties had a rate below 1%. Additionally, only Yavapai County experienced an increase, from 0.6% in 2010 to 1% in 2012.

The highest reported rate was 1.6% in Pima County, and the lowest reported rate was 0.3% in both Graham and La Paz counties. (Figure 3.1.34)

Figure 3.1.34: Rate of Youth Cocaine Use by County Past 30 Days, 2008–2012

County	2008	2010	2012
AZ	-	1.4%	1.1%
Apache	1.9%	1.2%	0.6%
Cochise	2.9%	2.1%	1.3%
Coconino	2.5%	1.5%	0.8%
Gila	2.4%	1.5%	0.6%
Graham	2.0%	0.9%	0.3%
Greenlee	1.9%	2.8%	0.7%
La Paz	1.5%	0.3%	0.3%
Maricopa	1.8%	1.3%	1.1%
Mohave	1.3%	1.0%	0.8%
Navajo	2.6%	1.7%	0.5%
Pima	2.5%	2.7%	1.6%
Pinal	2.3%	2.1%	1.5%
Santa Cruz	2.6%	2.8%	1.3%
Yavapai	1.2%	0.6%	1.0%
Yuma	1.2%	1.2%	0.8%

Source: Arizona Youth Survey 2012, http://www.azcjc.gov/ACJC.Web/sac/ays.aspx

Heroin/Opiate

The statewide rate for youth reporting heroin/opiate use within the last 30 days fell from 0.8% in 2010 to 0.4% in 2012, a 50% reduction. Every county had a rate below 1% in 2012, and four counties, Graham, Greenlee, La Paz, and Santa Cruz, all reported a rate of zero. The highest rate reported was 0.6% in Gila County. Gila County was also the only county with a rate higher than the statewide average in 2012. (Figure 3.1.35)

Figure 3.1.35: Rate of Youth Heroin/Opiate Use by County Past 30 Days, 2008–2012

County	2008	2010	2012
AZ	-	0.8%	0.4%
Apache	0.0%	0.8%	0.1%
Cochise	0.7%	0.5%	0.1%
Coconino	0.3%	0.4%	0.2%
Gila	0.5%	0.5%	0.6%
Graham	0.7%	1.9%	0.0%
Greenlee	0.0%	0.0%	0.0%
La Paz	0.0%	0.0%	0.0%
Maricopa	0.6%	0.8%	0.4%
Mohave	0.7%	0.9%	0.3%
Navajo	0.5%	0.9%	0.3%
Pima	0.8%	1.2%	0.4%
Pinal	0.9%	0.5%	0.3%
Santa Cruz	0.3%	0.4%	0.0%
Yavapai	0.7%	0.9%	0.3%
Yuma	0.4%	0.4%	0.1%

Source: Arizona Youth Survey 2012, http://www.azcjc.gov/ACJC.Web/sac/ays.aspx

Ecstasy

The statewide reported rate for ecstasy use within the last 30 days fell from 2.5% in 2010 to 1.4% in 2012, a 44% reduction. Five counties, Graham, Greenlee, La Paz, Santa Cruz, and Yuma, reported rates below 1%. Additionally, four counties, Apache, Coconino, Mohave, and Pima, reported rates above the statewide average.

Eleven counties reported a drop in usage between 2010 and 2012. (Figure 3.1.36)

Figure 3.1.36: Rate of Youth Ecstasy Use by County Past 30 Days, 2008–2012

County	2008	2010	2012
AZ	-	2.5%	1.4%
Apache	0.0%	0.8%	1.5%
Cochise	1.9%	2.4%	1.2%
Coconino	1.1%	1.7%	2.0%
Gila	0.4%	1.7%	1.0%
Graham	0.9%	1.3%	0.7%
Greenlee	0.0%	0.0%	0.3%
La Paz	0.0%	1.4%	0.6%
Maricopa	1.3%	2.6%	1.4%
Mohave	1.6%	3.5%	1.8%
Navajo	1.0%	1.0%	1.4%
Pima	1.9%	3.2%	1.7%
Pinal	1.5%	2.2%	1.2%
Santa Cruz	1.3%	2.0%	0.4%
Yavapai	0.8%	2.1%	1.3%
Yuma	0.9%	1.7%	0.7%

Source: Arizona Youth Survey 2012, http://www.azcjc.gov/ACJC.Web/sac/ays.aspx

Synthetic Drugs

Synthetic drugs such as 'spice' and bath salts were added to AYS for the first time in 2012. As a result, there is no historical data. However, a reported usage rate was calculated for each county along with the statewide rate. The statewide rate was 4.5%. Five counties, including Cochise, Gila, Graham, Navajo, and Pima had higher rates. Greenlee had the lowest usage rate of 1.1%. (Figure 3.1.37)

Figure 3.1.37: Rate of Youth Synthetic Drug Use by County Past 30 Days, 2012

County	2012	County	2012
AZ	4.5%	Maricopa	4.2%
Apache	3.2%	Mohave	4.4%
Cochise	4.6%	Navajo	4.8%
Coconino	3.3%	Pima	7.1%
Gila	6.4%	Pinal	4.3%
Graham	6.4%	Santa Cruz	4.0%
Greenlee	1.1%	Yavapai	4.5%
La Paz	1.7%	Yuma	3.0%

Source: Arizona Youth Survey 2012, http://www.azcjc.gov/ACJC.Web/sac/ays.aspx

Substance Abuse (cont.)

How does Arizona compare?

Healthy People 2020 Objectives

Cirrhosis Deaths per 100,000:

Arizona was above the US baseline for cirrhosis deaths and drug-induced deaths in 2000 and 2010.

US 2007 Rate:	9.5%
HP 2020 Target:	8.2%
AZ 2000 Rate:	12.8%
AZ 2010 Rate:	12.3%

Source: Arizona Health Status and Vital Statistics Report 2010, Table 6A.
http://www.azdhs.gov/plan/report/ahs/ahs2010/pdf/6a1_10.pdf

Drug-Induced Deaths per 100,000:

US 2007 Rate:	12.6%
HP 2020 Target:	11.3%
AZ 2000 Rate:	6.8%
AZ 2010 Rate:	17.6%

Source: Arizona Health Status and Vital Statistics Report 2010, Table 6A.
http://www.azdhs.gov/plan/report/ahs/ahs2010/pdf/6a1_10.pdf

Reduce Youth Binge Drinking:

US 2007 Rate:	13.6%
HP 2020 Target:	8.6%
AZ 2011 (YRBS):	15.7%

Source: http://www.azed.gov/prevention-programs/files/2013/11/2013azbh-detail-tables.pdf

Marijuana 30-Day Use in Youth:

US 2007 Rate:	6.7%
HP 2020 Target:	6%
AZ 2012 (YRBS):	14.3%

Source: http://www.azed.gov/prevention-programs/files/2013/11/2013azbh-detail-tables.pdf

Disparities

Chronic Liver Disease and Cirrhosis

- Chronic liver disease and cirrhosis as a leading cause of death (rates per 100,000)
  - o The rate for women increased from 6.9 in 2004 to 9.1 in 2009. In 2010 there was a decrease to 8.8
  - o Men had a significantly higher rate than women in 2010; 16.1 compared to 8.8
- Age-adjusted mortality rate for chronic liver disease and cirrhosis for all populations is 12.3%
  - o Men all races: 16.1
  - o Latino men: 20.9
  - o American Indian men and women (63.9 and 64.9 respectively)

Source: Arizona Health Status and Vital Statistics Report 2010, Pgs. 122–123.
http://www.azdhs.gov/plan/report/ahs/ahs2010/chptr2a_2d.pdf

Drug-Induced Deaths

- Almost 60% of drug-induced deaths are among men, a rate of 20.5 compared to 14.6 for women.
- White, non-Hispanic men and women had higher rates of drug-induced deaths than Hispanic, Black/African American, American Indian and Asian/Pacific Islander men and women.

Source: Arizona Health Status and Vital Statistics Report 2010, Table 2B-4.
http://www.azdhs.gov/plan/report/ahs/ahs2010/pdf/2b4.pdf

Binge Drinking

- 20.2% of men
- 26.5% of unmarried couples
- 21.2% of people "out of work"
- 43.7% Iraq/Afghanistan War Veterans

Source: AZ BRFSS 2010, Pg. 60, Table 12.
http://www.azdhs.gov/phs/phstats/brfs/reports/BRFSS2010Report.pdf

Heavy Drinking—5.5% of respondents reported being heavy drinkers.

- Women (5.3%) compared to men (5.7%)
- Adults between age 45 and 54 (7.1%)
- Those with income levels of $50,000 to $74,500 (7.5%)

Source: AZ BRFSS 2010, Pg. 64, Table 13.
http://www.azdhs.gov/phs/phstats/brfs/reports/BRFSS2010Report.pdf



Ability to Make a Difference

Reducing Substance Abuse is a Winnable Battle. Seven of the 15 counties identified substance abuse as one of their top 10 public health priorities.

Evidence-Based and Best Practices

Evidence-based and best practices in prevention and treatment of substance abuse disorders have been developed and implemented across the country. (See Appendix E)

Capacity

Across the state, coalitions have been formed to address the issues of substance abuse including alcohol and drug use. At the State level, the Substance Abuse Prevention Coalition (SAPC) is a collaborative partnership between statewide organizations and communities to create a healthier Arizona that is free from substance abuse. SAPC members:

1. Serve in an advisory capacity to state organizations engaged in substance abuse prevention.
2. Recommend goals, objectives, policies, and evidence based-practices to prevent substance abuse.
3. Inform coalitions and communities about state-level initiatives.
4. Support the empowerment and development of community coalitions to prevent substance abuse.
5. Review data and substance abuse trends identified by the statewide The State Epidemiology Work Group.
6. Interpret the programmatic implications of substance abuse data and trends.
7. Coordinate and leverage resources to produce outcomes.

The Arizona Substance Abuse Partnership (ASAP) was established in June 2007 and serves as the single statewide council on substance abuse prevention, treatment, enforcement and recovery. The ASAP brings together stakeholders at the federal, state, tribal and local levels to: improve coordination across state agencies; address identified gaps in prevention, treatment and enforcement efforts; and improve funding allocation. The ASAP utilizes data and practical expertise to develop effective methods for integrating and expanding services across Arizona in order to maximize available resources.

The State Epidemiology Work Group of the ASAP is composed of a diverse team of statisticians, data analysts, academics, holders of key datasets, and other stakeholders from various state and federal agencies, tribal entities, private and non-profit substance abuse-related organizations, and universities. The State Epidemiology Work Group mission is to provide communities, policymakers and local, state and tribal officials with data on the use of alcohol and illicit, over-the-counter, and prescription drugs to inform their substance abuse prevention and intervention strategies.

Resources Available

Federal resources committed to the prevention and treatment of substance abuse disorders are available through the Substance Abuse Prevention and Treatment (SAPT) Block Grant. Currently $31 million is dedicated to treatment and $7 million is dedicated to implementation of prevention strategies. For people eligible for Medicaid, some services are available through the Regional Behavioral Health Authorities. Additional resources exist through Federal grants administered by the Arizona Department of Education, through the Drug Free Communities grants at the Arizona Parents Commission and local organizations providing prevention and treatment services.

Evidence-Based and Best Practices Implemented in Arizona

Evidence-based and best practices in prevention and treatment have been implemented in Arizona through the Regional Behavioral Health Authorities and community partners. A preliminary list of resources has been compiled with the assistance of ADHS. A more comprehensive asset map will be developed with partner input following the release of the State Health Assessment Report and during the SHIP process. Details of these programs can be found at the following link: Communityguide.org. (See Appendix F)

Substance Abuse (cont.)

Evidence-Based and Best Practices
ADHS-Led Initiatives
Treatment
12-Step Facilitation Therapy
Brief Interventions
Community Reinforcement Approach (CRA) with Vouchers
Dialectical Behavior Therapy
Family Support Network for Adolescent Cannabis Users
Motivational Enhancement Therapy (MET)
Strategic Family Therapy
A-CRA—Adolescent Community Reinforcement Approach
ASAM PPC 2R—American Society of Addiction Medicine Patient Placement Criteria
Matrix Model
7 Challenges
Prevention
Too Good for Drugs Strengthening Families At Risk in the Emergency Department At Risk in the High School At Risk in the Middle School At Risk in the University Family of Heroes SBIRT—Screening, Brief Intervention and Referral to Treatment Coalition Development Shoulder Tapping Covert Underage Buys Party Patrols Safe Home Networks Merchant Education Sticker Shock
Advocacy • Against new liquor licenses • Expansion of substance abuse treatment services • Youth recreation center
Media Campaigns
Policy Changes (State and Local Laws) • Cost increase for alcohol • Banning bath salts chemical structure • Banning medical marijuana in schools • Social Host Ordinances • Keg registration • Red tag policies • Unruly gathering ordinances

Prevention (continued)
Prescription Take Backs
Prescription Drop Boxes
Youth leadership, peer education
Promotoras
Community Initiatives
Adolescent Community Reinforcement Approach program (A-CRA)
American Indian life skills development
Botvin's life skills training
Cognitive behavioral therapy
Covert underage buys
Dialectical behavioral therapy
Eye Movement Desensitization and Reprocessing (EMDR)
Methamphetamine and other illicit drug education (MethOIDE) Matrix Model
Multi-systemic family therapy
Party patrols
Prescription drug monitoring program
Prescription drug take backs and drop boxes
Rx 360
Screening, Brief Intervention and Referral to Treatment (SBIRT)
Shoulder tapping
Social host laws
Sources of strength
Strengthening families
Strengthening multiethnic families
Too good for drugs
Various screening and assessment tools
CME trainings for primary care providers

Opportunities to Expand Current Efforts

Arizona has a long history of focus and action to prevent, and reduce the use and abuse of alcohol and drugs. Communities are engaged across the state in prevention, treatment and enforcement. Opportunities exist to build on this extensive foundation to include new partners and to identify opportunities to leverage existing funding. Possible areas of focus are military personnel (current and past), the issues of alcohol and prescription drug use among the middle-aged and elderly populations, and youth drinking and marijuana use.

Teen Pregnancy

There have been recent declines in birth and pregnancy rates for teens. However, for parenting teens and their children, the consequences are profound. Research shows that teen mothers are less likely to finish high school, and more likely to be single parents and to live in poverty. Babies born to teen parents have higher rates of low birth weight, prematurity, and often suffer from poor school performance. Additionally, children born to teen parents are more likely to become teen parents themselves. In 2011, the rate of low birth weight (8.2 per 100 live births) was significantly greater for Arizona females 15–19 years old compared to mothers age 20–34 years old.[19]

According to the CDC, only 50% of teen mothers receive a high school diploma versus 90% of women who had not given birth during adolescence. Children of teen mothers are more likely to have lower educational achievement, higher incarceration rates, more health problems, and higher unemployment as young adults. Nationally, teen pregnancy costs US taxpayers $11 billion per year for healthcare, foster care, increased incarceration rates among children of teen parents, and loss of revenue.

How is Arizona Doing?

Recent declines in Arizona's teen pregnancy rate are dramatic. In fact, Arizona had the largest decline (29%), in the nation between 2007 and 2010. Even with that decline, from 2008 through 2010, over 30,000 children were born to mothers less than age 20.

The 2010 teenage birth rate for girls 19 years old and younger was 21.2 per 1,000 births. The rate was lowest for girls age 10 to 14 at 0.5 per 1,000 births and highest for girls age 18–19 years old at 69.2 per 1,000 births. (Figure 3.1.38)

Teen birth rates varied by county as well. The rate for girls 19 years old and younger ranged from 18.2 per 1,000 births in Coconino County to 38.8 per 1,000 births in Gila County.

The teen birth rate varied among the counties especially for girls 18 to 19 years of age. Coconino County had the lowest birth rate in this age group in Arizona with 32.5 per 1,000 births, while La Paz County had the highest birth rate with 177.8 per 1,000 births.

Only four counties, Coconino, Maricopa, Pima and Yavapai, had teen birth rates below the statewide average.

Figure 3.1.38: Teen Birth Rate for Girls Age 19 and Younger per 1,000 Births, in Arizona, 2010

County of Residence	All 19 Years or Younger	10–14 Years	15–19 Years		
			Total 15–19 Years	15–17 Years	18–19 Years
Apache	25.9	0.0	50.7	23.1	94.9
Cochise	24.9	0.0	48.5	24.4	83.7
Coconino	18.2	0.5	29.0	23.4	32.5
Gila	38.8	1.9	74.7	40.7	136.1
Graham	31.9	0.0	60.6	32.5	90.7
Greenlee	27.6	3.0	57.1	44.0	81.6
La Paz	38.1	0.0	73.1	15.3	177.8
Maricopa	19.8	0.5	39.2	20.6	66.8
Mohave	23.9	0.2	47.9	20.1	94.1
Navajo	31.1	0.9	60.9	29.9	114.7
Pima	20.6	0.5	37.9	21.5	57.4
Pinal	21.6	0.5	47.1	22.6	91.8
Santa Cruz	28.5	0.0	57.6	41.6	87.2
Yavapai	18.8	0.0	37.8	15.4	73.7
Yuma	31.8	0.7	62.1	34.2	107.6
AZ	21.2	0.5	41.5	22.1	69.2

Source: AZ Health Status and Vital Statistics Report 2010, Table 5A-5. http://www.azdhs.gov/plan/report/ahs/ahs2010/pdf/5a5.pdf

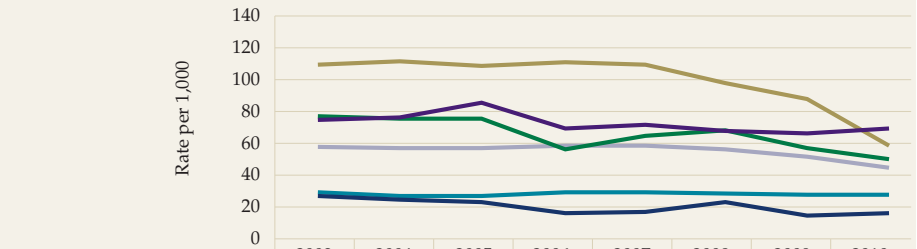
Trends in Teen Births and Pregnancy

Teen birth rates have fallen for all populations since 2003. From 2003 to 2010 the most significant reductions have been for Hispanic/Latina teens (105.8 to 59.1) and for Black/African American teens (79.1 to 49.6). While the teen birth rate has fallen since 2003 for American Indian/Alaskan Native teens, from 2008 to 2010 there has been an increase from 64.2 in 2008 to 67.1 in the rate of teen births in 2010. (Figure 3.1.39)

The pregnancy rates have declined for all age groups from 2003 through 2010. (Figure 3.1.40) The number of pregnancies for Hispanic females aged 19 years or younger exceeded the number of pregnancies among white non-Hispanic peers in every year since 1994. In 2010, Hispanic/Latino females accounted for 53.9% of all pregnancies in this age group, followed by White non-Hispanics (28.1%). Black/African-American, Asian/Pacific Islander, American Indian, and females of other race aged 19 years or younger accounted for a larger share of pregnancies in 2010 (16.2%) than they did in 2000 (13.8%).

Teen pregnancy rates in border counties have fallen since 2005; however, in 2009, for the first time, the pregnancy rate for teens aged 15–17 in border counties (29.6) was higher than the non-border county rate (28.2) and the state rate (28.5). (Figure 3.1.41)

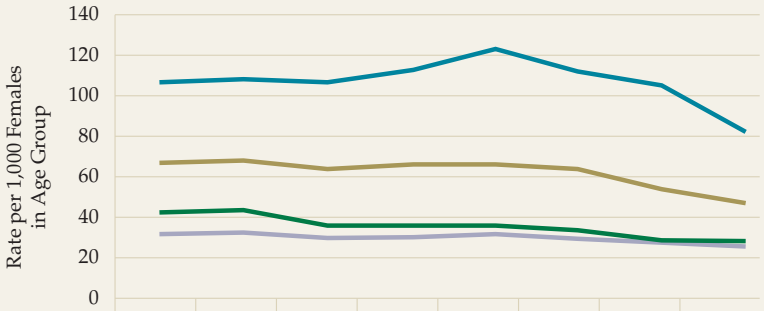
Figure 3.1.39: Teen Birth Rates by Race and Ethnicity—Age 15–19 Years, 2003–2010



	2003	2004	2005	2006	2007	2008	2009	2010
All Race/Ethnicities 15–19 Years	59.2	58.2	56.5	59.6	59.5	54.9	49.1	41.5
White, Non-Hispanic	27.8	25.3	23.9	29.0	27.9	26.6	23.8	23.6
Hispanic/Latina	105.8	107.7	104.6	108.3	106.8	96.7	85.0	59.1
Black/African American	79.1	73.7	74.0	55.8	60.8	63.3	58.2	49.6
American Indian/Alaska Native	77.9	78.6	80.3	67.7	70.4	64.2	63.0	67.1
Asian or Pacific Islander	28.5	22.6	22.1	18.3	19.7	21.1	16.1	17.5

Source: ADHS Winnable Battles PowerPoint Presentation 2013.
http://www.azdhs.gov/diro/excellence/documents/AZ-Health-Status_Winnable-Battles.pdf

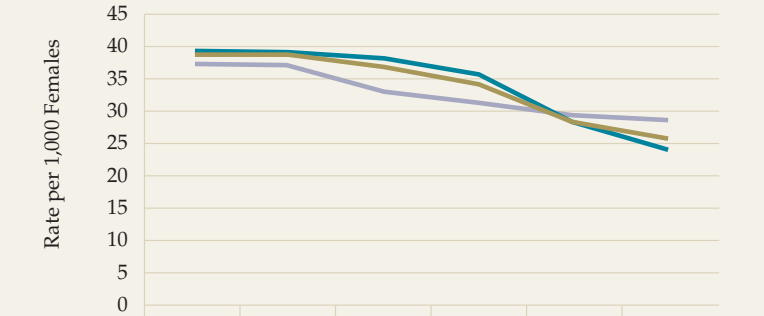
Figure 3.1.40: Pregnancy Rates by Age Group Among Females 19 or Younger, Arizona, 2003–2010



	2003	2004	2005	2006	2007	2008	2009	2010
All 19 and Younger	34.5	34.6	32.7	34.1	34.4	31.6	28.0	24.7
18–19	108.2	108.7	103.6	115.6	121.4	111.3	102.5	80.8
15–19	68.9	69.4	65.6	68.7	68.4	63.2	56.1	48.3
15–17	41.6	42.0	39.1	39.0	36.9	34.6	28.5	25.5

Source: Teen Pregnancy Arizona Report 2000–2010, Pg. 3, Figure 1, http://www.azdhs.gov/plan/report/tp/teen10/teenpregnancy2010.pdf

Figure 3.1.41: Teen Pregnancy Among Females 15–17 Years Old by Border and Non-Border Counties, Arizona 2005–2010*



	2005	2006	2007	2008	2009	2010
Border Counties	37.5	37.1	33.7	31.5	29.6	28.6
Non-Border Counties	39.6	39.5	37.8	35.4	28.2	24.7
Arizona	39.1	39.0	36.9	34.6	28.5	25.5

**Border Counties include Cochise, Pima, Santa Cruz, and Yuma.*
Source: ADHS Teen Pregnancy in Border and Non-Border Counties Arizona Report 2012, pg. 2, Figure 1
http://www.azdhs.gov/phs/owch/pdf/issues/Border-NonborderTeenPregnancy2012.pdf

Teen Pregnancy (cont.)

How Does Arizona Compare?

Arizona's overall birth rate for all teens is higher than the national average. It is also higher for girls age 10–14 and for girls age 15–19.

2010 Birth Rate for All Teen Births Per 1,000 Births

US Rate:	13.0
Arizona Rate:	13.7

2010 Birth Rate for Girls Age 10 to 14 per 1,000 Births

US Rate:	0.4
Arizona Rate:	0.5

2010 Birth Rate for Girls Age 15 to 19 per 1,000 Births

US Rate:	34.2
Arizona Rate:	41.5

Healthy People 2020 Objectives

Arizona is below the US Baseline and the Healthy People 2020 Target to reduce pregnancies among adolescent females aged 15 to 17 years.

US 2005 Rate:	40.2
HP 2020 Target:	36.2
AZ 2010 Rate:	22.1

Disparities

- Hispanic females = 53.9% of all teen pregnancies
- Native American females = The highest teen birth rate at 67.1 per 1,000

Ability to Make a Difference

Reducing Teen Pregnancy is a Winnable Battle. Reducing teen pregnancy has been a priority issue in Arizona for many years, and the declines in teen pregnancy rates demonstrate how community support and implementation of evidence-based and best practices can make a difference.

Eight of the 15 counties identified teen pregnancy as one of their top 10 public health priorities.

Evidence-Based and Best Practices

There are many evidence-based and best practices that can impact the Teen Pregnancy rate in Arizona. (See Appendix E)



Capacity

Arizona has had a long and focused history of State and local implementation of practices to reduce the rate of teen pregnancy. Resources have been available from multiple sources to continue the focus on teen pregnancy. This long-term, sustained commitment to the reduction of the number of teen pregnancies has contributed to significant improvement across the State.

Resources Available

- Personal Responsibility Education Program: $1.1 million
- Arizona Lottery Funds: $3.4 million
- Title V, Abstinence Education: $1.2 million

Evidence-Based and Best Practices Implemented in Arizona

Evidence-based and best practices have been implemented by ADHS and local organizations across the State. A preliminary list of resources has been compiled with the assistance of ADHS. A more comprehensive asset map will be developed with partner input following the release of the State Health Assessment Report and during the SHIP process. Details of these programs can be found at the following link: Communityguide.org. (See Appendix F)

Teen Pregnancy (cont.)

Evidence-Based and Best Practices
ADHS-Led Initiatives
Comprehensive Risk Reductions Interventions Coordinated with Communities: • 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 • Teen Outreach Program
Other 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 • Money Smarts
Community Initiatives
Free pregnancy testing
Teen pregnancy prevention services
Free pregnancy education
Free childbirth classes for teenagers
Free parenting classes for teenagers
Boutique for program participants
Teen father classes
Free support groups
New Hope Teen Pregnancy Program
Pregnancy Prevention Education Programs

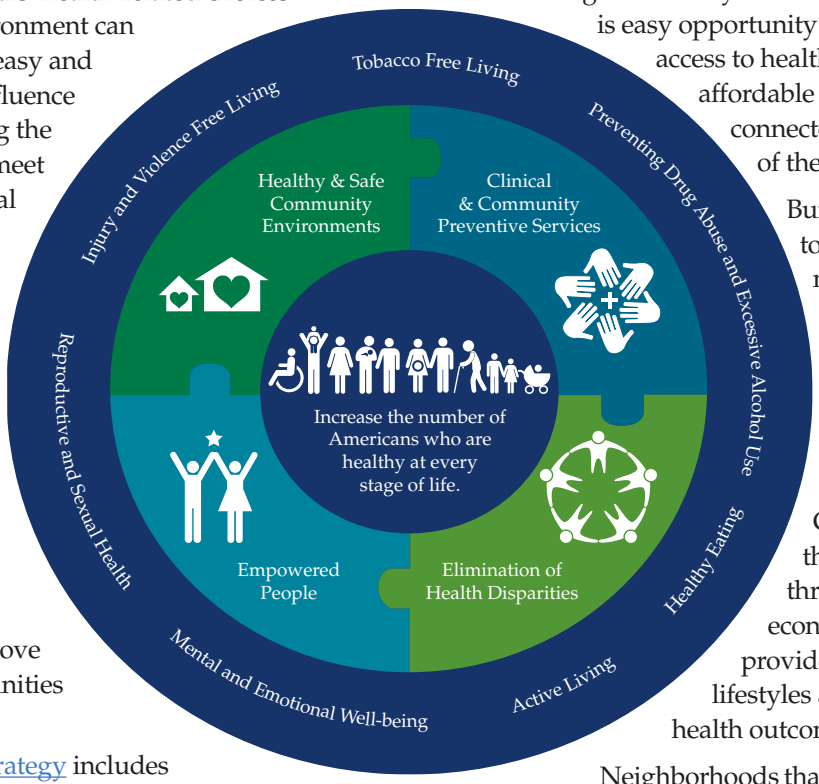
Opportunities to Expand Current Efforts

Arizona's steady decline in teen pregnancy is in large part attributable to the long-term, consistent focus in Arizona on addressing this health issue through partnerships and ongoing commitment of resources. Our greatest opportunity to continue this positive trend is in maintaining and growing the existing efforts.

Creating Healthy Communities and Lifestyles

The development and promotion of healthy communities and lifestyles can impact many of the leading public health issues in Arizona. The number of Arizonans suffering from chronic diseases such as obesity, diabetes, heart disease and asthma is increasing. These chronic diseases are only exacerbated by environmental factors, not reduced or prevented.

"Many elements of our communities affect health directly and also influence individuals' health-related choices. A healthy community environment can help make healthy choices easy and affordable. Many factors influence individual choices including the availability of resources to meet daily needs (e.g., educational and job opportunities, safe and affordable housing, healthy and affordable foods), community structures (e.g., accessible and safe buildings, parks, transportation), and the natural environment (e.g., absence of toxic substances and other physical hazards). Federal, state, tribal, local, and territorial policies that improve these factors within communities are often interrelated." [20]



The National Prevention Strategy includes four Strategic Directions: Healthy & Safe Communities, Clinical & Community Preventive Services, Empowered People, and Elimination of Health Disparities.

"The environments in which we live shape our health—for a healthy community, we need to make the healthy choice the easy choice."

…Public Health Professional, May 2013

Focus group participants identified having a park, animal control, healthy food sold at local stores, and a community center as their priority needs.

…Tuba City Focus Group, Coconino Community Health Assessment. http://assets.thehcn.net/content/sites/coconino/Final_CHA_6.13_website.pdf

Creating community environments where there is easy opportunity for physical exercise, access to healthy foods, safe and affordable housing, and a sense of connectedness enhance the health of the overall community.

Built environment refers to human-made (versus natural) resources and infrastructure designed to support human activity, such as buildings, roads, parks, restaurants, grocery stores and other amenities. [21] Creating environments that promote health through policy and targeted economic development provide options for healthier lifestyles and ultimately positive health outcomes.

Neighborhoods that are supportive and where children are safe occur less frequently in Arizona than the national averages. Supportive neighborhoods criteria included: 1.) We watch out for each other's children in this neighborhood; 2.) There are people I can count on in this neighborhood; and 3.) If my child were outside playing and got hurt or scared, there are adults nearby who I trust to help my child. (Figure 3.1.42)

Figure 3.1.42: Percentage of Children Living in Supportive Neighborhoods, 2011–2012

		AZ	US
Neighborhood Amenities	Percentage of children who live in neighborhoods with a park, sidewalks, a library, and a community center	56.9	54.1
Neighborhood Conditions	Percentage of children who live in neighborhoods with poorly kept or rundown housing	17.8	16.2
Supportive Neighborhoods	Percentage of children living in neighborhoods that are supportive	74.0	82.1
Neighborhood	Percentage of children living in neighborhoods that are usually or always safe	82.8	86.6

Source: National Survey of Children's Health (NSCH) 2011–2012. http://www.cdc.gov/nchs/slaits/nsch.htm#2011nsch
Note: For this survey, questions regarding 'Supportive Neighborhoods included: 1.) We watch out for each other's children in this neighborhood, 2.) There are people I can count on in this neighborhood, and 3.) If my child were outside playing and got hurt or scared, there are adults nearby who I trust to help my child.

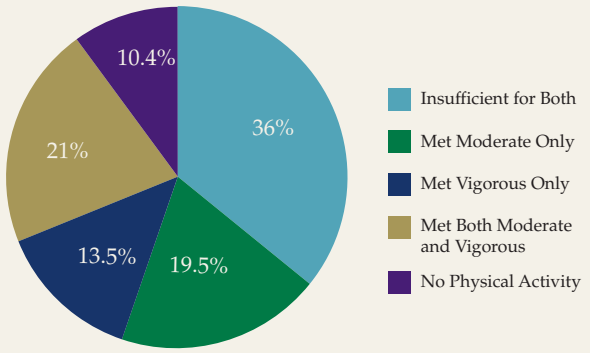
Physical Activity

Physical inactivity threatens to reverse the significant progress made in reducing morbidity and mortality caused by many chronic health conditions. A physically inactive population is at medical and financial risk for many chronic diseases including heart disease, stroke, colon cancer, diabetes, obesity, and osteoporosis. People are considered at risk if they reported insufficient or no physical activity.

Adult Physical Activity

According to the 2010 Arizona BRFSS data, 46.4% of adults reported insufficient physical activity or no physical activity in the vigorous or moderate categories. (Figure 3.1.43) Brisk walking, bicycling, vacuuming, gardening, or anything that causes some increase in breathing or heart rate continuously for at least 10 minutes is defined as moderate. Running, aerobics, heavy yard work, or anything else that causes large increases in breathing or heart rate continuously for at least 10 minutes is defined as vigorous.

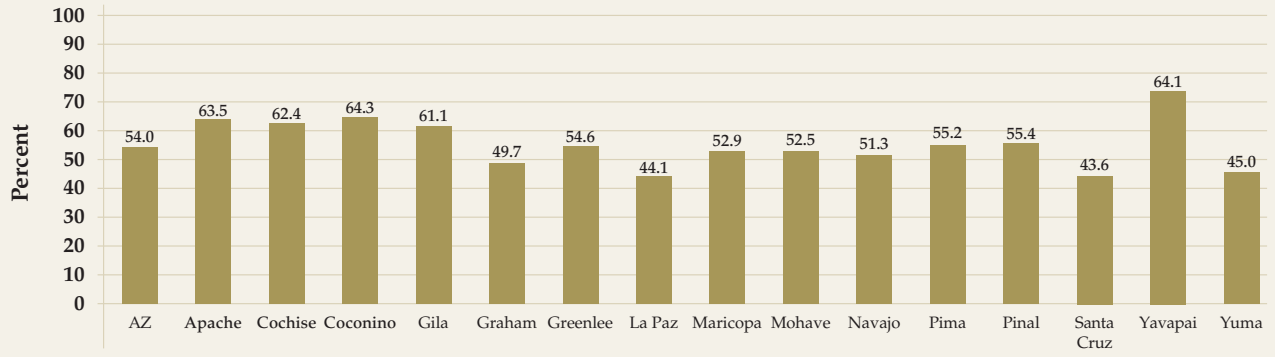
Figure 3.1.43: Physical Activity, 2010



Source: AZ BRFSS 2010, Pg. 83, Figure 18.
http://www.azdhs.gov/phs/phstats/brfs/reports/BRFSS2010Report.pdf

La Paz, Santa Cruz, and Yuma Counties report fewer people engaging in a healthy amount of physical activity than the state average (54%). The 2011 BRFSS measured the percentage of adults who participated in 150 minutes or more of aerobic physical activity per week. In Arizona, 52.8% responded yes to this question, slightly better than the national response at 51.7%. (Figure 3.1.44)

Figure 3.1.44: Percent of Adults Meeting Physical Activity Requirements, 2010



Source: AZ BRFSS 2010, Pg. 85. http://www.azdhs.gov/phs/phstats/brfs/reports/BRFSS2010Report.pdf

Youth Physical Activity

In Arizona only 25% of high school students reported at least 60 minutes of daily physical activity compared to 28.7% nationally. Only 18.1% of female students reported 60 minutes of daily activity compared to 31.9% of males. (Figure 3.1.45)

Arizona high school students are also spending less time using computers (excluding school time use of computers), watching television, or playing video games than their peers nationwide. In Arizona 27.7% of high school students reported using computers three or more hours per day and 28.6% reported watching television or playing video games 3 or more hours per day. Nationally, 31.1% reported using computers three or more hours per day and 32.4% reported watching television or playing video games three or more hours per day.

Only 41.7% of high school students report attending physical education classes at least one day a week compared with 51.8% nationwide. Female students are less likely to be participating in physical education classes compared to males.

Figure 3.1.45: Youth Physical Activity, 2011

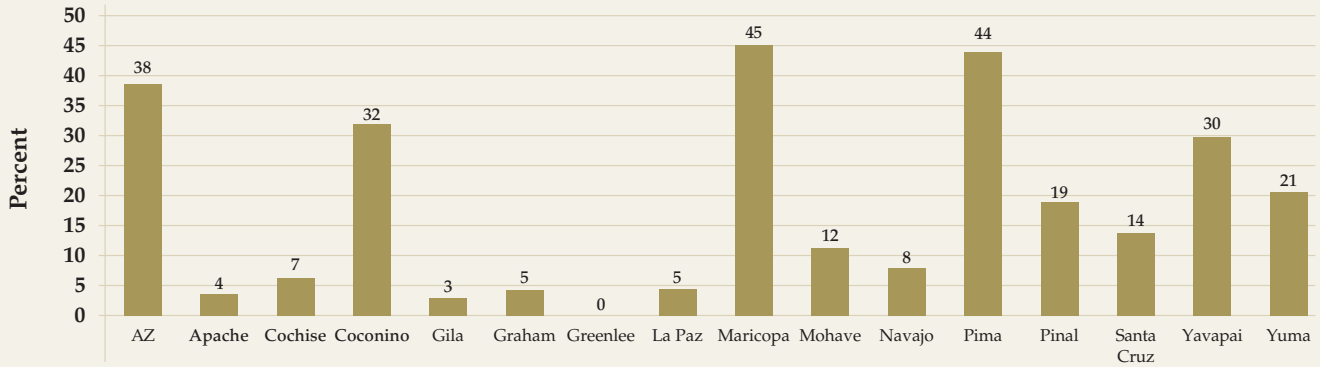
Measure	Females AZ	Males AZ	Total Rate AZ	US Rate
Physically active one hour per day, 7 days a week	18.1%	31.9%	25.0%	28.7%
Played video games or used computers 3 or more hours per day	23.2%	32.3%	27.7%	31.1%
Watched television 3 or more hours per day	26.6%	30.9%	28.6%	32.4%
Attend physical education classes (at least one day a week)	34.4%	49.0%	41.7%	51.8%
Attend physical education classes daily	23.2%	36.3%	29.6%	31.0%

Source: Youth Risk Behavior Surveillance Summaries—United States 2011, Pgs. 142–147, Tables 94–98. http://www.cdc.gov/mmwr/pdf/ss/ss6104.pdf

Walking, Biking and Recreational Facilities

Across Arizona, only 38% of Arizonans have access to parks in their communities. Graham County and Maricopa County provide the most access at 44% and 45% respectively. (Figure 3.1.46)

Figure 3.1.46: Percent of People with Access to Parks, 2010



Source: County Health Rankings 2013, Percentage of population living within half a mile of a park. http://www.countyhealthrankings.org/app/#/arizona/2013/measure/additional/130/data/sort-0

"Not enough buses, not enough parks, too many loose dogs, especially in the County which makes it hard to walk in the neighborhoods."

Pima County Community Health Assessment Key Informant
http://www.azdhs.gov/diro/excellence/documents/assessments/pima.pdf

In Arizona, Yavapai County has the highest rate of recreational facilities at 10.9 per 100,000 people. Cochise County and Pima County follow with rates of 10.6 and 10.5 respectively. Four counties have fewer than three recreational facilities per 100,000 people; i.e. Apache, Navajo, Pinal and Santa Cruz. (Figure 3.1.47)

Figure 3.1.47: Recreational Facilities, 2013

	# Recreational Facilities	Recreational Facility Rate per 100,000 People
Arizona	452.0	7.0
Apache	2.0	2.8
Cochise	14.0	10.6
Coconino	8.0	5.9
Gila	5.0	9.3
Graham	3.0	8.1
Greenlee	0.0	0.0
La Paz	0.0	0.0
Maricopa	258.0	6.7
Mohave	13.0	6.4
Navajo	3.0	2.8
Pima	103.0	10.5
Pinal	9.0	2.3
Santa Cruz	1.0	2.1
Yavapai	23.0	10.9
Yuma	10.0	5.1

Source: County Health Rankings 2013, Rate of recreational facilities per 100,000 population.
http://www.countyhealthrankings.org/app/#/arizona/2013/measure/factors/68/data/sort-0

Driving to Work Alone

In Arizona, 76% of commuters drive alone and 12% carpool. The average commute time is 24.7 minutes, according to the 2010 U.S. Census. (Figure 3.1.48) Many Arizonans work in an urban area, but live in a suburb. Driving to work creates air pollution while representing a missed opportunity to exercise by walking or biking. Generally across Arizona, people do not live in the same geographic area where they work. Many of the urban centers (where the jobs are) are surrounded by suburban communities where families live.

Figure 3.1.48: Driving Alone to Work, 2013

	# Drive Alone	% Drive Alone
Apache	14,567	78%
Cochise	39,986	78%
Coconino	43,084	67%
Gila	14,169	79%
Graham	8,774	72%
Greenlee	2,441	79%
La Paz	4,881	72%
Maricopa	1,291,456	76%
Mohave	55,261	77%
Navajo	24,494	70%
Pima	318,698	76%
Pinal	95,860	77%
Santa Cruz	13,356	80%
Yavapai	62,296	74%
Yuma	52,904	76%

Source: County Health Rankings Arizona 2013, Percent of the workforce that drives to work alone.
http://www.countyhealthrankings.org/app/#/arizona/2013/measure/additional/67/data/sort-0

How does Arizona compare?

More adults in Arizona report being physically active (66.5%) than the national average (64.5%). (Figure 3.1.49)

Figure 3.1.49: Adult Physical Activity, 2010

	Physically Active	Highly Active	No Leisure Physical Activity
US	64.5%	43.5%	25.4%
AZ	66.5%	46.9%	22.9%

Source: CDC, State Indicator Report on Physical Activity, 2010, Pg. 12.
http://www.cdc.gov/physicalactivity/downloads/PA_State_Indicator_Report_2010.pdf

Healthy People 2020 Objectives

Healthy People 2020 measures physical activity based on the number of people reporting no leisure time physical activity. The HP target is to reduce the rate from 36.2% of people reporting no leisure time physical activity to 32.6%. While not directly comparable, Arizona's rate for insufficient physical activity was 46%.

US 2007 Rate:	36.2%
HP 2020 Target:	32.6%
AZ 2010 Rate:	46.0%

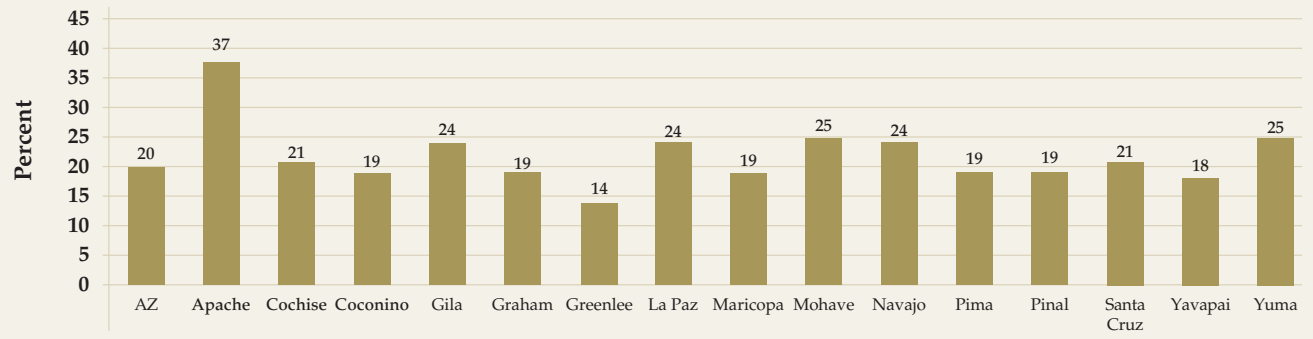
"We need more help in the remote areas of the county: in-home elder care, transportation to doctor appointments, shopping, social activities, help with cleaning, and home cooked meals for special diets.

… Yavapai County Survey Respondent
http://www.azdhs.gov/diro/excellence/documents/assessments/yavapai.pdf

Social Connectedness

Social connectedness is a significant contributor to the physical, mental, and overall well-being of individuals in a community. In Arizona, 20% of the population indicated they had no social-emotional supports. Apache County, which is entirely rural, had the highest reported level of no social-emotional support at 37%. (Figure 3.1.50)

Figure 3.1.50: Percentage with No Social-Emotional Support, 2013



Source: County Health Rankings 2013, Percent of adults without social/emotional support. http://www.countyhealthrankings.org/app/#/arizona/2013/measure/factors/40/data/sort-0

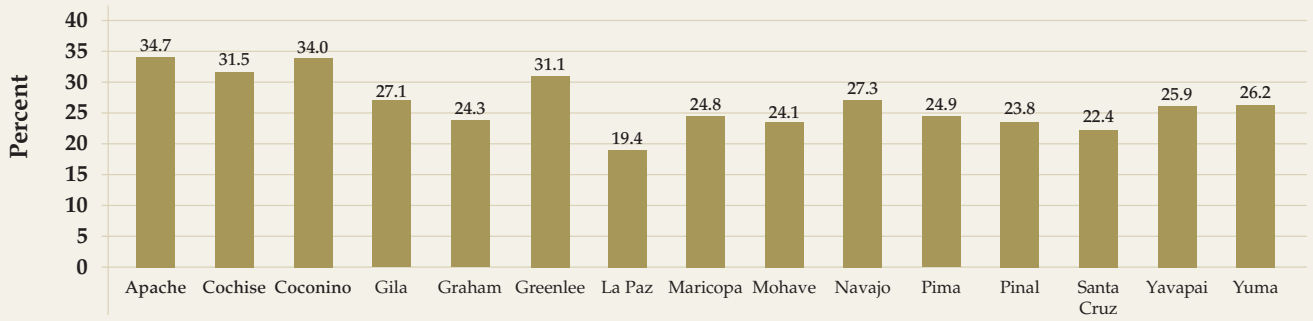
Access to Healthy Foods

The USDA reports that more than 20% of children in the United States are living in a food insecure household or a household where the members are unable to consistently access the adequate amount of nutritious food necessary for a healthy life. In Arizona an estimated 466,000 or 29% of all children and 19% of all Arizonans are living in food insecure households. This compares to 21.6% of children and 16.1% of the US population overall. Arizona is tied with Oregon for the 2nd highest rate of child food insecurity. [22]

Fruit and Vegetable Consumption

In Arizona, only 25.2% of adults consume five or more servings of fruits and vegetables each day. (Figure 3.1.51) This contributes to obesity and other chronic health issues. Several factors contribute to the consumption of a healthy diet. One in five Arizona families does not have enough money to buy food each month, and in some parts of the state the nearest grocery store is over 10 miles away.

Figure 3.1.51: Percentage of Arizonans Consuming 5 or More Fruits and Vegetables, 2010



Source: AZ BRFSS 2010, Pg. 73. http://www.azdhs.gov/phs/phstats/brfs/reports/BRFSS2010Report.pdf
Note: The National data for 2004, 2006, 2008, and 2010 were not available for questions in this category.



The Arizona Health Matters target is 24.1% of adults eating at least five fruits and vegetables per day. The Arizona percentages for 2011 show that 38.1% of the adults eat less than one serving of fruits and 21.6% eat less than one serving of vegetables a day. (Figure 3.1.52)

Figure 3.1.52: Fruit and Vegetable Consumption—Less than One a Day, 2011



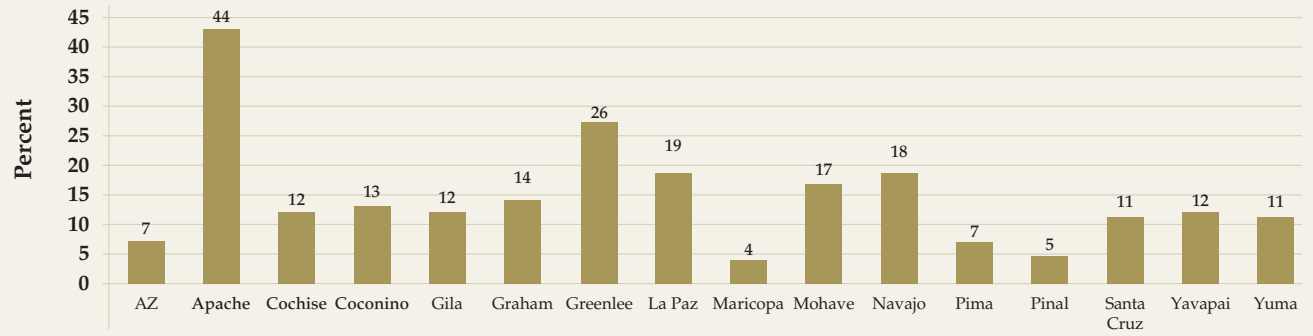
Fruits < 1/day
2011
38.1%

Vegetables < 1/day
2011
21.6%

Source: AZ BRFSS 2011, Pg. 117.
http://www.azdhs.gov/phs/phstats/brfs/reports/brfss-annual-report2011.pdf
**Prior to 2010, different methodology for evaluating fruits and vegetables and different sampling methodology in BRFSS were used.*

Seven percent of Arizonans have limited access to healthy foods because they do not have access to a grocery store in their community. Apache County has the most limited access at 44%, followed by Greenlee County at 26%. (Figure 3.1.53)

Figure 3.1.53: Percent With Limited Access to Healthy Foods, 2013



Source: County Health Rankings 2013, Percentage of population who are low income and do not live close to a grocery store. http://www.countyhealthrankings.org/app/#/arizona/2013/measure/factors/83/data/sort-0

How Does Arizona Compare?

Fruit and vegetable consumption was below the national average in 2002. From 2003 onward, Arizona has achieved levels higher than the national average. National data is not available for 2010; however, Arizona improved the rate of fruit and vegetable consumption in 2010 to 25.2% from 24.1% in 2009. (Figure 3.1.54)

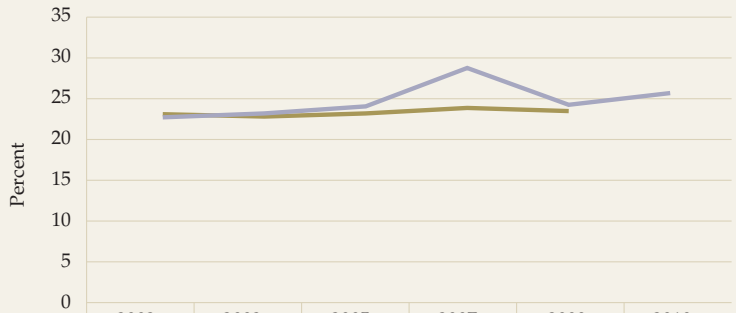
Foodborne Illnesses

The number of foodborne illnesses reported has steadily declined from 2,546 in 2008 to 2,106 in 2011. The rate of incidents reported per 100,000 people declined from 2008 to 2011 in 9 of the 15 counties. (Figure 3.1.55)

Water Pollution

Contaminants in drinking water are estimated to impact the health of over a million people each year in the US. Ensuring the safety of drinking water can prevent illness, birth defects, and death for those with compromised immune systems. Health problems associated with contaminated water include nausea, lung and skin irritation, cancer, kidney, liver, and nervous system damage. [23]

Figure 3.1.54: Fruit and Vegetable Consumption, 2010



	2002	2003	2005	2007	2009	2010
AZ	22.7%	23.1%	23.7%	28.3%	24.1%	25.2%
US	23.1%	22.6%	23.2%	24.3%	23.4%	NA

Source: AZ BRFSS 2010, Pg. 71, Figure 15. http://www.azdhs.gov/phs/phstats/brfs/reports/BRFSS2010Report.pdf

Figure 3.1.55: Foodborne Illness, 2008–2011 (Rate per 100,000)

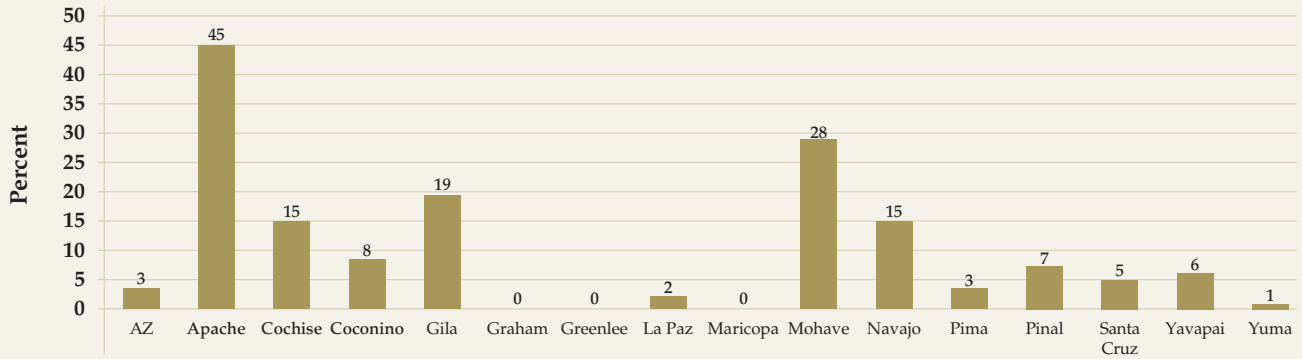
County	2008	2009	2010	2011
Apache	62.9	61.0	106.2	75.8
Cochise	33.7	36.5	49.3	41.8
Coconino	22.2	28.1	23.1	33.7
Gila	18.6	16.6	28.8	19.2
Graham	67.0	96.3	76.0	117.8
Greenlee	61.2	48.7	23.3	36.1
La Paz	38.3	19.1	33.5	9.9
Maricopa	36.8	36.5	28.5	25.1
Mohave	15.9	16.2	10.3	11.3
Navajo	83.0	110.6	69.4	70.7
Pima	47.7	45.2	41.2	47.5
Pinal	44.5	33.9	35.7	33.4
Santa Cruz	90.6	52.5	93.5	104.2
Yavapai	21.5	13.8	19.3	19.8
Yuma	53.5	50.2	40.2	45.9

Source: Independent analysis completed by ADHS Bureau of Epidemiology and Disease Control. http://www.azdhs.gov/phs/oids/training/documents/2011/Weiss.pdf

Water Pollution (cont.)

Almost 400,000 Arizonans are exposed to contaminated drinking water each year. The chart below identifies the percent of Arizonans receiving water from public sources with at least one violation during the year. The statewide rate is 3%, but Apache and Mohave Counties have significantly higher rates. (Figure 3.1.56)

Figure 3.1.56: Percentage of the Population Exposed to Water from Sources with At Least One Violation, 2013

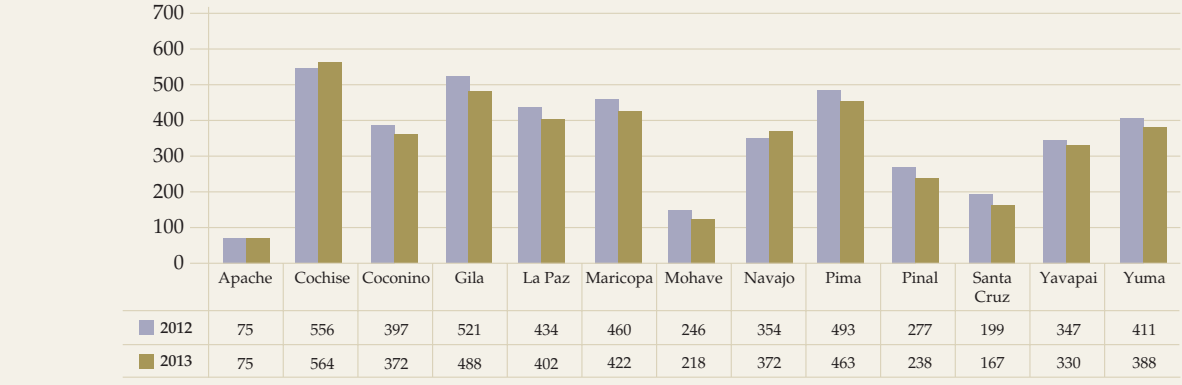


Source: County Health Rankings 2013, Percentage of population exposed to water exceeding a violation limit during the past year. http://www.countyhealthrankings.org/app/#/arizona/2013/measure/factors/124/data/sort-0

Crime Rates

Violent crime can have a physical safety and psychological impact on the health of a community. Exposure to crime and violence increases stress and exacerbates existing health conditions such as hypertension. Additionally, high violent crime rates deter community members from participating in healthy behaviors such as exercising outdoors.[24] From 2012 to 2013 Arizona's violent crime rate decreased from 466 to 427 violent crimes per 100,000 residents. The national benchmark for 2013 for violent crimes is 66 per 100,000. (Figure 3.1.57)

Figure 3.1.57: Violent Crime Rates, 2013 (per 100,000 Residents)



	Apache	Cochise	Coconino	Gila	La Paz	Maricopa	Mohave	Navajo	Pima	Pinal	Santa Cruz	Yavapai	Yuma
2012	75	556	397	521	434	460	246	354	493	277	199	347	411
2013	75	564	372	488	402	422	218	372	463	238	167	330	388

Source: County Health Rankings Report 2013, Violent crime rate per 100,000 population. http://www.countyhealthrankings.org/app/#/arizona/2013/measure/factors/43/data/sort-0
Note: Complete data for Graham and Greenlee Counties was not available.

Air Quality

Air pollution poses the greatest health risk specifically for young children, the elderly and individuals with existing chronic conditions. Smoke and haze in our environment can penetrate the lungs and has been shown to increase premature death in people suffering from heart and lung diseases.

Across the nation, air pollution varies from a low of 5.1 (ug/m3) in Wyoming to 15.3 in California. The national average is 10.5 (ug/m3). In 2012, Arizona ranked 25th in the nation for air pollution at 9.4, down from 10.0 in 2010 which was below the national average. [25]

The arid climate and dust storms also contribute to poor environmental quality. However, air quality trends from 1970 to 2011 for carbon monoxide concentrations in the Western region demonstrate the slowly decreasing levels in Arizona due to tighter regulation and increased awareness through pollution advisories. [26]

Housing Availability

The 2013 Arizona Housing Alliance Report, *Home Matters for Arizona*, highlights the importance of stable, affordable housing.

In a study of 6,000 families in Boston, children from families behind on rent payments were 52% more likely to be at risk for developmental delays and children in families who move two or more times in a year are 59% more likely to have been hospitalized. [27]

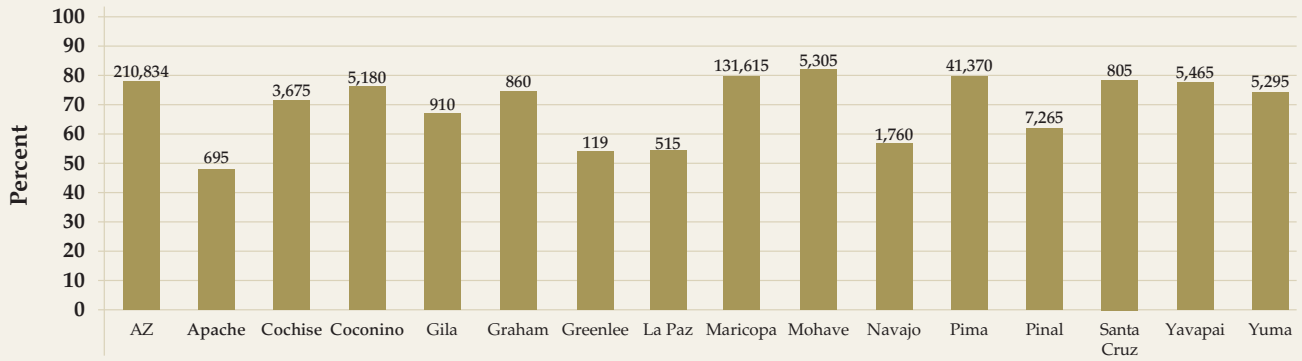
Across Arizona, there are an estimated 210,000 cost-burdened renters (80%); i.e. very low-income renters who are paying more than 30% of their income toward housing. In part this is due to a shortage of affordable housing. (Figure 3.1.58) In Arizona it is estimated there are 18 affordable rental units for every 100 extremely low-income households. [28]

"Home is one of the most important things in our lives—as essential a human need as clear air, water and food. Home is:

- The anchor of our daily routines
- Where we feel nourished from meals
- Where we feel comfortable sleeping in our own bed
- The neighborhood where we live, work and play
- Where we've come from, where we are now, and where we want to be."

Source: Home Matters for Arizona Report 2013, Arizona Housing Alliance
http://www.azhousingalliance.org/Resources/Documents/home-matters2013.pdf

Figure 3.1.58: Number of Cost Burdened Renters (Paying More than 30% of their Income for Housing), 2013



Source: Home Matters for Arizona Report 2013. http://www.azhousingalliance.org/Resources/Documents/home-matters2013.pdf

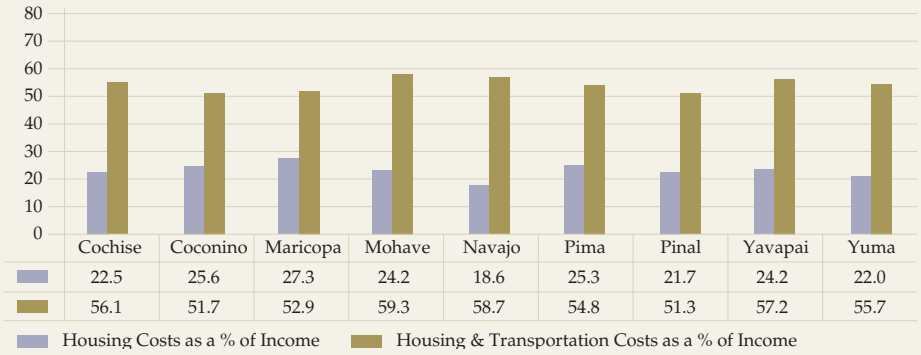
Home Buyers in Arizona

Home prices in Arizona are again rising after several years of decline. The trend of rising prices exacerbates the challenges for low-income families to securing affordable housing. To purchase a home selling for $147,250, an Arizona family earning 80% of the area median income ($37,370) must be prepared to: pay a monthly mortgage payment of $870, have no more than $410 in additional monthly debt payments, and have $14,000 for a 10% down payment. While there are options for lower down payments from some lenders, the monthly financial commitment is often well beyond the capacity of many families in Arizona. [29]

Housing Costs and Transportation

The Housing and Transportation Index has set a standard that combined housing and transportation costs should not exceed 45% of a family's income. Information available for selected counties in Arizona indicates that the standard is exceeded in each of these counties. (Figure 3.1.59) Arizona households spend, on average, $1,006 per month on transportation compared to the US average of $1,324. Transportation costs include commuting, errands, the cost of car ownership, and public transportation.

Figure 3.1.59: Housing + Transportation Costs As a Percentage of Income by County, 2013



	Cochise	Coconino	Maricopa	Mohave	Navajo	Pima	Pinal	Yavapai	Yuma
Housing Costs as a % of Income	22.5	25.6	27.3	24.2	18.6	25.3	21.7	24.2	22.0
Housing & Transportation Costs as a % of Income	56.1	51.7	52.9	59.3	58.7	54.8	51.3	57.2	55.7

Source: Home Matters for Arizona Report 2013, Figure 13, Pg. 18. http://www.azhousingalliance.org/Resources/Documents/home-matters2013.pdf

Ability to Make a Difference

Creating Healthy Communities and Lifestyles is a Winnable Battle. Five of the 15 counties identified Creating Healthy Communities and Healthy Lifestyles as one of their top 10 public health priorities.

Evidence-Based and Best Practices

There are many proven practices to enhance the health of communities ranging from policy initiatives to targeted interventions that support affordable housing for low-income families, and promote physical activity and social connectedness. (See Appendix E)

Capacity

Improving the health of communities can take the form of something as basic as nutrition education or can involve environmental policies impacting things such as improved access to recreation areas. Various state and community level efforts have been implemented across the state. Some of these programs are listed below.

Resources Available

- School Gardening Program—$46,000
- WIC—$125 million total funding with some funds directed to nutrition education
- Arizona Nutrition Network—$14 million directed to nutrition education and public health approaches around nutrition and physical activity.
- Health in Arizona Policy Initiative (HAPI)—$1.3 million
- PEW Health Impact Assessment Grant—$249,938

Evidence-Based and Best Practices Implemented in Arizona

Arizona has implemented a number of evidence-based and best practices with local community partners. These include having community parks and recreation departments offer physical education activities and working with the Hopi tribe to combine the Hopi Culture with physical activity through the "Run with the Sun" clubs.

Through the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) program, a focus on food security and healthy eating practices has been implemented. The Arizona Nutrition Network (AZNN) and Health in Arizona Policies Initiatives (HAPI) have provided a well-defined approach and strategy for improving healthy eating and active living opportunities. A preliminary list of resources has been compiled with the assistance of ADHS. A more comprehensive asset map will be developed with partner input following the presentation of the State Health Assessment and during the SHIP process. Details of these programs can be found at the following link: Communityguide.org. (See Appendix F)

Disparities—Consumption of Fruits and Vegetables

Among adults likely to consume an appropriate amount of fruits and vegetables were:

- Men (20.9%) compared to women (29.9%)
- Adults with less than a high school education (17.9%) or a high school or GED education (20.6%) compared to adults with a college degree (29.1%)
- Adults between the ages of 35 and 54 (21.8%)

Disparities—Physical Activity

- Women were less likely than men to participate in physical activity (51.7% versus 56.2% respectively).
- Adults who never married were most likely to participate in physical activity (64.1%).
- College graduate respondents participate in physical activity at a greater percentage than the other education subgroups (57.3%).

Source: AZ BRFSS 2010, Pg. 72, Table 15. http://www.azdhs.gov/phs/phstats/brfs/reports/BRFSS2010Report.pdf
AZ BRFSS 2010, Pg. 84, Table 18. http://www.azdhs.gov/phs/phstats/brfs/reports/BRFSS2010Report.pdf

Evidence-Based and Best Practices
ADHS-Led Initiatives
Tenant-Based Rental Assistance Programs:
Tenant-based rental assistance programs for people with serious mental illness
Healthy Community Design Policies:
Land Use Policies • School Garden Program
Neighborhood Preservation and Redevelopment Policies • City General Plans and County Comprehensive Plans
Safe Streets/Transportation Policies
Neighborhood Safety Policies • Safe Routes to School • Active School Neighborhood Checklist (ASNC) • Health Impact Assessments
Food Security/Healthy Eating Policies • Arizona Special Supplemental Nutrition Program for Women, Infants, and Children Program (WIC) • Arizona Nutrition Network (AZNN—SNAP-Ed) • Health in Arizona Policy Initiative (HAPI), including food security and other topics • Healthy AZ Worksites • CDC State Public Health Actions
Community Initiatives
Association on the Rural Community Health Center Domestic and Sexual Violence Program
Coordinated School Health Program
Healthy Community Design Toolkit
Healthy Kids, Healthy Communities
Life Care Planning Packet
Racial and Ethnic Approaches to Community Health (REACH)
Steps Program
Various interventions aimed at promoting safe and healthy children, families and communities

Opportunities to Expand Current Efforts

Opportunities to expand current efforts include the ongoing potential for new federal grant funding and continuing to leverage current funding with local communities and public and private business partners. New federal grant funding options for housing for people with substance use disorders appear to be on the horizon.

Healthcare-Associated Infections (HAI)

Healthcare-Associated Infections (HAIs) are infections that patients acquire during the course of receiving healthcare treatment for other conditions. Many types of invasive devices and procedures are used in the course of treating patients and helping them recover. HAIs can be associated with the devices used in medical procedures, such as catheters or ventilators. These HAIs include central line-associated bloodstream infections (CLABSI), catheter-associated urinary tract infections, and ventilator-associated pneumonia. Infections may also occur at surgery sites, known as surgical site infections. Additionally, *Clostridium difficile* can cause gastrointestinal infection; patients can be exposed to this bacterium through contaminated surfaces or the spores can be transferred on unclean hands from one person to another.[30]

Healthcare-Associated Infections can be devastating, deadly and costly. Across the United States, it is estimated that 100,000 patients die each year from contracted HAIs in an inpatient setting.[31] Nationally, HAIs contracted in an inpatient hospital setting are estimated to cost between $26 and $33 billion a year.

How is Arizona Doing?

- In Arizona, the standardized infection ratio (SIR) for central-line associated blood stream infections (CLABSI) [32]
  - o 2010—0.888
  - o 2011—0.575
- According to the CDC, patients in Arizona hospitals had 42% fewer central line-associated bloodstream infections in 2011 than would have been predicted. (59.8% of healthcare facilities in Arizona report HAI data to CDC about CLABSIs.)
- 1 out of every 20 patients will contract an HAI

How Does Arizona Compare?

Healthy People 2020 Objectives

Reduce central line-associated bloodstream infections (CLABSIs).

US 2010 Rate:	0.68 SIR
HP 2020 Target:	0.25 SIR
AZ 2010 Target:	0.89 SIR

Reducing Healthcare-Associated Infections is a Winnable Battle. Reducing Healthcare-Associated Infections has been identified as a key winnable battle because it is estimated at least one in three HAIs are preventable.

Ability to Make a Difference

The capacity for prevention coupled with the prevalence and severity of the issue elevates HAIs to a key measure. Currently, there is limited Arizona data available to quantify HAIs. Arizona facilities are not mandated to report HAIs to the state health department. The data that is publicly available is difficult to compare across healthcare facilities or states.

Evidence-Based and Best Practices

There are evidence-based and best practices available to impact HAIs. (See Appendix E)

Capacity

Capacity includes to what extent the issue can be impacted; i.e. are there current actions underway, are there resources available and opportunities to increase efforts to impact the issue.

Resources Available—ADHS only:

- CDC Grant: $105,000

A preliminary list of resources has been compiled with the assistance of ADHS. A more comprehensive asset map will be developed with partner input following the release of the State Health Assessment Report and during the SHIP process. (See Appendix F)

Evidence-Based and Best Practices Implemented in Arizona

ADHS has created a state HAI Prevention Plan and developed an HAI website with evidence-based HAI prevention guidelines and resources to support HAI outbreak investigation. Additionally, a statewide multidisciplinary HAI Advisory Committee has been established to standardize best practices for monitoring and preventing HAIs, educating the public and healthcare providers on effective methods to reduce HAIs, and proactively addressing emerging HAI issues. The HAI Advisory Committee is comprised of representatives from the State and local health departments, hospitals, long term care, assisted living facilities and the Arizona Rural Health Office. Also included is representation from the Association for Professionals in Infection Control and Epidemiology, Health Services Advisory Group, the Arizona Hospital and Health Care Association, the Arizona Health Care Association, Aging Services of Arizona, and the Arizona Ambulatory Surgery Center Association.

Healthcare-Associated Infections (HAI) (cont.)

Details of these programs can be found at the following link: Communityguide.org.

The HAI Advisory Committee and its subcommittees have:

- Created a *Clostridium difficile* toolkit and pamphlets for facilities across the healthcare continuum.
- Developed a transfer tool to facilitate communication about infection control during patient transfers between skilled nursing facilities and hospitals.
- Created a PowerPoint to address the business model for HAI prevention in acute care facilities (HAI Surveillance Subcommittee).
- Developed a series of patient education pamphlets about a variety of HAIs.

ADHS maintains a full-time HAI Coordinator to facilitate the multi-disciplinary HAI Advisory Committee and associated subcommittees, to collaborate with partners to foster a coordinated state-wide approach to HAI prevention, to promote evidence-based and best practices for HAI prevention and surveillance, and to link healthcare providers to resources in infection control. An epidemiologist within the Office of Infectious Disease Services provides support to local health departments and healthcare facilities for HAI outbreak investigation and delivers technical assistance to healthcare facilities with specific infection control needs or deficiencies.

Evidence-Based and Best Practices
ADHS-Led Initiatives
Promoting Hand Hygiene • During influenza season, the Office of Infectious Disease Services promotes hand hygiene through Twitter, Facebook, and other social media. Reducing Surgical Site Infections (SSIs) • The HAI Antimicrobial Stewardship Committee is creating a fact sheet on multidrug-resistant organisms. • The HAI Prevention Strategies Subcommittee addresses Multidrug-Resistant Organisms (MDRO) use in their *Clostridium difficile* Toolkit • Disinfecting surfaces is addressed through multiple disease-specific resources created by the HAI Advisory Committee. • Provide technical assistance as necessary to help prevent SSIs in healthcare facilities.
Community Initiatives
Coalition building activities; Surgical Care Improvement Project (SCIP) program support; Methicillin-resistant *Staphylococcus aureus* (MRSA) prevention initiatives; *Clostridium difficile* bacteria prevention initiatives On the CUSP: Stop HAI; Various catheter-associated urinary tract infections (CAUTI) prevention initiatives Surgical Care Improvement Project (SCIP) program

Opportunities To Expand Current Efforts

- HAI Epidemiologist—ADHS will apply for ELC funding to hire a dedicated HAI Epidemiologist who can improve HAI surveillance completeness and validity.
- Future opportunities exist for ADHS to lead one or more prevention collaborative in which groups of healthcare facilities work together to share best practices, challenges, and successes. This facilitated model of collaboration and sharing leads to enhanced information exchange with successes monitored through outcome measurement over time. Plans are currently in place to launch a hemodialysis collaborative through this model.
- Leverage and promote existing HAI prevention resources developed by CDC, the Joint Commission, the Association for Professionals in Infection Control and Epidemiology, and other similar expert groups.

Suicide

Every year suicide claims more lives in Arizona than homicide, motor vehicle crashes, and fire-arm-related deaths. With public discourse, education, and awareness, most suicides are preventable.[33]

Families, friends, and communities feel the impact of suicide as does society overall. The Substance Abuse and Mental Health Services Administration (SAMHSA) Leading Change Plan summarized their approach to the prevention of suicides as: "Creating communities where individuals, families, schools, faith-based organizations, and workplaces take action to promote emotional health and reduce the likelihood of mental illness, substance abuse including tobacco, and suicide." [34]

Adults and youth experiencing frequent mental distress or undiagnosed or untreated depression are most at risk of suicide. In SAMHSA's 2007 National Survey on Drug Use & Health (NSDUH), 10.9% of adults aged 18 or older (24.3 million), experienced serious psychological distress (SPD) in the past year. Of those adults who experienced SPD in the past year, less than half (44.6%) received mental health services during that time. In the 2007 survey, 8.2% of adolescents experienced at least one major depressive episode (MDE) in the previous year and less than 40% received treatment for depression.[35]

"We need better mental health inpatient services in Yavapai County. Many people are untreated and cannot access services for many months when their conditions are critical."

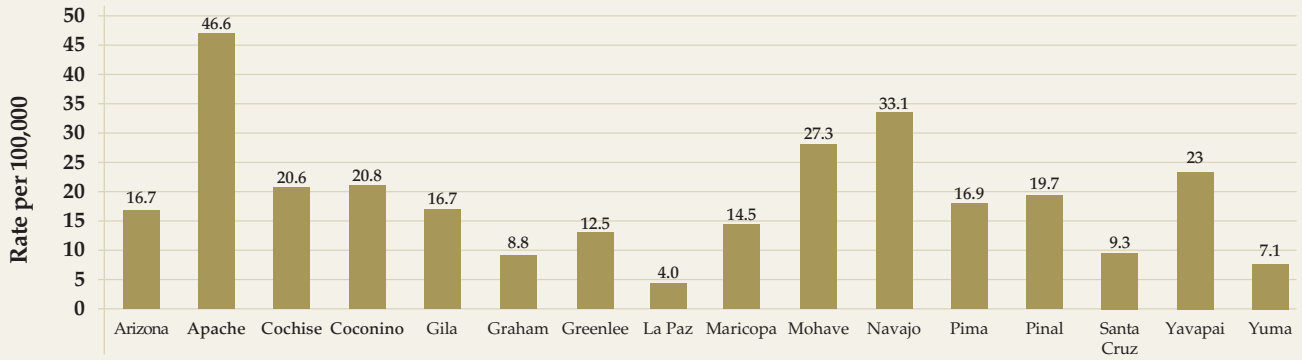
Yavapai County Community Participant: http://www.azdhs.gov/diro/excellence/documents/assessments/yavapai.pdf

How is Arizona Doing?

In 2010, suicide was the 8th leading cause of death in Arizona; the 5th leading cause of death among males. From 2000 to 2010 there were: 9,967 suicides in Arizona (2010 was the highest year for suicides at 1,070). [36] Of the 1,070 suicides in 2010, over half (602) were by discharge of firearms.

The 2010 rate for intentional self-harm (suicide) by county indicates the rate varies widely from a low of 4 per 100,000 in La Paz County, to a high of 46.6 per 100,000 in Apache County. Eight counties have a rate higher than the statewide rate of 16.7. (Figure 3.2.1)

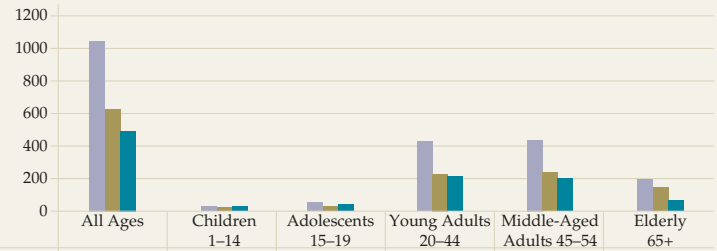
Figure 3.2.1: Intentional Self-Harm as a Leading Cause of Death, 2010 (Rate per 100,000)



Source: AZ Health Status and Vital Statistics Report 2010, Table 5E-11. http://www.azdhs.gov/plan/report/ahs/ahs2010/pdf/5e11.pdf

In 2010, suicide was one of the five leading causes of death for males in the 45–64 age group. The mortality rate for this age group for men increased from 29.7 per 100,000 to 40.9 per 100,000 from 2000 to 2010, a 37% increase. Middle-aged adults, age 45 to 64, had the highest number of suicides. In the 20–44 age group there was an 11.3% increase in the rate per 100,000 for males. (Figure 3.2.2)

Figure 3.2.2: Total Number of Suicides by Age and Method of Injury



	All Ages	Children 1–14	Adolescents 15–19	Young Adults 20–44	Middle-Aged Adults 45–54	Elderly 65+
Intentional Self-Harm (Suicide)	1,070	9	39	412	422	188
By Discharge of Firearms	602	3	13	212	236	138
By Other Means	468	6	26	200	186	50

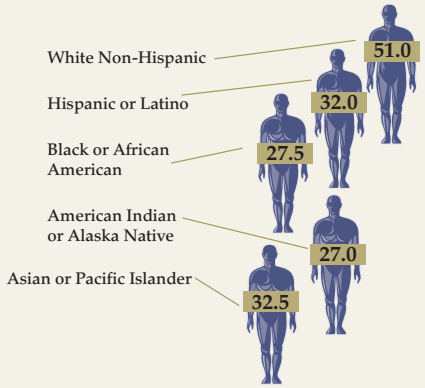
Source: Arizona Health Status and Vital Statistics Report 2010, Pg. 191, Table 2C-27. http://www.azdhs.gov/plan/report/ahs/ahs2010/chptr2a_2d.pdf

Suicide (cont.)

In 2010, the median age at death for all suicides was 48. Median age for males was 47, and for females it was 48, showing little variation. There was a slight difference in the median age at death between rural areas (age 50.5) and urban areas (age 47.0). Maricopa, Pima, Pinal and Yuma Counties are considered urban for this data. The remaining counties comprise Arizona's rural areas.

Significant differences in median age are apparent when viewing race/ethnicity information. The median age at death for Blacks/African Americans and for American Indians/Alaska Natives was much younger at 27.5 and 27.0 years old, respectively, compared to Hispanics/Latinos or Asian/Pacific Islanders at 32.0 and 32.5 years old. The median age at death for White Non-Hispanics was 51.0. (Figure 3.2.3)

Figure 3.2.3: Median Age at Death by Intentional Self Harm by Race/Ethnicity, 2010

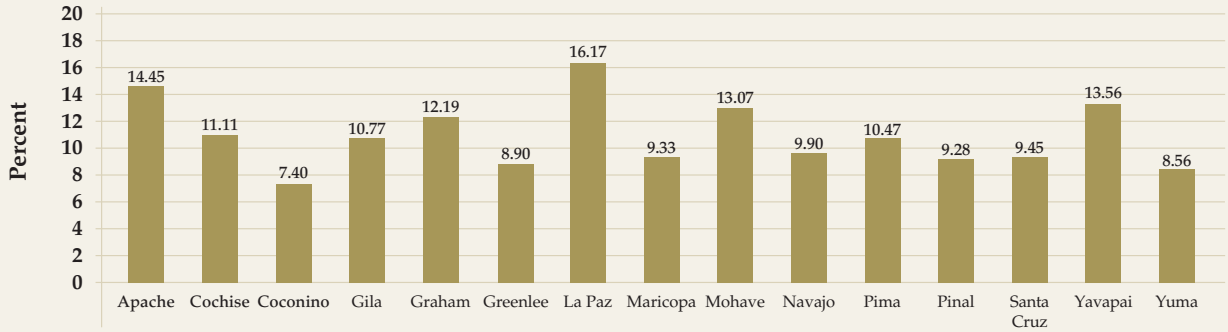


Source: Arizona Health Status and Vital Statistics Report 2010, Table 2D3. http://www.azdhs.gov/plan/report/ahs/ahs2010/pdf/2d3.pdf

Frequent Mental Distress

Almost 10% of Arizona adults report having frequent mental distress (9.88%). Mental distress may be caused by depression which can lead to suicide. Key strategies in reducing the number of suicides are the efforts to identify people who may have depression, ensuring depression is diagnosed and that people have access to treatment. Oftentimes depression goes undiagnosed or untreated. (Figure 3.2.4)

Figure 3.2.4: Self-Reported Frequent Mental Distress—Adults, 2010

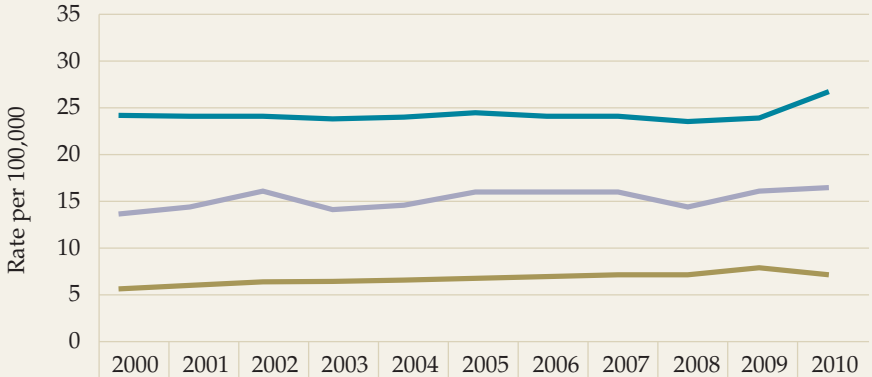


Source: Independent analysis of combined years' data completed by ADHS Bureau of Health Status and Vital Statistics. http://www.azdhs.gov/plan/

Trends

The statewide number of deaths per 100,000, where suicide was identified as the leading cause of death has slowly risen from 14.6 in 2000 to 16.7 in 2010. It is about four times higher for men than women. (Figure 3.2.5)

Figure 3.2.5: Intentional Self Harm as a Leading Cause of Death, 2000–2010



	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
Total	14.6	14.9	15.9	14.6	14.9	15.4	15.4	15.4	14.8	16.1	16.7
Male	24.7	24.6	26.4	24.0	24.1	24.9	24.7	24.4	23.0	24.6	27.1
Female	5.2	5.6	6.0	5.8	6.3	6.5	6.6	6.7	7.0	8.1	6.7

Source: Arizona Health Status and Vital Statistics Report 2010, Table 2B-3. http://www.azdhs.gov/plan/report/ahs/ahs2010/pdf/2b3.pdf

The aging population, 65 years and older, has a significantly higher rate (per 100,000) of suicide (21.2) than the overall population (16.7) or adolescents age 15 to 19 (8.4). In 2009 there were 209 suicides among the population age 65 and older. This number has increased steadily from 160 in 1999.[37]

The suicide rate decreased for youth 15–19 years old from 11.1 in 2000 to 8.4 in 2010. Male adolescents were 2.2 times more likely to commit suicide in 2010 than female adolescents. [38]

How does Arizona compare?

Arizona youth are at higher risk for suicide compared to nationwide indicators. Arizona has a significant number of youth reporting that they feel sad or hopeless almost every day for 2 or more weeks in a row. According to the 2011 Youth Risk Behavior Surveillance (YRBS) Summary, over 33% of Arizona high school youth reported feeling sad or hopeless. Notably, in female students the rate was female students the rate was 38.9% while nationally the rate was 28.5%. [39]

Arizona youth are more likely to have a suicide plan, attempt suicide, or attempt suicide that requires medical treatment than youth nationwide.

- Nationwide, 15.8% of students responding to the YRBS 2011 reported they had seriously considered attempting suicide during the 12 months before the survey. For Arizona youth, the rate was 18.7%. [40]
- Over 16% of the Arizona students had made a suicide plan; 10.3% had attempted suicide; and 3.3% had attempted suicide that resulted in injury, poisoning or overdose that had to be treated by a doctor or nurse. This compares with 7.8% nationwide who had attempted suicide and 2.4% whose suicide attempts resulted in treatment by a doctor or nurse.

Healthy People 2020 Objectives

Suicide Rate Overall (Per 100,000 population)

US 2007 Rate:	11.3
HP 2020 Target:	10.2
AZ 2010 Rate:	16.7
AZ 2000 Rate:	14.6

Suicide Rate for Ages 15–19 (Per 100,000 population)

US 2007 Rate:	9.4
HP 2020 Target:	10.0
AZ 2010 Rate:	21.3
AZ 2000 Rate:	23.3

Suicide Rate for Ages 65 and Older (Per 100,000 population)

US 2007 Rate:	16.8
HP 2020 Target:	10.0
AZ 2010 Rate:	21.3
AZ 2000 Rate:	23.3

Disparities

- Suicide rates (per 100,000) for men are over four times higher than for women (27.1 compared to 6.7 per 100,000.)
- Males between the ages of 45 and 64 had the largest increase from 2000 to 2010 in mortality rates for suicide than any other age group, a 37% increase.
- Suicide rates among people over age 65 were significantly higher than the overall suicide rate. In 2010, Arizona rates for adults were 10.9 compared to 21.3 for persons over age 65.
- Several rural counties had higher rates of suicide. Apache (46.6), Navajo (33.1), and Mohave (27.3) rates were significantly higher than the 16.7 statewide rate.

Source: Arizona Health Status and Vital Statistics Report 2010, Tables 2B-3, 2B-4, 2B-5. http://www.azdhs.gov/plan/report/ahs/ahs2010/t2b.htm

Ability to Make a Difference

Reducing Suicides is a Winnable Battle. One of 15 counties identified suicide prevention as a priority health issue. To impact the suicide rate, Arizona has both community support and the availability of evidence-based and best practices. The community involvement and evidence-based and best practices described below provide the foundation for reducing suicide in Arizona.

Evidence-Based and Best Practices

There are evidence-based and best practices that can impact the suicide rate in Arizona, many of which have been implemented. (See Appendix E)

Capacity

Arizona has several coalitions working at the State and local level to reduce the number of suicides. The coalitions bring together prevention, treatment, law enforcement, and other key stakeholders to develop and implement strategies at the State and local levels. Among the coalitions are:

- The Arizona Coalition for Military Families
- Arizona Suicide Prevention Coalition

Suicide (cont.)

- Indian Health Services—Resources for Native Americans
- Child Fatality Review Team
- Arizona Firearm Injury Prevention Coalition

Resources Available

Federal resources currently being directed toward suicide prevention include a $1.5 million grant from 2009 to 2013 from SAMHSA, which targets the management of depressive disorders, reducing depression among older adults, and emergency room interventions. While the grant is ending, the majority of services are being sustained beyond the duration of the grant. In addition to these resources, local communities have initiated efforts to reduce the number of suicides.

Evidence-Based and Best Practices Implemented in Arizona

ADHS, its partner organizations, the Regional Behavioral Health Authorities, and community-based organizations have implemented evidence-based and best practices through targeted grants from SAMHSA. A preliminary list of resources has been compiled with the assistance of ADHS. A more comprehensive asset map will be developed with partner input following the release of the State Health Assessment Report and during the SHIP process. Details of these programs can be found at the following link: Communityguide.org. (See Appendix F)

Evidence-Based and Best Practices
ADHS-Led Initiatives
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 (QPR) • Universal screening for suicide in clinical behavioral health settings in some regions of the state
Reducing depression among older adults • Mental Health Awareness Coalition of Maricopa County • Arizona City and Oracle Triad Coalition • Rim Country Business Coalition • West Yavapai Guidance Clinic, Senior Peer Program
Suicide Prevention Programs • Dialectical Behavior Therapy: unknown—Medicaid • Emergency Department Means Restriction Education • Emergency Room Intervention • Multi-systemic Therapy With Psychiatric Supports (MST-Psychiatric) • QPR Gatekeeper Training for Suicide Prevention • SOS (Signs of Suicide) School-Based Program • Sources of Strength Suicide Prevention Program
Community Initiatives
Operation SAVE; Safety Plan Treatment Manual to Reduce Suicide Risk: Veteran Version
Suicide Alertness for Everyone (SAFETalk) program; Question, Persuade, Refer (QPR) Gatekeeper Training for Suicide Prevention program
Dialectical Behavior Therapy Program; Multi-systemic Therapy With Psychiatric Supports (MST-Psychiatric) program
REACH for Your Life program

Opportunities to Expand Current Efforts

Continued participation and support through coalitions and partnerships provide an opportunity for ongoing focus on specific target populations for suicide prevention. Prioritizing populations most at risk, such as veterans, males between the ages of 45 and 64, Native Americans, and the elderly, provides the opportunity for implementation of evidence-based and best practices that are most effective for these populations.

Additional opportunities can be developed to address access to care and stigma reduction with funding that will become available through the Affordable Care Act. Access to care will be improved as a result of the Medicaid restoration legislation recently passed, which will afford Medicaid eligibility to an additional 250,000 people currently not covered by health insurance.

Arizona has implemented a variety of gatekeeper trainings, including Mental Health First Aid, Applied Intervention Skills Training, and Question, Persuade, Refer, and Kognito online training. The trainings provide methods to identify people in need of mental health services and suicide prevention interventions. Ongoing implementation of this initiative provides an opportunity to identify people who may be at risk of suicide and support their access to treatment.



Diabetes

Currently, more than 17 million Americans have diabetes, and over 200,000 people die each year of related complications. Diabetes can cause heart disease, stroke, blindness, kidney failure, leg and foot amputations, pregnancy complications, and deaths related to flu and pneumonia. Particularly at risk are the 5.9 million Americans who are unaware that they have diabetes. [41]

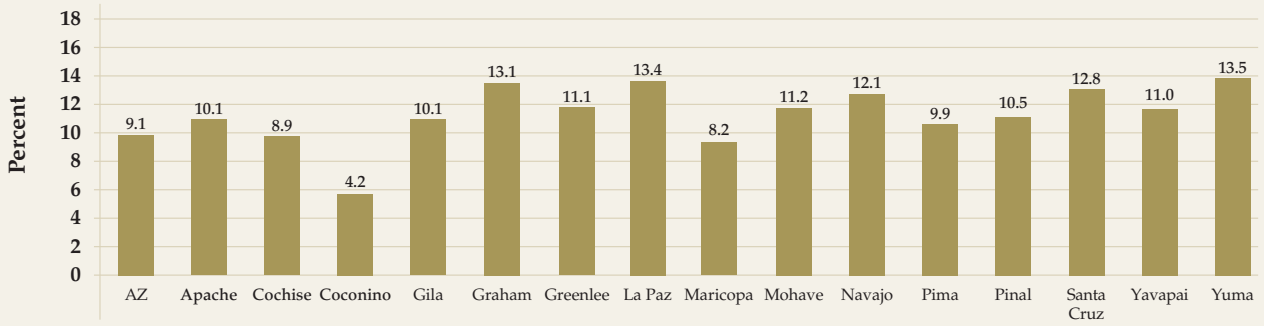
The prevalence of diabetes is increasing; it parallels the increase in obesity trends nationally and in Arizona. Cardiovascular disease and diabetes have the same risk factors (i.e. hypertension, smoking, lack of physical activity and poor nutrition). Along with diabetes, each of these indicators represents leading public health issues in Arizona along with diabetes.

How is Arizona doing?

The diabetes rate is increasing. The Arizona rate of diabetes is 9.1%. Graham, La Paz and Yuma have the highest rates. (Figure 3.2.6)

The rate of diabetes has increased steadily from 6.4% to 9.1% from 2002 to 2010. The current rate is slightly higher than the national average of 8.7%.

Figure 3.2.6: Diabetes Prevalence Rate by County, 2010



Source: AZ BRFSS 2010, Pg. 47. http://www.azdhs.gov/phs/phstats/brfs/reports/BRFSS2010Report.pdf

Pre-Diabetes—The statewide rate of adults who have ever been told they have pre-diabetes is 6.09%. Eight counties have a higher rate. The counties range from 4.8% (Graham County) to 9.48% (La Paz County). Pre-diabetes is a condition that can be reversed through weight loss, physical activity and proper nutrition. (Figure 3.2.7)



Figure 3.2.7: Adults Told They Had Pre-Diabetes, 2008-2010

County	Percent
Apache	4.98
Cochise	8.02
Coconino	5.53
Gila	5.84
Graham	4.80
Greenlee	8.11
La Paz	9.40
Maricopa	5.76
Mohave	8.84
Navajo	8.48
Pima	5.56
Pinal	7.96
Santa Cruz	7.04
Yavapai	7.25
Yuma	5.33
AZ	6.09

Source: Independent analysis of combined years' data completed by ADHS Bureau of Health Status and Statistics http://www.azdhs.gov/plan/

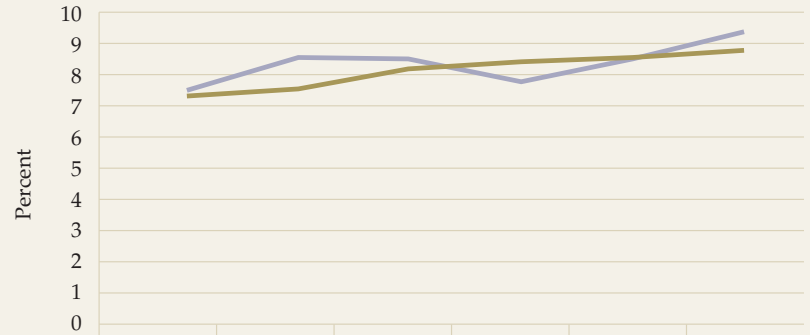
Trends

The percentage of adults in Arizona that have been diagnosed with diabetes has increased from 7.5% to 9.1% from 2005 to 2010. This is a 21% increase. The 9.1% rate in 2010 was above the national average of 8.7%.(Figure 3.2.8)

From 2000 through 2011 the Age Adjusted Death Rate for Diabetes has increased from 19 per 100,000 to 24.8 per 100,000. (Figure 3.2.9)

The age adjusted death rate has increased for all races/ethnic groups except American Indian/Alaska Native which decreased from 74.6 to 61.3 per 100,000. Even with that decrease, the rate for American Indians was the highest among all groups. Black/African Americans have the second highest rate of death at 57.8 in 2011 compared to 46.0 in 2000. The White non-Hispanic population was increasing the fastest with a 45% increase between 2000 and 2011. (Figure 3.2.10)

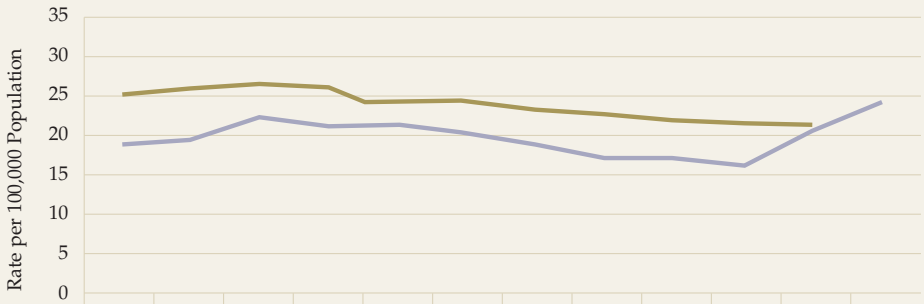
Figure 3.2.8: Adults Diagnosed with Diabetes by a Doctor, 2005–2010



	2005	2006	2007	2008	2009	2010
AZ	7.5%	8.5%	8.4%	7.8%	8.4%	9.1%
US	7.3%	7.5%	8.1%	8.2%	8.4%	8.7%

Source: Independent analysis completed by ADHS Bureau of Health Status and Vital Statistics. http://www.azdhs.gov/plan/

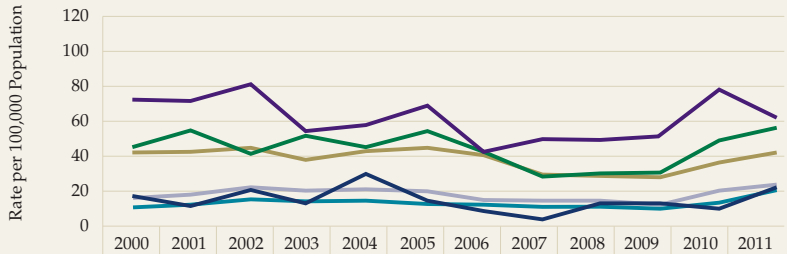
Figure 3.2.9: Age-Adjusted Death Rate for Diabetes, 2000–2011



	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
AZ	19.0	19.9	22.3	20.3	20.7	20.1	18.9	17.0	17.0	15.7	20.1	24.8
US	25.0	25.4	25.6	25.5	24.7	24.9	23.6	22.8	22.0	21.0	20.8	NA

Source: Arizona Health Status and Vital Statistics Report 2011, Table 2B-2. http://www.azdhs.gov/plan/report/ahs/ahs2011/pdf/2b2.pdf

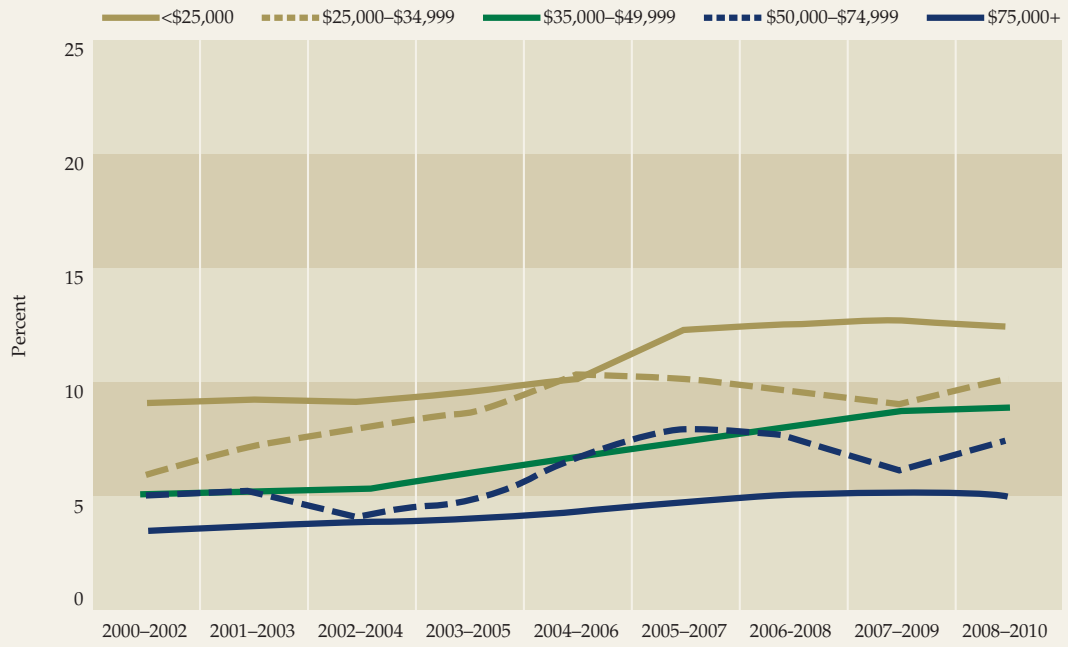
Figure 3.2.10: Age-Adjusted Death Rates for Diabetes by Race, 2000–2011



	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
All Groups	19.0	19.9	22.3	20.3	20.7	20.1	18.9	17.0	17.0	15.7	20.1	24.8
White, Non-Hispanic	14.9	15.4	18.0	16.5	16.8	15.5	15.2	13.7	13.8	12.2	15.2	21.6
Hispanic/Latina	41.1	42.9	45.6	39.1	43.5	46.0	40.4	30.8	29.1	28.1	37.3	41.7
Black/African American	46.0	55.7	41.0	53.6	44.8	55.2	43.9	30.3	30.8	31.1	50.0	57.8
American Indian/Alaska Native	74.6	72.8	80.8	55.8	59.0	69.9	43.9	51.1	50.8	54.2	79.3	61.3
Asian or Pacific Islander	19.5	14.8	21.9	15.7	30.0	17.8	10.9	5.1	16.1	16.2	11.7	23.3

Source: Arizona Health Status and Vital Statistics Report 2010, Table 2B-3 http://www.azdhs.gov/plan/report/ahs/ahs2010/pdf/2b3.pdf

Figure 3.2.11: Arizonans Who Were Diagnosed With Diabetes by Income, 2000–2010



Note: Rolling 3-year averages for self-reported income from BRFSS data

Source: AZ BRFSS 2010, Pg. 46, Table 9. http://www.azdhs.gov/phs/phstats/brfs/reports/BRFSS2010Report.pdf

How does Arizona compare?

Healthy People 2020 Objectives

Reduce the Prevalence of Diabetes

HP 2020 Target:	4.0%
AZ 2010 Rate:	9.1%

Reduce the Diabetes-related Death Rate (per 100,000):

US 2007 Rate:	73.1
HP 2020 Target:	65.8
AZ 2010 Rate:	49.0

Medicare Fee-for-Service Beneficiaries in Arizona have a diabetes rate of 22.7%, more than twice the rate for Arizona overall (9.1%). The Arizona diabetes rate for Medicare Fee-for-Service Beneficiaries is lower than the national rate for Medicare Fee-for-Service Beneficiaries of 27.7%. (Figure 3.2.12)

Figure 3.2.12: Prevalence of Diabetes Among Medicare Fee-for-Service Beneficiaries, 2007–2011

	Diabetes				
	2007	2008	2009	2010	2011
AZ	20.7%	21.3%	21.9%	22.4%	22.7%
US	26.0%	26.6%	27.2%	27.6%	27.7%

Source: 2007–2011 State MCC Summary Tables, Centers for Medicare & Medicaid Services. http://www.cms.gov/

Disparities

- More men than women have diabetes.
- 12% of Hispanics have diabetes whereas 8% of non-Hispanic Whites have diabetes.
- Native Americans, African Americans, Asians, and Hispanic/Latino people have higher rates of diabetes than non-Hispanic Whites.
- More than 5% of the population in Arizona is American Indian (a group more likely to develop diabetes than non-Hispanic Whites). It is estimated that diabetes is prevalent in 9% of Arizona's American Indian/Alaska Native population.
- Asian Americans and Pacific Islanders make up about 3% of the population in Arizona. However the prevalence of diabetes among Asians in Arizona is the same as non-Hispanic Whites.
- African Americans make up approximately 4% of the Arizona population. In Arizona, the prevalence of diabetes among African Americans (16%) is almost two times that of non-Hispanic Whites (8%).

Source: AZ BRFSS 2010, Pg. 46, Table 9. http://www.azdhs.gov/phs/phstats/brfs/reports/BRFSS2010Report.pdf

Ability to Make a Difference

Reducing the Prevalence of Diabetes is a Winnable Battle. Nine of the 15 counties identified diabetes as one of their top 10 public health priorities.

Evidence-Based and Best Practices

Evidence-based and best practices in diabetes prevention and management are available in three primary areas: case management interventions, disease management programs, and self-management education.
(See Appendix E)

Capacity

Arizona has committed resources to the prevention and management of diabetes. There are many strategies currently being implemented through ADHS and its partners through community-based initiatives.

Resources Available

From the State level, the following resources are being committed to address the issue of diabetes.

- Federal CDC Grant: $501,000

Evidence-Based and Best Practices Implemented in Arizona

Since 1994, the Arizona Diabetes Coalition, with over 300 members, has been vital in the development of a strategic plan, advocacy, and increasing awareness of pre-diabetes and diabetes. A preliminary list of resources has been compiled with the assistance of ADHS. A more comprehensive asset map will be developed with partner input following the release of the State Health Assessment Report and during the SHIP process. Details of these programs can be found at the following link: Communityguide.org. (See Appendix F)

Evidence-Based and Best Practices
ADHS-Led Initiatives
Diabetes Self-Management Education (DSME) Programs
Stanford Licensed Chronic Disease Self-Management Programs (CDSMP)
Arizona Diabetes Coalition (300 + members)
Arizona Diabetes Leadership Council
Disease management programs are being offered for state employees via insurance
Disease management programs are being offered through a Federally Qualified Health Center in Southern Arizona
Diabetes Prevention Programs (DPP)-CDC Lifestyle change programs
Community Initiatives
American Association of Diabetes Educators (AADE)-accredited Diabetes Self-Management Training & Education Programs (DSMT/E)
Diabetes Prevention Program (DPP)
Steps Program

Opportunities To Expand Current Efforts

Among the possible opportunities to expand current efforts are:

1. Continue collaboration among state and local organizations to increase access to prevention and management services.
2. Explore potential funding from outside funders, such as local health-related foundations and/or health associations such as American Diabetes Association, and leverage existing federal grants, and grants from other ADHS programs.
3. Expand Diabetes-Self Management Education (DSME) and Chronic Disease Self-Management Programs (CDSMP) among populations where diabetes is most prevalent.
4. Continue to raise awareness and promote diabetes prevention and self-management programs.
5. Provide diabetes training to clinical staff employed at Federally Qualified Health Centers to deliver diabetes care and support self-management strategies.
6. Work with local partners, including the University of Arizona College of Public Health, to create a framework for community health worker certification, workforce development, and reimbursement.
7. Continue to leverage the expertise of the Arizona Diabetes Coalition to provide clinical diabetes services, implement health systems change, and promote advocacy strategies for the reimbursement of DSME, CDSMP, and DPP.

Heart Disease

Cardiovascular disease and stroke were the 2nd and 6th leading causes of death in Arizona in 2010. Similar to diabetes and obesity, the prevalence of heart disease can be positively reduced through physical activity, a healthy diet, and abstinence from smoking. Annually a significant number of Arizonans are told they have hypertension (24.2%) or high cholesterol levels (40.9%). Others are unaware of these conditions due to a lack of access to care; almost 13% of Arizonans indicated they cannot afford healthcare.

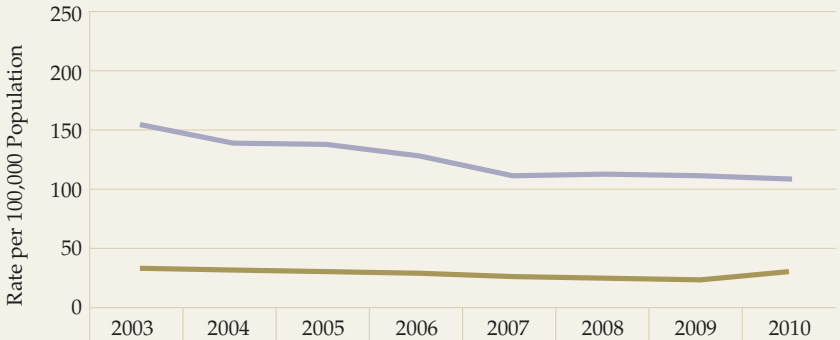
More than 2,150 Americans die from cardiovascular diseases each day—one every 40 seconds. Cardiovascular diseases claim more lives each year in the US than cancer and chronic lower respiratory diseases combined. In the US, cardiovascular disease costs are $475 billion annually. Of this amount, coronary heart disease costs $166 billion and stroke costs $69 billion. [42]

How is Arizona doing?

From 2000 to 2009, over 10,000 people died annually from heart disease in Arizona. The death rate for heart disease and stroke have both declined since 2000; however, in 2010, the death rate for stroke took a slight upward swing. For the first time in over a decade, the number of people that died from heart disease dropped below 10,000 to 9,719 people in 2010. (Figure 3.2.13)

The mortality rate for heart disease per 100,000 people decreased from 206.1 in 2000 to 143.3 in 2010. While the rate decreased for both men and women, the rate for men remains substantially higher at 179.8 per 100,000 people. (Figure 3.2.14)

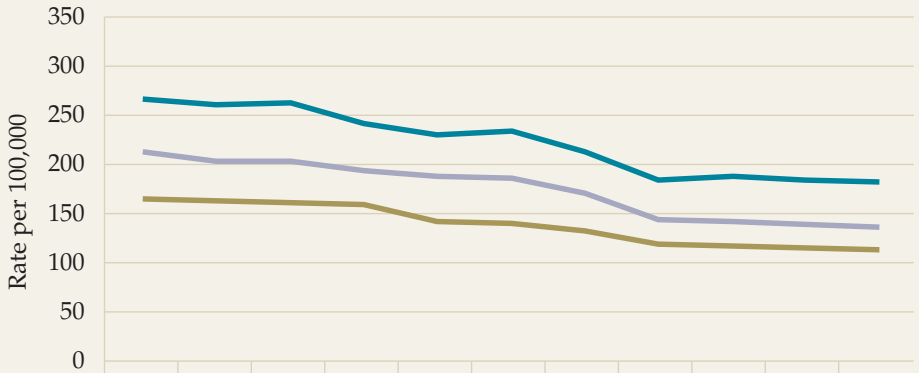
Figure 3.2.13: Death Rate Heart Disease and Stroke, 2000–2010



	2003	2004	2005	2006	2007	2008	2009	2010
Heart Disease Deaths	156.6	148.7	147.9	130.2	115.0	118.3	115.9	112.9
Stroke Deaths	43.9	43.6	40.6	34.8	30.6	30.3	28.9	35.1

Source: Arizona Health Status and Vital Statistics Report 2010, Table 2B-3. http://www.azdhs.gov/plan/report/ahs/ahs2010/chptr2a_2d.pdf
Note: Stroke is referred to as cerebrovascular disease in source.

Figure 3.2.14: Age Adjusted Mortality: Heart Disease by Gender, 2010



	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
Total	206.1	201.7	201.0	197.1	186.7	186.9	166.1	149.5	149.3	145.9	143.3
Male	259.3	251.3	253.6	246.6	234.2	237.4	207.3	184.0	189.3	183.1	179.8
Female	163.6	161.5	158.9	157.1	148.5	147.3	131.8	119.4	115.1	114.1	112.2

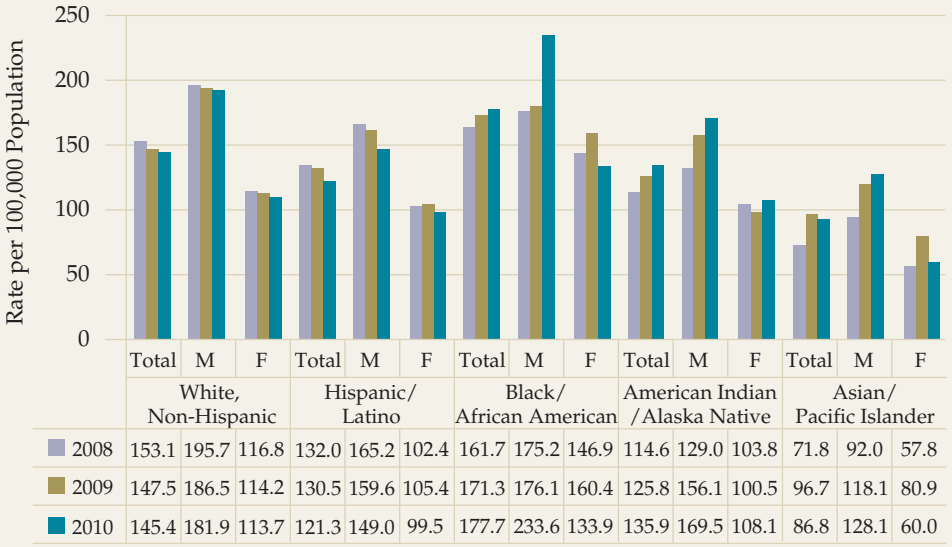
Source: Arizona Health Status and Vital Statistics Report 2010, Table 2B-3. http://www.azdhs.gov/plan/report/ahs/ahs2010/pdf/2b3.pdf

Heart Disease (cont.)

Every death is attributed to one underlying condition or cause; i.e. the disease or injury that initiated the chain of events leading directly to death. Based on reported underlying causes of death, heart disease is the leading overall cause of death. In addition to 10,424 deaths directly attributable to heart disease, another 8,623 deaths had heart disease assigned as the "other than the underlying" cause in 2010. The sum of these two counts (19,047 deaths) makes heart disease the number one cause of death. Mortality rates by ethnicity and gender indicate that in 2010 Black or African-American men have significantly higher rates of mortality from heart disease, followed by White Non-Hispanic men and American Indian/Alaska Native men. (Figure 3.2.15)

Heart Attacks: Almost 5% of adults reported being told they had experienced a heart attack. (Figure 3.2.16) Both blood pressure levels and cholesterol levels are indicators of heart disease. More than 25% of adults responding to the AZ BRFSS indicate being told they had high blood pressure. Blood pressure and cholesterol are both contributing factors to developing a heart attack. (Figure 3.2.17)

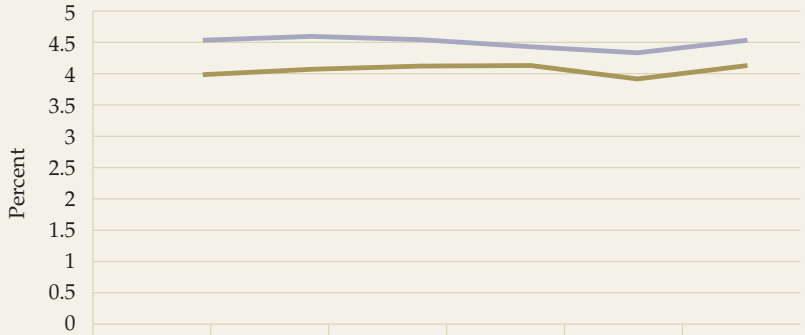
Figure 3.2.15: Age-Adjusted Mortality for Heart Disease: Rate by Race, Ethnicity, and Gender, 2008–2010



	White, Non-Hispanic			Hispanic/ Latino			Black/ African American			American Indian /Alaska Native			Asian/ Pacific Islander		
	Total	M	F	Total	M	F	Total	M	F	Total	M	F	Total	M	F
2008	153.1	195.7	116.8	132.0	165.2	102.4	161.7	175.2	146.9	114.6	129.0	103.8	71.8	92.0	57.8
2009	147.5	186.5	114.2	130.5	159.6	105.4	171.3	176.1	160.4	125.8	156.1	100.5	96.7	118.1	80.9
2010	145.4	181.9	113.7	121.3	149.0	99.5	177.7	233.6	133.9	135.9	169.5	108.1	86.8	128.1	60.0

Source: Arizona Health Status and Vital Statistics Report 2010, Table 2B-3. http://www.azdhs.gov/plan/report/ahs/ahs2010/pdf/2b3.pdf

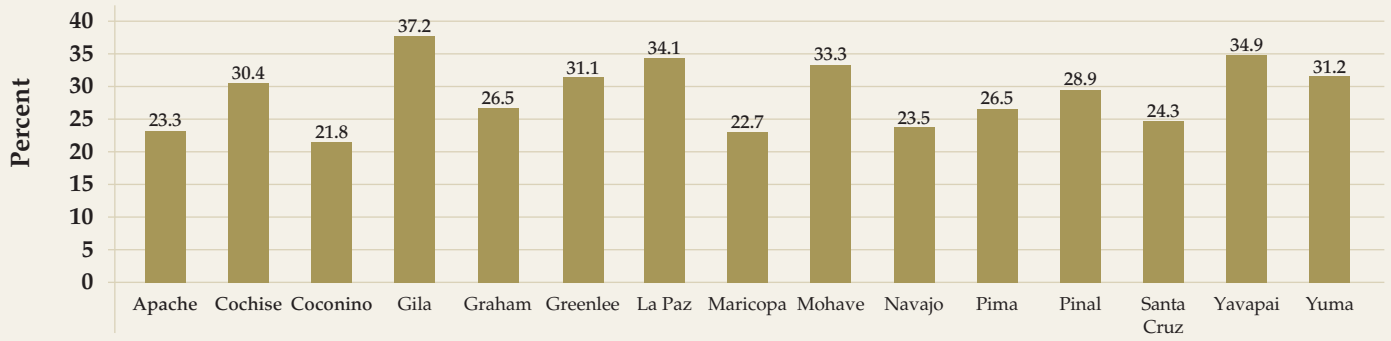
Figure 3.2.16: Adult Reporting They Were Told by A Doctor They Had a Heart Attack, 2010



	2005	2006	2007	2008	2009	2010
AZ	4.6%	4.7%	4.6%	4.5%	4.4%	4.6%
US	4.0%	4.1%	4.2%	4.2%	3.9%	4.2%

Source: AZ BRFSS 2010, Pg. 33, Figure 6. http://www.azdhs.gov/phs/phstats/brfs/reports/BRFSS2010Report.pdf

Figure 3.2.17: Adults Ever Told They Had High Blood Pressure, 2008–2009

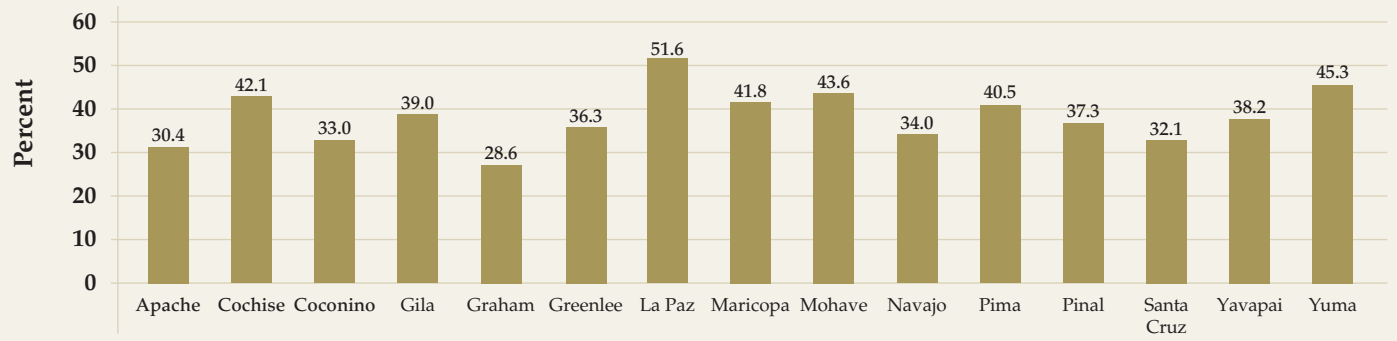


Source: Independent analysis of combined years' data completed by ADHS Bureau of Health Status and Vital Statistics. http://www.azdhs.gov/plan/

Heart Disease (cont.)

Heart Attacks (cont.): Over 40% of adults in Arizona indicated being told they had high cholesterol. (Figure 3.2.18) High blood pressure and cholesterol, left untreated, can cause plaque formation and damage to blood vessels, leading to heart disease.

Figure 3.2.18: Adults Ever Told They Had High Blood Cholesterol, 2009



Source: Independent analysis completed by ADHS Bureau of Health Status and Vital Statistics. http://www.azdhs.gov/plan/

How does Arizona compare?

Healthy People 2020 Objectives

Reduce coronary heart disease death rates (per 100,000):

US 2007 Rate:	126.0
HP 2020 Target:	100.8
AZ 2010 Rate:	112.9

Reduce stroke deaths (per 100,000):

US 2007 Rate:	42.2
HP 2020 Target:	33.8
AZ 2010 Rate:	35.1

Disparities—Heart Disease

- Men are significantly more likely to die from heart disease than women.
- Black men are more likely to die from heart disease than men of other races.

Source: Arizona Health Status and Vital Statistics Report 2010, Pg. 133, Table 2B-4 http://www.azdhs.gov/plan/report/ahs/ahs2010/chptr2a_2d.pdf

Disparities—Heart Attacks

- Males were more likely to have a heart attack, at 5.7% versus females at 3.5%.
- By employment status category, adults who retired or who were unable to work were most likely to have a heart attack, at 11.4% and 16.3% respectively.
- By household income, adults with household incomes greater than $75,000 were less likely to have a heart attack, at 2%.
- Hispanics were slightly less likely than non-Hispanic Whites to have a heart attack, at 3.4% versus 4.7%.

Source: AZ BRFSS 2010, Pg. 34. http://www.azdhs.gov/phs/phstats/brfs/reports/BRFSS2010Report.pdf

Ability to Make a Difference

Reducing the Prevalence of Heart Disease through Prevention and Chronic Disease Management is a Winnable Battle. Nine of the 15 counties identified heart disease as one of their top ten priority issues.

Evidence-Based and Best Practices

Evidence-based and best practices in heart disease prevention and management have been identified in the areas of reducing out-of-pocket costs, improving blood pressure control, and improving access to well-care and general health checks. (See Appendix E)

Capacity

Arizona has committed resources for the implementation of evidence-based and best practices toward the reduction of heart disease. Heart disease is directly associated with other leading public health issues. Additional information about resources and evidence-based and best practices can be found in the summaries of Obesity, Tobacco Use, Healthy Communities, and Well Care.

Hospital and healthcare clinics across Arizona are demonstrating a strong commitment to quality care and pro-active patient management utilizing best practices and technological support (electronic health records) through adopting meaningful use standards to increase positive outcomes, manage costs, and reduce readmissions.

Heart Disease (cont.)

Resources Available

- Federal CDC Grant: $532,000
- State Tobacco Funds: $747,000

Evidence-Based and Best Practices Implemented in Arizona

Evidence-based and best practices have been implemented by ADHS, hospitals, clinics, and other local organizations. A preliminary list of resources has been compiled with the assistance of ADHS. A more comprehensive asset map will be developed with partner input following the release of the State Health Assessment Report and during the SHIP process. Details of these programs can be found at the following link: Communityguide.org. (See Appendix F)

Evidence-Based and Best Practices
ADHS-Led Initiatives
Patient-provider interaction to increase patient knowledge, such as team-based care with medication counseling, and patient education
Programs/initiatives promoting team-based care to improve blood pressure control
Community Initiatives
Heart Health and Performance Program
Community Health Worker's Sourcebook; capacity building activities
Get With The Guidelines stroke module
Volunteer opportunities; K–6th grade hands-on, early intervention programs; various outreach programs

Opportunities to Expand Current Efforts

Planned and currently implemented improvements to patient management can potentially reduce the prevalence of heart disease and the incidence of heart disease-related deaths. Among the opportunities are:

1. Identifying access to additional resources, leveraging existing funding at the State and local levels, and continuing collaborations and partnerships.
2. Improving access to prevention and treatment services as a result of increasing the number of Arizonans that have access to health insurance.
3. Pro actively managing health care in patient populations through health care and networks.
4. Linking to electronic health records and patient care quality improvement programs.
5. Improving discharge planning and out-of-hospital support which can lead to reductions in readmission rates.
6. Increasing worksite wellness programs to support employers.
7. Expanding utilization of health care extenders, such as community health workers and pharmacists.

Other Chronic Diseases (Cancer, Respiratory Disease & Asthma)

Chronic diseases such as heart disease, stroke, cancer, diabetes, and arthritis, are among the most common, costly, and preventable of all health problems in the U.S. According to the CDC, seven out of ten deaths among Americans are from chronic diseases. Heart disease, cancer, and stroke account for more than 50% of all deaths.[43] In 2010, chronic diseases were responsible for seven out of 10 deaths among Arizonans. Chronic diseases accounted for more than 29,500 deaths in Arizona during 2010.

Many chronic conditions are directly connected to or exacerbated by other health issues, such as obesity, lack of physical activity, tobacco use, substance use, and the lack of a healthy diet. Arizona's indicators for these health issues can improve compared to national data and trend positively.

Leading a healthy lifestyle (avoiding tobacco use, being physically active, and eating well) greatly reduces a person's risk for developing chronic disease. Access to high-quality and affordable prevention measures (including screening and appropriate follow-up) are essential steps in saving lives, reducing disability, and lowering costs for medical care.

How is Arizona Doing?

Previous sections discussed how thousands of Arizonans suffer from diabetes and heart disease, and how both contribute significantly to Arizona's leading causes of death. Two other prevalent chronic diseases impacting the lives of Arizonans are cancer (malignant neoplasms) and lower respiratory diseases, including asthma, COPD, emphysema, and bronchitis.

As Arizona's population ages, steps need to be taken now to ensure that the systems in place are able to meet the forecasted high demand imposed by the "Baby Boomer Tsunami" for the next 20 years.

Source: ADHS Bureau of Tobacco and Chronic Disease: Snapshot 2012.
http://www.azdhs.gov/phs/prevention/documents/btcd-state-of-state-2012.pdf

Based strictly on the number of deaths in 2010, the leading cause of death in Arizona was cancer (10,423 or 22.7%), followed by heart disease (9,719 or 21.2%), and chronic lower respiratory disease (2,892 or 6.3%).

Cancer

In 2010, cancer was the leading cause of death for all racial/ethnic groups except American Indian/Alaska Native. Age-adjusted mortality rates for cancer by race/ethnicity in 2010 indicate that Black/African Americans have the highest rate at 182.6 per 100,000 people. (Figure 3.2.19)

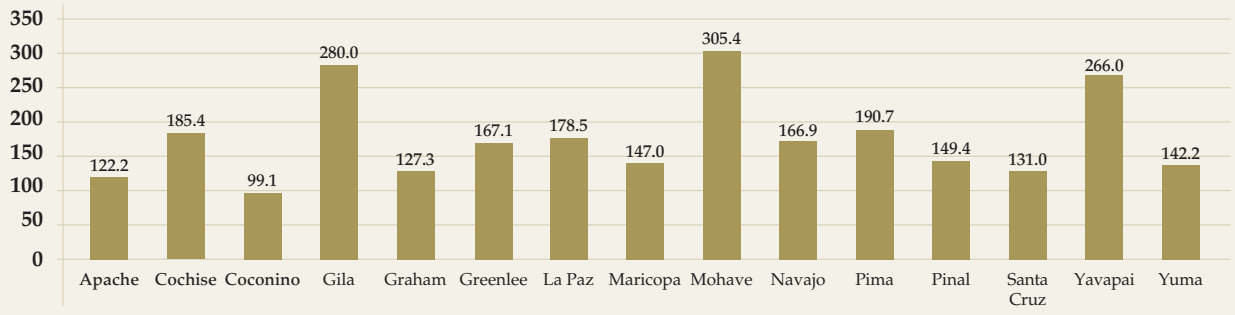
Figure 3.2.19: Age-Adjusted Cancer Mortality Rate (per 100,000) by Race/Ethnicity, 2010

Black/African American	182.6
White, Non-Hispanic	155.6
American Indian/Alaska Native	135.9
Hispanic/Latino	126.2
Asian/Pacific Islander	96.2

Source: Arizona Health Status and Vital Statistics Report 2010, Table 2B-3.
http://www.azdhs.gov/plan/report/ahs/ahs2010/pdf/2b3.pdf

In 2011, the mortality rate due to cancer was the highest in Mohave County at 305.4 incidents per 100,000 people. Coconino County had the lowest rate at 99.1 per 100,000 people. Statewide, the rate was 163.8 per 100,000 people. (Figure 3.2.20)

Figure 3.2.20: Mortality Rates per 100,000 Malignant Neoplasms (Cancer), 2011



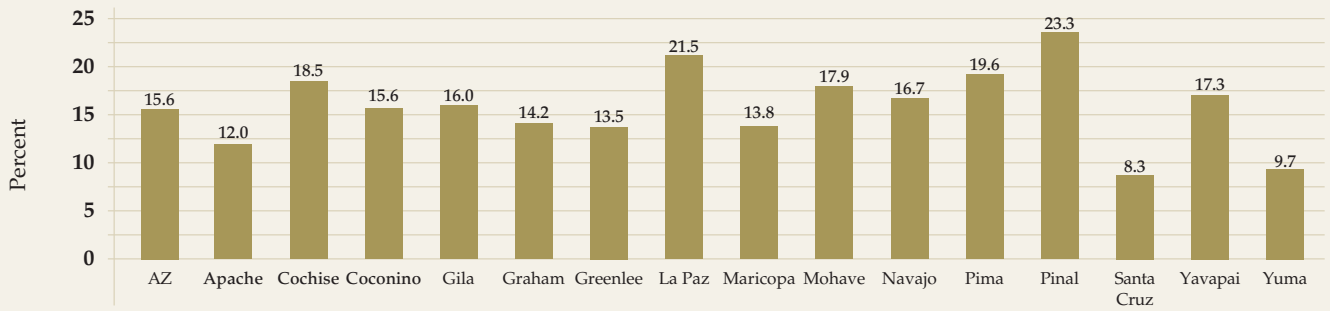
Source: Arizona Health Status and Vital Statistics Report 2011, Table 5E-13. http://www.azdhs.gov/plan/report/ahs/ahs2011/pdf/5e13.pdf

Chronic Lower Respiratory Disease (CLRD)

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 (CLRD) increased for both genders. Urban females had the lowest mortality rate for CLRD (38.0 deaths per 100,000) among the gender by region groups. Rural males, the group with the highest mortality risk for CLRD (51.9 deaths per 100,000), were 10.9% more likely in 2010 to die from this cause than urban males (46.8 deaths per 100,000).

In 2010, 15.6% of adults in Arizona had been told by a doctor, nurse, or other health professional that they had asthma. Asthma is a disease that affects the lungs. It causes repeated episodes of wheezing, breathlessness, chest tightness, and nighttime or early morning coughing. Asthma can be controlled by taking medicine and avoiding the triggers that can cause an attack. Asthma cannot be cured, but it can be controlled. (Figure 3.2.21)

Figure 3.2.21: Percent of Arizona Population with Asthma, 2010



Source: Independent analysis completed by ADHS Bureau of Health Status and Vital Statistics. http://www.azdhs.gov/plan/

The current prevalence rate for Arizona children with asthma was 9% in 2010 compared with 8.4% nationally. In Arizona, asthma is most prevalent in children age 10–14. (Figure 3.2.22)

Figure 3.2.22: Current Asthma Prevalence in Children, 2010

Age	AZ	US
0–4	4.9%	5.9%
5–9	11.2%	9.8%
10–14	13.3%	9.4%
15–17	11.3%	9.0%

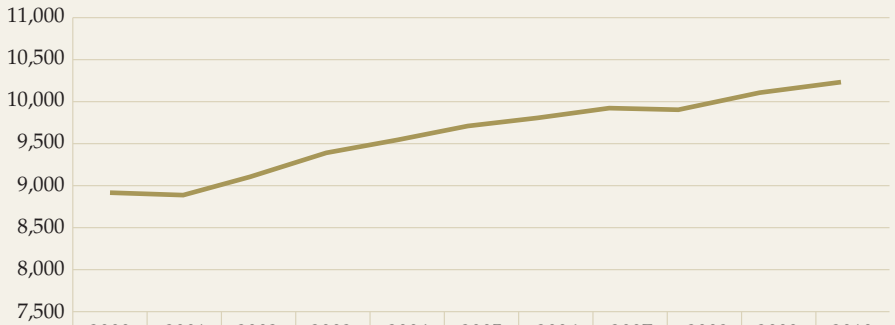
Source: CDC, BRFSS Prevalence Data, 2010 Child Asthma, Table C3. http://www.cdc.gov/asthma/brfss/2010/child/current/tableC3.htm

Trends

Cancer

From 2000 through 2010, there has been a steady increase in the number of cancer deaths (8,994 to 10,423). (Figure 3.2.23) In 2010 cancer deaths exceeded heart disease deaths for the first time.

Figure 3.2.23: Number of Cancer Deaths, 2000–2010



	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
Number of Deaths	8,994	8,914	9,148	9,451	9,506	9,673	9,768	9,955	9,949	10,147	10,423

Source: Arizona Health Status and Vital Statistics Report 2010, Table 2B-1. http://www.azdhs.gov/plan/report/ahs/ahs2010/pdf/2b1.pdf

While the number of deaths from cancer has continued to increase, the age-adjusted mortality rate per 100,000 population has decreased for every racial/ethnic group in Arizona from the 2000 rate. The 2010 age-adjusted mortality rate is 150.5 per 100,000 population compared to 170.4 in 2000. The Black/African American population has the highest rate at 182.6 deaths per 100,000 population, followed by White Non-Hispanic at 155.6 deaths per 100,000 population. (Figure 3.2.24)

Chronic Lower Respiratory Disease (CLRD)

Asthma—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. This compares to a national rate of 13.5% for 2010.

The number of people discharged from hospitals with asthma listed as the primary diagnosis has increased steadily since 2008.

AZ 2008:	3,925
AZ 2009:	4,143
AZ 2010:	4,309

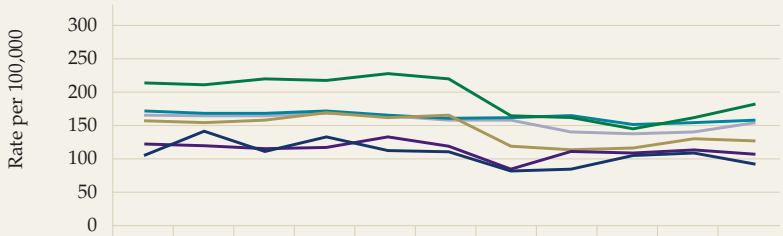
Source: ADHS Hospital inpatient and emergency department statistics for Asthma, 2008, 2009, 2010

Mortality Rates for CLRD have decreased compared with 2000 rates. Mortality rates have consistently been higher for males than females in each year since 2000 (per 100,000). (Figure 3.2.25)

AZ 2000:	47.4
AZ 2010:	42.6

In 2005, deaths due to chronic lower respiratory disease increased to 2,778 from 2,392 the prior year. In 2008, deaths due to chronic lower respiratory disease increased to 2,896 from 2,651 the prior year. In general, the number of deaths from this disease appear to fluctuate. (Figure 3.2.26)

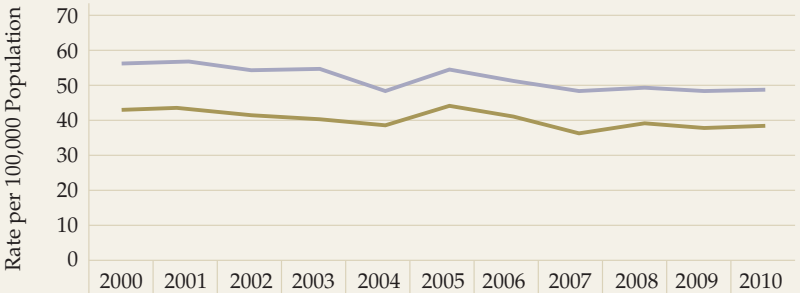
Figure 3.2.24: Age-Adjusted Mortality Rates for Cancer/Malignant Neoplasms by Race/Ethnicity, 2000–2010



	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
All Groups	170.4	169.2	168.6	169.4	164.7	161.8	154.7	148.0	145.5	147.2	150.5
White, Non-Hispanic	174.8	173.1	172.4	171.2	165.4	162.4	162.8	154.6	150.4	151.1	155.6
Hispanic/Latino	156.9	155.6	156.3	168.5	161.6	165.9	124.7	118.6	123.8	128.4	126.2
Black/African American	216.1	213.0	222.7	218.5	227.7	217.9	163.5	153.4	149.2	153.1	182.6
American Indian/Alaska Native	123.0	121.7	117.6	120.7	139.3	122.2	83.1	113.9	106.7	113.3	106.4
Asian/Pacific Islander	103.4	147.0	116.5	132.9	111.0	112.7	82.0	84.2	104.4	108.1	96.2

Source: Arizona Health Status and Vital Statistics Report 2010, Table 2B-3. http://www.azdhs.gov/plan/report/ahs/ahs2010/pdf/2b3.pdf

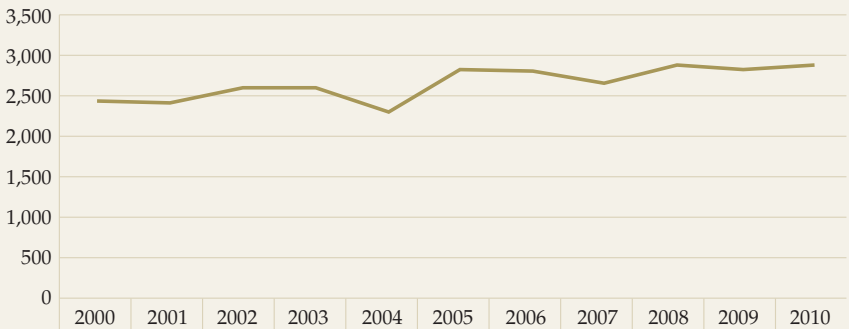
Figure 3.2.25: Age-Adjusted Mortality Rates for Chronic Lower Respiratory Disease for Males Versus Females in Arizona, 2000–2010



	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
Males	56.2	53.9	57.1	53.8	48.1	51.3	50.2	43.5	46.6	44.7	48.1
Females	41.3	42.2	40.3	40.0	37.7	43.5	40.1	36.0	39.0	37.1	38.6

Source: Arizona Health Status and Vital Statistics Report 2010, Table 2B-2. http://www.azdhs.gov/plan/report/ahs/ahs2010/pdf/2b2.pdf

Figure 3.2.26: Chronic Lower Respiratory Diseases—Number of Deaths, 2000–2010



	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
Number of Deaths	2,493	2,463	2,530	2,522	2,392	2,778	2,771	2,651	2,896	2,808	2,892

Source: Arizona Health Status and Vital Statistics Report 2010, Table 2B-1. http://www.azdhs.gov/plan/report/ahs/ahs2010/pdf/2b1.pdf

How does Arizona compare?

The age-adjusted rate of cancer in Arizona is lower for most top ten primary sites of cancer than the US age-adjusted rate. From 2000 to 2009 the age-adjusted rate of cancer incidence declined in Arizona for six of the top ten primary sites of cancer listed. Only corpus uteri, melanoma, and kidney/renal patients had higher rates of cancer in 2009 than in 2000. Although not part of the top ten primary sites of cancer in 2000, thyroid cancer age-adjusted rates have increased to a level that places it in the top ten primary sites of cancer in 2009. (Figure 3.2.27) Although melanoma rates are reported lower in Arizona than the US, a recent study of dermatologists in Phoenix and Tucson found significant under-reporting of melanoma.†

Figure 3.2.27: Arizona's Ten Leading Sites of Cancer Age-Adjusted Rates Compared with US for Selected Years; 2000, 2005, & 2009[44,45]

	2000		2005		2009	
Primary Site	**Arizona**	**US**	**Arizona**	**US**	**Arizona**	**US**
Prostate*	127.8	170.7	124.69	149.3	102.27	137.7
Breast**	124.5	132.1	102.44	120.2	113.27	123.1
Lung and Bronchus	60.8	70.1	57.95	69.7	56.01	64.3
Colorectal	48.4	56.0	41.09	49.4	37.23	42.5
Urinary Bladder	21.0	22.1	19.96	21.8	18.87	20.5
Corpus Uteri and Uterus, NOS**	19.4	23.9	17.75	23.8	21.49	25.1
Non-Hodgkins Lymphoma	17.4	19.2	16.38	19.6	16.22	18.9
Cutaneous Melanoma†	17.4	16.1	14.56	19.2	17.74	19.4
Ovary**	15.2	14.3	11.75	12.9	Not in Top 10 Primary Sites in 2009	
Kidney/Renal	12.2	12.7	14.2	15.1	16.72	15.7
Thyroid	Not in Top 10 Primary Sites in 2000 & 2005				14.91	13.2

Sources: Arizona Cancer Registry, as of Aug. 28,2013 (http://healthdata.az.gov/query/module_selection/azcr/AzCRSelection.html) and US DHHS States Cancer Statistics: 1999–2009 Incidence, WONDER Online Database, as of Aug. 28, 2013. (http://wonder.cdc.gov/cancer-v2009.html)

***Age-adjusted rates are per 100,000 females *Age-adjusted rates are per 100,000 males*

†A recent analysis has identified the under-reporting of cases in Arizona: a study of 15 dermatology offices in Phoenix and Tucson found that 71% of cases were not reported from these practices.

Age-adjusted invasive cancer incidence rates for all cancers combined indicates that Arizona's rate (409.2 per 100,000) is far below the US rate (476.1) The table below illustrates that nationally, the highest rates of all cancer diagnoses are among Black Americans; however, in Arizona, the highest rates of all cancer diagnoses are among Whites. Nationally, American Indians have the lowest cancer incidence rates. In Arizona, American Indian rates are higher than the US rates, and Asian/Pacific Islanders have the lowest cancer rates. (Figure 3.2.28)

Figure 3.2.28: Comparison of Arizona & US Age Adjusted Incidence Rates by Race/Ethnicity for All Cancer Cases Diagnosed, 2009[46,46]

	All Races	White, Non-Hispanic	White, Hispanic	Black	American Indian	Asian/Pacific Islander
AZ	409.2	440.7	236.3	375.7	306.8	226.7
US	476.1	486.7	359.7	490.4	279.3	307.1

Trends

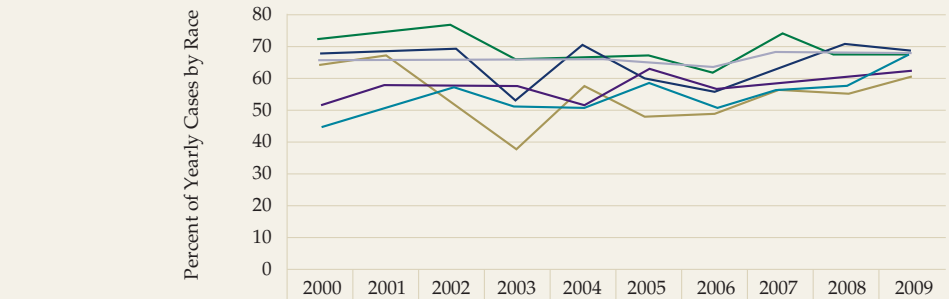
Understanding the trends in cancer incidence is critical when using data for decision-making purposes. For example, in Figure 3.2.27 it appears that the Arizona melanoma rate is lower than the national melanoma rate. However, it is important to note that recent analysis has identified the under-reporting of cases in Arizona. A recent study of 15 dermatology offices in Phoenix and Tucson found that 71% of cases were not reported from these practices.

Other Chronic Diseases (Cancer, Respiratory Disease & Asthma) (cont.)

Arizona has a well-established breast and cervical cancer screening program for uninsured and underinsured women. The program is over 20 years old and screens approximately 10,000 women per year. Program contractors, Federally Qualified Community Health Centers (FQHCs) and county health departments, have established strong programs serving underserved women.

Long term impact of this program and other statewide initiatives in the state can be seen in Figure 3.2.29.

Figure 3.2.29: Percentage of Early Stage by Race/Ethnicity for Female Arizona Resident Breast Cancer Cases, 2000–2009



	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
White, Non-Hispanic	64.5	66.2	65.8	65.1	66.0	64.4	63.5	68.0	67.7	68.1
Black/African American	44.8	51.8	56.9	50.7	51.3	58.4	50.9	55.9	58.0	68.2
American Indian/Alaska Native	64.3	66.7	52.9	38.5	57.1	48.2	49.3	55.6	55.4	60.9
Asian/Pacific Islander	71.8	73.9	75.8	65.8	66.7	66.7	61.9	72.7	67.8	67.7
White, Hispanic	51.2	57.3	57.0	56.7	52.0	62.2	56.8	58.2	59.6	62.2
Other/Unknown Race	67.4	68.3	69.1	52.4	69.5	59.1	56.1	62.2	70.1	69.1

Diagnosis Year

Source: ADHS Breast Cancer in Arizona Report 2000–2009, Pg. 8, Figure 11.
http://www.azdhs.gov/hsd/healthcheck/documents/BreastCancerAZ_2000-2009.pdf

Healthy People 2020 Objectives

Reduce the overall cancer death rate (per 100,000 population)

US 2007 Rate:	178.4
HP 2020 Target:	160.6
AZ 2010 Rate:	180.6

Reduce asthma deaths among adults age 35 to 64 years (per 100,000 population)

US 2007 Rate:	11.0
HP 2020 Target:	13.0
AZ 2010 Target:	9.0
AZ 2010 Rate:	10.8

Reduce asthma deaths among adults age 65 years and older (per 100,000 population)

US 2007 Rate:	43.3
HP 2020 Target:	22.9
AZ 2010 Target:	60.0
AZ 2010 Rate:	31.8

Reduce deaths from chronic lower respiratory disease among adults age 45 years and older (per 100,000)

US 2007 Rate:	112.4
HP 2020 Target:	98.5
AZ 2010 Target:	60.0
AZ 2010 Rate:	117.2

Source: Healthy People 2020. http://www.healthypeople.gov/2020/Data/default.aspx
Source: Arizona Health Status and Vital Statistics Report 2010, Chapter 2. http://www.azdhs.gov/plan/report/ahs/ahs2010/chptr2a_2d.pdf

Disparities

Cancer

- Cancer was the leading cause of death among Asian/Pacific Islander and White non-Hispanic males.
- For both urban and rural females, cancer, followed by heart disease, were the two leading causes of death.
- Black/African Americans were 1.9 times more likely to die from malignant neoplasms in 2010 than Asians, the group at the lowest risk of cancer death among race/ethnic groups.

Source: ADHS Health Status and Vital Statistics Report 2010, Chapter 2, Pg. 112. http://www.azdhs.gov/plan/report/ahs/ahs2010/chptr2a_2d.pdf

Other Chronic Diseases (Cancer, Respiratory Disease & Asthma) (cont.)

Disparities (cont.)

Chronic Lower Respiratory Disease

- Rural males, the group with the highest mortality risk for CLRD (51.9 deaths per 100,000), were 10.9% more likely in 2010 to die from CLRD than urban males (46.8 deaths per 100,000).
- Death rates for emphysema, chronic bronchitis, asthma, and other lower respiratory disorders were substantially higher among White non-Hispanics (47.1 deaths per 100,000) than they were among Black/African American (27.4/100,000), American Indians (21.7/100,000) or Asians (12.0/100,000.)

Source: ADHS Health Status and Vital Statistics Report 2010, Chapter 2, Pg. 116. http://www.azdhs.gov/plan/report/ahs/ahs2010/chptr2a_2d.pdf

Asthma

- 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

Ability to Make a Difference

The Prevention and Management of Other Chronic Diseases is a Winnable Battle. Eight of 15 counties identified prevention and management of other chronic diseases as a priority.

Evidence-Based and Best Practice

Evidence-based and best practices have been identified that specifically address asthma and respiratory disease. Home-based, multi-trigger, environmental interventions reduce exposure to allergens and irritants, and typically include non-environmental activities such as training and education to improve asthma self-management. (See Appendix E)

Capacity

The Chronic Disease Collaborative Leadership Team composed of health partners across Arizona has developed a detailed Strategic Plan for 2012–2015. The comprehensive plan identifies specific strategies that can be implemented in Arizona to prevent the incidence of chronic diseases and promote better care management. The Arizona Cancer Control Program has developed an Arizona Cancer Leadership Team including stakeholders from throughout Arizona. This group includes health officers, tribal health departments, advocacy groups, providers, contractors and health plans. The Cancer Leadership Team is creating a revised Cancer Control Plan. Priorities will be selected based upon the data. Evidence-based strategies will be implemented to reduce the burden of cancer in Arizona.

The HealthCheck Programs have focused on systems change, training, and quality improvement for the past 4 years. As a result, clinics are better able to monitor and improve cancer screening rates. The improvement impacts insured as well as uninsured patients; it is a population-based and evidence-based model of clinical process improvement. This is a model that can be spread to other clinics and other areas of chronic disease.

The expansion in 2012 of the Breast and Cervical Cancer Treatment Program (BCCTP), through legislative action, has added a new resource to the cancer community. Today an uninsured female Arizona resident, diagnosed with breast or

cervical cancer on or after August 2, 2012, with an income at or below 250% of the Federal Poverty Level (FPL), can receive free treatment services through the BCCTP. This program is administered by AHCCCS, and women enroll through the HealthCheck Programs. In the first year of the expansion, 130 women were enrolled in the expanded BCCTP. These are women who would not have been able to access care in prior years.

Resources Available

The HealthCheck Programs (breast, cervical, and colorectal screening) receive federal, state, and license plate funds totaling $4.6 million per year.

Evidence-Based and Best Practices being Implemented in Arizona

A preliminary list of resources has been compiled with the assistance of ADHS. A more comprehensive asset map will be developed with partner input following the release of the State Health Assessment Report and during the SHIP process. All of the ADHS Cancer Programs, Cancer Control, Cancer Registry, Well Woman, and Fit at Fifty HealthCheck programs utilize evidence-based strategies. Details of these programs can be found at the following link: Communityguide.org. (See Appendix F)

Evidence-Based and Best Practices
ADHS-Led Initiatives
ADHS HealthCheck Programs: One of the goals of these programs is to increase screening rates for breast, cervical, and colorectal cancer. In addition, providers are taught to provide all diagnostics needed within specific timeframes; timeframes are measured for all services and all patients. This monitoring process improves the outcomes for women screened. These services are provided through contractors located across the state. Programs pay for screenings for the uninsured while providing case management for uninsured and insured.
Health in Arizona Policy—Collaboration between ADHS and local health departments create capacity in the areas of procurement policies, worksite wellness, school health, clinical care, and community design by promoting healthy lifestyles.
The HealthCheck Programs are working with the Health Services Advisory Group (HSAG) and FQHCs across the state to improve clinic readiness for meaningful use.
Arizona Cancer Registry (ACR) is responsible for continually improving cancer data collection in Arizona. ACR staff respond to community requests for data and guidance in decision-making. The ACR is also working to monitor and improve cancer reporting across the state.
Community Initiatives
Steps Program
Pioneering Healthier Communities (PHC)
Cancer Prevention and Control Programs—Support Health Check services, surveillance, and systems to decrease the incidents of late-stage diagnosis of cancer.
The Arizona Cancer Control Program gathers stakeholders from across the state to make data-based decisions on the state's priorities related to reducing the burden of cancer in Arizona.

Opportunities to Expand Current Efforts

A possible new funding opportunity from the Patient Centered Outcomes Research Institute is being explored at this time; i.e. Treatment Options for African Americans and Hispanics/Latinos with Uncontrolled Asthma.

Oral Health

> **"You're not healthy without good oral health."**
> *(C. Everett Koop)*

Oral health is an integral part of overall health and an essential part of our everyday lives. Good oral health enhances our ability to speak, smile, smell, taste, touch, chew, swallow, and convey our feelings and emotions through facial expressions. It involves regular dental visits, which are important because some diseases or medical conditions have symptoms that can appear in the mouth. Recent research suggests that there may be an association between gum disease and serious health conditions such as heart disease, stroke, and diabetes. Oral health issues can range in scope from cavities to oral cancer. Untreated oral infections can spread to the rest of the body, leading to systemic infection and even death.

Dental care must begin at a young age and continue throughout adulthood. Untreated cavities in children can result in pain, infection, poor attentiveness in class, missed school, and low self-esteem. Adults can experience severe oral or facial pain from cavities, gum disease, and other oral infections, most of which are preventable.

Oral health issues significantly impact our children's ability to function in school. One estimate is that 51 million school hours are lost per year due to oral health issues. Additionally, children with poor oral health have decreased in school performance, poor social relationships, and less success later in life. Dental diseases have also been linked to premature/low-birth weight and young children with failure to thrive. [48]

Oral Health Nationwide
Oral Health Problems are Preventable, Common, and Painful

- Tooth decay (cavities) affects more than one-fourth of US children age 2–5 years and half of those age 12–15 years. About half of all children and two-thirds of adolescents aged 12–19 years from lower-income families have had tooth decay.
- Children and adolescents of some racial and ethnic groups and those from lower-income families have more untreated tooth decay. For example, 40% of Hispanic children age 6–8 years have untreated tooth decay, compared with 25% of non-Hispanic whites. Among all adolescents age 12–19 year, 20% currently have untreated tooth decay.
- Advanced gum disease affects 4%–12% of US adults. Half of the cases of severe gum disease in the United States are the result of cigarette smoking. The prevalence of gum disease is three times higher among smokers than among people who have never smoked.
- More recent data indicate that 45% of adults age 45–64 have moderate or severe gum disease, and for adults age 65–74 year the prevalence is 58%.
- One-fourth of US adults age 65 and older have lost all of their teeth.
- More than 7,800 people, mostly older Americans, die from oral and pharyngeal cancers each year. This year, based on current rates, about 36,500 new cases of oral cancer will be diagnosed.

Source: Oral Health: Preventing Cavities, Gum Disease, Tooth Loss 2011, and Oral Cancer, CDC Division of Oral Health, Pg. 2. http://www.cdc.gov/chronicdisease/resources/publications/aag/pdf/2011/oral-health-aag-pdf-508.pdf

Source: CDC Morbidity and Mortality Weekly Report, Vol. 62, No. 2, Pg. 37. http://www.cdc.gov/mmwr/pdf/wk/mm6202.pdf

How is Arizona Doing?

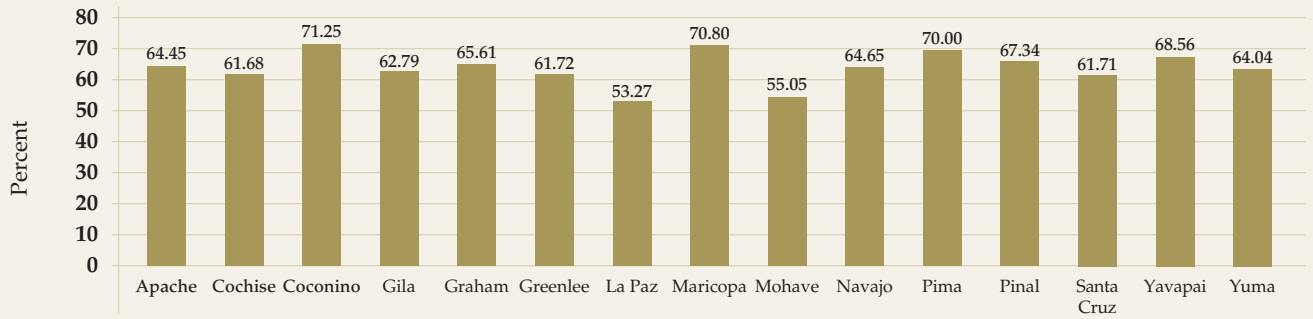
According to the CDC, many children and adults still lack simple measures that have been proven to be effective in preventing oral diseases and reducing dental care costs. Water fluoridation prevents tooth decay, and is the most cost-effective way to deliver the benefits of fluoride to all residents of a community. One CDC study found that in communities with more than 20,000 residents, every $1 invested in community water fluoridation yields about $38 in savings each year from fewer cavities treated.

As of 2009, 56.1% of the Arizona population received fluoridated water through their public water supply systems compared with 72.4% (2008) nationwide. However, only 27 states have met the Healthy People 2010 objective of having 75% of their citizens on public water systems with water fluoridation.

Adults—According to the BRFSS in 2010, 69% of respondents indicated they had visited the dentist or a dental clinic in

the past year, compared with 66.4% in 2008. Coconino County had the highest rates of dental visits at 71.25%, and La Paz County had the lowest rate of 53.27%. Twelve counties had rates lower than the state rate of 69% for adults visiting a dentist in the past year. (Figure 3.2.30)

Figure 3.2.30: Percent of Adults Visiting a Dentist in the Past Year, 2008–2010



Source: Independent analysis of combined years' data completed by ADHS Bureau of Health Status and Vital Statistics. http://www.azdhs.gov/plan/

Children—Based on the Office of Oral Health's survey about dental care for preschool-aged children, it is clear that Arizona's young children have significant oral health issues that when untreated, steadily grow as the child ages into a lifetime of oral health issues and other related physical health conditions.[50] (Figure 3.2.31) Key findings from the survey include:

- Tooth decay starts early in childhood; 7% of children age birth through age one have the first signs of tooth decay.
- Arizona children ages two through four have tooth decay rates far beyond national recommendations; 30% have untreated tooth decay compared to 16% of 2–4 year olds nationally.[66]
- Children are not receiving needed dental visits; 54% of 3 year old children have never visited a dentist.

Figure 3.2.31: Oral Health Status by Age, 2012

Oral Health Indicator	Under 1	Age 1	Age 2	Age 3	Age 4
Percent with Decay Experience	2%	4%	16%	32%	52%
Percent with Untreated Tooth Decay	2%	4%	15%	29%	40%
Percent with Treated Tooth Decay	1%	0%	2%	5%	16%
Percent with Non-Cavitated White Spots	3%	9%	12%	17%	19%
Percent with Early Childhood Caries	2%	2%	16%	28%	37%
Percent with Early Treatment Needs	2%	5%	16%	28%	37%
Percent with Urgent Treatment Needs	1%	0%	1%	0%	3%

Source: ADHS Arizona Oral Health Survey of Preschool Children, 2009. http://www.azdhs.gov/phs/owch/oral-health/documents/reports/az-preschool-oral-health-status.pdf

Many preschool children needing dental services lack dental insurance coverage. For children with tooth decay experience, 33% did not have dental insurance coverage and 30% of children with untreated tooth decay did not have dental insurance coverage. Only 6% of children birth to age one and 9% of one-year-olds have ever had a dental visit. This percentage of children who have ever had a dental visit increases each year with age and reaches 71% in four-year-olds.

The use of dental sealants, coatings applied to the chewing surfaces of back teeth, is another proven effective way to prevent cavities. Yet only about one-third of children age 6–19 in the US have sealants.[67] While data is not available for Arizona children age 6 to 19, information about Arizona third graders indicate that 47.1% had at least one dental sealant. However, 75% are still untreated and are in need of one or more sealants. [49]

For children in the 3rd grade, 47.1% had received dental sealants; 75% had tooth decay and 40.4% had untreated tooth decay. Arizona is the 3rd highest state in the percentage of third grade (8–9 year olds) children with untreated tooth decay. [51]

Trends in Oral Health

In 1999, the rate of Arizona adults receiving a dental visit in the past year was 68.3%, compared to 69.5% in 2010, demonstrating a slight improvement. As of 2010, 45.6% of Arizona adults report having permanent teeth extracted compared with 50.2% in 1999. Although the rate has decreased from the 1999 rate, between 2006 and 2010 the rate of extractions increased by almost 5%. (Figure 3.2.32)

Figure 3.2.32: Percentage of Adult Dental Visits and Tooth Extractions, 2010

Year	Percentage of Adults Reporting Dental Visits	Percentage of Adults Reporting Extractions
1999	68.3%	50.2%
2002	69.5%	Not Available
2004	68.6%	41.3%
2006	68.5%	40.9%
2008	68.5%	43.9%
2010	69.5%	45.6%

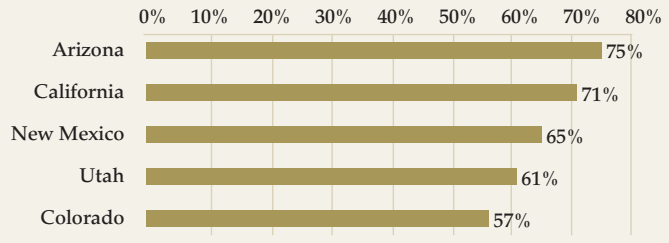
Source: CDC, BRFSS Prevalence Data, 2010 Oral Health.
http://apps.nccd.cdc.gov/brfss/page.asp?cat=OH&yr=2010&state=AZ#OH

How does Arizona Compare?

In Arizona, 45.6% of adults report having any permanent teeth extracted compared to 43.7% nationwide.

Arizona has a higher rate of tooth decay experience among 3rd graders than each of our bordering states. (Figure 3.2.33)

Figure 3.2.33: Tooth Decay Experience Among Third-Graders in Arizona and Bordering States, 2010



Source: ADHS Office of Oral Health, AZ Preschool Children's Oral Health Status Survey 2011.
http://www.azdhs.gov/phs/owch/oral-health/documents/reports/az-preschool-oral-health-status.pdf

Disparities

Over 80% of Hispanic and 93% of American Indian children have tooth decay experience compared to 66% of non-Hispanic White children.

Source: ADHS Office of Oral Health, AZ Preschool Children's Oral Health Status Survey 2011
http://www.azdhs.gov/phs/owch/oral-health/documents/reports/az-preschool-oral-health-status.pdf

Socioeconomic status is a factor in the oral health of children. Children without dental insurance suffer from more untreated tooth decay than those who have private or public dental insurance.

Source: ADHS Office of Oral Health, AZ Preschool Children's Oral Health Status Survey 2011
http://www.azdhs.gov/phs/owch/oral-health/documents/reports/az-preschool-oral-health-status.pdf

Fewer adults between the age of 25 to 34 (60.6%) reported visiting a dentist at least once in the past year at 69.5% compared to those age 55 to 64 (73.4%).

Source: AZ BRFSS 2008 http://www.azdhs.gov/phs/phstats/brfs/reports/rpt08.pdf

Those with a college degree have higher rates (81.2%) of frequency in receiving dental care than those with a high school degree (39.7%).

Source: AZ BRFSS 2008 http://www.azdhs.gov/phs/phstats/brfs/reports/rpt08.pdf

Ability to Make a Difference

Improving Oral Health is a Winnable Battle. Two of Arizona's 15 Counties identified oral health as a priority health issue.

Evidence-Based and Best Practices

Evidence-based and best practices regarding oral health include Community Water Fluoridation and School-Based Dental Sealant Delivery Programs. (See Appendix E)

Capacity

The ADHS and community partners are promoting oral health for all Arizona residents through the administration of six main programs:

- Arizona Dental Sealant Program
- Fluoride Mouth Rinse Program
- Dental Trailer Loan Program
- Community Oral Health Systems Development Program
- Healthy Teeth, Healthy Families (Early Childhood Caries Prevention Program)
- Arizona Fluoride Varnish Program

Four out of five Regional Oral Health Coalitions have completed assessments and action plans for improving oral health in Arizona.

Oral Health (cont.)

Resources Available

Federal Maternal and Child Health Block Grant Funds (Title V), the State Oral Health Fund, First Things First, and donations have been committed to oral health initiatives, such as the School-based Sealant Program, Fluoride Mouth Rinse Program, Fluoride Varnish Program, and the Oral Health Surveillance System.

- MCH Grant Funds: $474,000
- State Oral Health Fund: $220,000
- First Things First Grant: $406,850
- Donations: $25,000

Regional Oral Health Coalitions

- Northeastern Arizona Region—Navajo, Apache and Gila Counties
- Northern Arizona Region—Coconino, and Yavapai Counties
- Western Arizona Region—Mohave and La Paz Counties
- Southern Arizona Region—Pima, Cochise, Santa Cruz Counties
- Central Region—Maricopa County

Evidence-Based and Best Practices Implemented in Arizona

A preliminary list of resources has been compiled with the assistance of ADHS. A more comprehensive asset map will be developed with partner input following the release of the State Health Assessment Report and during the SHIP process. Details of these programs can be found at the following link: Communityguide.org. (See Appendix F)

Evidence-Based and Best Practices
ADHS-Led Initiatives
School-Based Dental Sealant Delivery Program—Arizona School-based Sealant Program
Arizona Fluoride Mouth Rinse Program
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
Oral Health of Children, Adolescents and Adults with Special Healthcare Needs
Oral Health Surveillance
Oral Health Workforce Development
Perinatal Oral Health
Prevention and Control of Early Childhood Tooth Decay
School-based Dental Program: Improving Children's Oral Health through Coordinated School Health Programs
State Oral Health Coalition
Various programs of the Arizona Alliance for Community Health Centers (AACHC)

Opportunities to Expand Current Efforts

Improving oral health is already an area of focus in Arizona through the development of partnerships, improved dental practice, and infrastructure development. One example of this focus is the Enhanced Dental Team Grant, which has provided a comprehensive foundation from which to continue to improve oral healthcare in Arizona. The purpose of the grant was to promote and develop enhanced dental teams (utilizing teledentistry practice, affiliated practice, and other strategies) to improve workforce capacity, diversity, and flexibility for providing oral health services to underserved populations and underserved areas. Although the grant ended in 2012, the foundation provides an opportunity for continued development in each of the areas of focus. The Regional Oral Health Coalitions provide an existing structure for engaging local stakeholders in planning and implementing oral health initiatives to meet the unique needs of their communities. More children are expected to have dental insurance starting in 2014 as a result of provisions in the Affordable Care Act.



Unintentional injuries are the leading cause of death for Americans and for Arizonans aged one to 44 years. It is also a leading cause of disability for all ages, regardless of sex, race/ethnicity, or socioeconomic status. Nationwide more than 180,000 people die annually from injuries, and approximately one in ten people each year sustains a non-fatal injury serious enough to be treated in a hospital emergency department. [52]

According to the CDC, unintentional injuries are those that are "not inflicted by deliberate means."[53] Unintentional injuries include motor vehicle traffic events, falls, poisonings, preventable child fatalities, and drowning deaths. There are many factors that affect the risk or outcomes of unintentional injury (and violence). Among these factors are:

- Individual Behaviors—The choices people make about their individual behaviors, such as alcohol use or risk-taking, can increase injuries.
- Physical Environment—The physical environment, both in the home and community, can affect the rate of injuries related to falls, fires and burns, road traffic accidents, drowning, and violence.
- Access to Services—Access to health services, such as systems created for injury-related care, ranging from pre-hospital and acute care to rehabilitation, can reduce the consequences of injuries, including death and long-term disability.
- Social Environment—The social environment has a notable influence on the risk for injury and violence through:
  - o Individual social experiences (social norms, education, victimization history)
  - o Social relationships (parental monitoring and supervision of youth, peer group associations, family interactions)
  - o Community environment (cohesion in schools, neighborhoods, and communities)
  - o Societal factors (cultural beliefs, attitudes, incentives and disincentives, laws, and regulations).

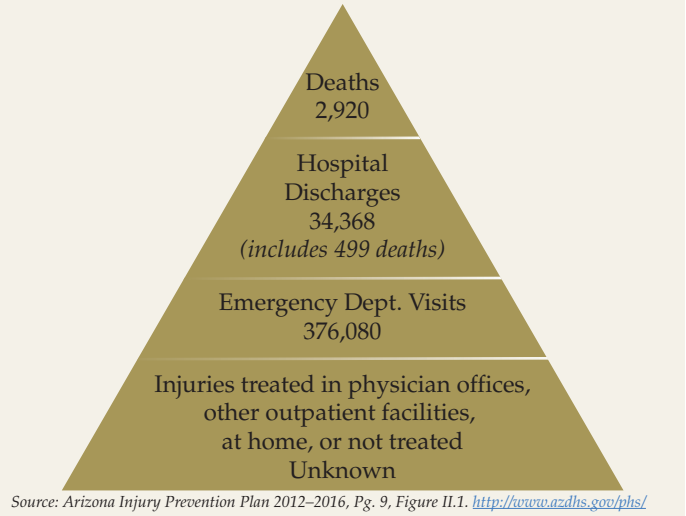
Often unintentional injuries are accepted as accidents. However, most events resulting in injury, disability, or death are predictable and preventable. In addition to the immediate health consequences, injuries have a significant impact on the well-being of the population by contributing to premature death, disability, poor mental health, high medical costs, and lost productivity. The compounding results of injury impact not only the injured person, but their families, friends, communities and co-workers.

Unintentional injuries due to falls, motor vehicle crashes, poisoning, and drowning are highlighted in this summary. The Arizona Injury Prevention Plan provides detailed information about these and other causes of unintentional injury, such as firearm injuries, fire/burn injuries, and nature/environmental injuries.

How is Arizona Doing?

In 2011, unintentional injury was the leading cause of death for Arizona residents between the ages of one and 44. In Arizona during 2011, unintentional injuries accounted for 64% of all injury-related deaths, 82% of all injury-related hospitalizations, and 93% of all injury-related emergency department visits. (Figure 3.2.34)

Figure 3.2.34: Unintentional Injuries among Arizona Residents, 2011



Source: Arizona Injury Prevention Plan 2012–2016, Pg. 9, Figure II.1. http://www.azdhs.gov/phs/owch/pdf/injuryprevention/az-injury-surveillance-prevention-plan-2012-2016.pdf

Child Mortality

According to the 2011 Arizona Child Fatality Review Report, there were 837 fatalities among children younger than 18 years of age in Arizona. This was a 3% decrease from 2010, when 862 children died. Natural deaths accounted for 64% of all child deaths during 2011, 20% of child deaths were accidents, 5% were homicides, 5% were suicides, and 6% were of undetermined manner. In 2011, accidental deaths, homicides and suicides all increased. (Figure 3.2.35)

Figure 3.2.35: Child Fatalities, 2006–2011

Manner	2006	2007	2008	2009	2010	2011
Natural	64%	67%	68%	68%	66%	64%
Accident	23%	20%	16%	17%	19%	20%
Undetermined	3%	5%	7%	7%	9%	6%
Homicide	5%	6%	6%	5%	4%	5%
Suicide	4%	2%	3%	3%	3%	5%
AZ	1,161	1,143	1,038	947	859	836

Source: AZ Child Fatality Review Team 18th Annual Report 2012, Pg. 31, Table 6
http://www.azdhs.gov/phs/owch/pdf/cfr/19th-annual-child-fatality-review-report-nov-2012.pdf

The Child Fatality Review Teams determined that 292 child deaths were probably preventable (35%), 476 child deaths (57%) were probably not preventable, and in 8% of the child deaths, the teams could not determine preventability. [54]

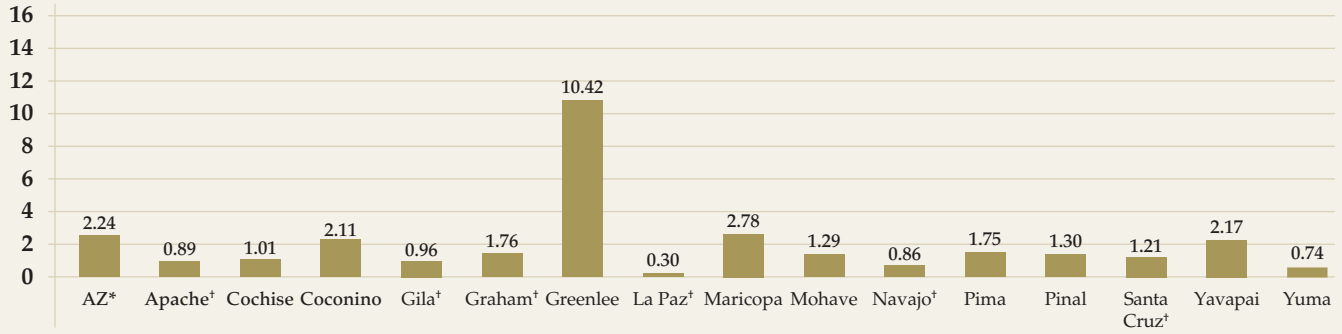
- 215 child deaths involved drugs/alcohol
- 64 babies died in unsafe sleep environments
- 70 child deaths were due to motor vehicle crashes/transport. The largest percentage of motor vehicle and other transport deaths were among children ages 15 through 17 years of age (30%), followed by children 10 through 14 years of age (24%). In 44% of these deaths, the child was either improperly restrained or unrestrained in the vehicle
- 32 child deaths were due to drowning. Children aged one to four accounted for 56% of these deaths.
- 39 deaths or 5% of all child fatalities were due to suicides. In 2010, only 3% of child fatalities were due to suicide. From 2010 to 2011, the child suicide rate increased from 1.5 to 2.4 per 100,000.
- 42 child fatalities were due to homicide. Children 0–1 year represented 31% of these homicides, while children 15–17 years represented 26%.
- Firearms were the cause of 23 child fatalities. 83% of these children were male.
- 71 child deaths were due to maltreatment. This was 8% of all child fatalities; 52% of these fatalities were children aged 0–1.

Falls

In 2011, falls were the second leading cause of unintentional injury-related death for all age groups and the leading cause of unintentional injury-related death for the 65+ age group. There were 17,824 fall-related hospitalizations, which represented 43% of all injury-related hospitalizations. Since 2005, unintentional injury-related hospitalization rates due to falls have increased from 235.9 to 264.8 per 100,000. Emergency Department visits for falls have increased from 1,642.4 to 1,903.3 per 100,000 over the same period.

In Arizona, the rate of deaths per 1,000 population due to falls among those 65 years of age and older was 2.24 for 2008–2010. The highest rates of death were in Maricopa County at 2.78, Yavapai County at 2.17 and Coconino County at 2.11. Greenlee had the highest mortality rates (10.42) due to falls, while La Paz (0.3), Navajo (0.86), and Apache (0.89) Counties had the lowest. However, the small number of cases make these rates statistically unreliable. (Figure 3.2.36)

Figure 3.2.36: Age 65+ Death Rate Due to Falls, 2008–2010



Source: Arizona Death Certificate Data, 2008–2010, ADHS Bureau of Health Status and Vital Statistics. http://www.azdhs.gov/plan
** Includes cases with unknown county of residence*
†Rate based on small counts of events. Interpret with caution.

Unintentional Injury (cont.)

In Arizona, the population age 65 and older represented 89% of all unintentional deaths due to falls. (Figure 3.2.37)

The number of fall-related deaths in 2011 was highest for females 85 years and older at 405.1 deaths per 100,000 population. The death rate for males in this age group was 296.8 per 100,000 population.

Motor Vehicle Crashes

According to the CDC, unintentional motor vehicle-related injuries were the leading cause of death for Arizonans age 5 to 24. Unintentional transport-related deaths include motor vehicle traffic-related deaths, which represented 89% of the total number of deaths (7,022) in 2011. (Figure 3.2.38)

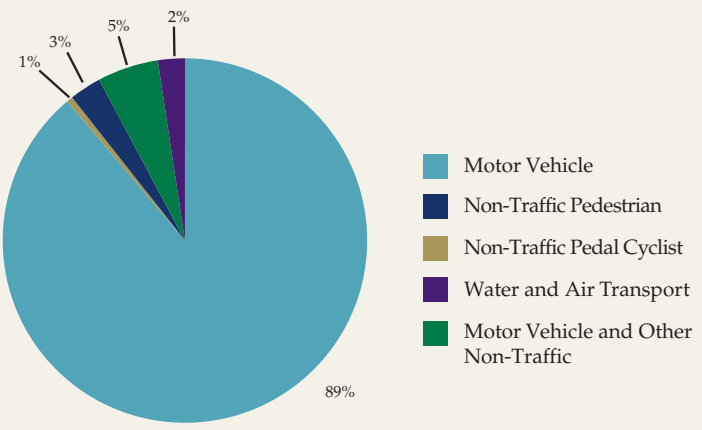
From 2008 to 2010, the statewide death rate per 100,000 population due to motor vehicle crashes was 11.0. (Figure 3.2.39) Rates in rural areas, such as Apache, Gila, Graham, Greenlee and La Paz Counties represent small numbers of events which may make the information unreliable for comparison purposes.

Figure 3.2.37: Fall Related Deaths, 2012

Age	Number of Fall-Related Deaths	Percent of Fall-Related Deaths
< 14 Years	1	<1%
15–24 Years	6	1%
25–44 Years	15	2%
45–64 Years	70	9%
65–74 Years	71	9%
75–84 Years	215	29%
85+ Years	378	50%

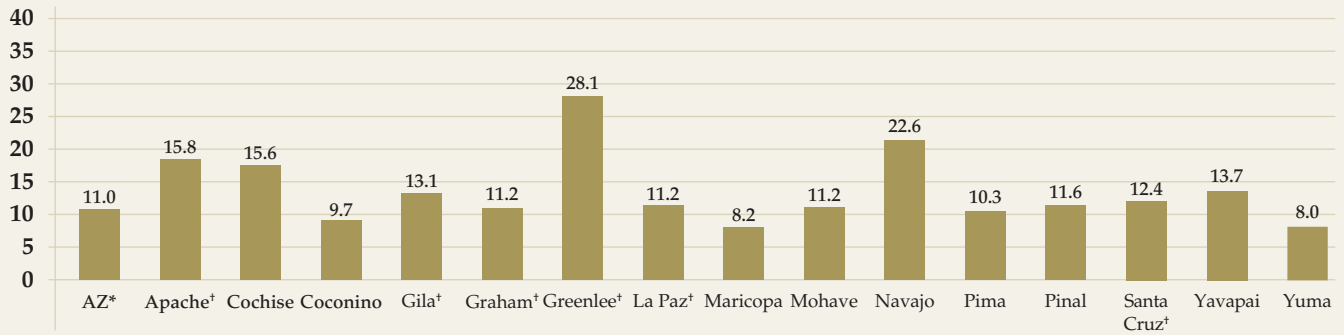
Source: Arizona Injury Prevention Plan 2012–2016, Pg. 25, Figure IIB.2.
http://www.azdhs.gov/phs/owch/pdf/injuryprevention/az-injury-surveillance-prevention-plan-2012-2016.pdf

Figure 3.2.38: Unintentional Transport-Related Deaths Ages 5 to 24, 2007–2011



Source: Arizona Injury Prevention Plan 2012–2016, Pg. 76, Figure IIG.1
http://www.azdhs.gov/phs/owch/pdf/injuryprevention/az-injury-surveillance-prevention-plan-2012-2016.pdf

Figure 3.2.39: Death Rate Due to Motor Vehicle Collisions, 2008–2010 (per 100,000)



Source: Arizona Death Certificate Data, 2008–2010, ADHS Bureau of Health Status and Vital Statistics. http://www.azdhs.gov/plan

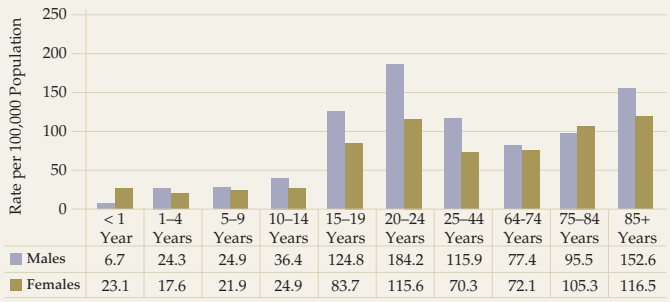
**Includes cases with unknown county of residence.*

†Rate based on small counts of events. Interpret with caution.

Seat Belt Use: According to the 2011 Youth Risk Behavior Survey, 14.6% of 9th through 12th grade students in Arizona never or rarely wore a seatbelt while riding in a car driven by someone else, nearly double the US rate (7.7%).

Hospital and Emergency Department Visits: In 2011, there were 39,583 emergency department visits related to motor vehicle traffic injuries. Although the rate per 100,000 population decreased by 25% from 752.7 in 2005 to 560.9 in 2009, the rate increased by 11% from 2009 to 2011. In 2011, there were 5,271 inpatient hospitalizations for motor vehicle traffic-related injuries. 60% involved males. The highest rate for hospitalizations for motor vehicle traffic related injuries was among males age 20 through 24 (184.2 per 100,000 population). For females, the highest rate of hospitalizations was in the 85+ age group (116.5/100,000) with ages 20–24 being a close second (115.6/100,000). Arizonans age 15 through 24 years accounted for 22% of the hospitalizations. (Figure 3.2.40)

Figure 3.2.40: Motor Vehicle Traffic-Related Hospitalizations Rates per 100,000 Residents by Age, Group and Sex, 2011



	< 1 Year	1–4 Years	5–9 Years	10–14 Years	15–19 Years	20–24 Years	25–44 Years	64-74 Years	75–84 Years	85+ Years
Males	6.7	24.3	24.9	36.4	124.8	184.2	115.9	77.4	95.5	152.6
Females	23.1	17.6	21.9	24.9	83.7	115.6	70.3	72.1	105.3	116.5

Source: Arizona Injury Prevention Plan 2012–2016, Pg. 81, Figure IIG.4. http://www.azdhs.gov/phs/owch/pdf/injuryprevention/az-injury-surveillance-prevention-plan-2012-2016.pdf

Unintentional Poisoning

Unintentional poisoning affects individuals of all ages and racial or ethnic backgrounds in Arizona. There were 880 deaths in Arizona, 3,313 inpatient hospitalizations, and 6,466 emergency department visits due to unintentional poisonings in Arizona in 2011. With the exception of 2006 for hospital visits and 2009 for ED visits,, rates have also steadily trended higher over time from 2005 to 2011. [55] (Figure 3.2.41)

Figure 3.2.41: Age-Adjusted Unintentional Poisoning-Related Hospital and Emergency Department Visits—Rate per 100,000 Population, 2005–2011

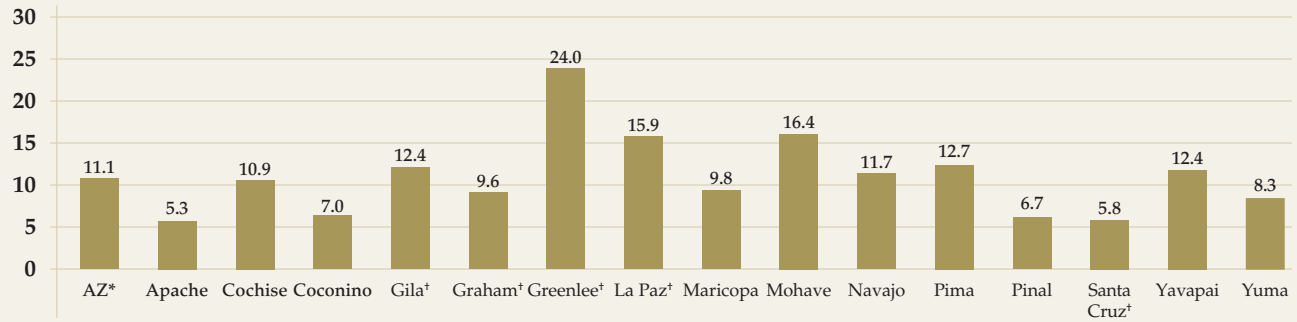
	2005	2006	2007	2008	2009	2010	2011
Hospital Visits	30.4	28.9	32.8	36.3	40.1	47.7	50.6
Emergency Department Visits	70.6	71.5	81.9	87.7	85.5	95.6	100.1

Source: Arizona Injury Prevention Plan 2012–2016, Pg. 69–70, Figure IIF.4 & II.F.6. http://www.azdhs.gov/phs/owch/pdf/injuryprevention/az-injury-surveillance-prevention-plan-2012-2016.pdf

The age-adjusted unintentional poisoning mortality rate has increased from 10.2 per 100,000 population in 2005 to 14.0 in 2011. This rate has increased steadily for both males and females, although males have consistently higher rates. The causes vary by age, with unintentional poisoning among the very young being related to cosmetics, cleaning supplies and analgesics. In adults ages 25 to 64, the causes relate to overdoes of prescription, over-the-counter, and illegal substance use.[56]

The average death rate per 100,000 due to poisoning in Arizona for 2008–2010 was 11.1. Greenlee County had a significantly higher rate of 24.0; however, the small number of events may affect the statistical significance of this rate. Mohave (16.4) and La Paz (15.9) Counties had the next highest mortality rates, while Apache (5.3) and Santa Cruz (5.8) Counties had the lowest reported rates. (Figure 3.2.42)

Figure 3.2.42: Average Death Rate Due to Poisoning, 2008–2010 (per 100,000 Population)



Source: Arizona Death Certificate Data, 2008–2010, ADHS Bureau of Health Status and Vital Statistics. http://www.azdhs.gov/plan

** Includes cases with unknown county of residence.*

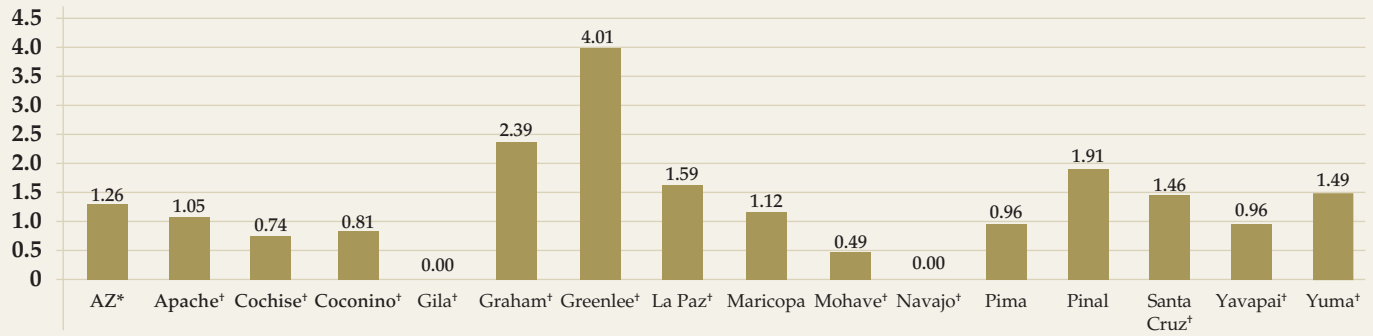
†Rate based on small counts of events. Interpret with caution.

Drowning

Unintentional drowning continues to be a significant issue in Arizona. While circumstances vary by age group, most drowning incidents are attributable to preventable factors such as lack of child supervision, ineffective barriers to water, and impairment due to drug or alcohol use.

From 2008 to 2010, the rate of deaths due to drowning in Arizona was 1.26 per 100,000 population. While some counties report no drownings, Greenlee County reports the highest rate of death due to drownings at 4.01/100,000. (Figure 3.2.43)

Figure 3.2.43: Death Rate Due to Drowning, 2008–2010 (per 100,000 Population)



Source: Arizona Death Certificate Data, 2008–2010, ADHS Bureau of Health Status and Vital Statistics. http://www.azdhs.gov/plan/

**Includes cases with unknown county of residence.*

†Rate based on small counts of events. Interpret with caution.

In 2011, there were 79 Arizonans hospitalized due to a water-related incidents, 64% of which were children ages 1 to 4. There were 222 ER visits in total due to water-related injury, with 59% of these visits for the treatment of children under age 5.

Trends

Since 2005, trends in unintentional injuries and accidents leading to death have decreased overall. There were notable increases in trends over time in several areas including accidents involving adverse effects of drugs in therapeutic use, exposure to excessive heat, falls, and poisoning due to drugs/medications or gases/vapors. Decreased trends in unintentional injuries are notable in exposure to excessive natural cold, accidental drowning, motor vehicle deaths, electric current, and fire, flames, and smoke to name a few. (Figure 3.2.44)

Figure 3.2.44: Number of Deaths from Unintentional Injuries by Category and Year—Arizona Residents, 2005–2010

	2005	2006	2007	2008	2009	2010
Total unintentional injury deaths	3,006	3,156	3,014	2,951	2,887	2,834
Accident involving aircraft	9	32	17	32	15	16
Accidental discharge of firearms	15	9	13	10	7	11
Accidental drowning and submersion	83	87	85	78	99	86
Adverse effects of drugs in therapeutic use	4	5	5	7	8	10
Bitten or struck by dog	1	2	2	1	4	1
Choked on food	27	30	22	35	43	39
Choked on other objects	62	48	61	53	49	57
Contact with hornets, wasps, bees	0	0	0	0	0	0
Contact with scorpions	0	0	0	0	0	0
Contact with venomous snakes and lizards	0	0	0	1	0	1
Contact with venomous spiders	2	0	1	0	0	0

Unintentional Injury (cont.)

	2005	2006	2007	2008	2009	2010
Excessive natural cold	28	17	20	25	24	17
Excessive natural heat	74	62	28	33	39	51
Exposure to electric current	15	4	11	6	7	4
Falls	685	702	720	748	731	762
Fire, flames, smoke	56	43	31	50	31	25
Lightning	3	2	1	0	1	1
Mechanical suffocation	27	26	43	29	25	28
Misadventures to patients during medical/surgical care	39	51	44	40	42	41
Motor vehicle accident	1,137	1,220	1,035	891	771	711
Overexertion	0	0	0	0	0	1
Poisoning by drugs/medications	549	624	669	689	802	798
Poisoning by gases and vapors	14	22	52	77	85	81
Railway accident	10	17	12	9	8	12
Storms and floods	0	1	1	0	0	1
Water transport accident	5	3	1	4	2	1

Source: Arizona Health Status and Vital Statistics Report 2010, Table 2B-9. http://www.azdhs.gov/plan/report/ahs/ahs2010/pdf/2b9.pdf

How does Arizona compare?

Healthy People 2020 Objectives

Reduce unintentional injury deaths (per 100,000 population)

US 2007 Rate:	40.0
HP 2020 Target:	36.0
AZ 2010 Rate:	43.8

Prevent an increase in deaths due to falls (per 100,000 population)

US 2007 Rate:	4.7
HP 2020 Target:	4.7
AZ 2020 Target:	3.0
AZ 2010 Rate:	11.5

Prevent an increase in deaths due to falls among adults age 65 and older (per 100,000 population)

US 2007 Rate:	45.3
HP 2020 Target:	45.3
AZ 2020 Target:	45.3
AZ 2008–2010 Average Rate:	2.24/1,000

Reduce deaths due to motor vehicle crashes (per 100,000 population)

US 2007 Rate:	13.8
HP 2020 Target:	12.4
AZ 2010 Rate:	11.1

Reduce deaths due to poisoning (per 100,000 population)

US 2007 Rate:	13.1
HP 2020 Target:	13.1
AZ 2010 Rate:	11.1

Reduce deaths due to drowning (per 100,000 population)

US 2007 Rate:	1.20
HP 2020 Target:	1.10
AZ 2010 Rate:	1.26

Disparities

Unintentional injury from falls is the leading cause of injury-related death among people age 65 and older.

Children and young adults (up to age 24) are more likely to die from motor vehicle crashes—with the greatest disparities being among the American Indian population.

Males have a higher rate of injury in most unintentional injury categories than females.

Children between the ages of one and four represent 64% of hospitalizations and 50% of emergency department visits due to water-related incidents.

Source: Arizona Injury Prevention Plan 2012–2016. http://www.azdhs.gov/phs/owch/pdf/injuryprevention/az-injury-surveillance-prevention-plan-2012-2016.pdf

Ability to Make a Difference

Reducing the Number of Unintentional Injuries is a Winnable Battle. Two of Arizona's 15 counties identified unintentional injuries as a priority health issue.

Evidence-Based and Best Practices

There are evidence-based and best practices available to prevent unintentional injuries in the area of Motor Vehicle Injury Prevention and Accidental Poisoning Prevention. (See Appendix E)

Capacity

Arizona has developed a comprehensive Injury Prevention Plan, which provides not only details about each type of injury, but strategic actions to reduce injury. The Injury Prevention Advisory Council is composed of organizations representing hospitals, Tribal governments, county health departments, universities, and local community organizations.

Resources Available

The CDC provides $180,000 in grant funds that are targeted to injury prevention.

Evidence-Based and Best Practices being Implemented in Arizona

Title V Maternal and Child Health Block Grant funds are also dedicated to injury prevention.

Other sources of funding include behavioral health, which funds prevention strategies related to substance abuse/prescription drug use. A preliminary list of resources has been compiled with the assistance of ADHS. A more comprehensive asset map will be developed with partner input following the release of the State Health Assessment Report and during the SHIP process. Details of these programs can be found at the following link: Communityguide.org. (See Appendix F)

Evidence-Based and Best Practices
ADHS-Led Initiatives
Motor Vehicle Injury Prevention—Use of child safety seats and safety belts and deterrence of alcohol-impaired driving are among the most important preventive measures to reduce motor vehicle-related injuries and deaths.
Accidental Poisoning Prevention
Fatality review activities; Legislative actions; Legal advocacy training; court watch activities
Health Start; Safe Routes to School; Child Fatality Review Committee
Community Initiatives
Arizona Youth Survey (AYS)
Education activities; Legislative actions; Awareness and enhanced product safety activities
Elder fall prevention; Car seat distribution; Motor vehicle collision (MVC) prevention
Exercise, Education and Home Safety Assessments (for falls and injury prevention)
Injury Prevention and Community Education Program
Injury prevention presentations at health fairs; Injury prevention training; Skill-based bike rodeos; Helmet fitting and distribution
Injury Prevention Program, including Annual Walk for Water Safety
Keeping the Keys workshop; Permit Prep 101 workshop; Safe Ways to School workshop; Car Seat Checks/Installations; Crossing Guard of the Year Award; Crossing Guard Vest Donations Event; Booster Seat Giveaway Events

Community Initiatives (cont.)
Motor vehicle safety courses; Matter of Balance fall prevention course
Outreach activities, including the provision of off-highway vehicle (OHV) safe riding practices Safe Kids Coalitions Tribal Motor Vehicle Injury Prevention (TMVIPP) Colorado River Indian Tribe (CRIT): data collection on seatbelt use/enforcement and motor vehicle crash information on injury, alcohol involvement, and enforcement; Sobriety enforcement activities; Seatbelt use promotion activities; Media use (billboards, radio, newspaper, theatre, promotion materials); Coalition building activities; Community Safety Advisory Board
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
Various interventions aimed at reducing childhood injuries

Opportunities to Expand Current Efforts

Arizona has a strong foundation in the Injury Prevention Advisory Council and the numerous injury prevention activities statewide. Building on these initiatives and keeping a focus on priority areas of injury prevention is our greatest opportunity. The current CDC funding extends through 2016 and provides an opportunity to leverage additional state and local funds for coordinated injury prevention initiatives. Insurers and providers of healthcare will have opportunities to emphasize injury prevention and may provide incentives to reduce unintentional injuries, such as falls and poisonings.

Access to Health Insurance

Individuals who have developed relationships with their primary care providers and have a usual source of care have better health outcomes and fewer health disparities as well as lower healthcare costs. Primary care services are essential for monitoring health status, preventing and treating disease, and ensuring early detection. More than 40 million Americans do not have a specific doctor's office, clinic, health center, or other location where they regularly go for healthcare or health-related advice. Even among those who are privately insured, a substantial number of people lack a usual source of care or report difficulty in accessing needed care due to financial issues or insurance problems. Acute and unexpected healthcare issues can be difficult to manage, especially for those with chronic physical or behavioral health issues. Individuals without a primary care provider or those that lack insurance may find navigating the acute care and post-discharge healthcare system challenging.

Many factors play a role in addressing individual and community healthcare needs. Three critical components include insurance coverage, the presence of a trained healthcare workforce, and availability of services and resources.

Availability of health insurance coverage impacts whether individuals can access healthcare and determines when and where they seek treatment. Uninsured children and adults, under age 65, are less likely to have a usual source of healthcare or a recent healthcare visit than their insured counterparts. Uninsured people are also more likely to forego needed healthcare or preventive services due to cost concerns.

While Arizona has seen a reduction in the number of people with health insurance coverage for the last few years, aspects of the Affordable Care Act and passage of the Medicaid Restoration Plan in Arizona will have a positive impact on the number of people with insurance coverage.

How is Arizona Doing?

Overall, Arizona has about 1.2 million uninsured people—19% of the population.[69] Populations with higher uninsured rates are highlighted below.

Adults under age 65 with No Health Insurance Coverage

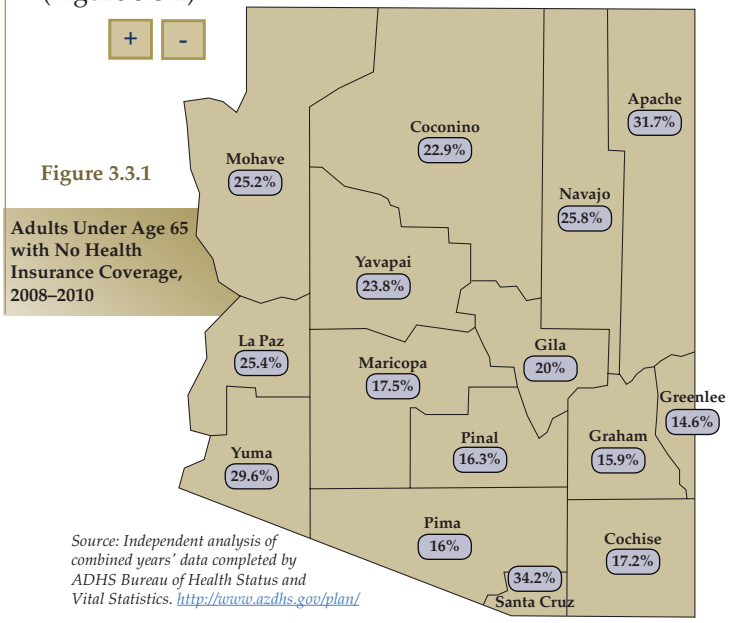
According to the American Association of Retired Persons (AARP), nationally, there was a 140% increase in uninsured adults ages 50 to 64 between 2000 and 2010. Contributing factors include a growth among the 50 to 64 years old population, the rising costs of healthcare, and the impact of the economic downturn.

Characteristics of the uninsured older adults in the US include:

- 9% reported they were not working due to illness or disability—three times the share of younger uninsured adults.
- Nearly one in two had a family income below 200% FPL.
- One out of three Hispanic and one out of five African American older adults were uninsured in 2010, compared with one out of ten Caucasian older adults.
- About three in five uninsured people in this age group are employed (all of which are less likely to be offered employer-sponsored health benefits)
  - o 37% work for employers with less than 25 employees
  - o 23% are self-employed
  - o 29% are working part time
- 18% of individuals aged 50–64 are uninsured.

Nine out of 15 counties (60%) have a higher percentage of adults under the age of 65 who do not have health insurance coverage than the state overall. The percentage of uninsured persons ranges from a low of 14.6% (Greenlee County) to a high of 34.28% (Santa Cruz County). (Figure 3.3.1).

Figure 3.3.1
Adults Under Age 65 with No Health Insurance Coverage, 2008–2010

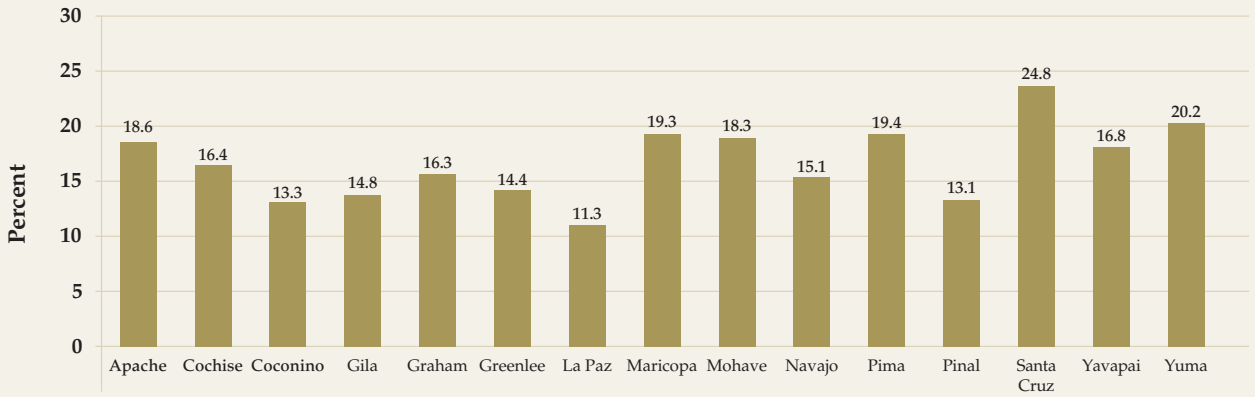


Source: Independent analysis of combined years' data completed by ADHS Bureau of Health Status and Vital Statistics. http://www.azdhs.gov/plan/

Access to Health Insurance (cont.)

According to the 2011 BRFSS, over 18% of Arizonans indicated they could not afford needed healthcare, a dramatic increase from 11.8% in 2003 and higher than the national rate of 16.9%. Over 54% of the respondents who indicated they could not afford needed healthcare had incomes less than $34,999. More than 27.6% of respondents, between the ages 45 to 65 could not afford needed healthcare. Santa Cruz experienced the highest rate, followed by Yuma, Apache, Pima, and Maricopa Counties. (Figure 3.3.2)

Figure 3.3.2: Percent Who Could Not Afford Needed Healthcare by County, 2011



Source: AZ BRFSS 2011, Pg. 186. http://www.azdhs.gov/phs/owch/pdf/injuryprevention/az-injury-surveillance-prevention-plan-2012-2016.pdf

Young Adults and Access to Health Insurance

In 2012, the Urban Institute reported that of those individuals newly eligible under Medicaid restoration in Arizona, nearly 29% will be young adults (ages 19–24). As a result of increased coverage for young adults, expected benefits of Medicaid restoration include improved preconception health, increased spacing between births, and improved birth outcomes. While many young adults will gain coverage eligibility under the ACA, young singles without dependents are some of the most likely to remain uninsured. It is estimated that 45% of those who remain uninsured nationally post-ACA will be young adults who are eligible for Medicaid or subsidized Health Insurance Marketplace coverage, but do not enroll.

Needed to See a Doctor but Could Not Because of Cost

A lack of healthcare insurance or inadequate coverage prevents many from getting required care because they are unable to pay for the services. Statewide, 13.3% of Arizonans reported that they could not see a doctor because of the high cost of care. Compared to the statewide rate, 8 (53%) of the 15 Arizona counties have a higher rate of people unable to see a doctor because of the cost. Rates range from the lowest in Graham County, at 8.9% (Figure 3.3.3), to the highest in Apache County, at 20.4%.

Figure 3.3.3: Could Not See A Doctor Due to Cost, 2008–2010

County	Percent	County	Percent
Apache	20.40	Mohave	19.50
Cochise	10.70	Navajo	14.70
Coconino	14.40	Pima	11.80
Gila	13.80	Pinal	12.00
Graham	8.90	Santa Cruz	16.30
Greenlee	9.80	Yavapai	14.80
La Paz	14.70	Yuma	17.47
Maricopa	13.00		
AZ	13.30		

Source: Independent analysis of combined years' data completed by ADHS Bureau of Health Status and Vital Statistics. http://www.azdhs.gov/plan

Children's Health Coverage

Children without health insurance coverage are less likely to have a regular healthcare provider and receive care when they need it than their insured counterparts. They are also more likely to receive treatment after their condition has worsened, putting them at greater risk for hospitalization.

In September 2012, the American Academy of Pediatrics, Medicaid Facts for Arizona, reported that approximately 45% of children in Arizona are enrolled in Medicaid. The 2011 KidsCount Report stated over 200,000 Arizona children (13%) do not have health insurance. This exceeds the national rate of 7%.

The American Academy of Pediatrics, Medicaid Facts, also reported that nearly three-quarters of those uninsured children are currently eligible for Medicaid or SCHIP, but are not enrolled.

According to the National Survey of Children's Health 2011–12, Arizona children fared worse than children nationwide on several insurance-related indicators. Fewer Arizona children have health insurance, had consistent insurance in the past year or receive their care within a medical home than do children nationwide.(Figure 3.3.4)

Trends in Health Insurance

Arizona has consistently ranked above the national rate for adults under age 65 who are uninsured from 2006 through 2011, according to the US Census Bureau statistics. The percentage of uninsured adults has decreased since 2006 in Arizona, while the national uninsured rate has increased. (Figure 3.3.5A)

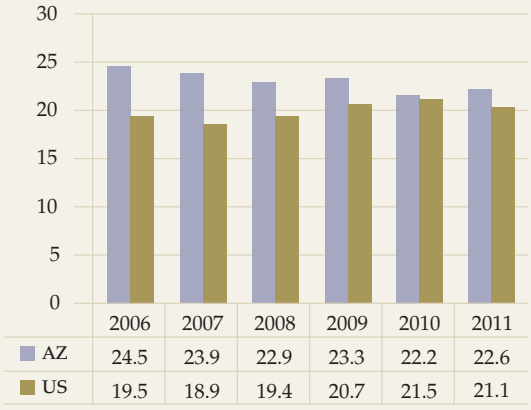
Statewide, 22.6% of all adults under age 65 have no health insurance coverage. Eight out of 15 counties (53%) have a higher percentage of adults under age 65 who do not have health insurance coverage than the state overall. The percentage of uninsured persons ranges from a low of 15.7% (La Paz County) to a high of 30.7% (Santa Cruz County).(Figure 3.3.5B)

Figure 3.3.4: Children's Health Insurance Coverage & Medical Home Access, 2011

Indicator	Arizona	Nationwide
Current Health Insurance —% of children currently insured	88.3%	94.5%
Consistent Insurance Coverage —% of children lacking consistent coverage in the past year	19.5%	11.3%
Medical Home —% of children who receive care within a medical home	46.2%	54.4%

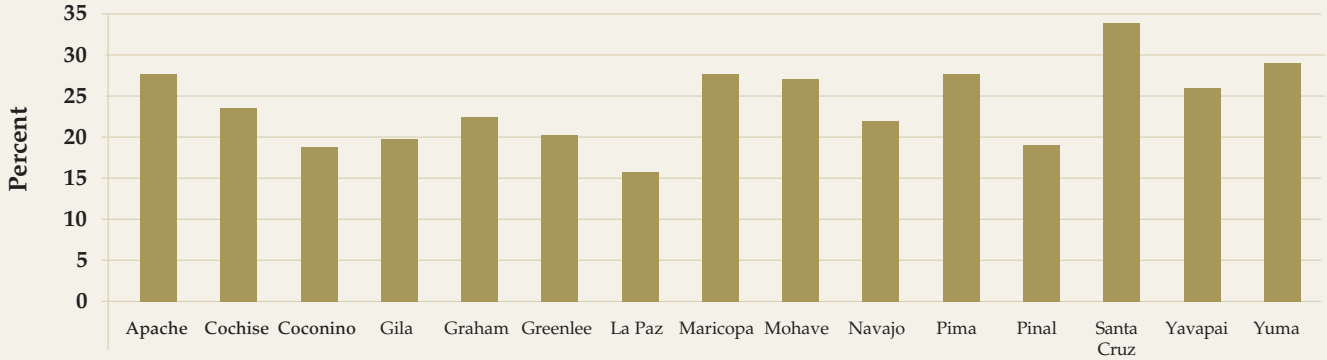
Source: 2011–2012 NSCH National Chartbook Profile for Arizona vs. Nationwide. http://www.childhealthdata.org/browse/snapshots/nsch-profiles?rpt=16&geo=4

Figure 3.3.5A: Adults Uninsured, 2006–2011



Source: Small Area Health Insurance Estimates, US Census, 2006–2011. http://www.census.gov/did/www/sahie/

Figure 3.3.5B: Adults Uninsured 2011—AZ Counties



Source: Small Area Health Insurance Estimates, US Census, 2011 http://www.census.gov/did/www/sahie/

Expanding Health Insurance Coverage

With the passage of voter Proposition 204 in 2000, Arizona began to provide Medicaid coverage for parents and childless adults up to 100% of the federal poverty level (FPL). As the great recession took its toll on Arizona in the late 2000s, AHCCCS enrollment increased by 30% while, at the same time, $2.5 billion in annual reductions were made to the AHCCCS program. One of the budget-balancing efforts included freezing the enrollment of childless adults in July 2011. Enrollment of childless adults dropped by 141,000 people, and by January 2014, only about 50,000 childless adults will remain enrolled.

The US Supreme Court decision on the Affordable Care Act provided states the option of expanding Medicaid for childless adults up to 133% of the FPL.

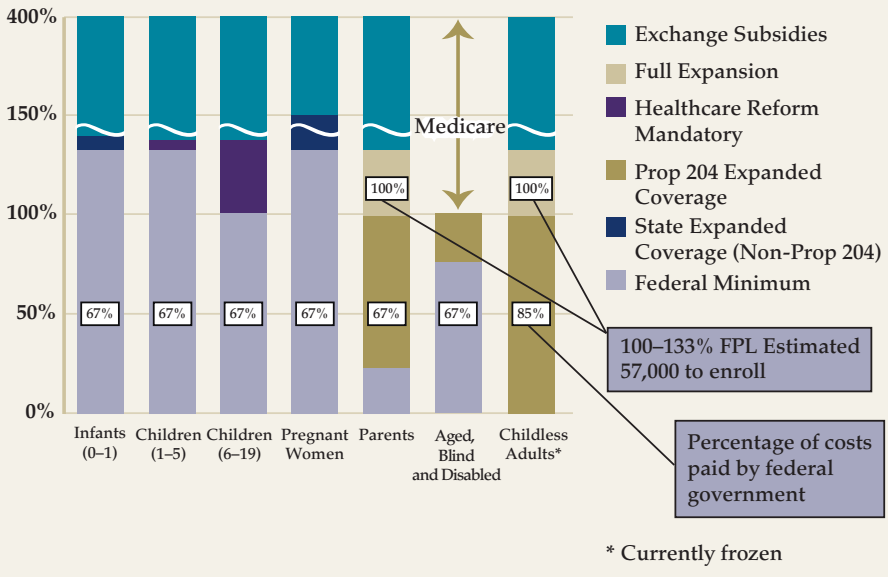
On June 17, 2013, Governor Brewer signed into law the Medicaid Restoration Plan. The Plan restores coverage for childless adults up to 100% of the FPL (240,000 Arizonans), and extends coverage for an additional 57,000 Arizonans between 100% and 133% FPL. The Plan uses a hospital assessment to cover the costs of restoration, and includes a requirement that, if federal funding decreases below 80%, coverage for new adults terminates. Adult coverage began January 1, 2014, with applications accepted and processed beginning October 1, 2013.

For children, the Affordable Care Act mandates coverage up to 133% FPL. Arizona's Children's Health Insurance Program is known as KidsCare. KidsCare is for children in households with incomes between 100%-200% of the FPL. Due to the recession, enrollment into the KidsCare program was frozen on January 1, 2010. At that time, all KidsCare applicants were placed on a waiting list in the event that enrollment could be re-opened.

Enrollment was reopened on May 1, 2012, through funding made available under the Safety Net Care Pool for a limited number of eligible children through a new children's coverage program known as KidsCare II. KidsCare II has the same benefits and premium requirements as KidsCare, but is temporary and will end January, 2014.

Enrollment for KidsCare will remain frozen in 2014. Children enrolled in KidsCare with household income between 133% and 200% of the FPL will remain in KidsCare as long as they continue to meet eligibility requirements, which includes paying the monthly premium. Children enrolled in KidsCare with household incomes between 100% and 133% FPL will be moved to Medicaid. New applicants with incomes under 133% FPL will be considered for Medicaid. Applicants with incomes above 133% FPL will be referred to the Federally Facilitated Marketplace (FFM) where premium subsidies will be available for commercial coverage (Figure 3.3.6).

Figure 3.3.6: Medicaid and ACA Populations, 2013



Source: AHCCCS Medicaid Moving Forward Report 2013, Pg. 9. http://www.azahcccs.gov/publicnotices/Downloads/MedicaidMovingForwardJuly2013.pdf

Access to Health Insurance (cont.)

Establishing a Health Insurance Marketplace

The Affordable Care Act expands health insurance coverage by establishing a Health Insurance Marketplace in every state. The marketplaces are government-regulated sites where individuals, families, and small businesses can buy health insurance and qualify for federal subsidies to cover the cost. The site will also determine whether people may be eligible for Medicaid.

Nationwide, 17 states, including the District of Columbia, have established a state-based marketplace. Seven states will operate their marketplace in partnership with the federal government, and 27 states, including Arizona, have defaulted to the marketplace operated by the federal government.

Arizona will have a Federally Facilitated Marketplace, operated directly by the federal government. Beginning October 1, 2013, uninsured individuals in every state will be able to shop for healthcare insurance and compare plans through the Marketplace. Health insurance coverage begins January 1, 2014, and open enrollment for 2014 closes on March 31, 2014. Subsidies or tax credits to lower the cost of premiums are available for individuals and families whose income is no more than 400% of the federal poverty level (equates to $94,200 for a family of four). The maximum amount charged as a premium will vary based on income, with those at 100% FPL paying no more than 2% of their income and those at 400% of the FPL paying no more than 9.5% of their annual income. (http://kff.org/interactive/subsidy-calculator/)

Eligible individuals choosing not to purchase insurance will be levied a fee. The fee in 2014 is 1% of yearly income or $95 per person for the year, whichever is higher. The fee increases every year. In 2016 it is 2.5% of income or $695 per person, whichever is higher. In 2014 the fee for uninsured children is $47.50 per child. The most a family would have to pay in penalties in 2014 is $285.

Catastrophic Health Insurance Plans

For young adults under 30 years of age, an additional option is available to purchase catastrophic health insurance. These plans provide a "safety net" of coverage in case a person has an accident or serious illness. Plans also cover three primary care visits and preventative services at no cost, but they do not provide coverage for services such as prescription drugs or injections. Premiums for catastrophic plans may be lower than traditional health insurance plans, but deductibles are usually much higher. A "hardship exemption" may also be granted and will be determined by the marketplace based on the person's inability to afford health insurance coverage. After the deductible is met, these plans cover the same set of essential health benefits that the other marketplace plans offer.

Providing new coverage options for young adults

Health plans are now required to allow parents to keep their children under age 26 without job-based coverage on their family coverage. This provision has resulted in 3.1 million young people gaining coverage nationwide. As of December 2011, 69,000 young adults in Arizona gained insurance coverage as a result of the healthcare law.

A study conducted by Burns & Associates, Inc. in May 2012 estimated that 496,000 Arizonans will enroll in the individual marketplace, and 510,000 will enroll in the Small Business Health Options Program small business marketplace. These gains are offset by an anticipated reduction in employer sponsored healthcare coverage.

Arizona has approximately 1.2 million uninsured persons, about 19% of the population. It's estimated that 600,000 of the uninsured will be covered after implementation of the Affordable Care Act. By 2016, approximately 10% of the population will remain uninsured.

Exemptions to the ACA are made if affordable insurance coverage is unavailable, and for Native Americans, prisoners, and individuals with religious objections. Undocumented immigrants are not eligible to buy insurance from the marketplace. The remaining uninsured may include those choosing to pay tax penalties instead of enrolling in coverage, and those eligible but not enrolled for a variety of other reasons.

Essential Health Benefits

The Affordable Care Act requires that all non-grandfathered and health insurance plans in the Marketplace cover certain essential health benefits. Essential health benefits include:

- Hospitalizations
- Emergency services
- Ambulatory patient services
- Maternity and newborn care
- Mental health and substance use disorder services
- Prescription drugs
- Rehabilitative and habilitative services and devices
- Laboratory services
- Pediatric dental and vision care, and
- Preventive and wellness services and chronic disease management.

Governor Brewer selected the State Employee Benefit—United Healthcare Exclusive Provider Organization as the benchmark plan, serving as the minimum standard for new commercial plans. Required pediatric, dental, and vision coverage will be supplemented by the Federal Employees Dental and Vision Insurance Program (FEDVIP) as the benchmark for the pediatric coverage.

Currently, the US Department of Health and Human Services (HHS) estimates that 62% of health plan enrollees in the individual market across the nation do not have coverage for maternity services, and almost one-fifth of enrollees lack mental health service coverage. (Figure 3.3.7)

How Does Arizona Compare Nationally?

In 2011, fewer Arizonans had some type of insurance when compared to the US population. When looking at those with private insurance, fewer people in Arizona had private coverage than compared to the national numbers. Overall, more people under the age of 65 were covered by government insurance in Arizona (25.1% compared to 22.7% in the US); however, fewer children under the age of 18, and fewer adults over the age of 65, were covered by government insurance than in the US.

According to the National Survey of Children's Health 2011–2012, the rate of Arizona children meeting national insurance-related indicators was below the nationwide rate. Fewer Arizona children have health insurance, had consistent health insurance in the past year, and/or receive their care within a medical home than children nationwide.

Access to Health Insurance (cont.)

Healthy People 2020 Objectives

All persons who have insurance coverage (Source: HP 2020)

US 2008 Rate:	83.2%
HP 2020 Target:	100%
AZ 2010 Rate:	Not available

Adults Insured (Source: US Census Comparisons)

US 2011 Rate:	78.9%
AZ 2011 Rate:	77.4%

According to the Census Bureau's March Supplement to the Current Population Survey (the CPS Annual Social and Economic Supplement or ASEC), there are currently 1,184,700 (18%) uninsured individuals in Arizona compared to 16% nationwide. (Figure 3.3.7) Of the total uninsured, children (18 and below) account for 22% (257,200) (Figure 3.3.8) and adults (19 to 64) account for 78% (899,900). (Figure 3.3.9)

Figure 3.3.7: Overview of the Insurance Coverage for the Total Population, 2011

Location	Employer	Individual	Medicaid	Medicare	Other Public	Uninsured	Total
US	49%	5%	16%	13%	1%	16%	100%
AZ	46%	4%	18%	13%	1%	18%	100%

Source: Health Insurance Coverage Data of the Total Population, 2010–2011. http://kff.org/other/state-indicator/total-population/

Figure 3.3.8: Overview of the Insurance Coverage for Children (0–18 years), 2011

Location	Employer	Individual	Medicaid	Other Public	Uninsured	Total
US	50%	4%	35%	1%	10%	100%
AZ	47%	4%	33%	NSD*	15%	100%

Source: Health Insurance Coverage Data of Children 0–18, 2010–2011. http://kff.org/other/state-indicator/children-0-18/
**NSD: Not sufficient data*

Figure 3.3.9: Overview of the Insurance Coverage for Adults (19–64 years), 2011

Location	Employer	Individual	Medicaid	Other Public	Uninsured	Total
US	58%	6%	10%	3%	21%	100%
AZ	54%	5%	13%	4%	23%	100%

Source: Health Insurance Coverage Data of Adults 19–64, 2010–2011. http://kff.org/other/state-indicator/adults-19-64/

Ability to Make a Difference

Improving Access to Health Insurance Coverage is a Winnable Battle. Seven out of 15 counties identified insurance coverage as a priority issue.

Evidence-based and best practices have been developed for insurance exchanges and designing services around integrated care delivery systems. The goal is to better streamline eligibility and enrollment processes and coordinate innovation opportunities to identify and test new care delivery and payment models. (See Appendix E)

Disparities and Access to Health Insurance

Arizona's Hispanic population is the sixth largest in the nation. In 2011, the US Census reported that 30% or 1.9 million residents in Arizona were of Hispanic descent. Of those, 70% were native born in the US Hispanics are often employed in job markets that do not offer health insurance, such as agriculture, construction, and the service industry. 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%. Undocumented immigrants are not eligible for subsidized insurance coverage and are expected to make up about 25% of those who remain uninsured post-ACA implementation.

Access to Health Insurance (cont.)

Disparities
Couples who are separated or never married are more likely to be uninsured at 28.9% and 23.8%.
Adults with less than a high school education are more likely to be uninsured, at 30.4%.
Hispanic adults are more likely to be uninsured, at 28.8%.

Source: AZ BRFSS 2010, Pg. 116, Table 25.
http://www.azdhs.gov/phs/phstats/brfs/reports/BRFSS2010Report.pdf

In May 2011, Kauffman and Associates reported that nationally 24.3% of American Indians are uninsured, as utilizing Indian Health Services is not the same as having health insurance coverage. Among Arizona's American Indian population, 30.6% are uninsured. The uninsured rate is even higher among adults, with 37% of American Indians age 18–64 uninsured. Nearly 100% of American Indians who are Medicaid-eligible are enrolled. They account for 10.6% of Arizona's current Medicaid population. It is anticipated that the American Indian Medicaid population in Arizona will increase by 22.4% with full expansion and enhanced outreach.

Capacity

Currently, there are several coalitions in the community working to prepare for the federal Marketplace that will serve Arizona. The largest coalition is Cover Arizona, which includes several organizations, such as St. Luke's Health Initiative, Enroll America, and the Arizona Alliance for Community Health Centers.

Health-e-Arizona, an online application for AHCCCS, KidsCare, and other financial assistance, is being revised to become Health-e-Arizona Plus, which will screen eligibility for AHCCCS. If individuals are not eligible for Medicaid, they will be re-directed to the federal Marketplace website to enroll for health insurance.

The Pima Community Access Program is located in Pima County and provides discounts for medical care for eligible uninsured individuals. This program was recently awarded federal funding through the Connecting Kids to Coverage Outreach and Enrollment Grant through the Affordable Care Act to enroll children eligible for the Medicaid or CHIP program in Pima, Maricopa, Pinal, and Santa Cruz Counties and keep these children enrolled and covered.

Resources Available

Federal resources have been committed to the restoration of Medicaid in Arizona and to local initiatives designed to increase insurance coverage options for Arizonans under the Affordable Care Act.

Evidence-Based and Best Practices Implemented in Arizona

A preliminary list of resources has been compiled with the assistance of ADHS. A more comprehensive asset map will be developed with partner input following the release of the State Health Assessment report and during the State Health Improvement Planning process. Details of these programs can be found at the following link: Communityguide.org. (see Appendix F)

Evidence-Based Practice—Community Initiatives
Arizona Health Insurance Exchange administration; health insurance community meetings; exchange planning activities
Arizona Medicaid programs; Arizona Medical Assistance Program
Life Enhancement Assistance Program (LEAP)
Cover Arizona
Pima Community Access Program (PCAP)

Two leading public health issues, Access to Well Care and Behavioral Health Services are addressed together in the following section. Due to overlapping issues in the systems of care, and the movement towards integrated care models, both physical and behavioral healthcare addressed simultaneously. Access to preventive services, primary care, acute care during traumatic events, inpatient and outpatient treatment facilities, provider shortages, and access to post-discharge follow-up care represent the data on the full cycle of patient care needs.

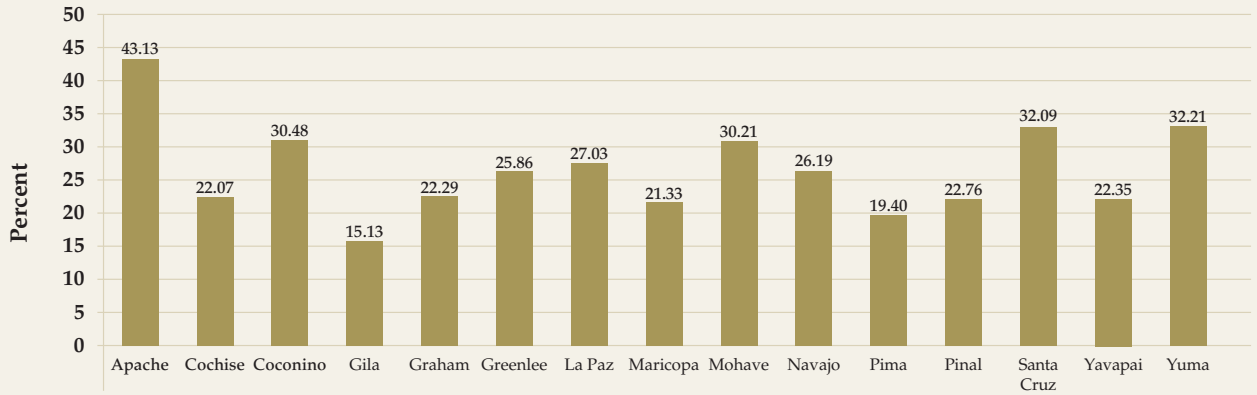
How is Arizona Doing?

More than 21.4% of Arizonans report they did not have a personal doctor or healthcare provider. However, for preventative care related to screening, Arizona exceeds the national rate for prostate screening, routine mammography, and routine cervical cancer screening. Comparatively, Arizona falls below the national rates for influenza vaccinations (age 65 and older) and for sigmoidoscopy and colonoscopy screening (age 50 and older).

No Personal Healthcare Provider

Statewide, 21.4% of the population reported having no personal doctor or healthcare provider. Nine counties have a higher rate of people with no regular primary care provider than the overall, statewide rate. Gila County reports the lowest rate, at 15.13%, of people without a primary care provider to coordinate their care, while Apache County has the highest rate at 43.13%. (Figure 3.3.10)

Figure 3.3.10: Percent with No Personal Doctor or Healthcare Provider, 2008–2010

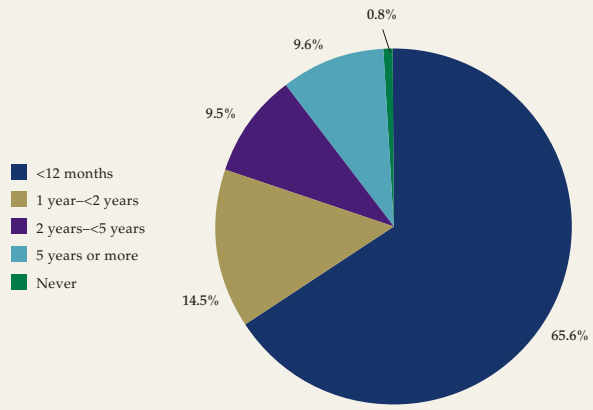


Source: Independent analysis of combined years' data completed by ADHS Bureau of Health Status and Vital Statistics. http://www.azdhs.gov/plan

Length of Time Since Last Routine Examination

Routine examinations play a large role in the prevention and early detection of disease through screening tests and vaccinations. When asked how long it has been since they last visited a doctor, 65% of Arizona adults reported they had a routine checkup in the last twelve months. Almost 10% reported it had been five years or more since their last routine exam. (Figure 3.3.11)

Figure 3.3.11: Length of Time Since Last Routine Health Checkup, 2010



Source: AZ BRFSS 2010, Pg. 123, Figure 27.
http://www.azdhs.gov/phs/phstats/brfs/reports/BRFSS2010Report.pdf

Access to Well Care & Behavioral Health Services (cont.)

For implementing the Affordable Care Act, the U.S. Preventive Services Task Force (USPSTF) has developed two lists of preventive services: USPSTF A and B Recommendations. These recommendations contain a set of preventive services that include screening tests, treatments, immunizations, and counseling that must be covered by most insurance plans. Although the list of preventive services is large, the covered services include blood pressure screening, counseling and screening for tobacco use, immunizations, breast cancer screening and counseling, cervical cancer screening by Pap test, colorectal cancer screening, and PSA tests and prostate exams to detect prostate cancer.

Access to Coordination of Care/Integrated Care

The ADHS Behavioral Health Services (DBHS) serves as the single state authority to provide coordination, planning, administration, regulation, and monitoring of all facets of the state public behavioral health system. By administering a comprehensive, regionalized, behavioral health system of community-based prevention, intervention, treatment, and rehabilitative services for individuals and families, the system provided over 213,000 individuals with services through the public behavioral health system. Adults with Serious Mental Illness (SMI) were the highest service utilizers due to their need for higher-intensity treatment services, such as inpatient psychiatric care and residential placement. Adults with General Mental Health (GMH) or Substance Abuse (SA) disorders and children/adolescents typically receive support, rehabilitation, medication, and other treatment services in less-restrictive outpatient settings at a significantly lower client cost.



Risk Factors for People with Mental Health and Substance Use Disorders

Poverty, Social Isolation, and Trauma—**People with behavioral health problems often live in poverty and experience social isolation and trauma, which can lead to higher levels of stress and/or reduce access to quality primary care services that can help prevent and manage these deadly conditions.**

Tobacco—75% percent of individuals with behavioral health problems smoke cigarettes as compared to 23% of the general population.[1] Half of all deaths from smoking occur among patients with mental or substance use disorders. Every year, smoking kills about 200,000 people who live with mental illnesses.

Obesity—Obesity is frequently accompanied by depression and the two can trigger and influence each other. In fact, a study of obese people with binge-eating problems found that 51% also had a history of major depression.

Medication Side Effects—The high prevalence of Cardiovascular Disease (CVD) risk factors can be explained in part by unfavorable psychiatric medication side effects—particularly on increased metabolic risk factors for CVD. Weight gain from medication treatment of schizophrenia and affective disorders is a well-established side effect of antipsychotics affecting between 15 to 72% of people taking the medicines.

Other Substance Use—Heavy and binge drinking is associated with numerous health problems, including: damage to liver cells, inflammation of the pancreas, various cancers, high blood pressure, and psychological disorders.

Lack of Access to Quality Healthcare—People with behavioral health problems lack health insurance coverage at far higher rates than the general population. Due in part to the lack of provider knowledge in working with these populations, people with behavioral health problems often receive a poorer quality of healthcare.

Source: SAMHSA—Why Wellness Matters for People with Mental Health and Substance Use Conditions
http://www.promoteacceptance.samhsa.gov/10by10/default.aspx

Access to Well Care & Behavioral Health Services (cont.)

Trends in Accessing Healthcare

There has been a slight increase in the number of Arizonans with a personal doctor or healthcare provider since 2008. Despite this increase, the number of adults who have had a routine examination in the past year has decreased.

Adults who self-report having a personal doctor or healthcare provider—Arizona: (Source BRFSS 2010)

2008	74.3%
2009	79.5%
2010	78.6%

Arizona adults who report having a routine examination in the past year: (Source BRFSS 2010):

2008	67.6%
2009	65.9%
2010	65.6%

How does Arizona Compare Nationally?

More than 21.4% of Arizonans reported in 2010 that they did not have a personal doctor or healthcare provider. However, for preventive care related to screening, Arizona exceeds the national rate for prostate cancer screening, routine mammography, and routine Pap tests. Comparatively, for influenza vaccinations (age 65 and older) and for sigmoidoscopy and colonoscopy screening (age 50 and over) Arizona trails national rates.

Access to Well Care & Behavioral Health Services (cont.)

In 2011, penetration and community utilization rates were higher than the national average, and the state hospital utilization rate was lower than the national average. The utilization rate for other psychiatric inpatient facilities was higher in Arizona than the national average. (Figure 3.3.13)

The higher penetration rate is an indicator that more people needing behavioral health services are receiving care in Arizona than nationwide. The higher community utilization rate and lower state hospital utilization rate indicates Arizonans are more likely to receive behavioral health services in a community setting and less likely to receive these services in a state hospital than in other parts of the country.

According to The Center for Child & Adolescent Health, Chart Book Profile 2011–2012, approximately sixty percent (59.17%) of Arizona children age 2–17 with problems requiring counseling received mental healthcare compared to 61% nationally.

Figure 3.3.13: Behavioral Health Penetration and Utilization Rates, 2011

	AZ	US
Penetration Rate per 1,000 Population	25.34	22.10
Community Utilization per 1,000 Population	22.54	21.17
State Hospitalization Utilization per 1,000 Population	0.05	0.50
Other Psychiatric Inpatient Utilization per 1,000 Population	1.45	1.37

Source: Arizona 2011 Mental Health National Outcome Measures (NOMS): CMHS Uniform Reporting System
http://www.azdhs.gov/bhs/dashboard/outcomes/index.php

Healthy People 2020 Objectives

Persons with ongoing specific source of care

US 2010 Rate:	86.4%
HP 2020 Target:	90.0%
AZ 2010 Rate:	78.6%

Increase in the proportion of children with mental health problems who receive treatment

US 2008 Rate (Ages 4–17):	68.90%
HP 2020 Target:	75.80%
AZ 2011 Rate (Ages 2–17):	59.17%

According to the Center for Child and Adolescent Health, 2011–2012 Chart Book Profile, Arizona children are not accessing preventative care at the same rate as children nationwide, based on three primary indicators of children's health. (Figure 3.3.14)

Figure 3.3.14: Child & Adolescent Health Indicators, 2012

Indicator	AZ	US
Percent of children with a preventative medical visit in the past year	81.4%	84.4%
Percent of children with a preventative dental visit in the past year	75.2%	77.2%
Percent of children age 10 months to five years who received a standardized screening for developmental or behavioral problems	21.7%	30.8%
Percent of children receiving care within a medical home	46.2%	54.4%

Source: 2011–2012 NSCH National Chartbook Profile for Arizona vs. Nationwide.
http://www.childhealthdata.org/browse/snapshots/nsch-profiles?rpt=16&geo=4

Disparities

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%.

Disparities (cont.)

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.

Source: AZ BRFSS 2010, Pg. 116, Table 25.
http://www.azdhs.gov/phs/phstats/brfs/reports/BRFSS2010Report.pdf

Preventive and Wellness Services

The provision of clinical preventive services has the potential to enable people to live longer, healthier lives by reducing illness, death, and disability. 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. According to the CDC, about half of the US adult population does not use commonly recommended preventive services. Cost is often a barrier to accessing services, even for the insured.

Many of Arizona's public health programs have provided a range of preventive health services for uninsured and underinsured populations. Such services include perinatal depression screening, alcohol misuse screening, HIV and STD screening, immunizations, tobacco cessation, breast and cervical cancer screening, folic acid, and newborn screening.

All Marketplace plans and many other plans must cover a list of preventive services without charging a copayment or coinsurance. Preventive services are those graded as A or B recommendations by the US Preventive Task Force (USPTF).

Grandfathered and state Medicaid plans are not required to cover the essential health benefits and preventive health services in existing plans. However, final rules regarding implementation of the Affordable Care Act require that newly-eligible Medicaid enrollees receive benchmark or benchmark-equivalent coverage. States may receive a one percentage point enhanced match if the standard Medicaid plan adopts the preventive services without co-pays or deductibles.

While some gaps in coverage will remain, more Arizonans will have access to preventive services. The public health system may have the opportunity to shift focus from delivering these safety net services directly to a role of promoting the utilization of such services among insured people.

Figure 3.3.15: Preventive Services for Adults

1. Abdominal Aortic Aneurysm one-time screening for men of specified ages who have ever smoked.
2. Alcohol Misuse screening and counseling
3. Aspirin use to prevent cardiovascular disease for men and women of certain ages
4. Blood Pressure screening for all adults
5. Cholesterol screening for adults of certain ages or at higher risk
6. Colorectal Cancer screening for adults over 50
7. Depression screening for adults
8. Diabetes (Type 2) screening for adults with high blood pressure
9. Diet counseling for adults at higher risk for chronic disease
10. HIV screening for everyone ages 15 to 65, and other ages at increased risk
11. Immunization vaccines for adults—doses, recommended ages, and recommended populations vary:
    - Hepatitis A
    - Hepatitis B
    - Herpes Zoster
    - Human Papillomavirus
    - Influenza (Flu Shot)
    - Measles, Mumps, Rubella
    - Meningococcal
    - Pneumococcal
    - Tetanus, Diphtheria, Pertussis
    - Varicella
12. Obesity screening and counseling for all adults
13. Sexually Transmitted Infection (STI) prevention counseling for adults at higher risk
14. Syphilis screening for all adults at higher risk
15. Tobacco Use screening for all adults and cessation interventions for tobacco users

Figure 3.3.16: Preventive Services for Women

1. Anemia screening on a routine basis for pregnant women
2. Breast Cancer Genetic Test Counseling (BRCA) for women at higher risk for breast cancer
3. Breast Cancer Mammography screenings every 1 to 2 years for women over 40
4. Breast Cancer Chemoprevention counseling for women at higher risk
5. Breastfeeding comprehensive support and counseling from trained providers, and access to breastfeeding supplies, for pregnant and nursing women
6. Cervical Cancer screening for sexually active women
7. Chlamydia Infection on screening for younger women and other women at higher risk
8. Contraception: Food and Drug Administration-approved contraceptive methods, sterilization procedures, and patient education and counseling, as prescribed by a healthcare provider for women with reproductive capacity (not including abortifacient drugs). This does not apply to health plans sponsored by certain exempt "religious employers."
9. Domestic and interpersonal violence screening and counseling for all women
10. Folic Acid supplements for women who may become pregnant
11. Gestational diabetes screening for women 24 to 28 weeks pregnant and those at high risk of developing gestational diabetes
12. Gonorrhea screening for all women at higher risk
13. Hepatitis B screening for pregnant women at their first prenatal visit
14. HIV screening and counseling for sexually active women
15. Human Papillomavirus (HPV) DNA Test every 3 years for women with normal cytology results who are 30 or older
16. Osteoporosis screening for women over age 60 depending on risk factors
17. Rh Incompatibility screening for all pregnant women and follow-up testing for women at higher risk
18. Sexually Transmitted Infections counseling for sexually active women
19. Syphilis screening for all pregnant women or other women at increased risk
20. Tobacco Use screening and interventions for all women, and expanded counseling for pregnant tobacco users
21. Urinary tract or other infection screening for pregnant women
22. Well-woman visits to get recommended services for women under 65

Figure 3.3.17: Preventive Services for Children

Most health plans must cover a set of preventive health services for children at no cost when delivered by an in-network provider. This includes Marketplace and Medicaid coverage.

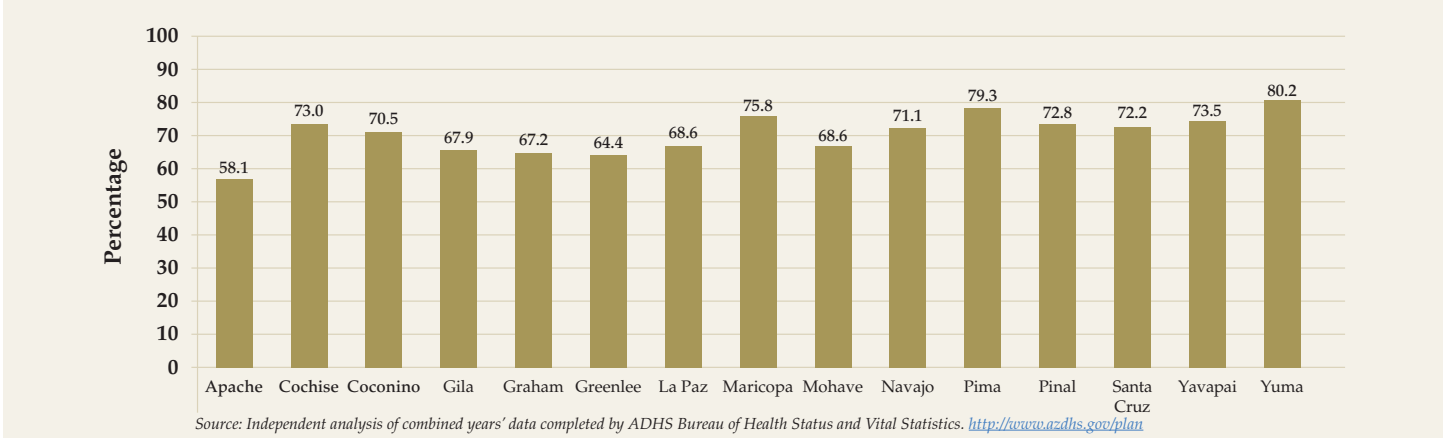
1. Autism screening for children at 18 and 24 months
2. Behavioral assessments for children at the following ages: 0 to 11 months, 1 to 4 years, 5 to 10 years, 11 to 14 years, 15 to 17 years.
3. Blood Pressure screening for children at the following ages: 0 to 11 months, 1 to 4 years, 5 to 10 years, 11 to 14 years, 15 to 17 years.
4. Cervical Dysplasia screening for sexually active females
5. Depression screening for adolescents
6. Developmental screening for children under age 3
7. Dyslipidemia screening for children at higher risk of lipid disorders at the following ages: 1 to 4 years, 5 to 10 years, 11 to 14 years, 15 to 17 years.
8. Fluoride Chemoprevention supplements for children without fluoride in their water source
9. Gonorrhea preventive medication for the eyes of all newborns
10. Hearing screening for all newborns
11. Height, Weight and Body Mass Index measurements for children at the following ages: 0 to 11 months, 1 to 4 years, 5 to 10 years, 11 to 14 years, 15 to 17 years.
12. Hematocrit or Hemoglobin screening for children
13. Hemoglobinopathies or sickle cell screening for newborns
14. HIV screening for adolescents at higher risk
15. **Hypothyroidism screening for newborns
16. Immunization vaccines for children from birth to age 18—doses, recommended ages, and recommended populations vary:
    - Diphtheria, Tetanus, Pertussis
    - Haemophilus influenzae type b
    - Influenza (Flu Shot)
    - Measles, Mumps, Rubella
    - Human Papillomavirus
    - Inactivated Poliovirus
    - Hepatitis A
    - Hepatitis B
    - Meningococcal
    - Pneumococcal
    - Rotavirus
    - Varicella
17. Iron supplements for children ages 6 to 12 months at risk for anemia
18. Lead screening for children at risk of exposure
19. Medical History for all children throughout development at the following ages: 0 to 11 months, 1 to 4 years, 5 to 10 years, 11 to 14 years, 15 to 17 years.
20. Obesity screening and counseling
21. Oral Health risk assessment for young children Ages: 0 to 11 months, 1 to 4 years, 5 to 10 years.
22. Phenylketonuria (PKU) screening for this genetic disorder in newborns
23. Sexually Transmitted Infection (STI) prevention counseling and screening for adolescents at higher risk
24. Tuberculin testing for children at higher risk of tuberculosis at the following ages: 0 to 11 months, 1 to 4 years, 5 to 10 years, 11 to 14 years, 15 to 17 years.
25. Vision screening for all children.

Arizona Performance on Standard Screenings and Tests

Mammograms (Breast Cancer Screening)

USPSTF, Grade B recommendation: biennial screening mammography for women aged 50 to 74 years. The overall rate in Arizona for women (age 40 and over) receiving mammograms in the past year is 75.44%. Yuma County has the highest rate of women having mammograms of 80.23%, while Apache County had the lowest rate of 58.10%. (Figure 3.3.18)

Figure 3.3.18: Percentage of Women Age 40+ Having a Mammogram in the Past Year, 2008 & 2010

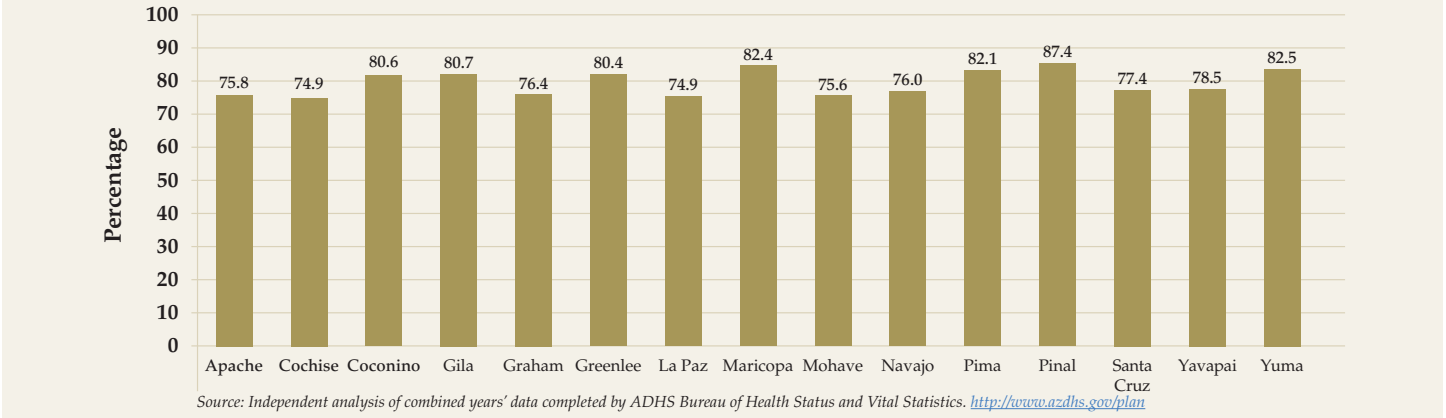


Source: Independent analysis of combined years' data completed by ADHS Bureau of Health Status and Vital Statistics. http://www.azdhs.gov/plan

Pap Smear (Cervical Cancer Screening)

USPSTF, Grade A recommendation: screening for cervical cancer in women ages 21 to 65 years with cytology (Pap smear) every 3 years or, for women ages 30 to 65 years who want to lengthen the screening interval, screening with a combination of cytology and human papillomavirus (HPV) testing every 5 years. The overall rate in Arizona of women, age 18 and older, having a pap test in the last three years is 81.8%. Pinal County had the highest rate of 87.4%. The lowest rate was in La Paz County with 74.9%. (Figure 3.3.19)

Figure 3.3.19: Percentage of Women Age 18+ Having a Pap Test in the Past 3 Years, 2008 & 2010

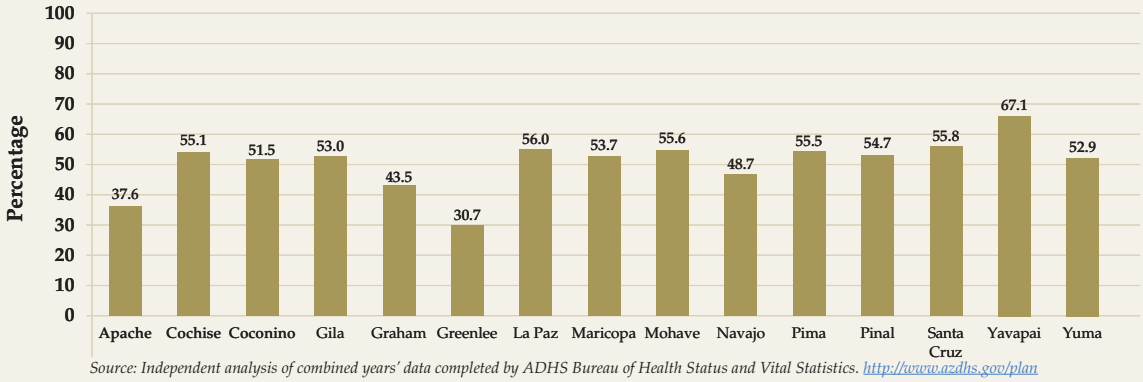


Source: Independent analysis of combined years' data completed by ADHS Bureau of Health Status and Vital Statistics. http://www.azdhs.gov/plan

PSA Tests

The overall rate in Arizona of men age 40+ undergoing a PSA test was 54.3%. Yavapai County had the highest rate of men 40+ who received a PSA test of 67.1%. Greenlee County had the lowest rate of 30.7%, demonstrating great variability in the number of men receiving this screening test. (Figure 3.3.20)

Figure 3.3.20: Percentage of Men Age 40+ Having a PSA Test in the Past 2 Years, 2008 & 2010

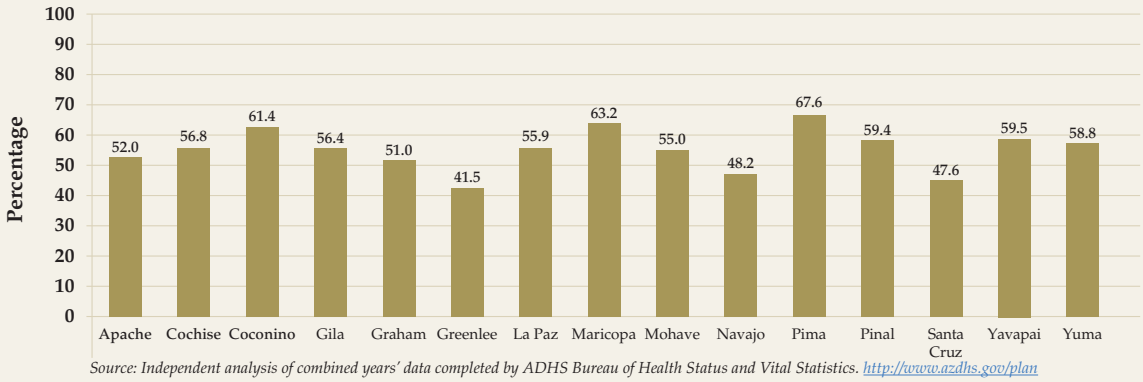


Source: Independent analysis of combined years' data completed by ADHS Bureau of Health Status and Vital Statistics. http://www.azdhs.gov/plan

Sigmoidoscopy or Colonoscopy (Colon Cancer Screening)

USPSTF, Grade A Recommendation: screening for colorectal cancer using high-sensitivity fecal occult blood testing, sigmoidoscopy, or colonoscopy beginning at age 50 years and continuing until age 75 years. The rate in Arizona for all adults, age 50 and older, undergoing a sigmoidoscopy or colonoscopy was 60.0%. Pima County had the highest rate at 67.6%, while Greenlee County had the lowest rate at 41.5%. (Figure 3.3.21)

Figure 3.3.21: Percentage of Adults Age 50+ Having a Sigmoidoscopy or Colonoscopy, 2008 & 2010

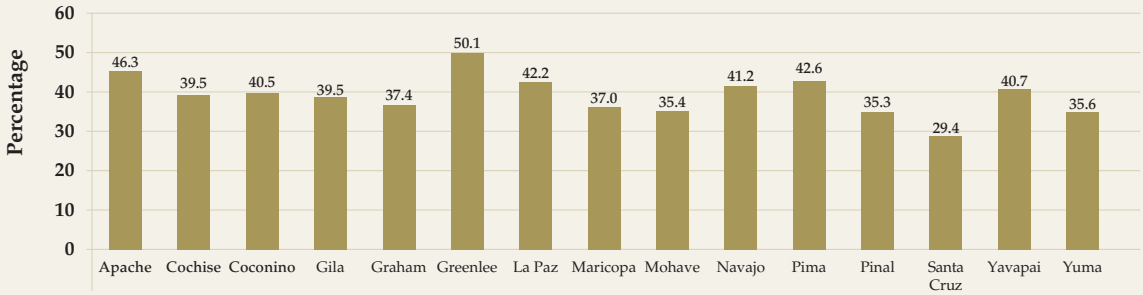


Source: Independent analysis of combined years' data completed by ADHS Bureau of Health Status and Vital Statistics. http://www.azdhs.gov/plan

Influenza (Flu) Vaccination

Advisory Committee on Immunization Practices Recommendation: annual vaccination against influenza is recommended for all persons aged 6 months and older. The overall Arizona rate for adults, age 65 and older, who received an influenza vaccination in the past 12 months, was 38.1%. Greenlee County had the highest rate at 50.1%, while Santa Cruz County had the lowest rate at 29.4%. (Figure 3.3.22)

Figure 3.3.22: Percentage of Adults Age 65 and Older Getting Flu Shot or Spray in the Past 12 Months, 2008–2010

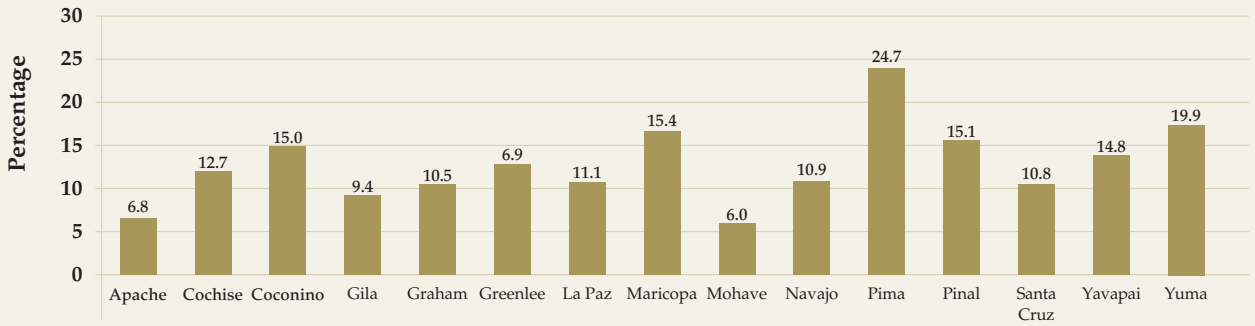


Source: Independent analysis of combined years' data completed by ADHS Bureau of Health Status and Vital Statistics. http://www.azdhs.gov/plan

Zoster (Shingles) Vaccination

Advisory Committee on Immunization Practices Recommendation: vaccination of persons beginning at age 60 years both for persons with and without underlying health conditions for who the vaccine is not contraindicated. The overall state rate for adults, age 60 and older, who reported having received a shingles vaccine, was 15.9%. Pima County had the highest rate of adults at 24.7%, while Mohave County had the lowest rate at 6.0%. (Figure 3.3.23)

Figure 3.3.23: Percentage of Adults Age 60+ Ever Getting the Shingles Vaccine, 2009–2010

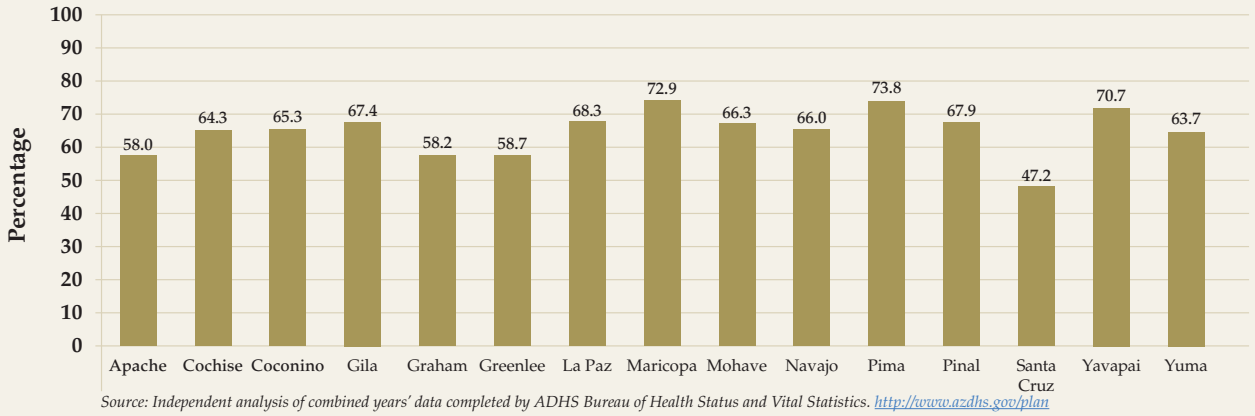


Source: Independent analysis of combined years' data completed by ADHS Bureau of Health Status and Vital Statistics. http://www.azdhs.gov/plan

Pneumococcal (Pneumonia) Vaccination

Advisory Committee on Immunization Practices (ACIP) Recommendation: vaccination of all adults age 65 years or older with one dose of Pneumococcal polysaccharide (PPSV23) vaccine. The statewide rate for adults, age 65 and older, who reported having received a vaccine against Pneumococcal disease, was 71.0%. Pima County had the highest rate at 73.8%, while Santa Cruz County had the lowest rate at 47.2%. (Figure 3.3.24)

Figure 3.3.24: Percentage of Adults Age 65+ Ever Getting a Pneumonia Shot, 2008–2010

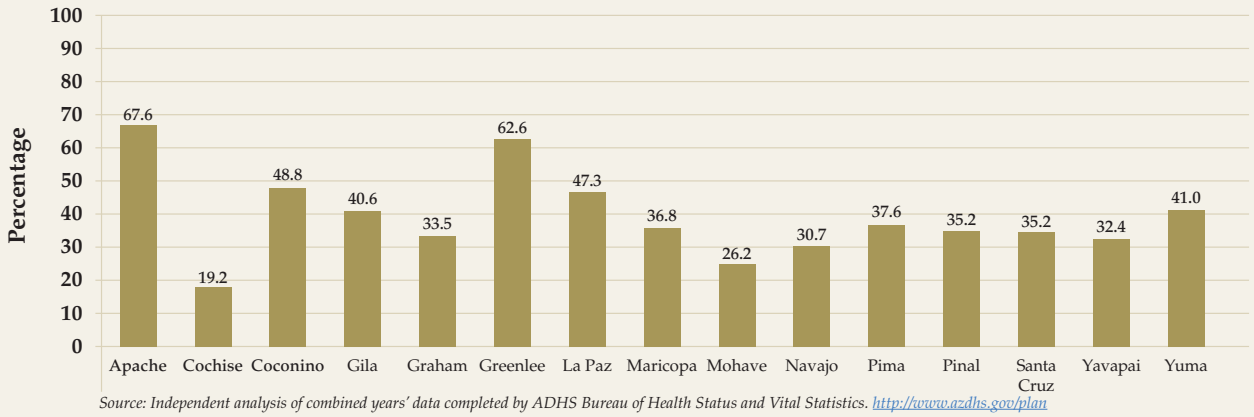


Source: Independent analysis of combined years' data completed by ADHS Bureau of Health Status and Vital Statistics. http://www.azdhs.gov/plan

Pediatric Influenza (Flu) Vaccination

Advisory Committee on Immunization Practices Recommendation: annual vaccination against influenza is recommended for all persons aged 6 months and older. The statewide rate for children who have received their flu vaccine in the past 12 months was 36.8%. Apache County had the highest percentage of children vaccinated at 67.6%, and Cochise County had the lowest percentage at 19.2%. (Figure 3.3.25)

Figure 3.3.25: Percentage of Children Receiving a Flu Shot in the Past 12 Months, 2010



Source: Independent analysis of combined years' data completed by ADHS Bureau of Health Status and Vital Statistics. http://www.azdhs.gov/plan

Prevention Services Using Arizona's Community Health Workers

It is well known throughout the country that the community health worker movement has deep roots in Arizona; from both the long history of community health representatives in tribal communities dating back to the early 1960's, as well as the Arizona Promotora movement dating back to the Healthy Start/Un Comienzo Sano program that began in Yuma, Arizona in the 1980s.

Today, community health workers are a critical part of the public health workforce in Arizona and are employed by local and tribal health departments, community health centers, health clinics, hospitals, and non-governmental organizations. The term "Community Health Worker," or "CHW," refers to many different job titles and roles (lay health worker, patient navigator, peer advisor, community health advocate, promotores de salud, and many others). Duties of the work vary and may include outreach, health education, benefit acquisition, system navigation, client advocacy, and other enabling services. The common thread among these positions is an ethnic, linguistic, cultural, or experiential connection with the population served. This connection to the community allows CHW's to support medically underserved community members in ways that traditional medical professionals generally do not.

The important role of the CHW was recognized in various sections of the Affordable Care Act, including authorizing the CDC to award grants to promote positive health behaviors that have proven to improve health in medically underserved communities through the use of community health workers. The Patient Navigator Program, originally enacted in 2005, was reauthorized through 2015 under the ACA, as were a number of other initiatives designed to improve public health outcomes such as the Incentives for Prevention of Chronic Disease in Medicaid provision.

Recently, the Centers for Medicare and Medicaid Services (CMS) created a new rule that allows state Medicaid agencies to reimburse for preventive services provided by professionals that may fall outside of a state's clinical licensure system, as long as the services have been initially recommended by a physician or other licensed practitioner. The new rule for the first time offers state Medicaid agencies the option to reimburse for more community-based preventive services, including those of CHWs. The rule goes into effect on January 1, 2014.

Community Health Workers in Arizona

- Arizona Health Start Program (ADHS) 11 counties
- HOPE/HEART Networks
- REACH Network
- FQCHC's in Arizona
- Tribal Community Health Representative Programs
- Training Programs
  - o Healthy Heart Train the Trainer
  - o CHW Community College Programs
- CHW Organizations
  - o Arizona Community Health Outreach Workers (AzCHOW)
  - o American Association of CHWs (www.apha.org)

Behavioral Health Prevention Services

Behavioral health prevention services promote the overall health of persons, families, and communities through education, engagement, service provision, and outreach. Prevention services target conditions related to the onset of behavioral health conditions and are provided based on identified risk factors, the extent that the condition occurs in the community or target group, identified community needs, and service gaps within each Tribal/Regional Behavioral Health Authority's (T/RBHA) designated area of service. Prevention services are directed towards communities, neighborhoods, and audiences that are at an elevated risk for developing behavioral health disorders. These services are generally provided in a group setting or public forum and are intended to target individuals and families who do not have a diagnosable behavioral health disorder or condition.

Prevention services may involve:

- Implementation of strategic interventions: to reduce the risk of development or emergence of behavioral health disorders, increase resilience and/or promote and improve the overall behavioral health status in targeted communities and among individuals and families
- Education: to the general public on improving their mental health and to general healthcare providers and other related professionals on recognizing and preventing behavioral health disorders and conditions
- Identification and referral: of persons and families who could benefit from behavioral health treatment services
- Public Information on Substance Abuse and Mental Health: this includes public presentations of electronic, verbal and printed promotional material on preventable substance abuse and mental health disorders
- Prevention Training to Professionals: training provided to behavioral health or other prevention professionals on prevention concepts, strategies and activities with the purpose of enhancing the professional's skills, thereby improving the quality of prevention programs
- Community Education: educational sessions provided to a targeted group to promote change in unhealthful attitudes and behaviors
- Parent/Family Education: educational sessions provided to parents and their family members to improve parenting skills and to promote healthy family functioning
- Community Activities for At Risk Populations: supervised alternative leisure/free time activities to enrich community opportunities for youth, families and adults at risk for the emergence or development of behavioral health disorders.
- Community Mobilization: assistance to communities in the development of local solutions and community plans to address community conditions and behavioral health issues
- Life Skills Development: educational sessions that assist individuals in developing or improving critical life skills, such as decision-making, coping with stress, values awareness, resistance skills, problem solving, or conflict resolution
- Peer Leadership Skills: leadership skills development through the pairing of trained and supervised peers with others, designed to reinforce leadership capabilities
- Mentorship: use of role models to provide support and guidance to youth and adults at risk for the development or emergence of behavioral health disorders, through the establishment and maintenance of positive personal relationships

Access to Primary Care

Access to primary care is dependent on physical and financial access to healthcare. Physical access to primary care is often affected by having a regular primary care physician, having a reliable transportation source, and being able to travel to a doctor's office or health center as needed. Often, the challenges to an individual seeking well care include the lack of insurance coverage or an inability to afford medical care. Barriers to accessing healthcare result in: unmet health needs, delays in receiving appropriate healthcare, the inability to get preventative services, and hospitalizations that could have been prevented.

Access to Well Care & Behavioral Health Services (cont.)

Accessing behavioral health services is also a challenge for some Arizonans. The entire state of Arizona is designated as a shortage in area for psychiatrists. The state also faces a shortage in licensed behavioral health professionals that can provide counseling, therapy, and social work services, and link patients to acute care services when a need is identified. For clients living in rural areas, the distance and terrain required to travel to access these services and the limited behavioral health resources can make receiving services difficult. These challenges directly impact access to behavioral health services for adults and children.

An added factor is the stigma associated with accessing behavioral health services. According to SAMHSA, negative and harmful attitudes and beliefs toward people with mental disorders discourage people from accessing behavioral health services, leading to under-treatment and under-diagnosis. Stigma is particularly intense in rural communities, where anonymity is difficult to maintain. Nationally, an estimated one in five children with serious emotional problems is receiving appropriate treatment. Misinformation and myths surrounding children and youth with serious emotional disturbances impact every aspect of their lives, including social exclusions at school.

Nationally, older adults tend to under-utilize behavioral health services for a variety of reasons, including social stigma, ageism, transportation problems, costs, and misconceptions about aging and behavioral health. Although adults 60 years of age and older constitute 13 % of the United States population, their use of inpatient and outpatient behavioral health services falls far below expectations. The rate of suicide among older adults is higher than that for any other age group. The suicide rate for persons 85 years and older is twice the overall national rate.

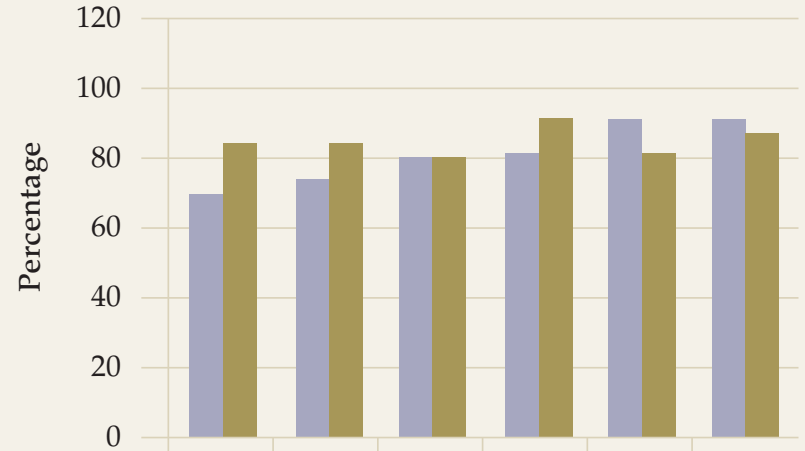
Access to Coordination of Care/ Integrated Care

In the first quarter of 2013, 89% of adults and 92.9% of children served by the behavioral health system received care coordination services. In both Pima County, Geographic Service Area (GSA) 5, and Maricopa County, GSA 6, 100% of the adults needing coordination of care with primary care received coordination of care services with their medical doctor. Only in Pinal and Gila Counties, GSA 4, did 100% of children needing coordination of care receive coordination services.(Figure 3.3.26)

Nationally, individuals with serious mental illness die more than 25 years earlier than the general population, and in Arizona, that number is even higher.

Source: ADHS DBHS Integrated Behavioral Health and Primary Care. http://www.azdhs.gov/diro/integrated/integration101/

Figure 3.3.26: Adults and Children with Care Coordinated with Medical Doctor, 1st Quarter 2013



	GSA 1	GSA 2	GSA 3	GSA 4	GSA 5	GSA 6
Adults	76.5%	81.3%	87.5%	88.2%	100.0%	100.0%
Children	93.8%	93.8%	87.5%	100.0%	88.2%	94.1%

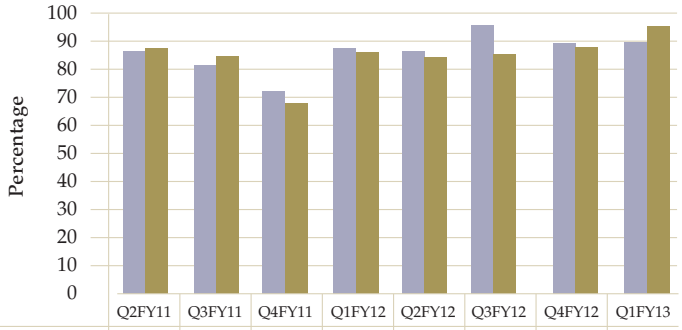
Source: ADHS DBHS Collaboration Bucket Summary.
http://www.azdhs.gov/bhs/dashboard/documents/coordination-collaboration/coordination-collaboration-bucket-summary.pdf

Trends

Coordination of care rates are determined by reviewing a sample of children and adults requiring coordination. The rates for children have ultimately increased over the past eight quarters from 86.5% to 92.9% (Figure 3.3.27)

The rates for adults have varied during this timeframe; however, the rates have improved from 2011 to the first quarter of 2013.

Figure 3.3.27: Coordination of Care Statewide, Percentage of Adult and Children's Records Reviewed Where Timely Communication Occurred with the Primary Care Physician/Health Plan, 2011–2013



	Q2FY11	Q3FY11	Q4FY11	Q1FY12	Q2FY12	Q3FY12	Q4FY12	Q1FY13
Adults	85.3%	80.0%	70.5%	86.9%	86.1%	93.0%	88.1%	89.0%
Children	86.5%	82.3%	68.3%	86.1%	82.8%	81.8%	86.7%	92.9%

Source: ADHS DBHS Collaboration Bucket Summary. http://www.azdhs.gov/bhs/dashboard/documents/coordination-collaboration/coordination-collaboration-bucket-summary.pdf

Integration of Care (Behavioral and Physical Healthcare)

Integration of behavioral healthcare and physical healthcare refers to the coordination of healthcare services. Physical and mental health issues impact one another, as physical health issues can cause mental stress. Failure to address behavioral health symptoms can also directly impact physical health problems. Both physical and behavioral health can benefit from prevention, screening tests, check-ups, coordination of medication, and treatment. An estimated 34 million adults in 2001–2003 had both a behavioral health and a physical health condition.

According to the National Association for State Mental Health Program Directors' Morbidity and Mortality report from 2008, people with serious mental illness have increased mortality rates and die an average of 25 years earlier than the average person due in large part to treatable medical conditions such as smoking, obesity, substance abuse, and reluctance to access medical care. The results of one study demonstrated that the incidence of cancer, especially lung cancer, for adults with schizophrenia or bipolar disorder was 2.6 times higher than for the general population .

At times, the gateway to behavioral health services is through the primary care system; however, for people with serious mental illness, creating an access point from behavioral health to the primary care system in a coordinated care effort can improve access to prevention and treatment services for physical health needs. Integrated behavioral health services will greatly impact morbidity and mortality for this population.

Almost half of the respondents to the Gila County Survey indicated they did not receive mental healthcare due to cost. Another 30% did not because there were not any facilities available.
Community Health Assessment, Gila County 2012
http://www.azdhs.gov/diro/excellence/documents/assessments/gila.pdf

Regional Behavioral Health Authorities (RBHAs)

The Division of Behavioral Health Services (DBHS) contracts with community-based organizations, known as Regional Behavioral Health Authorities (RBHAs) and Tribal Regional Behavioral Health Authorities (TRBHAs), to administer behavioral health services. RBHAs operate much like a health maintenance organization to administer managed care delivery services in six distinct geographic service areas (GSAs) throughout the state. This regionalized system allows local communities to provide services in a manner appropriate to meet the unique needs of individuals and families. Each RBHA contracts with a network of service providers similar to health plans to deliver a range of behavioral health services, including treatment programs for adults with substance abuse disorders, adults with serious mental illness, and children with serious emotional disturbance.

T/RBHAs are required to maintain a comprehensive network of behavioral health providers that deliver prevention, intervention, treatment, and rehabilitative services to a variety of populations, including:

- Children and Adolescents
- Adults with a Serious Mental Illness (SMI)
- Adults with General Mental Health Disorders (GMH)
- Adults with Substance Use Disorders (SUD/SA)

Arizona is divided into six geographical service areas served by the RBHAs:

- Mercy Maricopa Integrated Care serves Maricopa County.
- Community Partnership of Southern Arizona (CPSA) serves Pima County.
- Northern Arizona Behavioral Health Authority (NARBHA) serves Mohave, Coconino, Apache, Navajo, and Yavapai Counties.
- Cenpatico Behavioral Health of Arizona serves La Paz, Yuma, Greenlee, Graham, Cochise, Santa Cruz, Gila, and Pinal Counties.

Tribal RBHAs (TRBHA)

In addition to RBHAs, the state has agreements with five of Arizona's American Indian Tribes to deliver behavioral health services to persons living on a reservation. Gila River Indian Community, Navajo Nation, Pascua Yaqui Tribe and the White Mountain Apache Tribe of Arizona each have an agreement for both Medicaid and state subsidized services. Colorado River Indian Tribes has an agreement for state subsidized services. Services to other American Indian Tribes are provided and covered by the RBHA serving the geographic area. Also, tribal members have the choice of receiving their care through their TRBHA, tribally operated behavioral health program, or Indian Health Services.

Medically Underserved Areas (MUA) or Medically Underserved Population (MUP)

The federal Medically Underserved Area/Population (MUA/MUP) designation identifies areas or populations as having a need for medical services on the basis of demographic data:

- Ratio of primary care physicians per 1,000 population
- Infant mortality rate
- Percentage of population below the federal poverty level
- Percentage of the population 65 years and older

Population groups designated as underserved include those with economic barriers (low-income or Medicaid-eligible populations), or culture and/or linguistic access barriers to primary care services. With 36 MUAs and 10 MUPs, each of Arizona's 15 counties has some areas designated as medically underserved areas or population. (Figure 3.3.28)

Figure 3.3.28: Medically Underserved Areas and Populations by County, 2012

County	Underserved Geographic Area (Citywide, City Designated or Selected Census Tracts)	Underserved Population* (Populations, Cities, and/or Selected Census Tracts)
Apache	Countywide	
Cochise	Sierra Vista, Benson, Douglas, Bowie, Willcox	Bisbee
Coconino	Tuba City	Tribal Community
Gila	Countywide	
Graham		Low-income Population
Greenlee	Duncan	
La Paz	Quartzite, Salome	Low-income Population in Parker
Maricopa	Guadalupe, Gila Bend, Maricopa County, Chandler, Wickenburg, Rio Salado, Tempe, Paradise Valley, Sunnyslope	Low-income Population Avondale, Tolleson, South Central Phoenix, I-17 Corridor
Mohave	Mohave County, Peach Springs, Kingman	Low-income Population in Ft. Mohave Bullhead City
Navajo	Countywide	
Pima	Marana, Pima County, Ajo	
Pinal	Countywide, Gila River, Apache Junction	Low-income Population in Central and West Pinal County
Santa Cruz	Countywide	
Yavapai		Low-income Population
Yuma	Yuma West Yuma North	

Source: Health Resource & Services Administration, Shortage Areas by State & County. http://hpsafind.hrsa.gov/



Health Professional Shortage Areas

Health Professional Shortage Areas (HPSA) are federal designations that apply to areas, population groups, or facilities in which there are unmet healthcare needs. Designations help prioritize limited federal resources to the areas that need them most and may be designated as having a shortage of Primary Care, Dental, or Behavioral Health providers. Every county in Arizona includes some Health Professional Shortage Areas.

There are four types of HPSA designations:

- Geographic: based on the ratio between the number of full-time equivalent (FTE) clinical providers and the patient population within a given area. This designation indicates that all individuals in the area of designation who are not living in a detention facility have insufficient access to care.
- Population: This designation indicates that a subpopulation of individuals living in the area of designation has insufficient access to care. Population groups include those below 200% of federal poverty level, groups on Medicaid, migrant farm workers, and tribal or homeless populations, among others.
- Facility: This designation indicates that individuals served by a specific health facility have insufficient access to care. The types of facilities that can be designated include federal and state correctional institutions, public and nonprofit healthcare facilities, Indian Health Service facilities, and state and county mental hospitals.
- Automatic: Certain types of facilities (Indian Health Services, state prisons, and FQHCs) and population groups receive an automatic HPSA designation from HRSA.

For Arizonans living in communities designated as Health Professional Shortage Areas, access to comprehensive, quality healthcare is limited. Finding a primary care practitioner, being able to access the services from a cost perspective, and/or needing to travel long distances to medical services make routine check-ups and ongoing care difficult to obtain, and can negatively impact the quality of life of individuals in these areas.

Medically Underserved and Health Professional Shortage Areas

Currently, Arizona has multiple designations for Medically Underserved or Health Professional Shortage Areas.[63]

The US Department of Health and Human Services, Health Resources and Services Administration (HRSA) provides guidelines regarding the level of health services support needed in communities. Communities that do not have an appropriate level of healthcare services are considered "medically underserved" either geographically and/or for certain population groups.[64] Additionally, HRSA provides designations of areas and populations that have specific health professional shortages of primary care providers/services, mental health professionals and dental professionals. (Figure 3.3.29)

Figure 3.3.29: Number of MUAs & HPSAs in Arizona, 2012

- 36 Medically Underserved Areas
- 10 Medically Underserved Population Areas
- 142 Primary Care Health Professional Shortage Areas (HPSAs)*
- 95 Mental Health HPSAs*
- 155 Dental HPSAs*

**Includes facility designations*

Source: US Department of Health and Human Services, Health Resources and Services Administration (HRSA) http://hpsafind.hrsa.gov/

Arizona has 142 Primary Care Health Professional Shortage Areas (HPSA). To meet the target standard of one primary care practitioner for every 2,000 people, Arizona needs an additional 303 health professionals, (Figure 3.3.30) Nationwide, it is estimated that 15,970 practitioners are needed to meet the needs of populations living in the 5,846 HPSAs.

Figure 3.3.30: Primary Care Physician Shortages by County, 2012

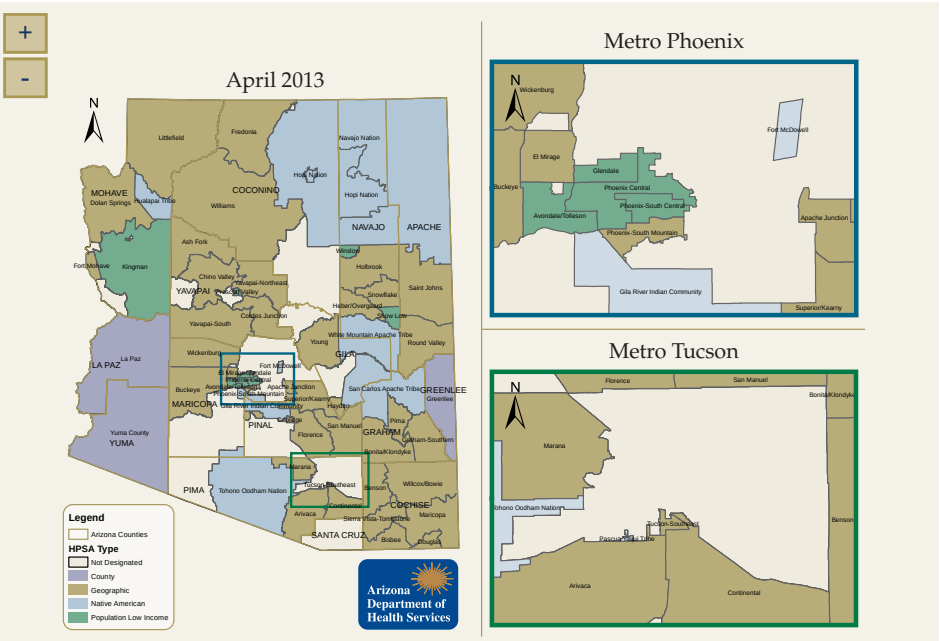
County	Primary Care Physicians Needed
Apache	3
Cochise	13
Coconino	3
Gila	2
Graham	4
Greenlee	1
La Paz	2
Maricopa	100
Mohave	11
Navajo	16
Pima	51
Pinal	70
Santa Cruz	1
Yavapai	17
Yuma	9

Source: Health Resources and Services Administration Shortage Areas: HPSA by State and County as of May 2013. http://hpsafind.hrsa.gov/HPSASearch.aspx

Every county in Arizona includes some Health Professional Shortage Areas. Areas designated are based on a specific shortage of practitioners or a specific population, such as low-income people, not able to access primary care, and/or tribal communities.

Areas with specific shortages of primary care practitioners include counties, cities and specific census tracts within cities and towns. The communities with the largest shortage of practitioners include Apache Junction (Maricopa/Pinal County), Glendale, and Buckeye in Maricopa County, and Tucson Southeast in Pima County. (Figure 3.3.31)

Figure 3.3.31: Primary Care HPSAs, 2013

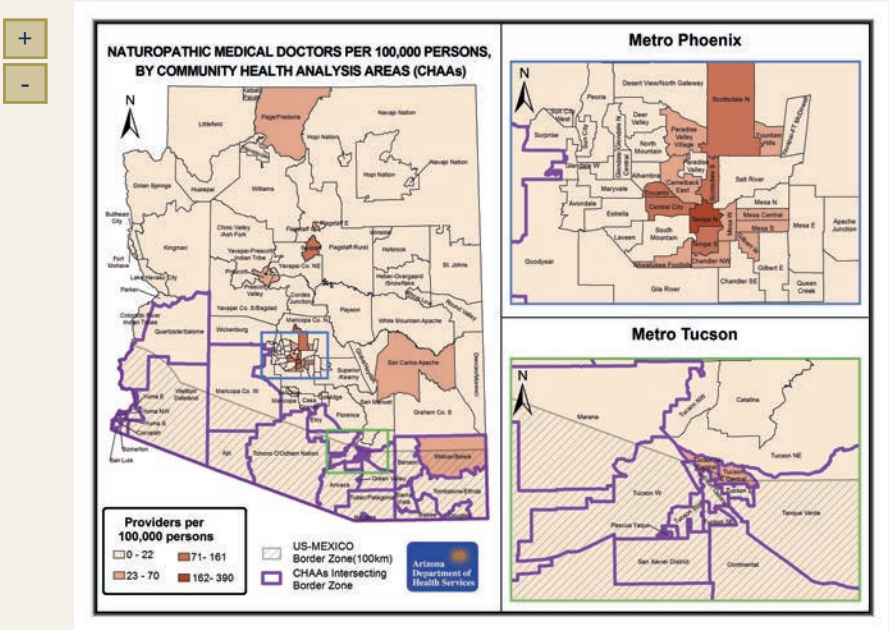


Source: ADHS Bureau of Health Systems Development http://www.azdhs.gov/hsd/data/documents/maps/pchpsas.pdf

Physicians (MD, DO, and ND), Nurse Practitioners (NP), and Physician Assistants (PA)

There are over 23,000 physicians, nurse practitioners, and physician assistants in Arizona. The physician workforce is comprised of 13,769 allopathic physicians (MD), 1,936 osteopathic physicians (DO), 1,675 naturopathic physicians (NDs), and 2,015 physician assistants (PA), providing 297 physicians or physician assistants for every 100,000 people. The 4,299 nurse practitioners (NP) play a large role in expanding access to care, as they can see patients and prescribe under their own license. There are approximately 65 NPs per 100,000 people in Arizona. The greatest concentrations of these health professionals are in the metropolitan Phoenix and Tucson areas (Figure 3.3.32).

Figure 3.3.32: Naturopathic Medical Doctors by Community Health Analysis Areas (CHAAs), 2012 (per 100,000 Persons)



Source: ADHS Bureau of Health Systems Development http://www.azdhs.gov/phs/azchaa/CHAA_FAQ.pdf

Twenty-nine of the 126 CHAAs in Arizona have ratios higher than the state overall, and have 70% (12,459) of the physicians and PAs. These 29 areas represent 31% of the population.

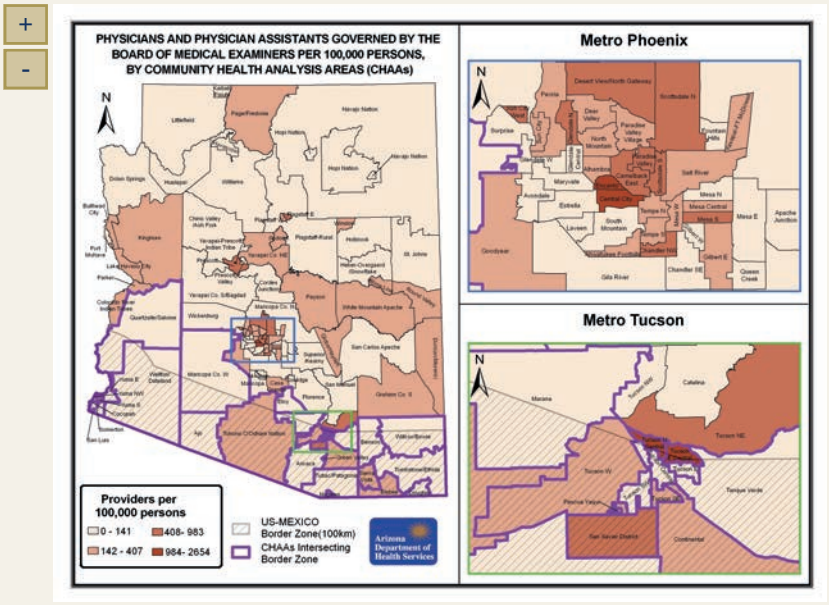
Areas with the lowest ratio of physicians and PAs are the rural areas of the state, including rural parts of the Phoenix and Tucson metropolitan areas and rural communities such as Arivaca, Coolidge, Cordes Junction, Dolan Springs, Rural Flagstaff, Gila River, Somerton, Tubac/ Patagonia and Yuma Northwest. (Figure 3.3.33)

Nurses and Nursing Assistants

Arizona has 92,968 registered nurses (RNs), licensed practical nurses (LPNs), and certified nursing assistants (CNAs) and an overall ratio of 1,423 nurses per 100,000 people statewide. For RNs alone, the Arizona rate is 880.32 RNs per 100,000 people. This compares to 920.8 across the nation. Arizona ranked 40th in the nation in per capita RN workforce.[62] (Figure 3.3.34)

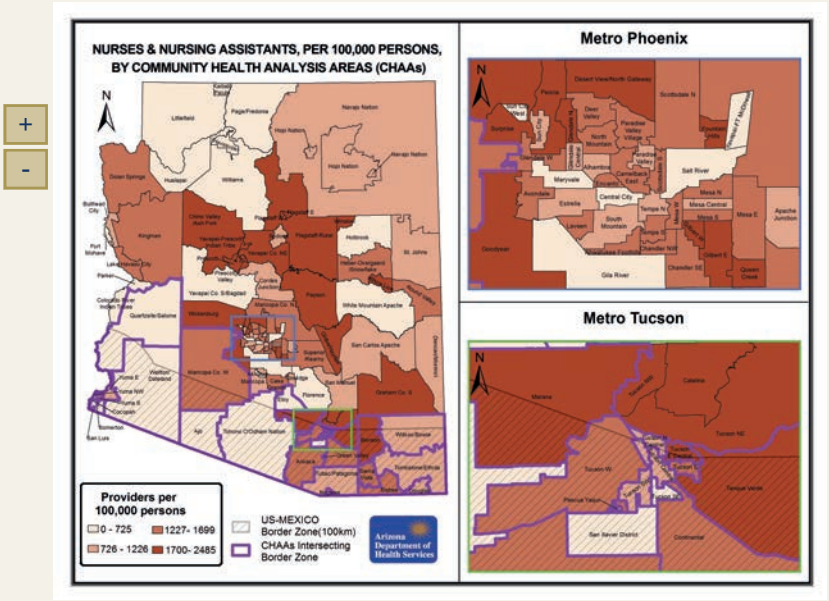
As with other professionals, rural areas of the State and Tribal communities have the lowest ratios of nurses to their populations. However, unlike physicians, physician assistants, and DOs, there are several rural areas with the highest ratio of nurses including Chino Valley, Wickenburg, Payson, Flagstaff, Graham County, and rural parts of Maricopa County and Pima County.

Figure 3.3.33: Physicians and Physician Assistants Governed by the Board of Medical Examiners by the Community Health Analysis Areas (CHAAs), 2012 (per 100,000 Persons)



Source: ADHS Bureau of Health Systems Development http://www.azdhs.gov/phs/azchaa/CHAA_FAQ.pdf

Figure 3.3.34: Nurses and Nursing Assistants by Community Health Analysis Areas (CHAAs), 2012 (per 100,000 Persons)



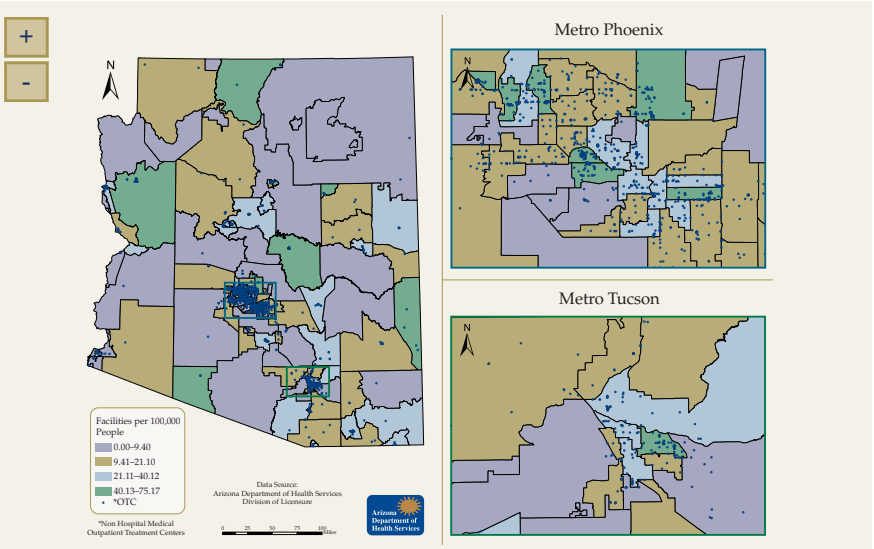
Source: ADHS Bureau of Health Systems Development http://www.azdhs.gov/phs/azchaa/CHAA_FAQ.pdf

Outpatient Facilities

Outpatient Treatment Centers (OTCs) provide direct outpatient care. There are 1,043 outpatient treatment centers across the state, providing almost 16 facilities per 100,000 residents. These facilities are not equally distributed statewide. The highest ratio per 100,000 people is in the central Phoenix area. The lowest ratios of licensed OTCs to population are in rural areas of the state, such as Navajo Nation, Navajo County, Yuma County, and Apache County. (Figure 3.3.35)

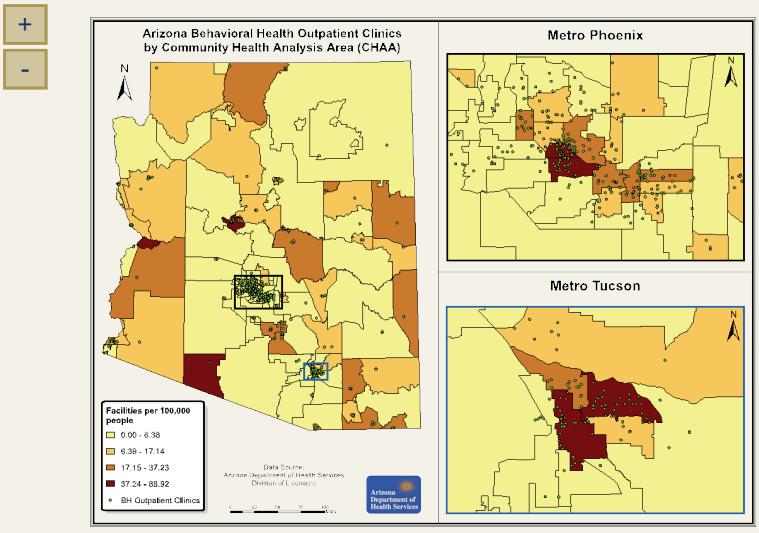
There are 637 outpatient clinics providing behavioral health outpatient services for counseling statewide. This amounts to 9.76 counseling outpatient clinics per 100,000 people. The areas with the highest number of outpatient clinics include the Pima and Maricopa Metropolitan areas. (Figure 3.3.36)

Figure 3.3.35: Arizona Medical Outpatient Treatment Centers by Community Health Analysis Area (CHAA), 2012



Source: ADHS Bureau of Health Systems Development http://www.azdhs.gov/phs/azchaa/CHAA_FAQ.pdf

Figure 3.3.36: Arizona Behavioral Health Outpatient Clinics by Community Health Analysis Area (CHAA), 2012



Source: ADHS Bureau of Health Systems Development http://www.azdhs.gov/phs/azchaa/CHAA_FAQ.pdf

Federally Qualified Health Centers

Federally Qualified Health Centers (FQHC) play an essential role in promoting access to preventive and primary care among medically underserved communities and vulnerable populations. These facilities must meet 19 federal criteria including but not limited to the following criteria in order to be designated an FQHC: located in or serve a high need community (designated medically underserved area or population) and provide comprehensive primary healthcare services to all with fees adjusted based on the patient's ability to pay.

The Affordable Care Act increases the funding available to FQHCs nationwide. In Arizona 17 health centers operate 139 sites, providing preventive and primary healthcare services to 408,737 people. Of these FQHCs, 43% are located within the Phoenix and Tucson metropolitan areas. Health center grantees in Arizona have received $67,579,387 under the Affordable Care Act to support ongoing health center operations, establish new health center sites, expand services, and/or support major capital improvement projects.

Additionally, $2 million were awarded to Arizona FQHCs to hire staff to provide community outreach events, and assist consumers with understanding coverage options, eligibility requirements, and enrollment for Medicaid/AHCCCS expansion, KidsCare, Marketplace Insurance Exchanges, and qualified health plans.

Pharmacy Services

Pharmacies play a large role in accessing healthcare. By providing access to prescription and over-the-counter medications, pharmacists can provide education on proper medication administration and dosage, prevent harmful drug interactions, and offer preventive services to members of their community. Many of the chain pharmacies also provide outpatient treatment centers, allowing for non-scheduled appointments for sick visits, physicals, and preventive health visits. Pharmacists are increasingly providing preventive services by helping patients better manage diabetes and hypertension through patient consultations.

In 2012, there were 1,681 pharmacies licensed with the Arizona Board of Pharmacy. There were 930 chain pharmacies, 6 government pharmacies, 70 limited service pharmacies, 115 hospital pharmacies, 396 other pharmacies, and 164 individual pharmacies. This provides a ratio of 25 pharmacies for every 100,000 people. As with other healthcare facilities, most of these facilities are located in urban areas.

There were 9,828 licensed pharmacists, with 3,649 (37%) of those residing outside of the state. Accounting for only in-state pharmacists, there are 94 pharmacists per 100,000 people. The Board also licenses 16,284 pharmacy technicians, providing 249 pharmacy technicians per 100,000.

Pharmacists play an important role in preventative services by providing vaccinations. Since 2009, Arizona pharmacists have been able to vaccinate adults, without a prescription, with most immunizations or vaccines listed in the Centers for Disease Control and Prevention's (CDC) Recommended Adult Immunization Schedule or Health Information for International Travelers. Children, above 6 years of age, can receive influenza vaccine without a prescription, or any immunizations or vaccines, other than influenza, administered in response to a public health emergency declared by the Governor.

Mental Health Professional Shortage Areas

The entire state has been designated as a mental health shortage area. There are 95 specific designated shortage areas. These represent areas presenting geographic challenges, cost challenges for low-income people, and specific behavioral health practitioner shortages. American Indian tribes are automatically considered shortage areas. Every county in Arizona has some areas designated as mental health professional shortage areas. Correctional facilities represent many of the areas with this designation (Figure 3.3.37).

Figure 3.3.37: Mental Health Professional Shortage Areas, 2013

HPSA Name	County	# Needed
Northern Arizona Catchment Area	Apache Coconino Navajo Mohave Yavapai	20
Southeast Arizona Catchment Area	Cochise Graham Greenlee Santa Cruz	5
Pinal/Gila Catchment Area	Pinal Gila	13
Southwest Arizona Catchment Area	La Paz Yuma	6
Maricopa County	Maricopa	10
Pima County	Pima	15

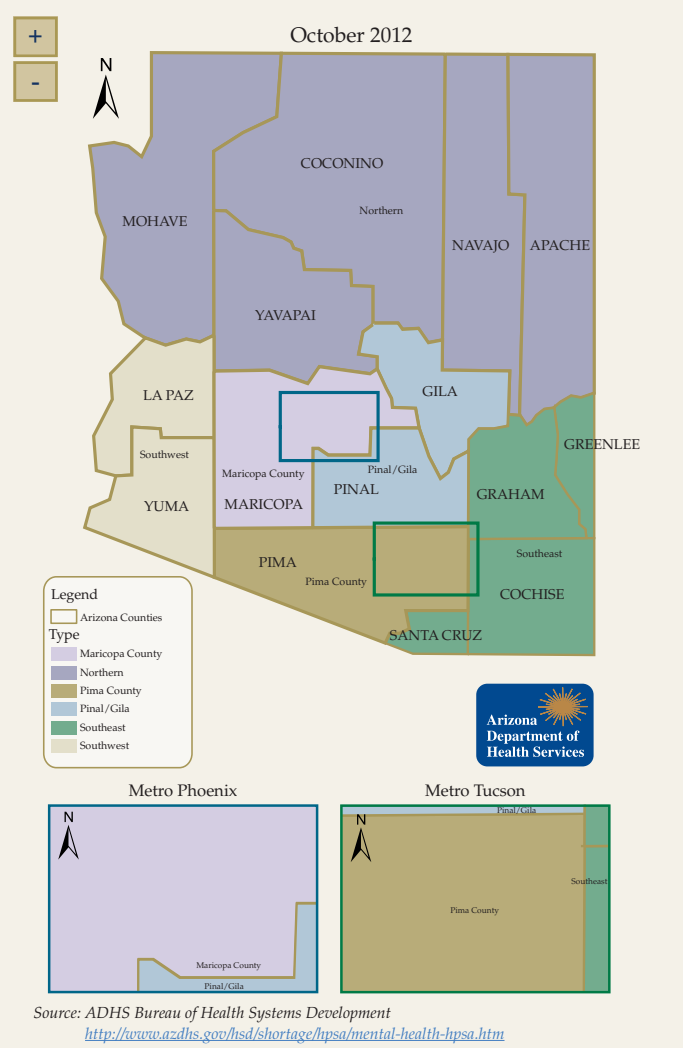
Figure 3.3.37: Mental Health Professional Shortage Areas, 2013 (cont.)

Correctional Facilities	County	# Needed
Arizona State Prison		
• Douglas	Cochise	5
• Safford	Graham	3
• Lewis	Maricopa	12
• Phoenix	Maricopa	1
• Perryville	Maricopa	5
• Winslow	Navajo	3
• Tucson	Pima	9
• Eyman	Pinal	9
• Florence	Pinal	7
• Yuma	Yuma	4
Federal Corrections Facilities		
• Safford	Graham	1
• Phoenix	Maricopa	2
• Immigration	Pinal	13

Source: Health Resources and Services Administration, Shortage Areas: HPSA by State and County as of May 3, 2013. http://hpsafind.hrsa.gov/HPSASearch.aspx

An additional 143 mental health professionals, specifically psychiatrists, would be needed in Arizona to meet the HRSA desired ratio of one practitioner for every 10,000 people living in these shortage areas. Nationally, HRSA estimates that an additional 6,137 practitioners would be needed to meet the needs in the 3,825 Mental Health HPSAs around the nation.

Figure 3.3.38: Mental HPSAs, October 2012.



Source: ADHS Bureau of Health Systems Development
http://www.azdhs.gov/hsd/shortage/hpsa/mental-health-hpsa.htm

Behavioral Health Providers

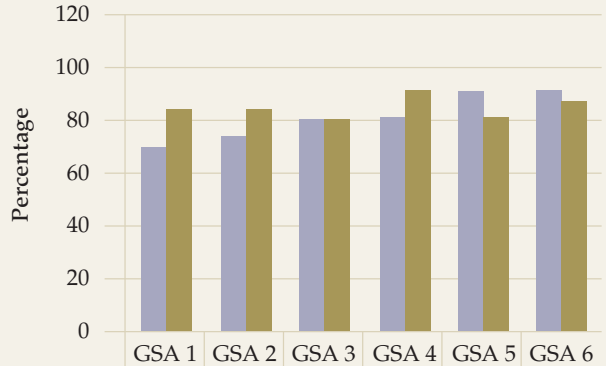
The Arizona Board of Behavioral Health Examiners is responsible for licensing Behavioral Health Professionals providing social work services, mental health counseling, substance abuse counseling, and marriage and family therapy. The Board of Behavioral Health Examiners currently licenses 8,546 Behavioral Health Professionals, providing 131 Behavioral Health Professionals per 100,000 people statewide. There are 2,340 Licensed Professional Counselors and 791 Licensed Associate Counselors (48 per 100,000 people). To address marriage and family behavioral health needs, the Board has 316 Licensed Marriage and Family Therapists and 122 Licensed Associate Marriage and Family Therapists (7 per 100,000 people). There are 227 Licensed Clinical Social Workers, 1,207 Licensed Master Social Workers, and 118 Licensed Bachelor Social Workers (24 per 100, 000 people). There are 1,406 Licensed Independent Substance Abuse Counselors, 184 Licensed Associate Substance Abuse Counselors, and 35 Licensed Substance Abuse Technicians (25 per 100,000 people).

In the first quarter of 2013, 89% of adults and 92.9% of children served by the public behavioral health system received care coordination services. In both Pima County Geographic Service Area (GSA) 5 and Maricopa County, GSA 6, 100% of the adults needing coordination of care, received coordination of care services with their medical doctor. Pinal and Gila Counties, GSA 4, are the only areas where 100% of children needing integrated care are receiving coordination services (Figure 3.3.39).

Coordination of care rates are determined by a review of a sample of children and adults requiring coordination. The rates for children have steadily increased over the past eight quarters, from 86.5% to 92.2% (Figure 3.3.40). The rates for adults have varied during this timeframe; however, the rates have improved from 2011 to the first quarter of 2013.

In 2011, Arizona had higher penetration rates and community utilization rates than the US overall and a lower state hospital utilization rate. Hospital utilization rate refers to the number of people being served in the state hospital setting. Arizona's other psychiatric inpatient utilization rate per 1,000 population is slightly higher than the US rate.

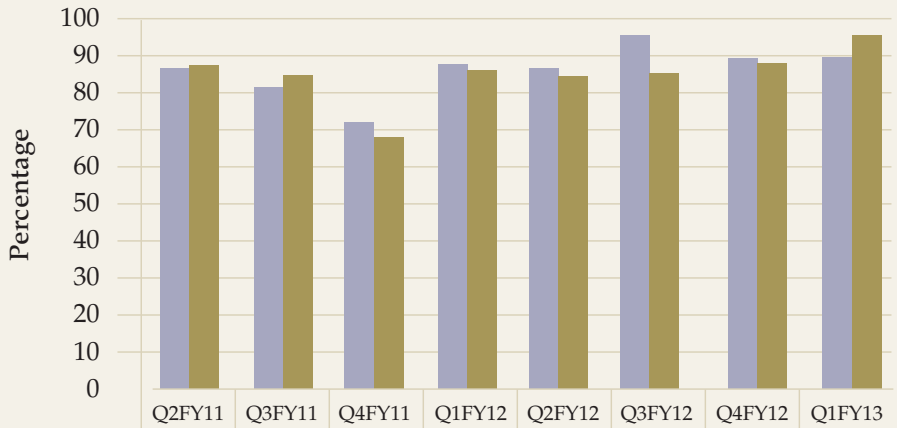
Figure 3.3.39: Adults and Children with Care Coordinated with Medical Doctor, 1st Quarter 2013



	GSA 1	GSA 2	GSA 3	GSA 4	GSA 5	GSA 6
Adults	76.5%	81.3%	87.5%	88.2%	100.0%	100.0%
Children	93.8%	93.8%	87.5%	100.0%	88.2%	94.1%

Source: ADHS DBHS Collaboration Bucket Summary. http://www.azdhs.gov/bhs/dashboard/documents/coordination-collaboration/coordination-collaboration-bucket-summary.pdf

Figure 3.3.40: Coordination of Care Statewide Percent of Adult and Children's Records Reviewed Where Timely Communication Occurred with the Primary Care Physician/Health Plan, 2011–2013



	Q2FY11	Q3FY11	Q4FY11	Q1FY12	Q2FY12	Q3FY12	Q4FY12	Q1FY13
Adults	85.3%	80.0%	70.5%	86.9%	86.1%	93.0%	88.1%	89.0%
Children	86.5%	82.3%	68.3%	86.1%	82.8%	81.8%	86.7%	92.9%

Source: ADHS DBHS Collaboration Bucket Summary. http://www.azdhs.gov/bhs/dashboard/documents/coordination-collaboration/coordination-collaboration-bucket-summary.pdf

Higher penetration rates are an indicator that more people needing behavioral health services are receiving care in Arizona than nationwide. The higher community utilization rates are an indicator that more Arizonans are receiving behavioral health services in community settings (not inpatient settings) than people nationwide.

According to the Center for Child and Adolescent Health, Chart Book Profile 2011–2012, approximately 60% (59.17%) of Arizona children age 2–17 with problems requiring counseling received mental healthcare compared to 61% nationally.

Dental Health Professional Shortage Areas

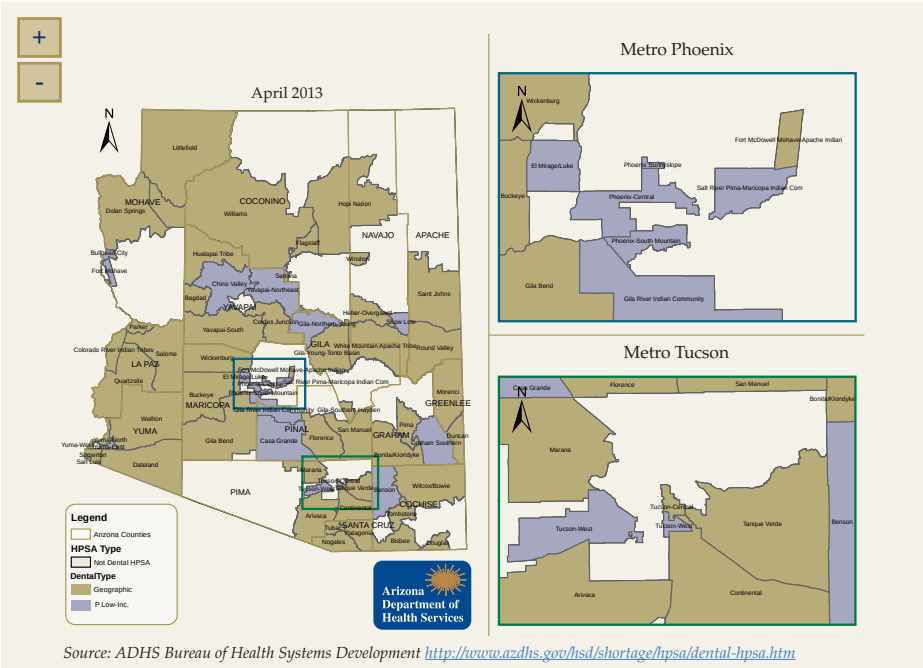
Arizona has 155 designated Dental Health Professional Shortage Areas. These represent areas presenting geographic challenges, cost challenges for low-income people, and specific dental health practitioner shortages. Arizona needs 246 additional dental health professionals to meet the needs of Arizonans.

Figure 3.3.41: Dental Health Professionals Needed, by County, 2012

County	Dentists Needed
Apache	5
Cochise	16
Coconino	6
Gila	6
Graham	7
Greenlee	2
La Paz	4
Maricopa	67
Mohave	11
Navajo	13
Pima	34
Pinal	40
Santa Cruz	3
Yavapai	10
Yuma	22

Source: Health Resources and Services Administration, Shortage Areas: HPSA by State and County as of May 3, 2013. http://hpsafind.hrsa.gov/

Figure 3.3.42: Dental HPSAs, 2013



Source: ADHS Bureau of Health Systems Development http://www.azdhs.gov/hsd/shortage/hpsa/dental-hpsa.htm

Access to Acute Care

In addition to primary care and preventative services, acute medical and trauma services are needed for when patients are ill or injured. Community-based services, emergency medical services, emergency departments, trauma centers, and inpatient hospitals and facilities make up the acute care system.

Empowering Consumers

Arizona assists residents in making better healthcare choices by providing information about licensed healthcare facilities. There are two databases available: 1) AZ hospital compare; and 2) AZ Care Check.

AZ Hospital Compare provides consumers with a tool to compare a variety of quality indicators based on Institute of Medicine criteria: effectiveness, safety, patient-centered, timeliness, efficiency, and equitability. The tool analyzes, summarizes, and presents information in a format ready for use by consumers and other decision-makers on:

- Quality of care at the hospital level;
- Healthcare utilization at the hospital level;
- Preventable hospitalizations at the county level; and
- Rates of conditions and procedures at the county level.

AZ Hospital Compare is based on 801,926 inpatient discharges for the calendar year 2011. The ADHS collects hospital discharge records (HDD) for inpatient and emergency department visits from all Arizona licensed hospitals based on

Arizona Revised Statute (A.R.S.) § 36-125.05, and the Arizona Administrative Code Title 9, Chapter 11, Articles 4 and 5. AZ Hospital Compare was designed using a free customized software tool from Agency for Healthcare Research and Quality (AHRQ) called MONAHRQ (My Own Network, powered by AHRQ). It enables organizations—such as state and local data organizations, chartered value exchanges, hospital systems, and health plans—to input their own hospital administrative data and generate a data-driven Web site.

The AZ Hospital Compare tool enables consumers to choose a hospital based on quality information by providing information on individualized diagnostic conditions and procedures through the use of standardized codes.

AZ Care Check is a searchable database containing information about deficiencies found against facilities and providers licensed by the ADHS. It is based on licensing survey and certification data obtained during the licensing process, compliance surveys and/or complaint investigations. Facilities and providers can be searched by name, location, or provider type. Once a licensee is selected, AZ Care Check will show the findings from recent surveys and investigations, as well as any enforcement action taken by the Department. These databases enable consumers to choose a healthcare facility by providing information on quality care, safety, and performance standards for facility operation and maintenance.

Community-Based Services

Save Hearts in Arizona Registry and Education (SHARE) Program

The ADHS Bureau of Emergency Medical Services & Trauma System (BEMSTS) and the University of Arizona Sarver Heart Center teach people to know what to do if an adult suddenly collapses and is unresponsive. Through a collaborative effort, the SHARE (Save Hearts in Arizona Registry and Education) Program was established.

The SHARE Program promotes a comprehensive, standardized system of out-of-hospital cardiac arrest care throughout Arizona encompassing all the "links" in the "chain of survival" including bystander response, emergency medical dispatcher CPR instruction, Emergency Medical Services provider resuscitation, and standardized care at hospitals. SHARE also seeks to support survivors of out-of-hospital cardiac arrest by providing them with helpful resources.

SHARE has partnered with many groups to collect and analyze data related to all aspects of out-of-hospital cardiac arrest care. Partners include agencies and organizations within Arizona, as well as national groups such as the American Heart Association. ADHS collects information on Hands-Only CPR training, Automated External Defibrillator (AED) uses, EMS response, and hospital treatments. One important example of where the collected data has been particularly useful was learning that the survival rate for Hands-Only CPR is twice as high as standard CPR. This partnership promotes evidence-based treatment and improved survival from out-of-hospital cardiac arrest. To date, 1,392 lives have been saved as a result of the development and implementation of SHARE.

Many resources have been created through SHARE to educate not only the professional medical community but the public at large, providing information for schools, as well as information for businesses. The resources include training videos, training curriculums, instruction cards, practice drills, and eNewsletters.

Mental Health First Aid

Mental Health First Aid ARIZONA is a program implemented by ADHS' Division of Behavioral Health Services and its partners in 2011. It originated in Australia and was brought to the United States as "Mental Health First Aid-USA" by the National Council for Community Behavioral Healthcare along with two other university partners. It is a public education effort to teach the public to identify, understand, and respond to signs of mental illnesses and substance use disorders. The goal is to get thousands of Arizonans trained in the process to assess a situation, select and implement appropriate interventions, and help a person in crisis or who may be developing the signs and symptoms of mental illness.

The 12-hour course presents an overview of mental illness and substance use disorders. Students are introduced to risk factors and warning signs of various mental health problems to build an understanding of their impact and are provided an overview of common treatments. Mental Health First Aid teaches a five-step action plan—ALGEE—to help someone who may be in crisis:

- Assess for risk of suicide or harm
- Listen nonjudgmentally
- Give reassurance and information
- Encourage appropriate professional help
- Encourage self-help and other support strategies

To date, over 4000 people have been trained in Mental Health First Aid in Arizona, and Arizona currently has 76 certified trainers in the Adult and the Youth curriculum combined, providing these courses free of charge to the public.

Pre-Hospital Services

Rapidly responding, pre-hospital emergency medical services (EMS) are often the critical link between the injury-producing event and definitive care at a trauma center. Reducing morbidity and mortality due to injury is the measure of success of a trauma system. EMS has come to be recognized as the pre-hospital care component of the larger emergency healthcare system. It is a complex system that not only transports patients, but also includes public access to the healthcare system, communications with waiting hospital personnel, and triage, treatment and stabilization of acute health conditions.

Emergency Medical Care Technicians

There are 6,438 state licensed paramedics and 12,689 licensed emergency medical technicians (EMTs) providing services to the residents of Arizona. While exact numbers are not available, the best estimate is that the emergency medical care technicians respond to just over 500,000 9-1-1 calls each year, or 1,370 calls each day. Using a 2012 population estimate, there are 98 paramedics per 100,000 residents and 194 EMTs per 100,000 residents.

Ambulance Providers

Ground Ambulance: Arizona has 85 certified ground ambulance providers regulated through a certificate-of-need (CON) system. The CON system provides ambulance operators with the authority to operate based upon a determination of public need, specific geographic boundaries, level of service, and response time requirements.

Air Ambulance: There are 17 Arizona, certified air ambulance providers using a total of 102 registered aircraft (37 fixed-wings and 65 rotor-wings). There is not a certificate-of-need process for air ambulance in Arizona.

High Risk Perinatal Interfacility Transport

Arizona's perinatal regionalized system of care includes an interfacility transport component. At this time three air transport companies contract with the ADHS High Risk Perinatal Program (HRPP) to carry out interfacility transports of high-risk neonates or pregnant women in need of a higher level of care. These companies must be fully licensed through ADHS BEMSTS, and in addition meet the requirements of the HRPP, including high-risk maternal and neonatal Commission on Accreditation of Medical Transport Systems (CAMTS) certification. The HRPP also coordinates a 24/7 call line (1-800-552-5252) which connects providers in the field with neonatologists or Maternal Fetal Medicine specialists who consult with the provider, and if a transport is deemed necessary, authorize and coordinate the transport including finding an appropriate bed, decide the method of transport, and providing direction for the transport.

Behavioral Health Crisis Services

Crisis intervention services are provided to a person for the purpose of stabilizing or preventing a sudden, unanticipated, or potentially dangerous behavioral health condition, episode or behavior. These intensive and time-limited services may include screening, counseling to stabilize the situation, medication stabilization and monitoring, observation and/or follow-up to ensure stabilization, and/or other therapeutic and supportive services to prevent, reduce, or eliminate a crisis situation. Depending on the situation, the person may walk-in or be referred/transported to these settings.

T/RBHAs are responsible for providing emergency behavioral health services or medically necessary psychiatric consultations in emergency room settings to Title XIX/XXI members with psychiatric or substance abuse diagnoses. AHCCCS health plans provide emergency medical services including triage, physician assessment, and diagnostic tests.

Crisis services are available to anyone and include access to a 24/7 telephone hotline; crisis mobile response teams; screening, assessment, and evaluation; and short-term inpatient stabilization services. This crisis system allows police, fire, and emergency responders to devote time to situations directly involving public safety and criminal behavior. Crisis intervention services can be provided in a variety of settings, such as the patient's immediate location, an inpatient behavioral health or psychiatric facility, or over the telephone. Telephone crisis intervention services often provide the first place of access to the behavioral health system. The service may also include a follow-up call to ensure the person is stabilized. In FY 2012, 12.7% of all adults, and 8.2% of all children/adolescent in the behavioral health system received behavioral health inpatient crisis services.

Trauma Centers

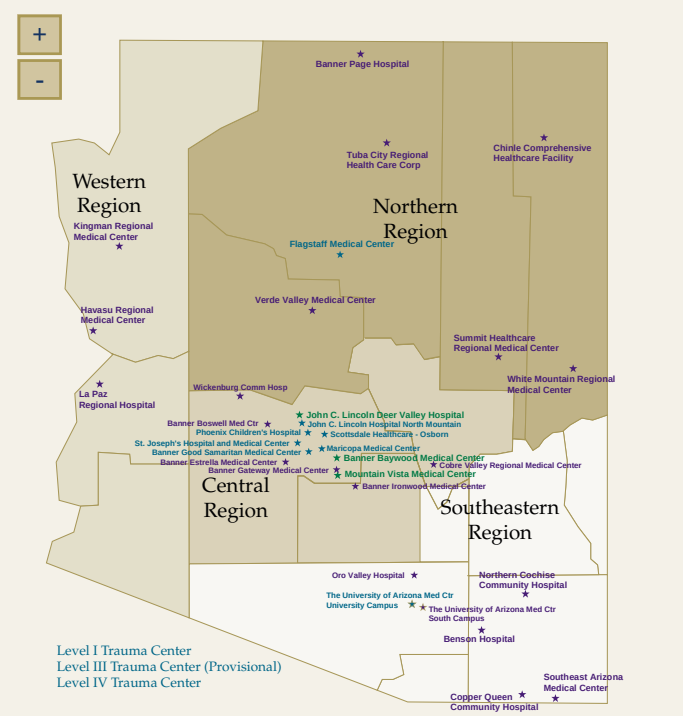
Arizona's trauma system provides definitive care to the entire spectrum of patients with traumatic injuries and includes such services as mental health, social services, child protective services, and public safety. Injured patients are triaged to the appropriate facility based on their needs and the facility's available resources. To achieve the best possible outcomes, the system must ensure that the right patient is transported to the right facility at the right time. Patients with less severe injuries might be cared for at level III or IV trauma facilities within their community, while the most severe should be triaged and transported to a Level I or II trauma center. In rural and frontier systems, smaller facilities must be ready to resuscitate and initiate treatment of major injuries and have a system in place that will allow for the fastest, safest transfer to a higher level of care. Patients, geography, and transportation systems often present significant challenges. Even if the need is identified, regional geography or limited air medical (or land) transport services might not allow for direct transport to an appropriate facility.

The trauma system within Arizona has expanded greatly over the last six years. In 2007, ADHS requested that the American College of Surgeons (ACS) evaluate the trauma system in Arizona. At that time, Arizona had seven trauma hospitals, all Level I trauma centers. Level I trauma hospitals are the hospitals that can provide the maximum care to trauma patients through availability, expertise, and specialties of physicians, medical diagnostic equipment, and overall facility capacity and capability. The Level I's were located primarily in the metropolitan Phoenix area (five), with Tucson and Flagstaff having the remaining two Level I trauma centers.

Trauma hospitals can also be designated as level II, III or IV, each with lessening resources with which to care for trauma patients. Though the level III and IV trauma centers have lesser resources, they are essential to an effective trauma system. The foundational concept to trauma care is the ability to get a patient to a trauma hospital within one hour, often referred to as "the golden hour," of their injury. Patient outcomes are greatly improved when this is accomplished. Level III and IV centers, particularly in rural or remote locations, are where patients are initially transported and stabilized and can be prepared for transfer to a hospital with higher capabilities, if necessary.

The 2007 ACS report stated that Arizona needed to concentrate on expanding the trauma system so that it would be accessible to trauma patients throughout the state. The focus of trauma improvement became geographic coverage (access to care) throughout the state. Since the 2007 ACS report, the trauma system has expanded to 32 trauma hospitals. Arizona is divided into four trauma regions and has eight Level I, three Level III, and twenty-one Level IV trauma centers throughout the state. The majority of Level I trauma centers are located in the metropolitan areas of Maricopa and Pima Counties. The outlying rural areas have mostly Level III and IV trauma centers. ADHS will continue to look for additional hospitals to join the trauma system until there is timely access statewide.

Figure 3.3.43: AZ EMS Regions & Trauma Centers Map



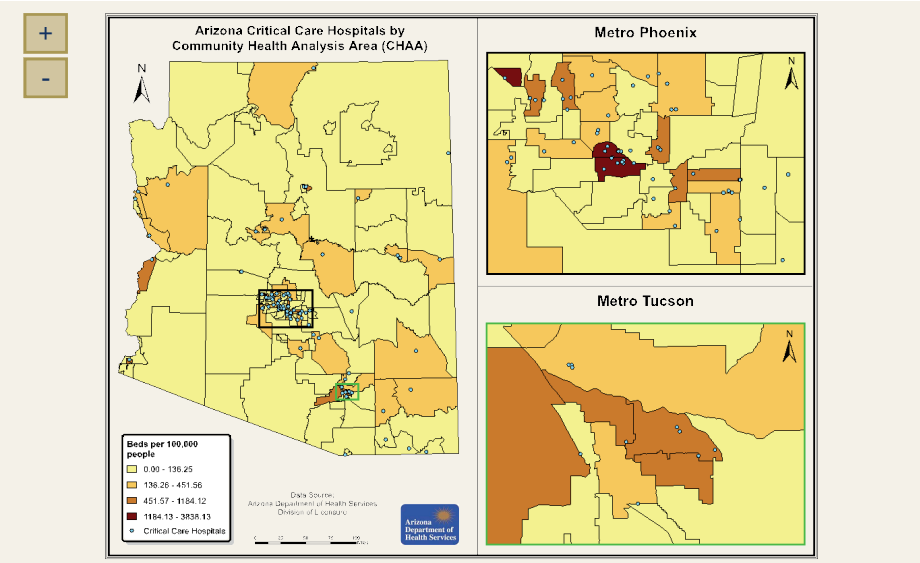
Source: ADHS Bureau of Emergency Medical Services & Trauma System. http://www.azdhs.gov/bems/trauma/

Hospitals

Arizona currently has 129 hospitals statewide, including two children's hospitals, fourteen critical access hospitals, ten long term hospitals, eleven federal hospitals, fourteen acute psychiatric hospitals, seven rehabilitation hospitals, and seventy-one short term, acute hospitals. These facilities provide almost two facilities per 100,000 people. These facilities are not equally distributed statewide, as many are located within the major metropolitan areas of Maricopa and Pima Counties. The highest ratio per 100,000 people is in the metropolitan Phoenix area. In this geographic area, there are several major hospital systems, comprised of hospitals and multiple types of healthcare facilities, resulting in a network of primary care providers and referral services.

Not including federal facilities serving veterans and military personnel or IHS hospitals serving tribal members, Arizona hospitals have over 16,000 beds, accounting for 251 beds per 100,000 people. There are 13,445 beds within acute, short stay facilities made up of medical-surgical, pediatric, cardiac, psychiatric, and intensive care beds. There are 400 pediatric beds within designated children's hospitals. There are 254 beds within critical access hospitals, 599 long-term hospital beds, and 416 beds located in rehabilitation hospitals. The areas with the greatest bed capacity are located within the metropolitan areas of Maricopa and Pima Counties.

Figure 3.3.44: Arizona Hospitals by Community Health Analysis Area (CHAA), 2012



Source: ADHS Bureau of Health Systems Development http://www.azdhs.gov/phs/azchaa/CHAA_FAQ.pdf

The lowest ratios of hospitals to population are in rural areas of the state, such as Navajo Nation, Mohave County, Western and Southern Yavapai County, Western Maricopa County, Yuma County, and Greenlee County. (Figure 3.3.44)

Many of the hospitals within the rural areas are designated as Critical Access Hospitals (CAH). This designation is based on several criteria: a location in a rural area, no more than 25 inpatient beds, and a location 15–35 miles from the nearest hospital (depending upon terrain and geography). This designation is important, because it allows the hospital to provide payment and billing incentives to attract physicians and other health professionals to practice in the health professional shortage areas in which the CAH is located.

Hospitals are taking part in forming Accountable Care Organizations (ACOs), where groups of doctors, hospitals, and other healthcare providers come together to give coordinated, high-quality care to their patients. The goal of coordinated care is to ensure that patients, especially the chronically ill, get the right care at the right time, while avoiding unnecessary duplication of services and preventing medical errors. In order to serve as an ACO, the ACO must have at least 5,000 Medicare beneficiaries assigned to the ACO participants. This program was started by the Centers for Medicare and Medicaid Services (CMS) in 2012, and approximately 7 ACOs have formed in Arizona. Hospitals participating in ACOs can provide appropriate follow up care and discharge planning through their network of physicians and resources.

Pediatric Emergency Care

Pediatric-Prepared Emergency Care is a partnership between hospitals, physicians, nurses, and emergency personnel, and the ADHS Emergency Medical Services for Children Program. This partnership has been established to improve outcomes for ill and injured children through a system of regionalized pediatric emergency care. The Arizona Chapter of the American Academy of Pediatrics acts as the certifying body for this voluntary designation. To be certified, emergency departments meet specific criteria, developed by a broad group of stakeholders, for personnel training, policies, quality improvement activities, equipment, and facilities that support optimal care for ill or injured infants, children, and teens. Certification is available for three levels of care:

Prepared Care—This level of certification provides services for pediatric care as part of a general Emergency Department. The hospital refers critically ill or injured children to other facilities and may or may not have pediatric inpatient services available.

Prepared Plus Care—This level of certification provides services for most pediatric emergency care. The hospital has a focus on pediatrics, but ICU services for children are not available.

Prepared Advanced Care—This level of certification provides services for all levels of pediatric emergency care. This hospital system includes a Pediatric intensive care unit and has a specific focus on pediatric services.

Hospital Preparedness Program—Emergency Preparedness Access to Care

In 2006, the Pandemic and all-Hazards Preparedness Act (PAHPA) established the Assistant Secretary for Preparedness and Response (ASPR). ASPR's mission areas cover a wide array of preparedness and medical response capabilities, including the National Disaster Medical System (NDMS), its Disaster Medical Assistance Teams (DMATs), the Biomedical Advanced Research and Development Authority (BARDA), the National Health Security Strategy (NHSS), and the Hospital Preparedness Program (HPP). In its new location, the HPP would be poised to ensure the healthcare system preparedness enterprise supports identified and newly emerging medical surge capacity and capability requirements at all levels of government, those identified during real-time medical and public health events, and through Federal and state/local/territorial and tribal coordinated exercises.

Since PAHPA implementation, the program made a major programmatic shift from bioterrorism and an emphasis on capacity building (e.g., quantities of surge beds, amount of PPE, etc.), to an all-hazards preparedness approach, emphasizing capabilities (e.g., use hospital staff, resources, training, etc.) to provide care in the event of a real or simulated event. There are three deliverables HPP emphasizes to demonstrate attaining capabilities: 1) enhancing hospital and healthcare system planning and response at the state, local, and territorial levels; 2) facilitating integration of public and private sector medical planning and assets to increase the preparedness, response, and surge capacity of hospitals and other healthcare facilities; and 3) improving the state, local, and territorial infrastructures that help hospitals and healthcare systems prepare for public health emergencies.

A major accomplishment of the HPP in Arizona is the development of four regional healthcare coalitions known as the Arizona Coalitions for Healthcare Emergency Response (AzCHER). The purpose of these coalitions is to unify the response capability of the regions' healthcare system if the normal day-to-day operations or standard operating procedures of the healthcare system are overwhelmed and disaster operations become necessary. Since 2007, public health has been collaborating with healthcare partners across the state to strengthen these coalitions, test and evaluate their capabilities through trainings and exercise programs, and ensure representation from vulnerable populations, such as the access and functional needs community.

Another initiative over the last year is the development of Crisis Standards of Care (CSC). Public health personnel are working with healthcare, public health, emergency management, and legal experts to develop a plan and a set of standards to guide the delivery of healthcare during the most catastrophic disasters. These standards, which are based on state laws, healthcare regulations, and national standards, will provide guidance for the management of scarce resources in coordination with regional coalitions and healthcare providers. Through initiatives like AzCHER and CSC, public health is building regional capabilities, increasing healthcare system resiliency across the state, and helping to ensure access to care during all types of disasters and emergency responses.

Arizona's Regionalized Perinatal System of Care

In Arizona, while hospitals are licensed by the ADHS Division of Public Health Licensing Services, perinatal care facilities may elect to become certified by the Arizona Perinatal Trust (APT), a nonprofit organization established in 1980. Neonatal intensive care units (NICU) are classified by the level of care they are capable of providing. The levels of neonatal care are built on the classification system of the American Academy of Pediatrics with some Arizona specific differences. The Level III facilities are the highest level and are capable of caring for all neonates, Level II Enhanced care for infants 28 weeks or greater, Level II care for infants 32 weeks or greater, and Level I provides services for low-risk obstetrical patients and newborns, including Cesarean section at 36 weeks gestation and greater. In-Hospital Birthing Centers are only found within Indian Health Service facilities. In Arizona, there are currently nine Level III, seven Level II EQ, fifteen Level II, nine Level I hospitals, and two In-Hospital Birthing Centers.

The ADHS High Risk Perinatal Program/Newborn Intensive Care Program (HRPP/NICP) is part of the regionalized perinatal system. In addition to contracting with all APT certified Level II, Level II Enhanced, and Level III centers, the program contracts with air transport providers for interfacility perinatal transport and provides Community Nursing support to families at home after a baby has been discharged from a NICU. To be eligible for community nursing support through the program, an infant must have spent five days in a NICU.

Acute Behavioral Health Inpatient Treatment Services

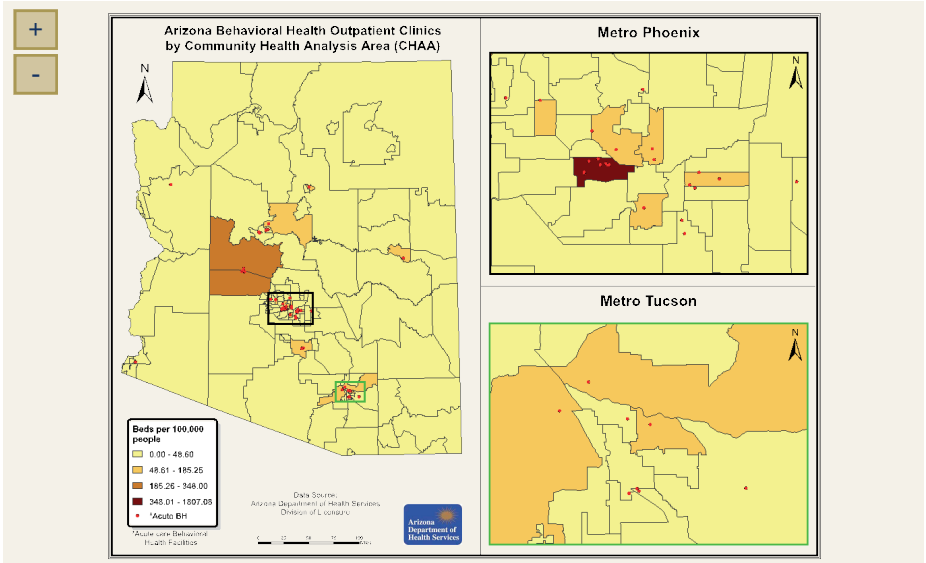
Patients experiencing acute and severe behavioral health or substance abuse symptoms may require continuous treatment in an inpatient setting. Inpatient services include hospitals, sub-acute facilities, and Level I Residential Treatment Centers (RTC). These facilities provide a structured treatment setting with 24 hour supervision and an intensive treatment program, including medical support services.

Arizona has fourteen inpatient psychiatric hospitals and sixteen general hospitals providing continuous treatment for patients that includes general psychiatric care, medical detoxification, and/or forensic services. These types of facilities provide 24-hour nursing supervision and physicians on site and on call.

There are eight Level I Residential Treatment Centers providing inpatient psychiatric treatment, including an integrated residential program of therapies, activities, and experiences to persons who are under 21 years of age and have severe or acute behavioral health symptoms. There are two types of residential treatment centers: secure and non-secure. Secure facilities employ security guards and use monitoring equipment and alarms to ensure residents are maintained on the campus. Non-secure facilities provide an unlocked residential treatment center setting.

Sub-acute facilities provide continuous treatment to a person who is experiencing acute and severe behavioral health and/or substance abuse symptoms. There are 29 sub-acute facilities located in Arizona.

Figure 3.3.45: Arizona Behavioral Health Outpatient Clinics by Community Health Analysis Area (CHAA), 2012



Source: ADHS Bureau of Health Systems Development http://www.azdhs.gov/phs/azchaa/CHAA_FAQ.pdf

Services may include emergency reception and assessment; crisis intervention and stabilization; individual, group and family counseling; detoxification; and referral. These facilities also include 24-hour nursing supervision and physicians on site or on call. Crisis intervention services, such as observation and stabilization, can be provided in a sub-acute facility, without the person being admitted to the facility.

Excluding general hospitals, there are 51 dedicated acute behavioral health facilities, providing less than 1 acute behavioral health facility per 100,000 people statewide. However, including general hospitals there are 1,893 inpatient psychiatric treatment beds, providing approximately 29 beds per 100,000 people. There are 452 beds in Level I RTCs and 900 Level I sub-acute beds, providing 20 beds per 100,000 people statewide. The majority of acute and inpatient behavioral health facilities are located in the major metropolitan areas of Maricopa and Pima Counties. In FY 2012, 7.9% of all adults, and 2.9% of all children/adolescent in the behavioral health system received behavioral health inpatient care.

Arizona State Hospital

The Arizona State Hospital (ASH) opened for business in 1887 on a 93-acre campus located in Central Phoenix and is accredited by the Joint Commission and certified by the CMS to provide long-term psychiatric care to the most seriously mentally ill Arizonans. The hospital campus consists of a civil-commitment facility (116 beds), a forensic facility (143 beds) and a facility for sexually violent persons (100 beds). This is the only long-term inpatient state-run facility in Arizona and provides the full continuum of psychiatric and medical care. ASH includes a Civil Program for adults who are civilly committed as a danger to self, danger to others, gravely disabled, and/or persistently and acutely disabled. It is the most restrictive psychiatric setting in Arizona; therefore, before an individual is ordered by a court to the civil-commitment facility of ASH, the individual must have been unable to be psychiatrically stabilized in community treatment facilities. The courts generally require a minimum of twenty-five inpatient treatment days

to attempt stabilization before issuing an order to ASH. ASH also includes a Forensic Program for adults with a court-ordered commitment for Pre-Trial Restoration to Competence ("RTC") or Post-Trial sentence for those adjudicated as Guilty Except Insane ("GEI"). In FY 2012, ASH had seventy-five admissions and seventy-six discharges with an average daily census of 235 patients. Arizona has the lowest rate of state-hospitalized residents in the nation.

Additionally, the Arizona Community Protection and Treatment Center (ACPTC), located adjacent to ASH, provides care, supervision, and treatment for those identified as sexually violent persons (SVP). These include: Pre-Trial Residents who are awaiting a court decision to determine if they will be committed to the program; Full Confinement Residents who have been adjudicated as SVP pursuant to A.R.S. §§ 36-3701 through 36-3717; and, Less Restrictive Alternative (LRA) residents who have been court ordered to a setting that is less restrictive than full confinement. The ACPTC program had a total of 9 admissions and 2 discharges during FY 2012.

Post-Discharge and Follow-Up Care

Discharge from an acute, short stay hospital may not always be to home, but rather to a skilled nursing facility (SNF) or nursing facility (NF). Those discharging from a behavioral health inpatient stay services can include a wide variety of behavioral health support services. There are 150 SNF/NFs providing 16,233 beds statewide, resulting in 250 beds per 100,000 people. The majority of these facilities are located within the Maricopa and Pima County metropolitan areas.

Many patients are discharged from the hospital needing healthcare follow up, either provided by a primary care physician, home health agency, or hospice service agency. Hospice and home health agencies can provide services in patient homes up to a 65 mile radius from their office, in order to ensure timely response and healthcare delivery for the immediate needs of their patients. There are 140 hospice inpatient facilities and 206 home health agencies statewide. Only 51 (25%) home health agencies and 39 (27%) hospice agencies are located in rural areas of the state, outside of the Maricopa and Pima County metropolitan areas, leaving the rural areas with less coverage for these services.

Those discharged without the need for skilled nursing or home health services may not be able to care for themselves completely and may require community living, such as an assisted living facility. Even without a preceding injury or acute health episode, others may choose to live in an assisted living facility for convenience. Assisted living facilities may be in a home-like setting, taking care of 10 or fewer residents, or a center, which can care for over ten residents. Centers can vary largely in capacity from 10 to 260 beds. There are 1,656 assisted living homes and 244 assisted living centers licensed by ADHS.

Discharge Planning

Appropriate discharge planning and coordination between hospitals, rehabilitation and nursing homes, hospices, home health agencies, community pharmacies, clinician offices, community-based organizations, and other care providers improve patient care, increase population health, and decrease healthcare costs for all Arizonans. The process by which patients move from hospitals to other care settings is increasingly problematic; as hospitals shorten lengths of stay, outpatient resources in metropolitan and rural areas may be difficult to access, and care becomes more fragmented. According to the CMS, within 30 days after discharge, 17.6 % of Medicare beneficiaries are re-hospitalized, and the Medicare Payment Advisory Commission estimates that up to 76 % of these readmissions may be preventable.

In 2011, Arizona initiated the No Place Like Home Campaign, an Arizona healthcare community initiative that aimed to reduce avoidable hospital readmissions statewide. The Campaign engaged hospitals and care providers across the entire continuum of care in order to help patients and their families avoid the burdens caused by unnecessary re-hospitalizations, so that they can maintain better health and enjoy the comforts of their own homes. The challenges facing healthcare in Arizona require a statewide, concerted effort to achieve the Triple Aim of improving population health, the experience of care, and the affordability of care. The Campaign's goals include:

- Preventing 4,000 avoidable readmissions within 30 days after discharge between January 1, 2012, and June 30, 2013, thus avoiding unnecessary re-hospitalizations and their associated burdens.
- Reducing the overall readmission rate by 20 % (from 17.9 % in 2010 to 14.3 % by June 30, 2013), as measured by CMS claims data.
- Helping patients and their families spend 16,002 nights of sleep in their own beds versus in the hospital.
- Decreasing healthcare costs by avoiding 4,000 preventable readmissions, with preliminary estimates at more than $30 million annually in the fee-for-service population.

Behavioral Health Support Services

Behavioral health support services include a wide variety of activities to help persons with mental illness live independently and remain productive members of the community. These include case management, peer support, family support, respite, supported housing, transportation, and personal care services. In FY 2012, 89.2% of all adults, and 95.9% of all children/adolescent in the behavioral health system received case management services. Peer and family support is an especially critical service. The use of peer and family support has been very effective in engaging persons who are reluctant to enter treatment or complete treatment goals. Peers and family members trained and employed by provider agencies can also serve as examples that persons with mental illness can be productive and successful members of their community. In FY 2012, the public Behavioral Health System employed over 1,800 Peer and Family Support Professionals, with hundreds of additional Peer and Family member volunteers actively participating, and providing valuable input, on various committees across the state. Additionally, 15.3% of all adults received peer support services, and 19.2% of all children/adolescents received family support services in FY 2012.

Rehabilitation services include teaching of independent living, social and communication skills, health and wellness promotion, and ongoing support to maintain employment, most often provided in an outpatient setting. Teaching independent living, social, and communication skills to someone allows them to maximize their ability to live and participate in the community and to function independently. In FY 2012, 26.4% of all adults, and 23.8% of all children/adolescent in the behavioral health system received Rehabilitation Services. Examples of areas that may be addressed in rehabilitation services include self-care, household management, social decorum, same- and opposite-sex friendships, avoidance of exploitation, budgeting, recreation, development of social support networks, and use of community resources. Services may be provided to a person, a group of individuals, or a patient's family.

Rehabilitation services include:

- Skills Training and Development and Psychosocial Rehabilitation Living Skills Training;
- Cognitive Rehabilitation;
- Behavioral Health Prevention/Promotion Education and Medication Training;
- Support (Health Promotion);
- Psychoeducational Services (Pre-Job Training and Job Development) and;
- Ongoing Support to Maintain Employment (Job Coaching and Employment Support).

Cognitive rehabilitation is the facilitation of recovery from cognitive impairments in order to achieve independence or the highest level of functioning possible. Goals of cognitive rehabilitation include: relearning of targeted mental abilities, strengthening of intact functions, relearning of social interaction skills, substitution of new skills to replace lost functioning and controlling the emotional aspects of one's functioning. Treatment may include techniques such as auditory and visual attention directed tasks, memory training, training in the use of assistive technology, and anger management. Training can be done through exercises or stimulation, cognitive neuropsychology, cognitive psychology and behavioral psychology, or a holistic approach to include social and emotional aspects. Training is generally provided one-on-one and is highly customized to each individual's strengths, skills, and needs.

A regularly scheduled program of individual, group and/or family activities/services related to the enrolled person's treatment plan designed to improve the ability of the person to function in the community and may include the following rehabilitative and support services: skills training and development, behavioral health prevention/promotion, medication training and support, ongoing support to maintain employment, and self-help/peer services.

Community Nursing Services

The High Risk Perinatal Program Community Nursing Services facilitates the transition of the enrolled infant and family from the Newborn Intensive Care Unit to their home and community. Periodic monitoring of the child's medical and developmental needs identifies infants who would benefit from referral to other early intervention programs. Through these home visits, the family receives support and education as well as referral to appropriate community resources.

Available Community Support and Case Management Services

Support services are provided to facilitate the delivery of or enhance the benefit received from other behavioral health services.

Access to Well Care & Behavioral Health Services (cont.)

Case management is a supportive service provided to enhance treatment goals and effectiveness. Activities may include:

- Assistance in maintaining, monitoring, and modifying covered services;
- Brief telephone or face-to-face interactions with a person, family, or other involved party for the purpose of maintaining or enhancing a person's functioning;
- Assistance in finding necessary resources other than covered services to meet basic needs;
- Communication and coordination of care with the person's family, behavioral and general medical and dental healthcare providers, community resources, and other involved supports, including educational, social, judicial, community, and other state agencies;
- Coordination of care activities related to continuity of care between levels of care (e.g., inpatient to outpatient care) and across multiple services (e.g., personal assistant, nursing services, and family counseling);
- Outreach and follow-up of crisis contacts and missed appointments;
- Participation in case staffing, case conferences, or other meetings with or without the person or their family participating; and
- Other activities as needed.

Self Help and Peer Services provide assistance with more effectively utilizing the service delivery system (e.g., assistance in developing plans of care, identifying needs, accessing supports, partnering with professionals, overcoming service barriers) or understanding and coping with the stressors of the person's disability (e.g., support groups), coaching, role modeling, and mentoring. These services are intended for persons and/or their families who require greater structure and intensity of services than those available through community-based recovery fellowship groups and who are not yet ready for independent access to community-based recovery groups (e.g., Alcoholics Anonymous (AA), Narcotics Anonymous (NA), and Dual Recovery).

Behavioral health day program services are scheduled on a regular basis either hourly, half-day, or full day, and may include services such as therapeutic nursery, in-home stabilization, after-school programs, and specialized outpatient substance abuse programs. These programs can be provided to a person, group of individuals, and/or families in a variety of settings.

Respite is a short-term behavioral health service or general supervision that provides rest or relief to a family member or other individual caring for the behavioral health recipient. Respite services are designed to provide an interval of rest and/or relief to the family and/or primary care givers and may include a range of activities to meet the social, emotional, and physical needs of the behavioral health recipient during the respite period. These services may be provided on a short-term basis (i.e., few hours during the day) or for longer periods of time involving overnight stays.

Supported housing services are provided to assist individuals or families to obtain and maintain housing in an independent community setting including the person's own home or apartments and homes owned or leased by a subcontracted provider. These services may include rent and utility subsidies, and relocation services to a person or family for the purpose of securing and maintaining housing.

Disparities

Disparities identified based on national data include:

Young adults aged 18 to 25 with serious psychological distress were less likely that other adults with serious psychological distress to have received metal health services: 29.4% of those aged 18 to 25; 47.2% of those aged 26 to 49, and 53.8% of those age 50 or older with past year serious psychological distress received mental health services in the past year.

Source: SAMHSA, 2013 http://www.samhsa.gov/

Mental and behavioral health is a critical and frequently unaddressed matter in racial and ethnic minority communities. Blacks, Latinos, American Indians/Alaska Natives, and Asian Americans are over-represented in populations that are particularly at risk for mental health disorders. Additionally, minority individuals may experience symptoms that are undiagnosed, under-diagnosed, or misdiagnosed for cultural, linguistic, or historical reasons.

Source: American Psychological Associations: http://www.apa.org/about/gr/issues/health-care/

Ability to Make a Difference

Improving Access to Care is a Winnable Battle. Four counties identified access to well, or primary, care as a priority issue. Ten of the counties identified access to behavioral health services as one of their top 10 public health priorities.

Evidence-based and best practices have been identified that will support increasing access to primary care in Arizona. As a national priority, evidence-based and best practices are being developed across the country to better integrate behavioral and physical healthcare. Multiple models of integration are being implemented in Arizona and nationwide (see Appendix E).

Evidence-Based and Best Practices
ADHS-Led Initiatives
ADHS Workforce Program—provides incentives to health care providers to practice in medically underserved areas (MUAs) or health professional shortage areas (HPSAs). Increasing providers in MUAs or HPSAs then it is essentially increasing access to primary care services (or well-care).
ADHS HealthCheck Programs—aim 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
Arizona Medicaid programs, Arizona Medical Assistance Program
Fit at Fifty HealthCheck Program; Well Woman HealthCheck Program
Healthy Community Design Tool-kit
Life Enhancement Assistance Program (LEAP)
Medical Home Model/Patient-Centered Care Model Program

Evidence-Based and Best Practices
ADHS-Led Initiatives
Integrated Behavioral Health Initiative—Maricopa County
Co-located clinics throughout the State
Community Initiatives
Screening, Brief Intervention, Referral to Treatment (SBIRT) program
Applied suicide intervention skills training
Suicide Alertness for Everyone (SAFETalk) program; Question, Persuade, Refer (QPR) Gatekeeper Training for Suicide Prevention program
American Society for Addiction Medicine Patient Placement Criteria
Mental Health First Aid

Capacity

Arizona participates in several state and national initiatives to help strengthen the healthcare workforce. ADHS administers the Arizona Loan Repayment Programs that provide financial incentives for primary care providers, dentists, and midlevel providers similar to the National Health Service Corp program. The J-1 Visa Waiver Program for foreign-trained medical graduates and early childhood incentives are also strategies employed in Arizona.

- Arizona Loan Repayment Programs: Provide loan repayment and/or stipend incentives to primary care clinicians working in medically underserved communities (urban and rural).
- J-1 Visa Waiver Program: Allows foreign medical graduates to remain in the US for 3 years to practice in medically underserved communities without returning to their home residence. The goal of the J-1 Waiver Program is to improve the accessibility of healthcare services in underserved areas by providing a J-1 visa waiver recommendation on behalf of foreign medical graduates, allowing them to receive a non-immigrant, H-1B status for three years.
- National Interest Waiver Program: Allows certain foreign workers with advanced degrees or exceptional abilities to work in the US.
- National Health Services Corps: Provides educational loan repayment and scholarship funding through a federal program.

Figure 3.3.51: Arizona Workforce Initiatives, Fiscal Year 2012

17	providers funded through the Arizona Loan Repayment Program
30	providers for the J-1 Visa Waiver Program per year
240	providers obligated with the National Health Service Corps (NHSC)
22	providers funded through Early Childhood Incentives Program (First Things First)
309	total obligated providers in Arizona

Source: ADHS, Bureau of Health Systems Development, March 2012. http://www.azdhs.gov/hsd/workforce/nhsc.htm

The healthcare workforce programs, listed above in Figure 3.3.51, are a critical resource in providing access to care to underserved populations through the use of a Sliding Fee Scale (SFS) and are part of the Arizona Safety Net Providers. A SFS is used by medical providers offering discounted fees for services to persons without health insurance. The SFS determines, based on gross family income, the percentage or portion of billed charges that the uninsured client will be responsible for. Sliding Fee Schedules must be based on current Federal Poverty Guidelines and adhere to A.A.C. R9-1-504 Sliding Fee Schedule submission and content.

Federally Qualified Health Centers (FQHCs), FQHC-Look-Alikes (FQHC-LALs), National Health Service Corp sites, Arizona Loan Repayment sites, and J-1 visa waiver sites are required to develop and implement a SFS and SFS policy as well as post a notice about the availability of a SFS in a visible location at their facility. There are over 200 SFS clinics in Arizona offering primary care, behavioral health, and dental services to uninsured individuals.

Early Childhood Incentives Program (through First Things First): Provides incentives for speech/language pathologists, occupational therapists, child psychologists, and mental health specialists to provide early childhood development services to children under 5 years of age.

The Affordable Care Act (ACA) provides some additional opportunities that will support workforce development:

- Increases the number of Medicare-funded training positions by preserving and redistributing unfilled residency slots.
  - o Physicians tend to stay in state where they complete their graduate medical training.
- Provides an additional $1.5 billion to the National Health Service Corps to recruit and retain primary care providers to work in underserved areas for five years (September 2011 to September 2015).
  - o Authorizes increased funding to address workforce shortages in high-need areas.
  - o Amends NHSC to allow part time service and teaching time to qualify towards the NHSC service requirement.

  - Increases the NHSC loan repayment amount from $50,000 to $60,000 for the initial 2-year service agreement.
  - Allows critical access hospitals to participate.
- Provides incentives to primary care physicians:
  - Increases Medicaid payments for primary care services to Medicare levels.
  - Provides for a 10% bonus payment for primary care physicians.
- Establishes a National Healthcare Workforce Commission composed of a broad range of stakeholders to review healthcare workforce supply and demand and make recommendations on national priorities and policies on healthcare workforce, including recruitment, retention, and training of the healthcare workforce.

To expand integrated healthcare efforts in Arizona, multiple strategies have been implemented to educate providers of behavioral health and providers of primary care about possible models and the benefits of integrated care. Additionally, the Maricopa County RBHA will be required to provide integrated care.

Resources Available

Federal and state funds have been dedicated to improving access to care in Arizona. The ADHS Workforce Programs are provided through a combination of state general funds, funding provided by First Things First, and American Recovery and Reinvestment Act of 2009 (ARRA) federal funds, totaling $1.3 million. The ADHS HealthCheck Programs have a budget of $4.6 million from the CDC, license plate fees, and state general funds. The High Risk Perinatal Program is supported by $3.4 million of state and federal funds.

As a result of investments through the Affordable Care Act and the Recovery Act, the numbers of clinicians in the National Health Service Corps are at all-time highs, with nearly 10,000 Corps clinicians providing care to more than 10.4 million people who live in rural, urban, and frontier communities. The National Health Services Corps repays educational loans and provides scholarships to primary care physicians, dentists, nurse practitioners, physician assistants, behavioral health providers, and other primary care providers who practice in areas that have too few healthcare professionals to serve the people who live there.

Federal Medicaid and SAMHSA resources are directed toward behavioral health prevention and treatment services through RBHAs and community initiatives. In addition to the Federal resources, there are local community initiatives designed to reduce stigma and enhance access to behavioral health services.

Medicaid	$1 billion
SAMHSA	$19 million

Evidence-Based and Best Practices Being Implemented in Arizona

Evidence-based and best practices to improve access to care have been implemented through partnerships and community initiatives. Community wide initiatives to both better integrate behavioral health, as well as improve access to physical healthcare, are currently being implemented through ADHS and its partners.

Numerous evidence-based and best practices have been implemented across the state through the T/RBHAs. Additionally, the ADHS Stigma Reduction Committee comprised of peers, family and community members, and behavioral health workers is focused on building a greater sense of inclusion that supports people with mental health and substance use challenges within their own communities.

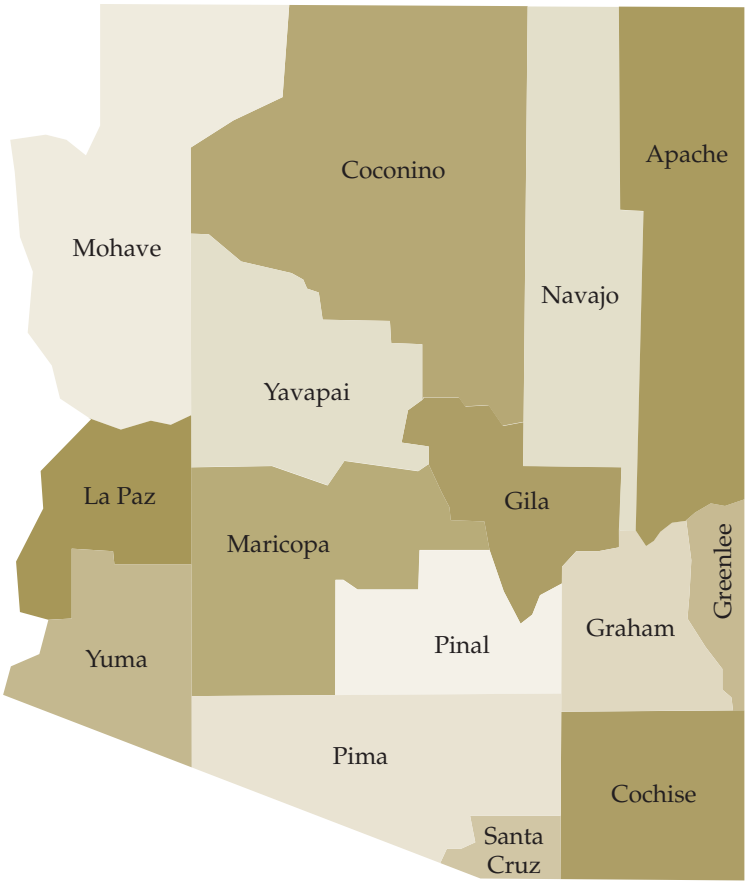
A preliminary list of resources has been compiled with the assistance of ADHS. A more comprehensive asset map will be developed with partner input following the release of the State Health Assessment report and during the State Health Improvement Planning process. Details of these programs can be found at the following link: Communityguide.org. (See Appendix F)

Each county conducted a Community Health Assessment (CHA) to serve as a basis to inform its Community Health Improvement Plan (CHIP). While the models of assessment varied among the counties to best fit their needs, each included primary and secondary data collection, analysis of the information, and identification of county-level health priorities.

Highlights of the county assessments, including successes, priorities, methods used to engage the community, and participant comments, are captured in the following pages for each county. Local communities played a significant role and provided input to the State Health Assessment.

The 15 county health departments conducted surveys, focus groups, interviews, and community stakeholder meetings to gather information about local health issues. Almost 10,000 community members and key stakeholders across the State participated in exploring and establishing the local public health priorities.

- 623 people participated in 73 focus groups
- 8,156 people completed community surveys (many provided in English and Spanish)
- 318 people participated in community forums
- 297 people participated in key stakeholder meetings or questionnaires



Health priorities established by counties reflect an array of health issues based on the data unique to each county and the responsiveness to broad community input. Some health challenges, such as obesity and diabetes, were identified by multiple counties as priorities while others, such as pain management and infectious disease (STDs, HIV/AIDS), were identified by only one or two counties.

One objective of the State Health Assessment is to compile the results of the County Health Assessments and utilize the primary data to represent the community voice. Certain counties reported three priorities while others reported up to twelve. Due to the variability in results, ADHS conducted a follow-up survey of the county health officers, in order to synthesize the array of public health issues and identify the top ten issues across all 15 counties. The county priority health issues identified in the survey, in order of importance, are:

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/lifestyles
10. Management of other chronic diseases (cancer, respiratory disease, asthma)

The top ten county priorities, combined with data about other statewide issues, serve as the starting point for establishing the Leading Public Health Issues. The following county profiles are a brief synopsis of each county level health assessment. All information was provided by the county, and links to each county report and website are embedded under the maps.

Apache County

Vision

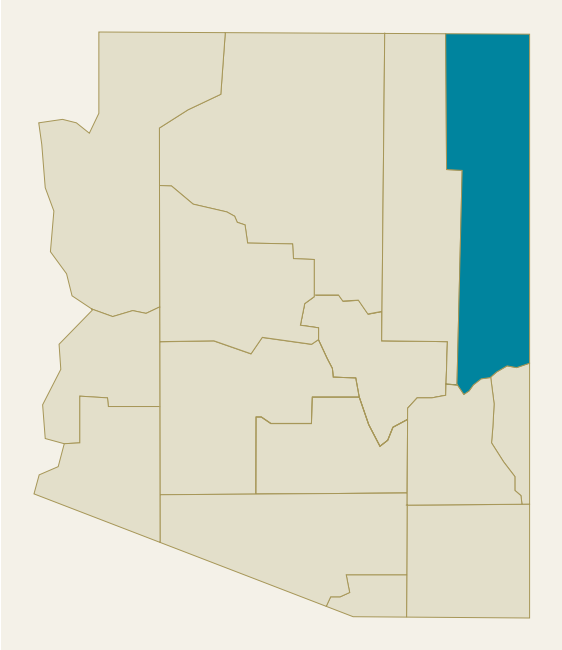
Healthy People, Healthy Environment

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.



www.co.apache.az.us

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

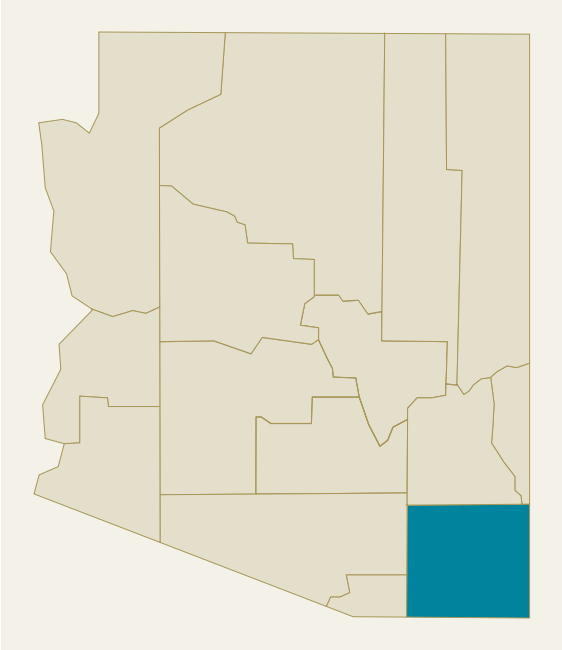
Building a Healthier Future

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



www.cochise.az.gov

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

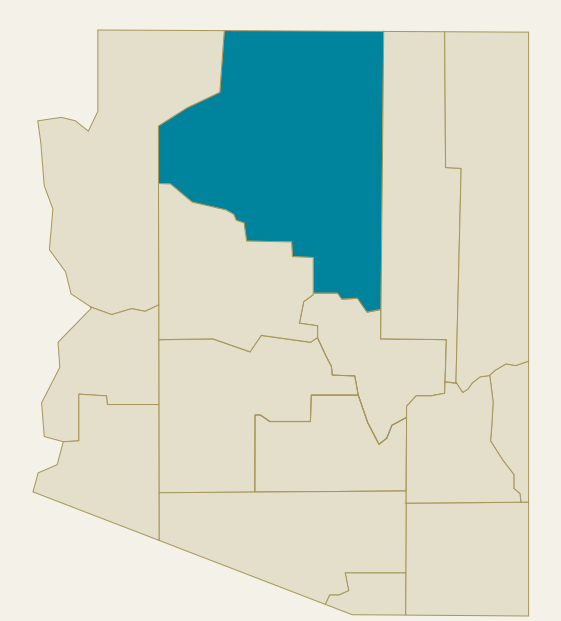
The Coconino County Public Health Services District will be recognized as a state-of-the-art public health agency by creatively providing excellent services and useful information.

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



www.coconino.az.gov

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."

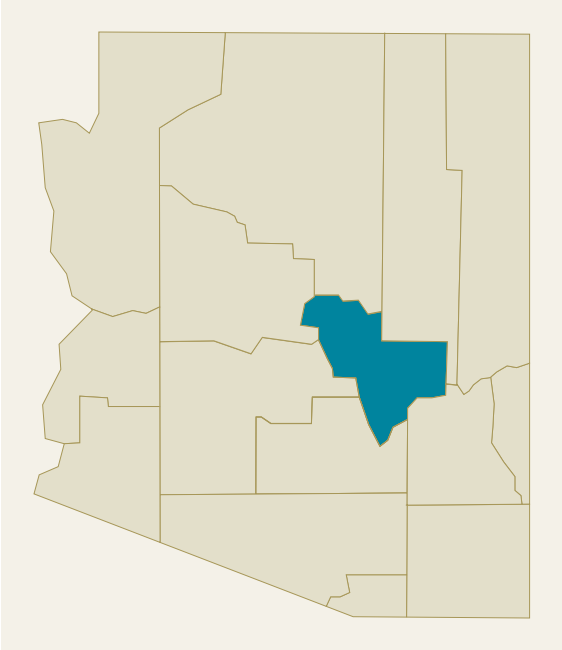
Information for this profile was provided by Coconino County. For more information about the Coconino County Public Health Assessment, please visit Coconino County's website.



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.



www.gilacountyaz.gov

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."

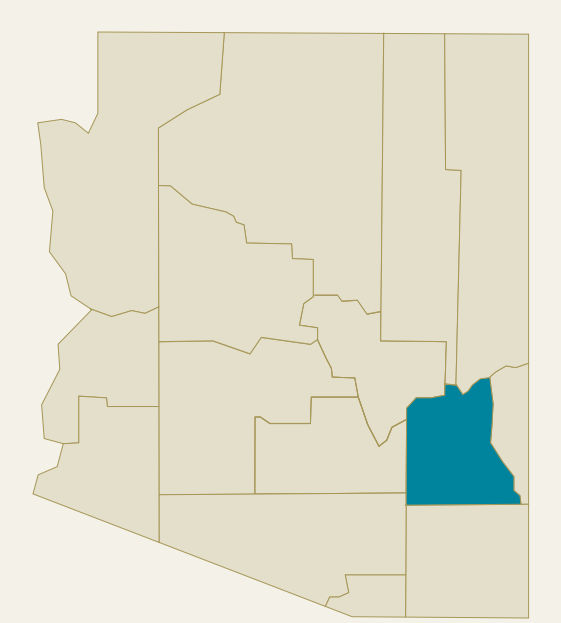
"It would be nice if the Insurance would work with a gym to be part of medical care and help support the cost."

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.



www.graham.az.gov

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

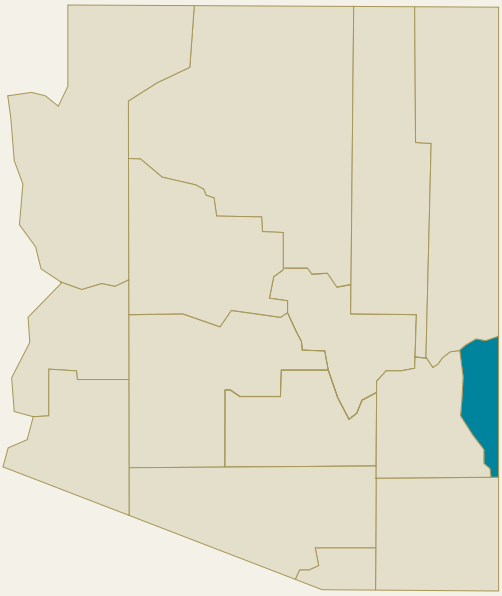
A healthier future for Greenlee County, Starting Now!

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



www.co.greenlee.az.us

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.

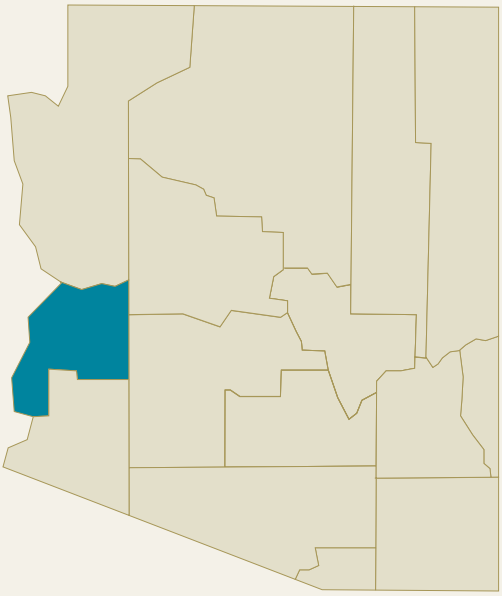
Look under 'Public Notices' for the County Health Assessment.



La Paz County

Vision

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



www.lpchd.com

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.

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

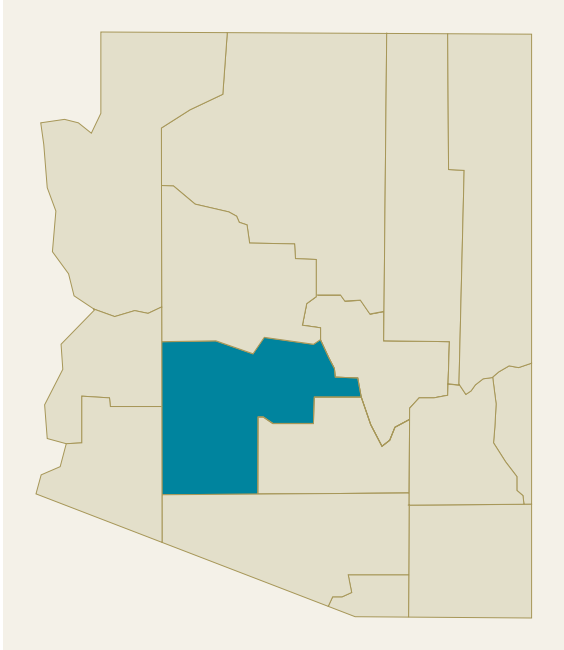
1. Smoke Free Maricopa Community College District and Arizona State University.
2. 28% increase in childhood immunizations from 2012.
3. STD express testing up 43% since 2012.

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:
    - o 4 Focus groups: African American population
    - o 2 Focus groups: Lesbian, Gay, Bisexual, Transgender
    - o 4 Focus groups: Asian Americans
    - o 2 Focus groups: Senior citizens
    - o 4 Focus groups: Native Americans
    - o 2 Focus groups: Low-income residents
    - o 4 Focus groups: Hispanic/Latino
    - o Youth-Led Community Health Assessment Project



www.WeArePublicHealth.org



Community Comments

"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

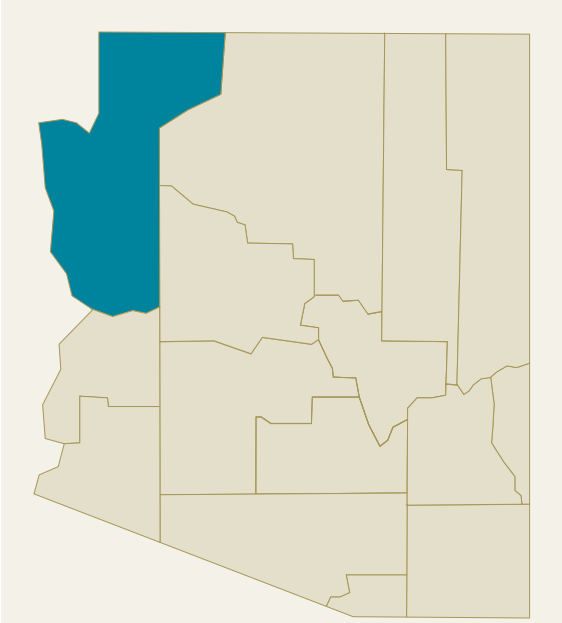
To create a safe and healthy environment for Mohave County citizens.

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



www.mohavecounty.us



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

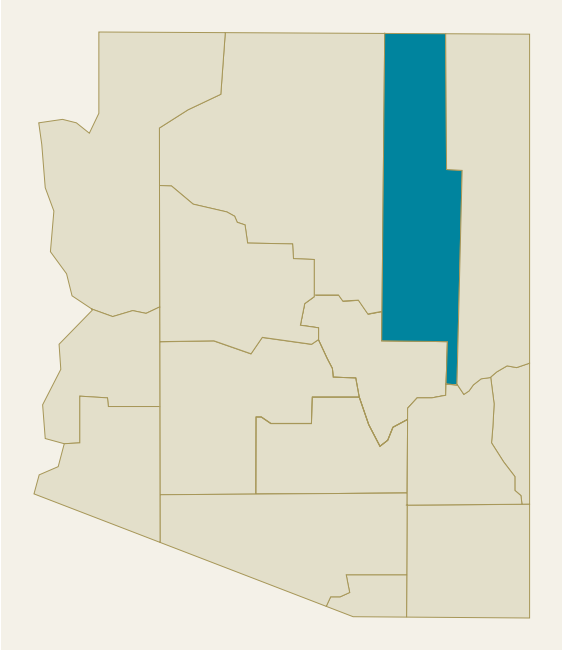
Education, Accessibility, & Leadership by promoting quality health through community education, planning, and partnerships.

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



www.navajocountyaz.gov

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."



Pioneer Parade

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

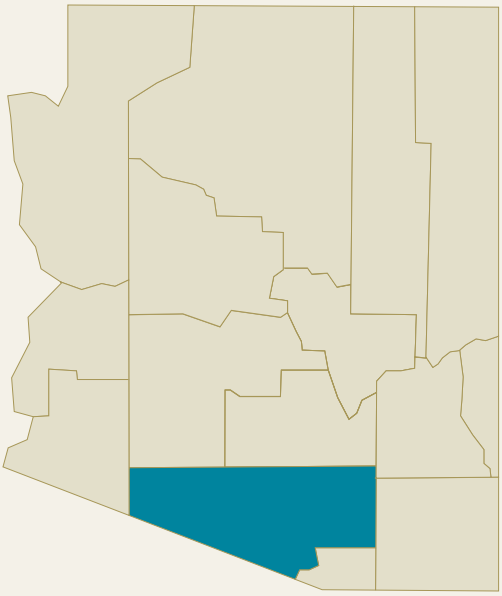
A Healthy Pima County: Everyone. Everywhere. Everyday.

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



www.pimahealth.org

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 influences 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

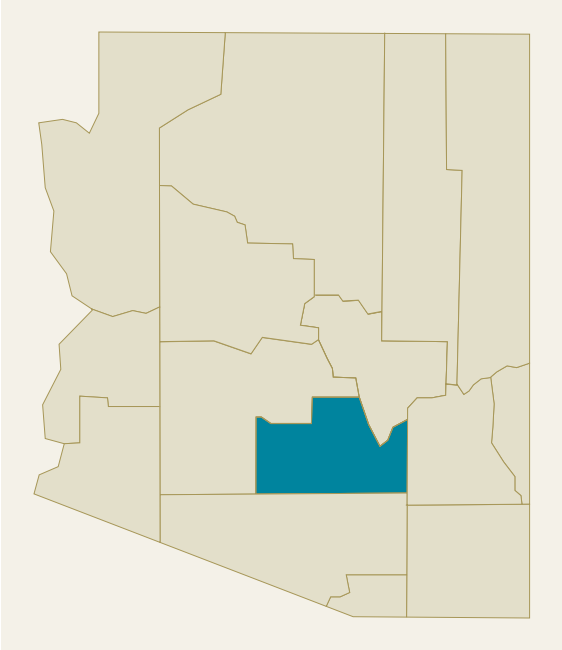
To provide disease prevention, health promotion, and nutrition services to the residents of Pinal County so they can live healthy and productive lives.

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



www.pinalcountyaz.org

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."



Pinal County community member participating in a local farmers' market.

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

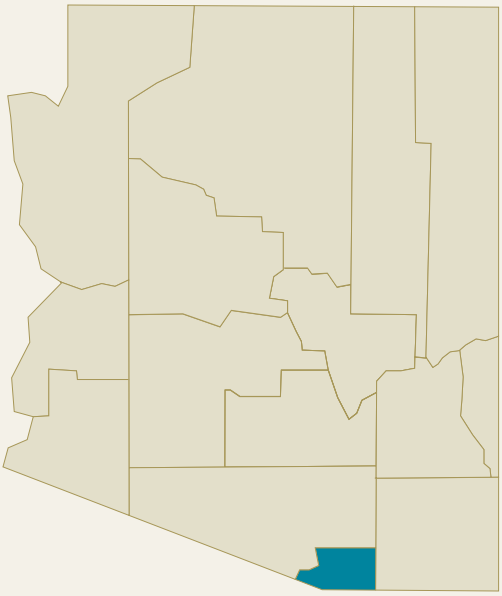
Optimal Health, Wellness, and Safety for all Santa Cruz County residents.

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



www.santa-cruz.az.us

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

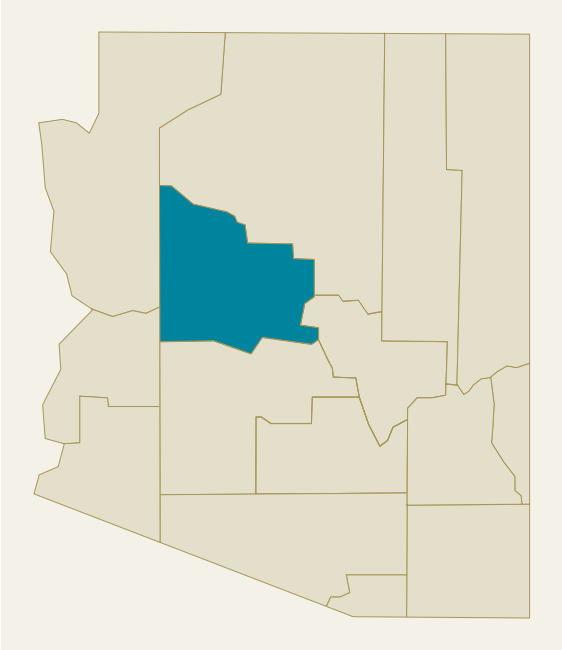
Yavapai County Community Health Services will provide leadership, information, and services that contribute to improving the health and well-being of Yavapai County residents.

Major Public Health Successes

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



www.YavapaiHealth.com

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

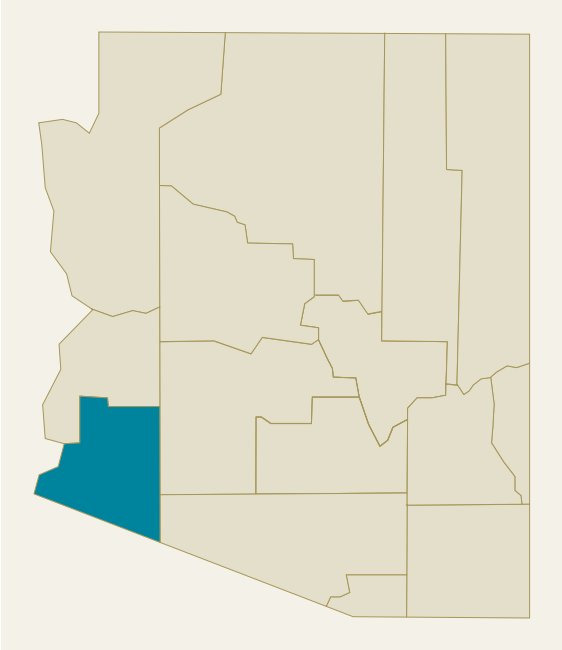
The Yuma County Public Health Services District is recognized as a State-of-the-Art public health agency that dedicates itself to providing optimal public health for all of Yuma County.

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



www.yumacountyaz.gov/health



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.



The State Health Assessment includes identification of health indicators impacting the population across the State and possible geographic areas of high risk based on health indicators, access to health facilities, income levels, and health professional shortage areas.

How were At Risk Communities Identified?

Two key design elements comprised the development of a profile of high risk communities. The first element was defining a spatial unit through the use of GIS techniques. The second element was appropriate assignment of indicator data to these spatial units. The spatial unit utilized for the needs assessment was Community Health Analysis Areas (CHAAs) that were built from US 2000 Census Block Groups. CHAAs were originally developed and created, in response to Arizona legislature directives to ADHS, to use the data in the Arizona Cancer Registry to identify areas and populations that needed further investigation as true cancer clusters.

Twenty-seven health indicators were analyzed (as three year averages) at the CHAA level. These 27 indicators were grouped under maternal and child health, mortality, Prevention Quality Indicators (PQIs), and environmental health. The maternal and child health domain includes: infant mortality, low birth weight, preterm births, smoking during pregnancy, gestational diabetes, teen births, and prenatal care. The mortality domain includes heat-related deaths, diseases of the heart, coronary heart diseases, suicides, deaths due to chronic lower respiratory disease (COPD), malignant neoplasms (cancer), injury-related deaths, unintentional injuries, and deaths due to chronic liver disease and cirrhosis. Within the PQIs domain, congestive heart failure admission rate, hypertension admission rate, adult asthma admission rate, chronic lower respiratory disease (COPD) admission rate, uncontrolled diabetes admission rate, and short-term complications of diabetes were included. Within the environmental health domain, foodborne disease outbreaks, lead poisoning cases, and vaccinations were included.

In addition to the health indicators, data on all ADHS licensed facilities (i.e. medical facilities, childcare facilities, long term care, special licensing, assisted living, and behavioral health) were analyzed at the CHAA level. Consistent with logic used by the Common Wealth Fund reports and County Health Rankings, the health indicators have been weighted to help identify high risk communities. Overall weights were calculated based on the percentage of all 27 indicators: 3.6% of the total score (100) was assigned to each of 25 indicators (i.e. 3.6 times 25 indicators = 90%), with the Infant Mortality Rate (as a global indicator on well-being) assigned 5% and capacity (licensed facilities) assigned 5% and capacity (licensed facilities) was assigned 5%. A CHAA level risk map was developed based on the final weights.

What is a Community Health Analysis Area (CHAA)?

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.



Parts of metropolitan Phoenix and Tucson, Tribal communities, and rural areas of the State represent the geographic areas and populations most at risk. (Figure 5.1) Much of Central Phoenix, from Deer Valley to South Mountain, and a major portion of Metropolitan Tucson are defined as high risk. (Figure 5.2A, B, and C)

Figure 5.2A: Highest Health Risk Communities—Statewide, 2008–2010 ***(Does not include Phoenix or Tucson Metro Areas)***

Ajo
Bisbee
Casa Grande
Coolidge
Douglas
Eloy
Globe-Hayden
Holbrook
Kingman
Round Valley
Winslow
Tribal Communities
Hopi Nation
Havasupai Indian Community
Hualapai Tribe
Navajo Tribe
Pasqua Yaqui Tribe
San Carlos Apache Tribe
Tohono O'odham Nation
White Mountain Apache Tribe

Figure 5.2B: Highest Health Risk Communities—Metropolitan Tucson, 2008–2010

Pasqua
Tucson
• North Central
• Central
• East Central
• East
• South East
Casa Grande

Figure 5.1: Overall Health Risk by Community Health Analysis Area (CHAA), 2008–2010

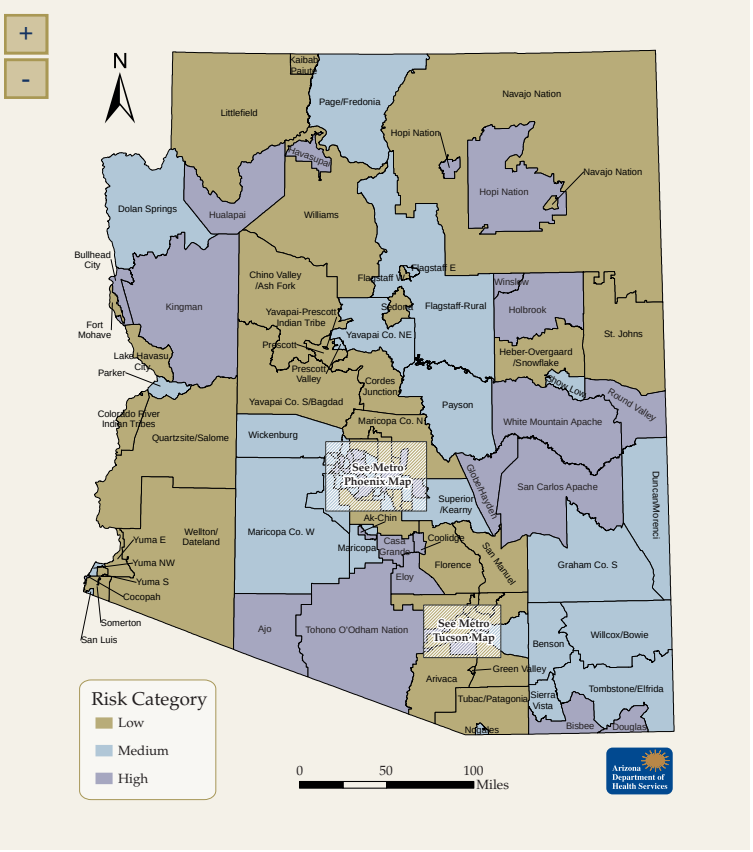


Figure 5.2C: Highest Health Risk Communities—Metropolitan Phoenix, 2008–2010

Apache Junction	
Fort McDowell Yavapai Nation	
Glendale	
• Central	
• North	
• West	
Mesa	
• West	• Central
Phoenix	
• Deer Valley	• North Mountain
• Alhambra	• Encanto
• Central City	• South Mountain
Salt River Pima Maricopa Indian Community	
Sun City	

Income is a major social determinant of health when considering health disparities and level of health risk of an individual or a community. The ability to access health services, prevention, and treatment depends on insurance and having the capacity to pay. Lack of income also plays a role in families' ability to access healthy foods; maintain safe, affordable housing; and stay in school. According to the US Census, 19% (1.2 million) of Arizona families live in poverty. When low income is combined with health risk, the result is an elevated risk for poor health outcomes for families in that community. (Figure 5.3)

Twenty-seven of 126 CHAAs have both the highest health risk factors and poverty rates in excess of 15%. These geographic areas are Medically Underserved Areas of the State. (Figure 5.4A, B, C, D, and E)

Figure 5.4A: Combined: Highest Health Risk and Poverty Rate 15% or More, 2008–2010 *(Does not include Metropolitan Phoenix or Tucson*

Ajo
Bisbee
Casa Grande
Coolidge
Douglas
Eloy
Globe-Hayden
Kingman
Tribal Communities
Hopi Nation
Havasupai
Hualapai Tribe
Navajo Tribe
San Carlos Apache Tribe
Tohono O'odham Nation
White Mountain Apache Tribe

Figure 5.3: Overall Poor Health Outcomes for Community Health Analysis Area (CHAA), 2008–2010

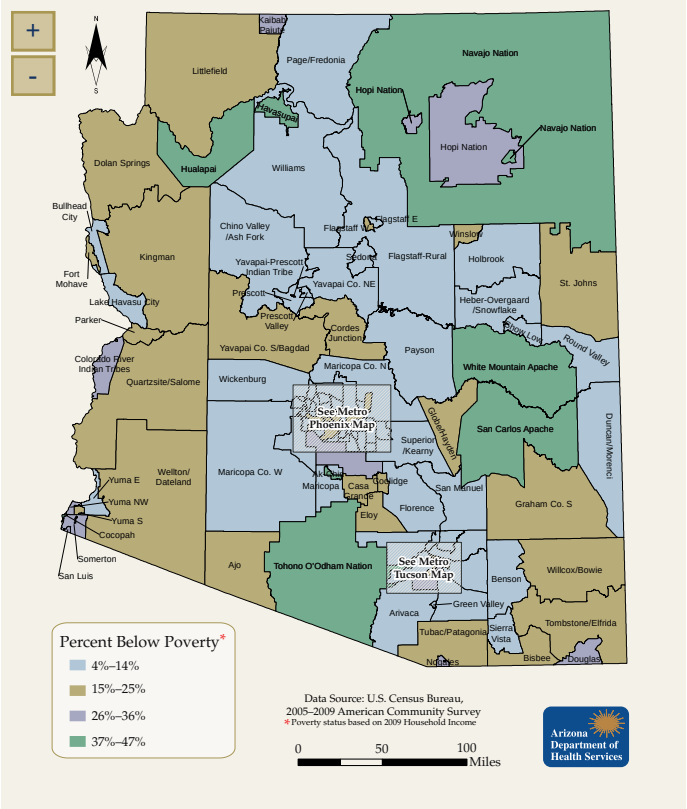
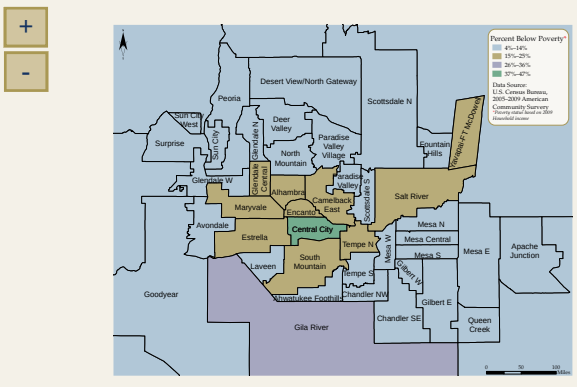


Figure 5.4B: Metropolitan Phoenix Area Highest Health Risk and Poverty Rate of 15% or More, 2008–2010

Fort McDowell Yavapai Nation
Glendale-Central
Phoenix: Alhambra, Encanto, Central City & South Mountain
Salt River Pima Maricopa Indian Community

Metropolitan Phoenix—Level of Poverty, 2008–2010



Metropolitan Phoenix—High Risk Communities, 2008–2010

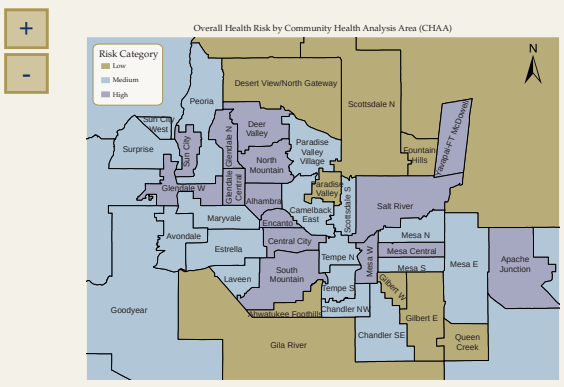


Figure 5.4C: Metropolitan Tucson Highest Health Risk Communities and High Poverty Level (15% or More of Families in Poverty), 2008–2010

- Pasqua Yaqui Tribe
- Tucson
  - North Central
  - Central
  - East Central
  - East
  - South East
- San Xavier District

This view of high risk communities provides an additional level of understanding of the overall health status of communities statewide and identification of potential geographic areas in which targeted interventions may have the greatest impact. Of the 126 CHAAs, forty-one represent communities most at risk for poor health outcomes. When health risk is combined with high levels of poverty, there are twenty-nine communities at the greatest risk.

Figure 5.4D: Metropolitan Tucson—Level of Poverty, 2008–2010

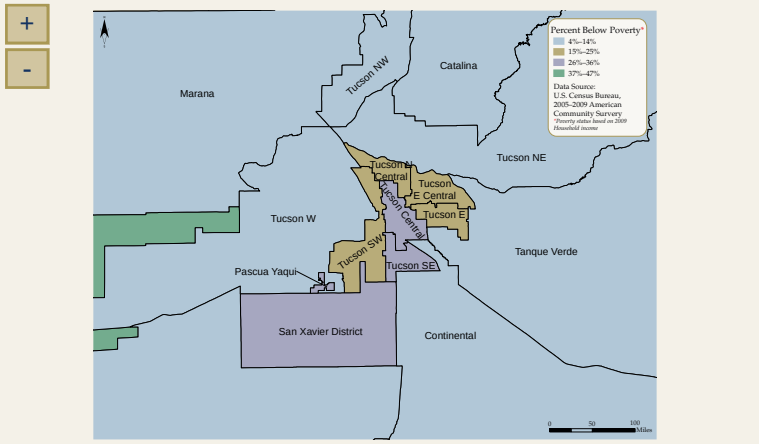
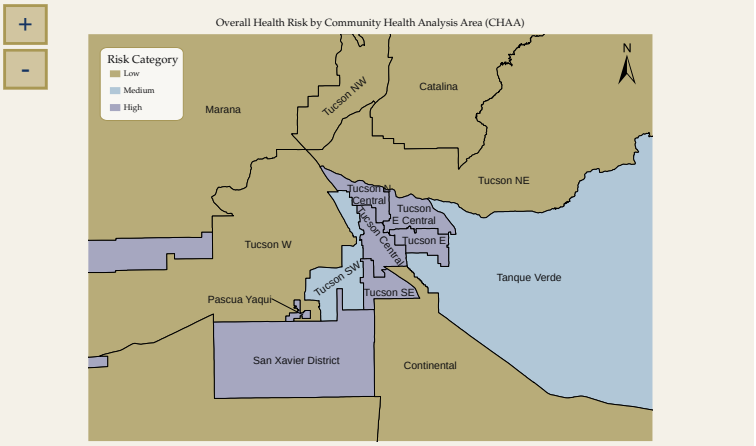


Figure 5.4E: Metropolitan Tucson—High Risk Communities, 2008–2010



6.0 Summary and Next Steps

The State Health Assessment (SHA) is a comprehensive surveillance tool and provides the framework to assess our needs and current capacity in public health. It is a snapshot of the current status of health in Arizona and will also serve as a basis to establish public health priorities statewide.

ADHS is pursuing accreditation through the Public Health Accreditation Board (PHAB) as one method to ensure that the ten essential public health services that we provide are comprehensive, quality efforts that protect the health of our residents and communities across the State. Our goal is to continuously improve the quality of services in Arizona.

Some of the key health indicators evaluated in this report reflect the impact of the recent economic recession. However, as Arizona continues to trend toward better economic times, Arizonans will begin to regain stability, have opportunities to obtain health insurance, and expand their sense of well-being, all aspects of life that will impact individual and community health.

The shifting healthcare environment provides increased opportunities for Arizonans to receive preventive care and focus on wellness. The recently approved restoration of eligibility into Arizona's Medicaid Program, Arizona Health Care Cost Containment System, could result in an additional 300,000 Arizonans obtaining health coverage.

Additionally, ADHS has received federal grants to support workforce development and enhance the availability of health services through Federally Qualified Health Centers. Much remains to be understood about the opportunities to leverage public health and healthcare programs to increase focus on prevention instead of sick care.

Most of Arizona's 15 leading public health issues, defined in terms of scope and significance and identified through the State Health Assessment process, are unique to specific populations and communities. Therefore, the strategies for evidence-based and best practices interventions and resource management to improve health outcomes for populations at risk are critical. Analysis of both the primary data collected in communities and the secondary data collected through public data banks is part of our comprehensive State Health Assessment.

The data analysis revealed three overarching themes:

1. **Improving access and coordination of care.**

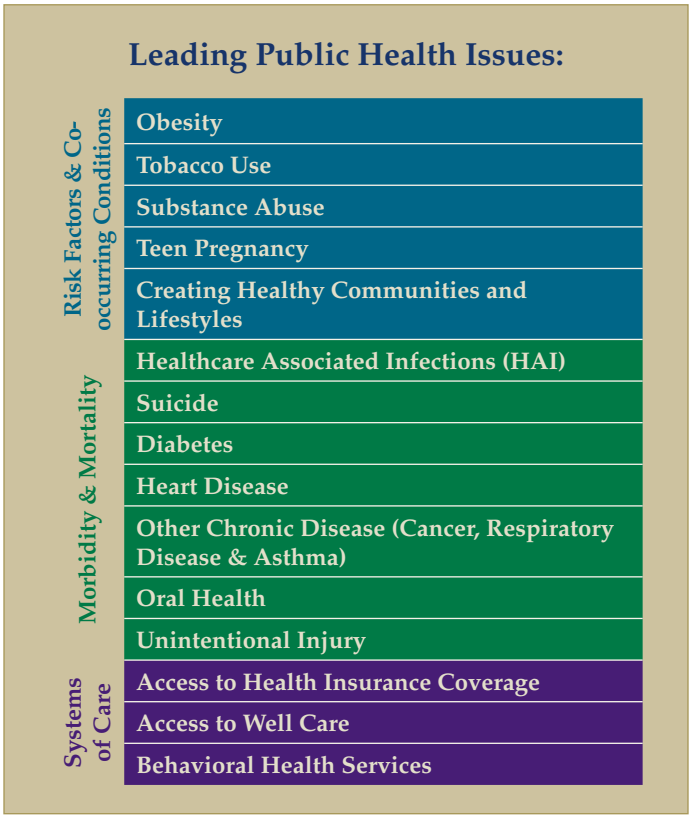
   Improving the capacity for individuals to see primary and behavioral healthcare providers is essential. Opportunities will include: increasing health insurance enrollment, increasing the availability of health services and coordination of care, particularly in rural communities, and optimizing healthcare workforce development.

2. **Advocating an environmental shift for individuals and families in Arizona to live healthier lifestyles, where the healthy choice becomes the easy choice.**

   Working towards a shift in the norm to consume healthier food and fewer calories, increase physical activity, and reduce harmful and unhealthy behaviors such as smoking, over use of alcohol, and drug abuse, will lead to overall improvements in health outcomes.

3. **Achieving healthier communities that are empowered to impact systems and policy level change.**

   Continuing to engage community members in the implementation of strategies that improve safety, access to healthy foods, and access to affordable recreational activities creates visible change at the community level. Community ownership forms a shared sense of responsibility that is sustainable and uplifting for all communities, even those with limited resources.



Summary and Next Steps (cont.)

Currently, millions of Arizonans suffer from chronic disease, obesity, health conditions, and infectious diseases that could have largely been prevented. Well documented are the costs associated with loss in productivity, loss of quality of life, and medical care costs. Traditional medicine and healthcare systems functioned for the last few decades in treating the sick instead of focusing on prevention.

Individuals must also take greater responsibility for their health and the health of their families, but opportunity for access to healthcare is a real barrier. Combining medical care with preventive efforts, using community-based models of support, and building bridges with non-traditional partners to make healthy choices more the norm is the challenge ahead of us.

The State Health Assessment (SHA) provides detailed information about Arizona's leading public health issues and creates the foundation for data-driven identification of priorities. The State Health Improvement Plan (SHIP) will provide the overarching five year game plan for us, as a state, to work together towards achieving a healthier Arizona on a few health priorities at a time. Through the work on this project, we hope to build awareness of the multitude of opportunities available to businesses, city planning, governmental agencies, and numerous others to factor prevention and health into the decision-making occurring in all aspects of the community, and ultimately instill within all Arizona communities opportunities to make healthy living a priority.

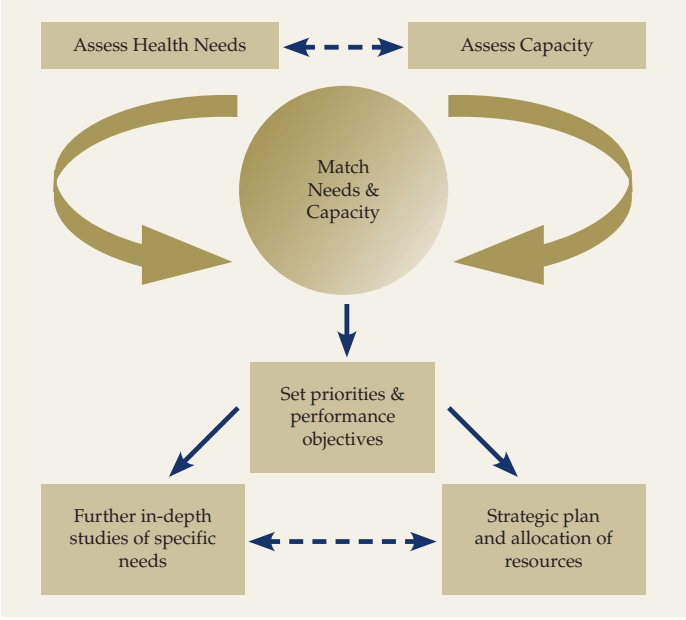
Next Steps

The SHA provides the data analysis for development of the SHIP. Following public review of the SHA, ADHS and public health partners will begin the process of prioritizing the leading public health issues, defining objectives for each priority, and further assessing Arizona's capacity to address the issues. Finally, performance objectives and strategies will be defined with both long-term (5 year) and annual measures in order to track progress towards achieving improvements in health outcomes envisioned for Arizonans.

Step 1—Engagement of Stakeholders

As with the State Health Assessment, development of the SHIP requires engagement of community partners. At the county level, County Health Improvement Plans (CHIPs) have been completed for all 15 counties, with leadership provided by each County Health Department and an extensive engagement of community partners. At the state level, for the SHIP, state-level partners will be engaged to help prioritize the leading health issues identified in the SHA, conduct asset mapping, develop the plan, and implement activities. Public health partners encompass a broad array of fields, and include schools/universities, businesses, healthcare system partners, human services, natural resources and transportation agencies, foundations, faith-based organizations, elected officials, and non-profit organizations. Statewide partners will be invited to provide feedback, and be active participants at some level in planning and implementation of strategies.

Figure 6.1: Health Assessment and Health Improvement Planning Framework



Summary and Next Steps (cont.)

Step 2—Match Needs and Capacity to Establish Priorities

Priorities will be identified through review and consideration of the status of each leading health issue, our ability to impact the issue based on community support, the availability of evidence-based and best practices, and our capacity. Capacity will be assessed in terms of state and local resources and current initiatives. This step will include further development of the asset maps of the leading public health issues.

Step 3—Develop the State Health Improvement Plan

Based on the priorities established, public health policy, processes, programs, or intervention strategies will be defined that will move the needle on the priority health issues to achieve better health outcomes within the next five years.

Step 4—Define Performance Objectives

For each priority issue, partners and stakeholders will define specific, measurable, annual, and long-term (5 year) performance objectives that correlate with major initiatives in order to demonstrate progress toward achieving the targeted results.

Step 5—Implement, Promote, and Monitor the SHIP

Implementation plans will include description of ongoing specific activities with a designated lead responsible party, monitoring of progress, and a detailed communication process to promote the implementation of the SHIP. The goal is to ensure ongoing and sustainable communication regarding the status of priority issues and progress made on implementation actions.

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The Arizona Department of Health Services acknowledges the contributions of many individuals and organizations in the completion of this State Health Assessment. This Assessment would not have been possible without the work, dedication and contributions of community members, county health officials, healthcare providers, national partners, and public health professionals across the state.

Community Members statewide completed surveys and participated in focus groups and discussions to help ensure the specific and unique needs of the various populations were identified and recognized as part of this Assessment.

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- Association of State and Territorial Health Officials (ASTHO)
- National Public Health Improvement Initiative (NPHII)

Accreditation Steering Committee provided guidance and direction throughout the health assessment process.

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Appendix A

Arizona
Our People and Our Geography

Arizona State Health Assessment

2013



Arizona has 101 years of statehood in its rear-view mirror. The last of the "lower 48" to be admitted to the Union, Arizona's welcoming climate, unique population, and varied geography make the State diverse. An understanding of Arizona's population and geography provides the context for identification of health issues and priorities unique to Arizona.

Dating back to at least the early 1900s, Arizona, with its dry climate, was seen as a place where people could come to improve their health. Tuberculosis sanatoriums opened up in numerous places around the State, including Cave Creek, Prescott, and Sunnyslope. In 1919, Sunnyslope, an area in North Central Phoenix, was described as a natural desert area with only four or five cottages on it. There were no roads, electricity, phones, or water—only cactus and sagebrush. The Sunnyslope desert was a very dry area and was considered to be a therapeutic place to live for people trying to recover from tuberculosis or asthma.[1]

In the 1957–1958 Annual Report from the Arizona State Tuberculosis Sanatorium, the influence of public health and the significant role of partnerships in public health were highlighted. "Volunteer groups, agencies and individuals have given outstanding support to the comfort and happiness of the patients."[2] Public health nurses at the time served as the bridge between patients and their families around the State.

Over the years, public health in Arizona has identified the issues and developed appropriate interventions. Examples include the significant efforts to ensure that children were immunized, to improve access to prenatal care, and to reduce infant mortality. In more recent times, identifying and managing HIV/AIDs, creating emergency response systems, and monitoring and responding to the spread of infectious disease such as the H1N1 flu pandemic also serve as examples of public health response.

Our People

Arizona has been one of the nation's fastest growing states. According to the 2010 Decennial Census, Arizona's population has increased to 6,392,017 residents, with more than 3.8 million residing in Maricopa County. The smallest county by population is Greenlee, with approximately 8,500 residents. (Figure A.1)

Extreme fluctuations in Arizona's population compared to the U.S. population are shown by the percentage of change during some periods of heavy growth and development.

Figure A.1: County Population Estimates, 2012

County	
Apache	73,310
Cochise	130,752
Coconino	134,313
Gila	53,626
Graham	37,314
Greenlee	8,599
La Paz	20,902
Maricopa	3,884,704
Mohave	203,072
Navajo	107,923
Pima	990,380
Pinal	389,192
Santa Cruz	48,724
Yavapai	211,583
Yuma	205,174
AZ	**6,498,569**

Source: Office of Employment, Population Statistics, Arizona Department of Administration, July 2012.



From 1940 to 1960, Arizona experienced its greatest growth rate at 74%, in contrast to the growth rate of 19% nationwide. The rapid growth brought opportunities and challenges related to congestion, air quality, availability of clean water, and age-related health issues. (Figure A.2)

From 2000 to 2010, Arizona's population increase (percentage of change) was 29%, compared to a U.S. percentage of change of 10%.

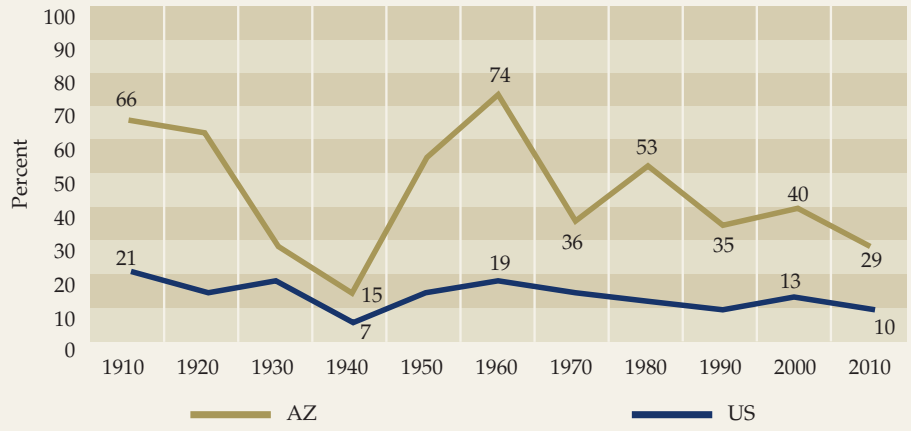
While the full impact of the economic downturn on population growth is still unclear, there is no question Arizona experienced significant growth from 2000 through 2010; nearly a 25% increase in the total state population during the decade.[3] In 2012, Arizona's population was almost 6.4 million.

By 2020, Arizona's population is expected to grow by one million people to 7,485,000. At this same rate of growth, by 2050, there could be almost 12 million people in Arizona.[4]

Arizonans are a racially diverse population. Most Arizonans, more than 4.66 million, self-identify as White. (Figure A.3) Nearly 1.9 million people are of Hispanic or Latino origin, a 46% increase from the 2000 population.



Figure A.2: Percentage Change in Population Arizona and the US, 2010



Source: U.S. Census

Figure A.3: Arizona Population by Race, 2010

Race	Percent
White	84.60
Black/African American	4.50
American Indian /Alaska Native	5.20
Asian	3.00
Native Hawaiian/Other Pacific Islander	0.30
Hispanic/Latino	29.20
Two or More Races	2.50

Source: U.S. Census. 2010 Decennial Census

DID YOU KNOW?

In 1900, Arizona's population was only 122,931, slightly more than the population of the city of Surprise in 2010.

Arizona is home to 22 federally-recognized tribes. More Arizonans self-identify as American Indian/Alaska Native than as African-American or Asian. (Figure A.4)

Figure A.4: Tribal Lands in Arizona



Gender and Age

Arizonans are almost equally divided by gender, with 3,175,823 men and 3,216,195 women. More than 1.6 million Arizonans are under the age of 18 and about 881,000 are 65 years old or older. (Figure A.5)

Figure A.5: Arizona Population by Age, 2010

Age	Number
Under 18	1,629,014
18 & Over	4,763,003
20–24	442,584
25–34	856,693
35–49	1,249,516
50–64	1,141,752
65 & Over	881,831

Source: 2010 Decennial Census

DID YOU KNOW?

98% of Pima County's population is urban—the vast majority of residents live in the Tucson metropolitan area.

Population Density and Mobility

The variation in population density in Arizona is evident when comparing in metropolitan areas and rural areas. In either environment, challenges exist in accessing health care. For example, the nearest health care provider may be many miles away in rural areas, or access to health care specialists may require travel to a metropolitan area. In metropolitan areas, despite having increased availability of health care providers, the lack of public transportation inhibits access.

Arizona has a total of 15 counties. Maricopa County and Pima County are the two primary population centers in the state, with Phoenix and Tucson the main metropolitan areas. Maricopa County and Pima County contain 90% of the population in the State. There are other mid-sized cities throughout Arizona; Flagstaff and Prescott for example; however, much of the state is rural.

Arizona has a statewide population density of 56.3 people per square mile, as estimated by the U.S. Census Bureau. This compares to a national figure of 87.4 people per square mile. Within Arizona, density varies greatly from county to county. For example, on the high-density side, Maricopa County has 414.9 people per square mile. On the opposite end are Greenlee and La Paz counties, with only 4.6 persons on average per square mile.

The widely dispersed population also creates other challenges. Of the nearly 2.7 million Arizonans aged 16 years or older who commute, most are estimated to be traveling alone in their vehicle. They are experiencing an average commute time of 25 minutes to work. Very few people carpool or utilize public transportation, which impacts air quality. (Figure A.6)

Figure A.6: How Arizonans Commute to Work, 2007–2011

Commute Method	Number of Workers 16 and Over
Car, Truck, or Van—Drove Alone	2,042,227
Car, Truck, or Van—Carpooled	330,353
Public Transportation (excluding taxicab)	53,854
Walked	57,884
Other Means	67,085
Worked at Home	144,331

Source: U.S. Census 2007–2011 ACS 5-Year Estimates

People with Disabilities

The definition for the term "disability" has changed over time. Currently, according to the World Health Organization, "a disability may be physical, cognitive, mental, sensory, emotional, developmental or some combination of these. A disability may be present from birth, or occur during a person's lifetime. Disability is an umbrella term, covering impairments, activity limitations, and participation restrictions."[5]

According to the U.S. Census, 11.5% of individuals in Arizona reported they had a disability.[6] The likelihood of having a disability varied by age:

- 5.4% of those under 18 years old reported having a disability;
- 9.8% of those 18–64 years old reported having a disability;
- 33.1% of those 65 years old and over reported having a disability.

For young children, age birth to five years old, hearing and vision difficulties are identified as the primary challenges, while the primary disability for children age 5 to 18 years old is cognitive impairment. For adults, the challenges of independent living and ambulatory functioning increase with aging. (Figure A.7)

Our Geography

As the sixth largest state in the United States, Arizona has a total geographic area of 113,595 square miles. Arizona is about 400 miles long and 310 miles wide and can be divided into three major land areas: the Colorado plateau, the Transition Zone, and the Basin and Range Region. The Colorado plateau in the north covers two-fifths of the state's land. These three land areas cause Arizona to have very different climate zones and landscapes.

The size can vary greatly among Arizona's 15 counties. For example, Coconino County, the largest county in Arizona, covers in excess of 18,600 square miles, making it the second-largest county in the United States. Santa Cruz County is a fraction of that geographic size, at approximately 1,200 square miles.

DID YOU KNOW?

Cochise County has a land area of more than four million acres, an area larger than the states of Connecticut and Rhode Island combined.

Figure A.7: Primary Types of Disability by Age Group, 2011

Age Group	Primary Difficulties
Children, Under Age 5	Hearing and Vision
Children, Age 5–18	Cognitive
Adults, Age 18–64	Ambulatory Cognitive and Independent Living
Adults, Age 65 and Older	Ambulatory Hearing Independent Living Cognitive and Self Care

Source: US Census: http://factfinder2.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_11_1YR_S1810&prodType=table

Major Land Areas of Arizona



Map courtesy of: arizonaadventures.com

Climate

Well known for its desert climate, Arizona also has mountainous regions with snow and seasonal changes that bring rainy monsoons. Arizonans also have the ability to travel from one climate to another within a day's time.

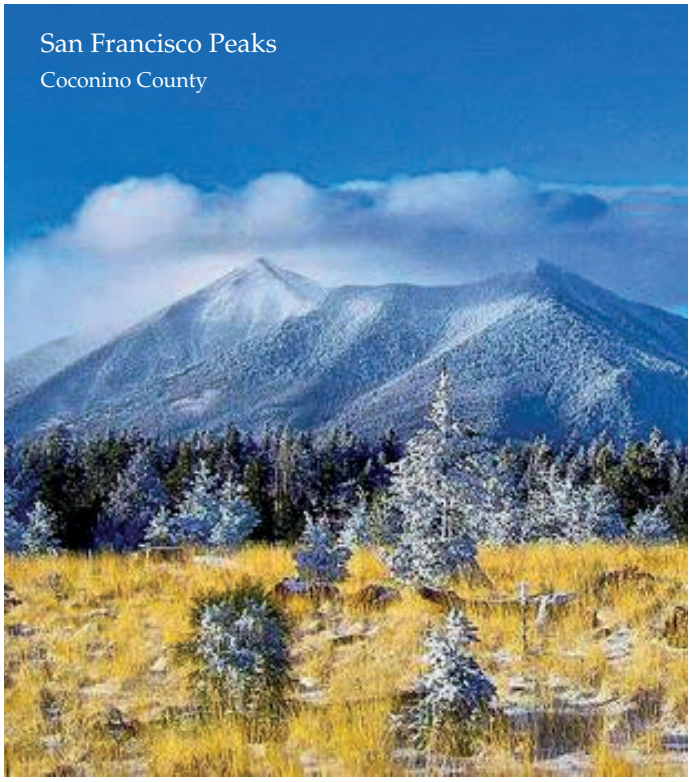
Flagstaff, in Coconino County, home to the Arizona Snowbowl Ski Resort, has an average high temperature of 43°F in January. Phoenix, the urban center of Maricopa County, averages 66°F for a daytime high during January.[7] Arizona has an average annual rainfall of 12.7 inches (323 mm) during two rainy seasons. Cold fronts coming from the Pacific Ocean bring winter rains and summer monsoons. The monsoon season occurs towards the end of summer and brings heavy rain, wind, and dust storms.

While the climate in Arizona provides an attractive alternative to the snowbound northern states in the winter months, it can create and exacerbate health risks. The summer monsoons bring Arizona's notorious dust storms. Dust storms devastate air quality and present a real threat to the health of people with conditions such as asthma or chronic obstructive pulmonary disease (COPD); especially vulnerable are young children and the elderly population. Additionally, the density of dust storms causes motor vehicle crashes when visibility is severely impaired. Notably, in July 2012, one such storm or "haboob" (Arabic for strong wind) engulfed the city of Phoenix in a dust cloud over 2,000 feet tall.

Summertime in Central and Southern Arizona brings temperatures consistently above 100 degrees. High temperatures are hazardous to overall health in terms of increased risk of skin cancers, vision impairment, and dehydration. Heat-related illnesses are common during the summer. Each year, nearly 800 people are admitted to hospitals because of heat-related illnesses. Almost 1,500 weather-related deaths from exposure to heat occurred in Arizona from 1992 to 2009. Adults 65 years or older are at the highest risk of heatstroke or sunstroke.[8]



Phoenix Dust Storm
Maricopa County



San Francisco Peaks
Coconino County

Parks and Recreation

Arizona has several State Parks highlighting the state's natural beauty, such as Kartchner Caverns in Benson, Slide Rock in Sedona, and Boyce Thompson Arboretum in Superior.

Arizona is home to many National Parks, including Organ Pipe Cactus National Park, the Petrified Forest, and, of course, the best-known, Grand Canyon National Park. The Grand Canyon is a colorful, steep-sided gorge, carved by the Colorado River in northern Arizona. The canyon is one of the Seven Natural Wonders of the World. The Grand Canyon National Park was one of the first national parks in the United States. Arizonans also enjoy the Sonoran Desert, the red rocks of Sedona, and the Chiricahua National Monument. The State's diverse landscape can be simultaneously harsh, lush, dry, and beautiful, but offers many opportunities for physical activity and outdoor living year round.

DID YOU KNOW?

The hottest recorded day ever in Yuma was July 28, 1995 when the high hit a scorching 124° Fahrenheit.

Endnotes

1 *Sunnyslope Historical Society;* http://sunnyslopehistoricalsociety.org/sunnyslopehistory.html

2 *Annual Report Fiscal Year 1957–1957, Arizona State Tuberculosis Sanatorium,* http://azmemory.azlibrary.gov/cdm/compoundobject/collection/statepubs/id/6449

3 *U.S. Census. Calculation completed from data retrieved on February 6, 2013 from* http://www.census.gov/2010census/data/apportionment-dens-text.php

4 *Arizona Department of Administration, Office of Employment & Population Statistics, 12/07/2012*

5 *World Health Organization. Retrieved* http://www.who.int/topics/disabilities/en/

6 *U.S. Census. Population and Housing Narrative Profile: 2009–2011. 2009–2011 American Community Survey 3-Year Estimates.*

7 *The Weather Channel. Data retrieved on February 6, 2013 at* http://www.weather.com/weather/wxclimatology/monthly/graph/USAZ0068.

8 *Deaths from Exposure to Excessive Natural Heat,* http://www.azdhs.gov/plan/report/heat/heat09.pdf

Appendix B

Economic and Social Characteristics Impacting the Health of Arizonans

Arizona State Health Assessment

2013

Appendix B

Economic and Social Characteristics Impacting the Health of Arizonans

Many characteristics of Arizona's social and economic status impact the overall health of Arizonans. Among those social determinants are overarching issues such as poverty, unemployment, and availability of housing. Each of these characteristics contributes to health disparities among our population.

"Socio-economic status is a major determinant of health outcomes in Pima County. Lower income neighborhoods and communities with higher crime rates, have more violence and fewer safe places for physical activity."

Pima Community Health Assessment, Community Leader Focus Group.

In addition to the economic and social factors described below, there are environmental factors that also impact the health of the population, such as air and water quality, criminal activity, and access to parks and recreation that promote physical activity. These environmental factors are highlighted in the Leading Health Issues Section of this report entitled Creating Healthy Communities and Lifestyles.

Employment

Arizona has continued to struggle with unemployment as the national and state economies slowly rebound from the 2008 economic recession. According to the Bureau of Labor Statistics, Arizona's unemployment rate was 7.9% at the end of 2012, just slightly higher than the national rate of 7.8%. The 2012 rate was approximately 1% lower than the 2011 rate of 9.0%. Although North Dakota held the lowest national unemployment rate of 3.2%, Arizona continues to leverage its diverse industries. Our state ranked 33rd overall nationally for unemployment, at 9%.

In different areas of the state, the December 2012 unemployment rate varied widely. In the Phoenix-Mesa-Glendale metropolitan area, the unemployment rate was 6.7%, more than a point lower than the state average. However, in Yuma, the unemployment rate was 27.3%, more than three times the state average. (Figure B.1)

In Arizona, job gains in December 2012 were exclusively in the private sector, with 4,900 jobs added to the state economy. This contrasts with 1,700 jobs lost in the public sector; local education accounted for 1,300 jobs lost and state education accounted for 400 jobs lost.[1]

Of the eleven major employment sectors tracked, six sectors, including leisure and hospitality, information, financial activities, education and health services, manufacturing, and other services, saw job gains in December, 2012.[2] (Figure B.2)

Figure B.1: Unemployment Rates for Selected Arizona Metropolitan Areas, December 2012

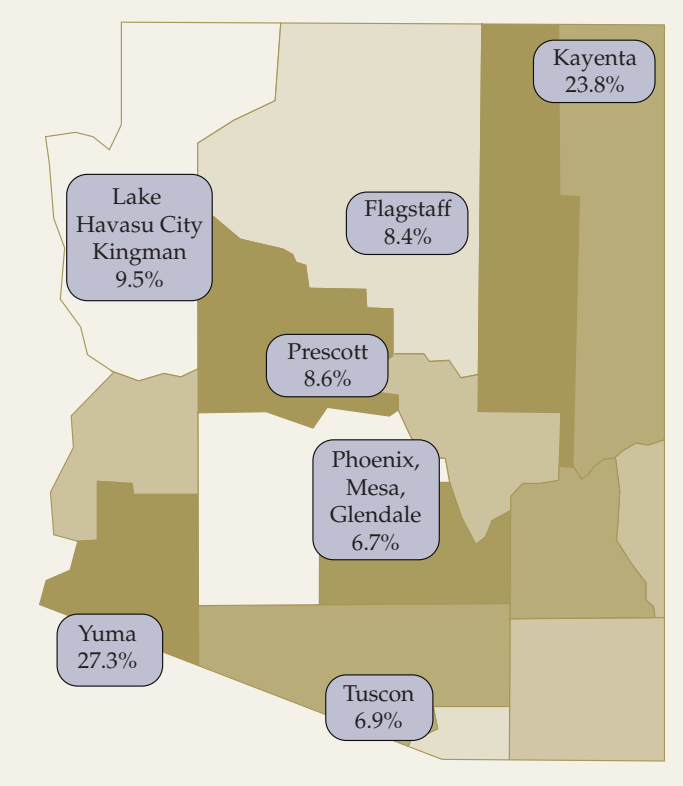


Figure B.2: Arizona's Eleven Major Job Sectors

1. Mining and Logging
2. Construction
3. Manufacturing
4. Trade, Transportation, and Utilities
5. Information
6. Financial Activities
7. Professional & Business Services
8. Education & Health Services
9. Leisure & Hospitality
10. Other Services
11. Government

Source: US Department of Labor, Bureau of Labor Statistics

Community members outside Flagstaff felt overwhelmingly that a poor economy especially affected their access to care in a variety of ways.

Source: Coconino County Community Health Assessment, 2012

The construction industry lost 400 jobs; however, this was a considerable improvement over the previous ten-year average loss of 1,800 jobs for this sector.[3] This is potentially another indication of not only the depth of the economic downturn in Arizona, but also of a slow move toward growth.

The largest sector experiencing job gains over the year was professional and business services. Of the 63,900 non-farm jobs gained over the past year, the private sector accounted for 90%. December 2012 was the 10th consecutive month in Arizona for year-over-year private sector growth of more than 2%.[4]

One component of Arizona's economy often overlooked is our military sector. Military installations, such as Ft. Huachuca in Cochise County, Luke Air Force Base in Maricopa County, and Davis-Monthan Air Force Base in Pima County, are all economic drivers in a variety of sectors in their respective communities.

Income

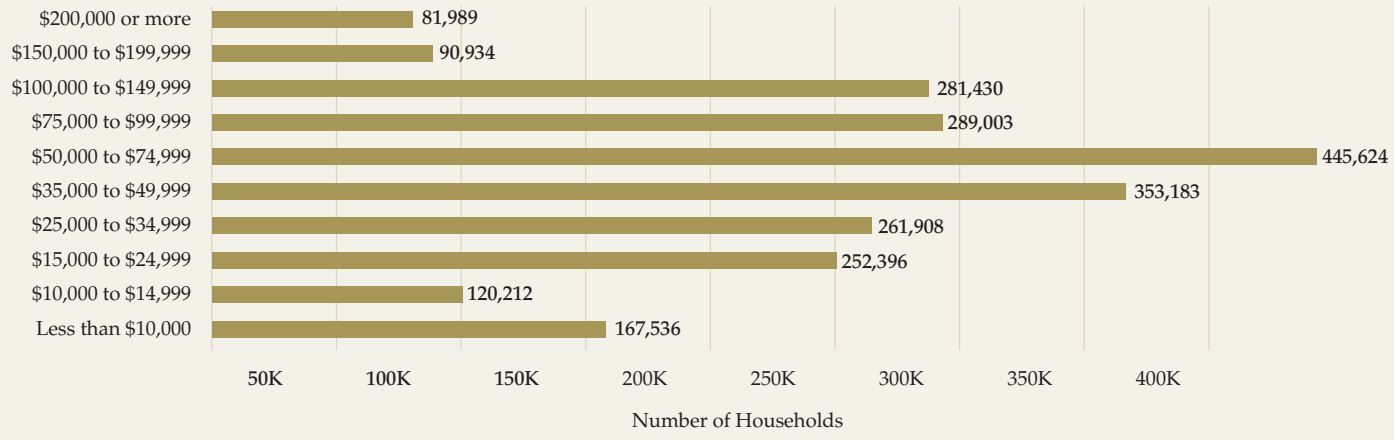
The median income for Arizona's over 2.3 million households was $50,752 in 2010. Of those 2.3 million households, more than 800,000, or 34%, earned less than $35,000 annually. Further, more than 540,000 households (23%) earned less than $25,000 annually, while 19% of Arizona households earned $100,000 or more.[5] (Figure B.3)

According to the current Federal Poverty Guidelines, a family or household of four earning less than $23,550 annually is considered to be living in poverty. In Arizona, 16.2% of the population is living below the poverty level, compared with the national average of 13.3%.

"People with higher levels of education and higher income have lower rates of many chronic diseases compared to those with less education and lower income levels, according to Health, United States, 2011."

Source: Center for Disease Control and Prevention Press Release, May 16, 2012

Figure B.3: Income & Benefits in 2011, Inflation Adjusted Dollars, Total Households: 2,344,215

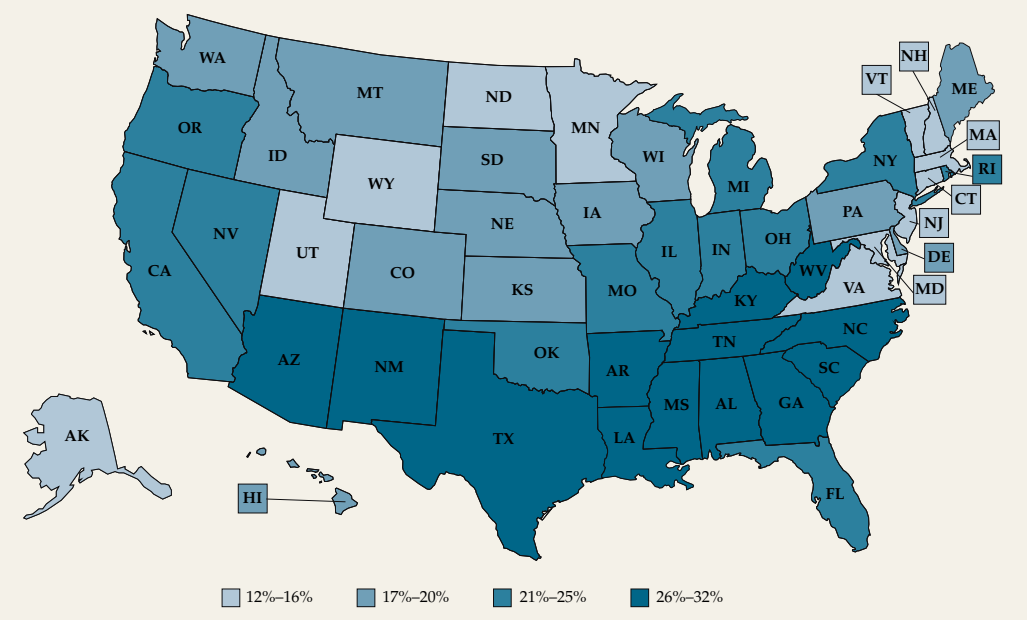


Source: U.S. Census 2007–2011, ACS 5 Year Estimates



The Annie E. Casey Foundation National KIDS COUNT Report estimates that in 2011 in Arizona, 435,000 (27%) of Arizona children under the age of 18 live in poverty. This compares to 23% nationally; this placed Arizona 7th highest in the nation (tied with Texas) for the highest rate of poverty for children. Furthermore, KIDS COUNT estimated that 12% (196,000) of Arizona children live in extreme poverty compared with 10% nationally. Extreme poverty refers to families with income less than 50% of the poverty level. (Figure B.4)

Figure B.4: Children in Poverty (Percent)—2011



Source: KIDS COUNT Data Center, www.kidscount.org/datacenter

Almost 38% of single-parent families with a female head of household with children under the age of 18 are living in poverty in Arizona. The rate increases to 44.8% if the household includes children under five years of age only. (Figure B.5)

Figure B.5: Families Living in Poverty, 2011

Families with Female Householder, No Husband Present	29.90%
With Related Children Under 18 Years	37.50%
With Related Children Under 5 Years Only	44.80%

Source: U.S. Census Bureau, 2007–2011 American Community Survey

Supplemental Nutrition Assistance Program (SNAP)

Over the past 10 years, participation in the SNAP (traditionally known as the Food Stamp Program) has more than doubled in Arizona, from 171,247 households to almost 500,000 households. The Arizona program now serves more than one million people. This staggering increase can be tied directly to the economic downturn that began in 2008, as states across the country have also seen increased participation since that time. From November 2007 to November 2012, there was a 74.5% increase across the U.S. In Arizona, in that same time frame, there was a 91.6% increase. Arizona had the 16th highest increase in the nation.[6] (Figure B.6)

In a survey conducted by the Food Research and Action Center, more than one in five (20.9%) Arizonans reported they did not have enough money to buy food at some point in the past 12 months. Arizona was ranked 14th in the nation on this measure.[7]

One in five families in Arizona do not have enough money to buy food.

Source: Food Research and Action Center.

Figure B.6: Arizona Department of Economic Security Supplemental Nutrition Assistance Program (SNAP) Benefit Participants

For Fiscal Years Ended June 30	Average Monthly Number of Households	Average Monthly Number of Persons	Average Monthly Benefits Distributed
2003	171,247	442,320	$38,198,140
2004	204,010	521,992	$46,438,594
2005	217,983	546,369	$51,021,394
2006	221,944	546,424	$52,001,162
2007	218,598	537,072	$52,150,403
2008	246,767	600,549	$60,340,187
2009	313,126	752,772	$86,875,088
2010	422,583	986,413	$127,649,820
2011	458,580	1,049,522	$133,607,965
2012	484,785	1,123,068	$141,752,178

Source: The Arizona Department of Economic Security, Family Assistance Administration.

Home Ownership

Employment, income, and poverty are all measures of the relative health of the economy. Having safe, affordable, and well maintained homes also greatly contribute to a stronger economy, education attainment of children, better health, and public safety. As described in the Arizona Housing Alliance Report, Home Matters for Arizona, "Healthy habits are more accessible when you live in a stable affordable home. Children get the healthy start they deserve and seniors live with dignity."[8]

Data from 2013 shows that 66% of housing units in Arizona were owner-occupied homes. (Figure B.7)

Figure B.7: Housing Unit Ownership, 2013

2,380,990	Occupied housing units;
4,134,117	Individuals living in owner-occupied housing;
2,118,516	Individuals living in renter-occupied housing;
800,348	Households with individuals under 18—approximately a third of all households;
463,536	Vacant housing units.[xxxiiii]

Source: Assets and Opportunities, 2013 Report, State Profiles

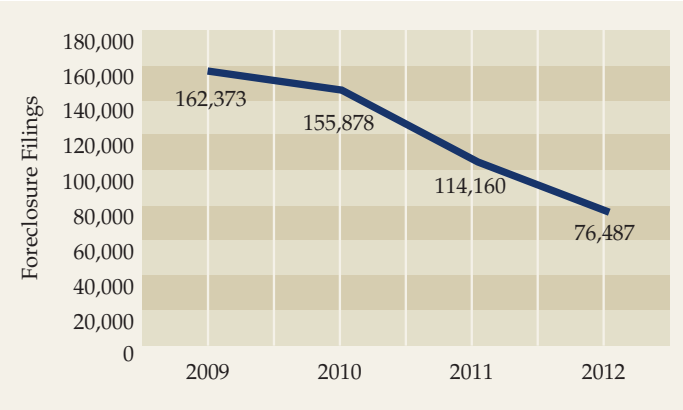
78% of low-income Arizona households are paying more than 30% of their income for housing.

Source: Home Matters for Arizona 2013

Approximately 39.2% of Arizona homeowners are considered cost-burdened. Cost-burdened indicates the percentage of mortgaged homeowners spending 30% or more of household income on selected monthly homeowner costs. Expenses such as mortgage payments, property taxes, utility costs, and other fees, take away money that could be spent on other basic needs such as food and health care. In the US, 36.9% of homeowners are considered cost-burdened with regard to housing. Arizona ranks 40th in the nation in terms of the percentage of families who are considered cost-burdened; 39 states have percentages lower than Arizona. [9]

In the last few years, Arizona has been among the states leading the nation in foreclosures. At the end of 2012, Arizona fell from 2nd in the U.S. in foreclosures to 3rd, with a foreclosure rate of 2.69%.[10] (Figure B.8)

Figure B.8: Arizona Foreclosure Filings—2009–2012



Source: Home Matters for Arizona 2013, Arizona Housing Alliance

Homelessness

Homelessness and health care are correlated. Poor health is both a cause and a result of homelessness. The National Health Care for the Homeless Council estimates that 70% of Health Care for the Homeless (HCH) clients do not have health insurance. People who are homeless are three to six times more likely to become ill than people with homes. Being homeless not only exposes people to the weather elements (extreme cold and extreme heat), but it also precludes good nutrition, personal hygiene, and basic first aid. Diseases common among the homeless population include mental illness, heart disease, cancer, liver disease, kidney disease, skin infections, HIV/AIDS, pneumonia, and tuberculosis. Although the risk of death from exposure (frostbite, hypothermia, etc.) is low in most of Arizona, the risk of death from other causes increases eightfold in people who have experienced homelessness in the past.[11]

The Arizona Department of Economic Security (ADES) has estimated the number of Arizonans experiencing homelessness for more than two decades. Part of this work includes identifying who those individuals are, where they live, and what services they are accessing.

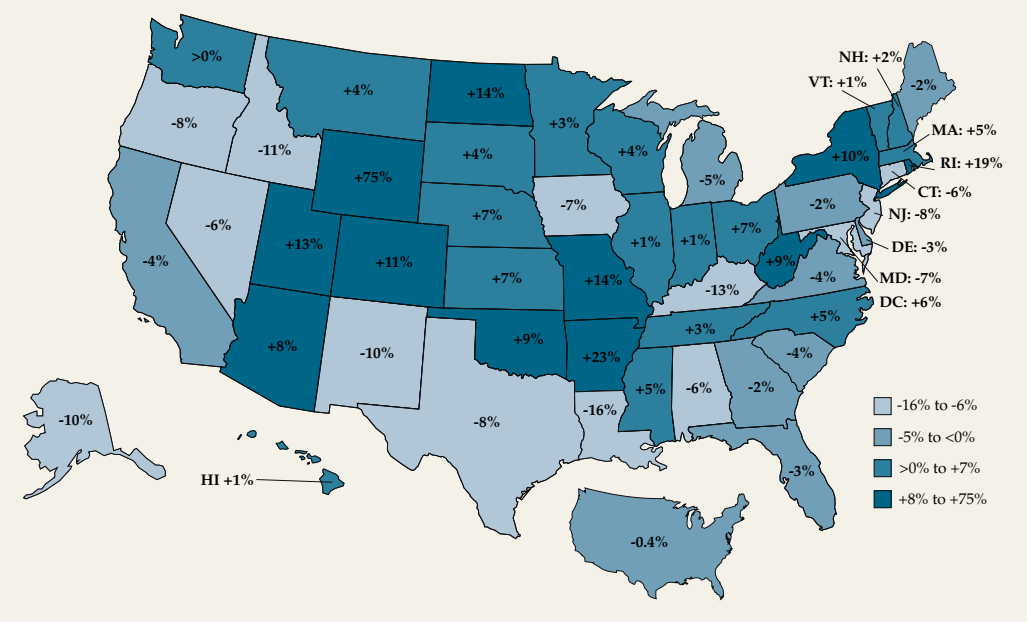
According to the ADES, "The causes and factors that lead to homelessness are complex. At the same time, there are consistent and identifiable, contributing factors for both individuals and families in urban and rural communities. In the current economic downturn, economic factors such as jobs, evictions, foreclosures, and lack of affordable housing have significantly impacted the growth of first time homelessness in Arizona." [12]

Some key findings:

- More than 28,000 individuals in Arizona experienced homelessness in State Fiscal Year (SFY) 2012 (July 1, 2011 through June 30, 2012). This is a 12.8% increase over the prior year.
- Slightly more than half of the state's homeless population is in the Phoenix metropolitan area.
- Pima County has the "largest concentration of homelessness, with 1 of every 100 residents having experienced homelessness in SFY 2012."
- Fourteen percent of individuals experiencing homelessness are in Arizona's rural counties. Efforts in these areas to provide services are hampered by lack of resources and transportation.
- More than 4,000 Arizona families experienced homelessness in 2012 compared with 3,832 in 2011.

From 2011 to 2012 there was a 0.4% decrease in homelessness across the U.S. while Arizona experienced an 8% increase.[13] (Figure B.9)

Figure B.9: Change in Homelessness by State, 2011 to 2012



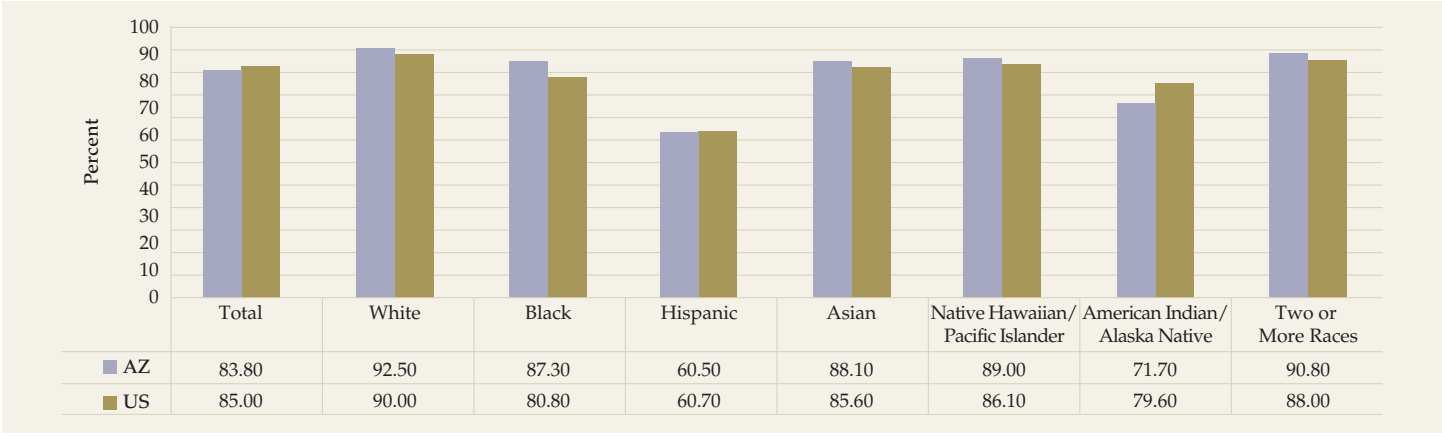
Educational Attainment

According to the National Bureau of Economic Research, the differences in mortality between those with more and those with less education are significant. "In 1999, the age-adjusted mortality rate of high school dropouts ages 25 to 64 was more than twice as large as the mortality rate of those with some college." [14]

One indicator of an individual's income potential is his or her highest level of education. Arizona falls slightly below national averages in two key measures of educational attainment. [15] (Figure B.10)

- Persons age 25 and older with high school completion or higher
- Persons age 25 and older with bachelor's degree or higher

Figure B.10: Percentage of Individuals with High School Completion or Higher, 2011

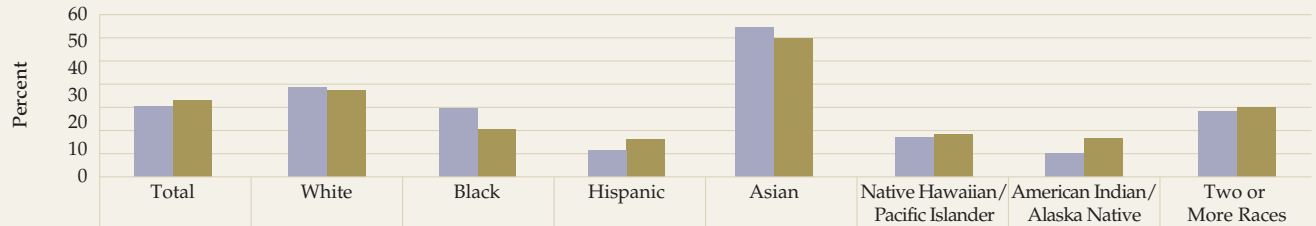


	Total	White	Black	Hispanic	Asian	Native Hawaiian/ Pacific Islander	American Indian/ Alaska Native	Two or More Races
AZ	83.80	92.50	87.30	60.50	88.10	89.00	71.70	90.80
US	85.00	90.00	80.80	60.70	85.60	86.10	79.60	88.00

Source: National Center for Education Statistics, Digest of Education Statistics, 2011, Table 12

There is diversity found in higher education completion rates when tracked by race and ethnicity. More Arizonans who are White, Black, and Asian have higher-education degrees then the national averages for these races. (Figure B.11)

Figure B.11: Percentage of Individuals with a Bachelor's Degree or Higher, 2011



	Total	White	Black	Hispanic	Asian	Native Hawaiian/ Pacific Islander	American Indian/ Alaska Native	Two or More Races
AZ	25.50	31.30	23.20	9.80	53.00	13.10	8.00	23.00
US	27.80	30.90	17.50	12.70	50.00	14.90	13.50	25.50

Source: National Center for Education Statistics, Digest of Education Statistics, 2011, Table 12

DID YOU KNOW?

Among Arizona adults age 25 and older, people who are White, Black, or two or more races, had higher education completion rates than the national averages.

Endnotes

1 *Bureau of Labor Statistics. Data retrieved February 1, 2013 from http://www.bls.gov/web/laus/laumstrk.htm.*

2 *Arizona Department of Administration. Arizona's Workforce Employment Report. January 17, 2013.*

3 *Ibid.*

4 *U.S. Census. 2007–2011 ACS 5-Year estimates. Amount in 2011 inflation-adjusted dollars. Retrieved from http://factfinder2.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_11_5YR.*

5 *U.S. Census. State and County QuickFacts. Poverty rate, average 2007–2011. Retrieved from http://quickfacts.census.gov/qfd/states/04000.html.*

6 *Food Research and Action Center; Supplemental Nutrition Assistance Program: Number of Persons Participating – One Month Change, as of February 8, 2013.*

7 *Food Hardship in America 2012, Food Research and Action Center Report, February 2013, p. 3.*

8 *Home Matters for Arizona, Arizona Housing Alliance, 2013.*

9 *Assets and Opportunity. http://scorecard.assetsandopportunity.org/2013/report/state-profile?state.*

10 *Hansen, Kristena. "ReatlyTrac: Arizona's home foreclosure rate improves (slightly)." Phoenix Business Journal. January 16, 2013.*

11 *National Coalition for the Homeless, http://www.nationalhomeless.org/factsheets/health.html*

12 *Department of Economic Security. Homelessness in Arizona Annual Report 2012. Released December 31, 2012.*

13 *The National Alliance to End Homelessness, The State of Homelessness in America, April 2013.*

14 *NBER Working Paper Series, Education and Health: Evaluating Theories and Evidence.*

15 *National Center on Education Statistics. Digest of Educational Statistics, 2011, Table 12.*

Appendix C

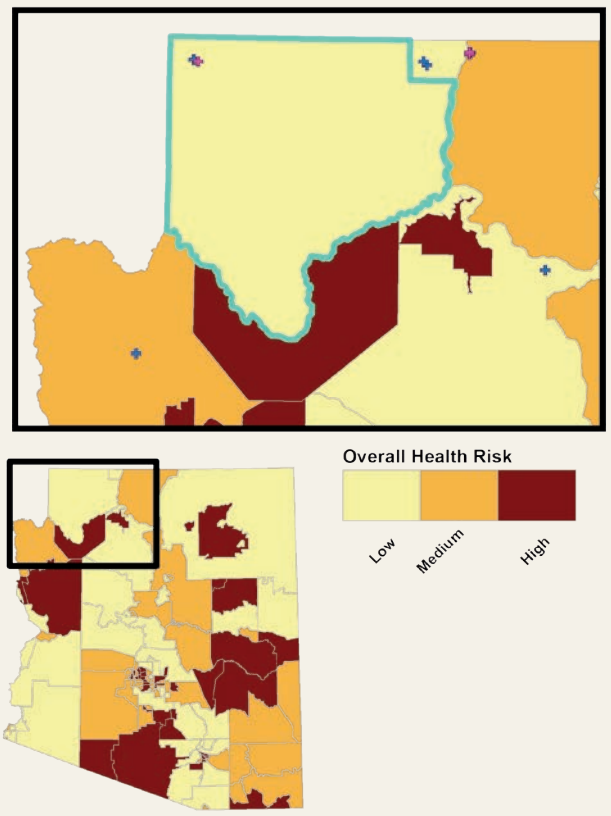
Community Health Analysis Area Profiles (CHAA)

Arizona State Health Assessment

2013

Mohave County

(4,902.43 sq miles)



Facilities (Per 10,000 Individuals)

- H Hospitals
- \+ Behavioral Health Facilities (0.12)
- \+ Assisted Living Facilities (0.00)
- \+ Child Care Facilities (0.00)

2000 Population:	6,221
2010 Population:	10,851
Three Year Avg:	8,610

Maternal Child Health (Rate per 1,000)					
Infant Mortality			Pre-term Birth		
Rate	Confidence Interval		Rate	Confidence Interval	
1.25	0.03	6.97	87.61	67.09	108.13
Low Birth Weight			Teen Pregnancy		
Rate	Confidence Interval		Rate	Confidence Interval	
61.33	44.16	78.50	3.45	0.09	19.21
Smoked During Pregnancy			Gestational Diabetes		
Rate	Confidence Interval		Rate	Confidence Interval	
13.77	6.87	24.63	42.55	28.25	56.86
Mortality (Rate per 100,00)					
Heat Related Deaths			Alzheimer's Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
0.00	0.00	19.73	7.35	0.14	29.81
Diabetes Related Deaths			Heart Attack Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
23.42	3.31	46.90	103.57	44.91	132.35
Stroke Related Deaths			Suicide Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
3.03	0.14	29.81	15.56	1.30	38.65
COPD Related Deaths			Cancer Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
36.16	11.78	69.89	178.97	82.26	191.03
Injury Related Deaths			Liver Failure Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
7.74	0.94	27.97	16.10	1.30	27.97
Unintentional Injury Related Deaths					
Rate	Confidence Interval				
8.05	0.14	29.81			
Hospital Admissions (Rate per 100,000)					
Congestive Heart Failure			Hypertension		
Rate	Confidence Interval		Rate	Confidence Interval	
0.00	0.00	24.59	0.00	0.00	24.59
Adult Asthma Admission			COPD		
Rate	Confidence Interval		Rate	Confidence Interval	
0.00	0.00	24.59	0.00	0.00	24.59
Uncontrolled Diabetes			Short Term Diabetes		
Rate	Confidence Interval		Rate	Confidence Interval	
0.00	0.00	24.59	0.00	0.00	24.59
Lead Poisoning			Food Borne Illness		
Rate	Confidence Interval		Rate	Confidence Interval	
0.00	0.00	14.28	61.95	35.41	100.60
Vaccination					
Rate	Confidence Interval				
0.00	0.00	14.28			

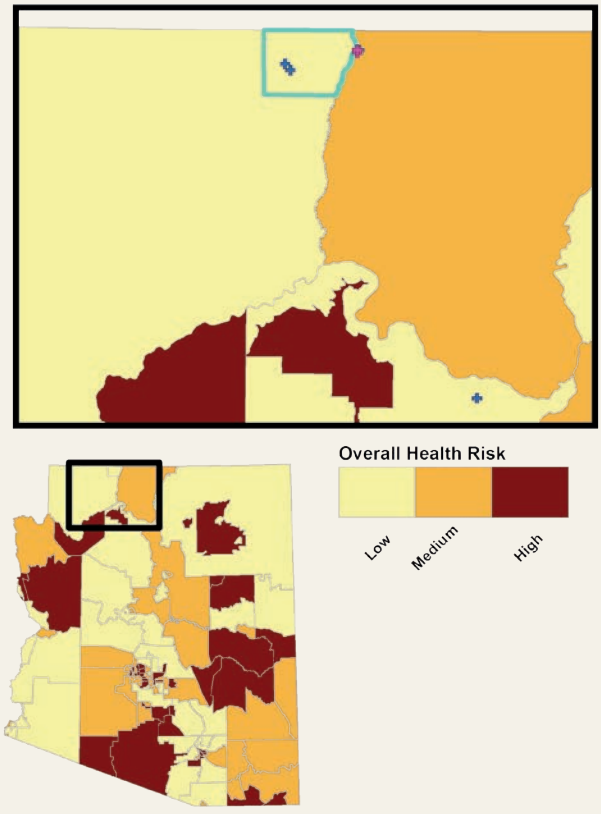
Rates and CIs with counts below 30 used Poisson

**** Indicated No Data Available*

C2

Mohave County

(174.48 sq miles)



Facilities (Per 10,000 Individuals)

- H Hospitals
- \+ Behavioral Health Facilities (0.0)
- \+ Assisted Living Facilities (0.0)
- \+ Child Care Facilities (26.9)

2000 Population:	215
2010 Population:	347
Three Year Avg:	372

Maternal Child Health (Rate per 1,000)

Infant Mortality			Pre-term Birth		
Rate	Confidence Interval		Rate	Confidence Interval	
***	***	***	***	***	***
Low Birth Weight			**Teen Pregnancy**		
Rate	Confidence Interval		Rate	Confidence Interval	
***	***	***	***	***	***
Smoked During Pregnancy			**Gestational Diabetes**		
Rate	Confidence Interval		Rate	Confidence Interval	
***	***	***	***	***	***

Mortality (Rate per 100,00)

Heat Related Deaths			Alzheimer's Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
0.00	0.00	7528.37	0.00	0.00	7528.37
Diabetes Related Deaths			**Heart Attack Related Deaths**		
Rate	Confidence Interval		Rate	Confidence Interval	
0.00	0.00	7528.37	0.00	0.00	7528.37
Stroke Related Deaths			**Suicide Related Deaths**		
Rate	Confidence Interval		Rate	Confidence Interval	
0.00	0.00	7528.37	0.00	0.00	7528.37
COPD Related Deaths			**Cancer Related Deaths**		
Rate	Confidence Interval		Rate	Confidence Interval	
0.00	0.00	7528.37	134.77	51.63	11370.61
Injury Related Deaths			**Liver Failure Related Deaths**		
Rate	Confidence Interval		Rate	Confidence Interval	
0.00	0.00	330.84	0.00	0.00	7528.37

Unintentional Injury Related Deaths

Rate	Confidence Interval	
0.00	0.00	7528.37

Hospital Admissions (Rate per 100,000)

Congestive Heart Failure			Hypertension		
Rate	Confidence Interval		Rate	Confidence Interval	
***	***	***	***	***	***
Adult Asthma Admission			**COPD**		
Rate	Confidence Interval		Rate	Confidence Interval	
***	***	***	***	***	***
Uncontrolled Diabetes			**Short Term Diabetes**		
Rate	Confidence Interval		Rate	Confidence Interval	
***	***	***	***	***	***
Lead Poisoning			**Food Borne Illness**		
Rate	Confidence Interval		Rate	Confidence Interval	
0.00	0.00	330.84	0.00	0.00	330.84

Vaccination

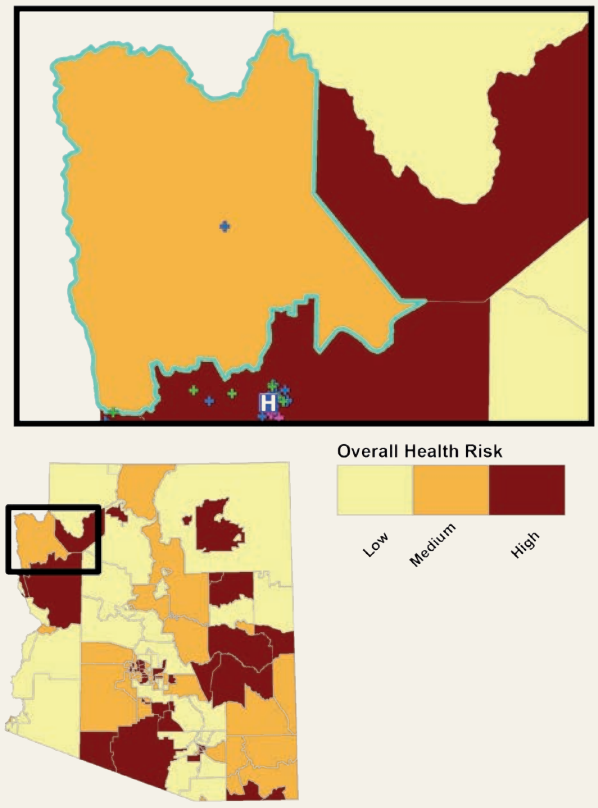
Rate	Confidence Interval	
0.00	0.00	330.84

Rates and CIs with counts below 30 used Poisson
**** Indicated No Data Available*

C3

Mohave County

(2,696.02 sq miles)



Facilities (Per 10,000 Individuals)

- H Hospitals
- \+ Behavioral Health Facilities (0.0)
- \+ Assisted Living Facilities (0.0)
- \+ Child Care Facilities (4.5)

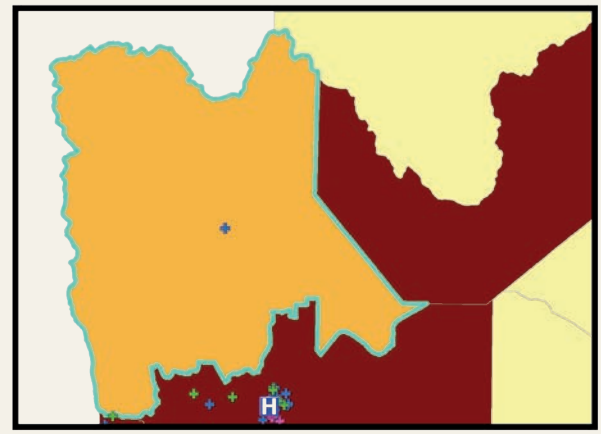
2000 Population:	5,484
2010 Population:	7,447
Three Year Avg:	6,682

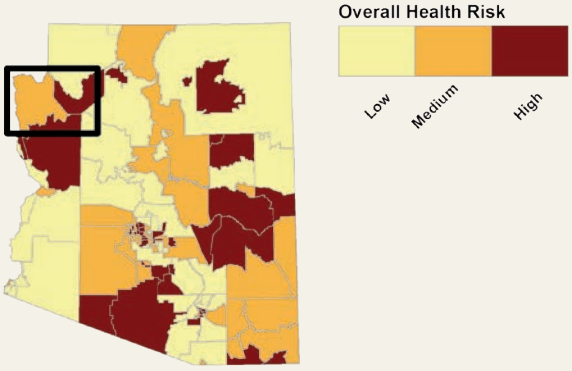
Maternal Child Health (Rate per 1,000)					
Infant Mortality			Pre-term Birth		
Rate	Confidence Interval		Rate	Confidence Interval	
9.62	0.24	53.57	76.92	33.21	151.57
Low Birth Weight			Teen Pregnancy		
Rate	Confidence Interval		Rate	Confidence Interval	
96.15	46.11	176.83	10.47	1.27	37.83
Smoked During Pregnancy			Gestational Diabetes		
Rate	Confidence Interval		Rate	Confidence Interval	
201.92	124.99	308.66	0.00	0.00	35.47
Mortality (Rate per 100,00)					
Heat Related Deaths			Alzheimer's Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
0.00	0.00	21.74	17.85	16.59	85.01
Diabetes Related Deaths			Heart Attack Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
13.67	16.59	85.01	191.00	182.33	199.66
Stroke Related Deaths			Suicide Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
12.55	12.98	76.97	27.65	28.26	108.4
COPD Related Deaths			Cancer Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
44.60	76.62	189.21	209.10	199.42	218.78
Injury Related Deaths			Liver Failure Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
24.94	8.10	58.20	15.30	20.36	92.91
Unintentional Injury Related Deaths					
Rate	Confidence Interval				
61.91	58.37	160.43			
Hospital Admissions (Rate per 100,000)					
Congestive Heart Failure			Hypertension		
Rate	Confidence Interval		Rate	Confidence Interval	
56.99	27.33	104.81	5.70	0.41	31.75
Adult Asthma Admission			COPD		
Rate	Confidence Interval		Rate	Confidence Interval	
85.48	47.85	140.99	267.85	191.24	344.43
Uncontrolled Diabetes			Short Term Diabetes		
Rate	Confidence Interval		Rate	Confidence Interval	
0.00	0.00	21.02	39.89	16.04	82.19
Lead Poisoning			Food Borne Illness		
Rate	Confidence Interval		Rate	Confidence Interval	
0.00	0.00	18.40	9.98	1.21	36.04
Vaccination					
Rate	Confidence Interval				
19.95	5.44	51.09			

Rates and CIs with counts below 30 used Poisson
**** Indicated No Data Available*

Coconino County

(1,590.97 sq miles)





Facilities (Per 10,000 Individuals)

- H Hospitals
- \+ Behavioral Health Facilities (***)
- \+ Assisted Living Facilities (***)
- \+ Child Care Facilities (***)

2000 Population:	1,323
2010 Population:	1,288
Three Year Avg:	1,551

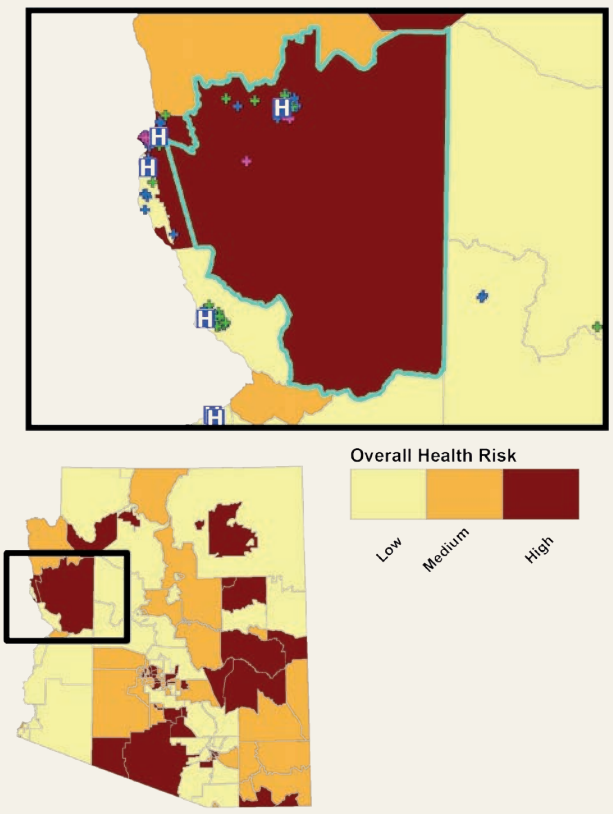
Maternal Child Health (Rate per 1,000)					
Infant Mortality			Pre-term Birth		
Rate	Confidence Interval		Rate	Confidence Interval	
21.74	2.63	78.53	173.91	99.41	282.42
Low Birth Weight			Teen Pregnancy		
Rate	Confidence Interval		Rate	Confidence Interval	
54.35	17.65	126.83	33.33	4.04	120.41
Smoked During Pregnancy			Gestational Diabetes		
Rate	Confidence Interval		Rate	Confidence Interval	
54.63	17.65	126.83	21.74	2.63	78.53
Mortality (Rate per 100,00)					
Heat Related Deaths			Alzheimer's Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
0.00	0.00	208.88	0.00	0.00	208.88
Diabetes Related Deaths			Heart Attack Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
129.05	61.72	579.93	412.47	310.94	1114.50
Stroke Related Deaths			Suicide Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
0.00	0.00	208.88	23.95	1.43	315.49
COPD Related Deaths			Cancer Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
79.79	13.71	409.10	245.13	124.68	739.50
Injury Related Deaths			Liver Failure Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
42.98	5.21	155.27	124.58	91.93	660.72
Unintentional Injury Related Deaths					
Rate	Confidence Interval				
194.49	159.37	816.69			
Hospital Admissions (Rate per 100,000)					
Congestive Heart Failure			Hypertension		
Rate	Confidence Interval		Rate	Confidence Interval	
0.00	0.00	119.89	0.00	0.00	119.89
Adult Asthma Admission			COPD		
Rate	Confidence Interval		Rate	Confidence Interval	
0.00	0.00	119.89	0.00	0.00	119.89
Uncontrolled Diabetes			Short Term Diabetes		
Rate	Confidence Interval		Rate	Confidence Interval	
0.00	0.00	119.89	0.00	0.00	119.89
Lead Poisoning			Food Borne Illness		
Rate	Confidence Interval		Rate	Confidence Interval	
0.00	0.00	79.28	21.49	0.54	119.74
Vaccination					
Rate	Confidence Interval				
0.00	0.00	79.28			

Rates and CIs with counts below 30 used Poisson
**** Indicated No Data Available*

C5

Mohave County

(4,331.45 sq miles)



Facilities (Per 10,000 Individuals)

- Hospitals
- Behavioral Health Facilities (0.17)
- Assisted Living Facilities (1.90)
- Child Care Facilities (3.90)

2000 Population:	46,151
2010 Population:	62,210
Three Year Avg:	59,064

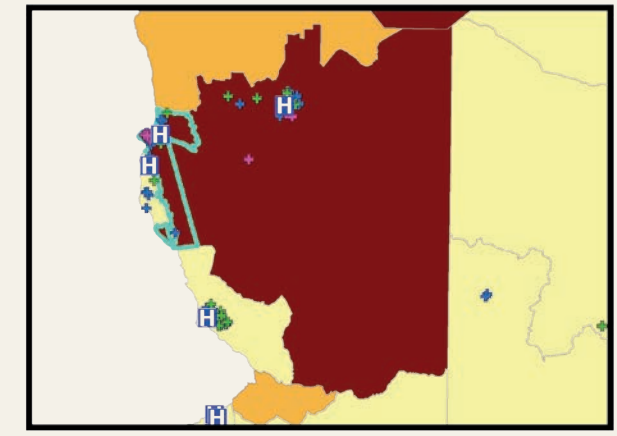
Maternal Child Health (Rate per 1,000)					
Infant Mortality			Pre-term Birth		
Rate	Confidence Interval		Rate	Confidence Interval	
5.95	3.07	10.39	107.53	93.22	121.84
Low Birth Weight			Teen Pregnancy		
Rate	Confidence Interval		Rate	Confidence Interval	
72.35	60.61	84.08	16.17	10.82	21.53
Smoked During Pregnancy			Gestational Diabetes		
Rate	Confidence Interval		Rate	Confidence Interval	
226.46	205.70	247.22	4.96	2.38	9.11
Mortality (Rate per 100,00)					
Heat Related Deaths			Alzheimer's Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
0.58	0.01	3.58	24.30	23.29	25.31
Diabetes Related Deaths			Heart Attack Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
21.94	20.33	23.55	268.78	264.11	273.44
Stroke Related Deaths			Suicide Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
27.16	25.84	28.47	24.75	22.50	27.01
COPD Related Deaths			Cancer Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
69.86	67.49	72.24	213.41	208.88	217.94
Injury Related Deaths			Liver Failure Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
14.11	9.13	20.83	18.93	17.33	20.52
Unintentional Injury Related Deaths					
Rate	Confidence Interval				
52.07	48.98	55.15			
Hospital Admissions (Rate per 100,000)					
Congestive Heart Failure			Hypertension		
Rate	Confidence Interval		Rate	Confidence Interval	
164.07	142.87	185.28	69.20	55.43	82.97
Adult Asthma Admission			COPD		
Rate	Confidence Interval		Rate	Confidence Interval	
245.40	219.47	271.33	518.62	480.92	556.32
Uncontrolled Diabetes			Short Term Diabetes		
Rate	Confidence Interval		Rate	Confidence Interval	
38.52	28.25	48.80	145.53	125.56	165.50
Lead Poisoning			Food Borne Illness		
Rate	Confidence Interval		Rate	Confidence Interval	
0.56	0.01	3.14	13.54	8.68	20.15
Vaccination					
Rate	Confidence Interval				
24.83	17.49	32.17			

Rates and CIs with counts below 30 used Poisson
**** Indicated No Data Available*

C6

Mohave County

(216.67 sq miles)



Facilities (Per 10,000 Individuals)

- H Hospitals
- \+ Behavioral Health Facilities (0.16)
- \+ Assisted Living Facilities (0.90)
- \+ Child Care Facilities (3.65)

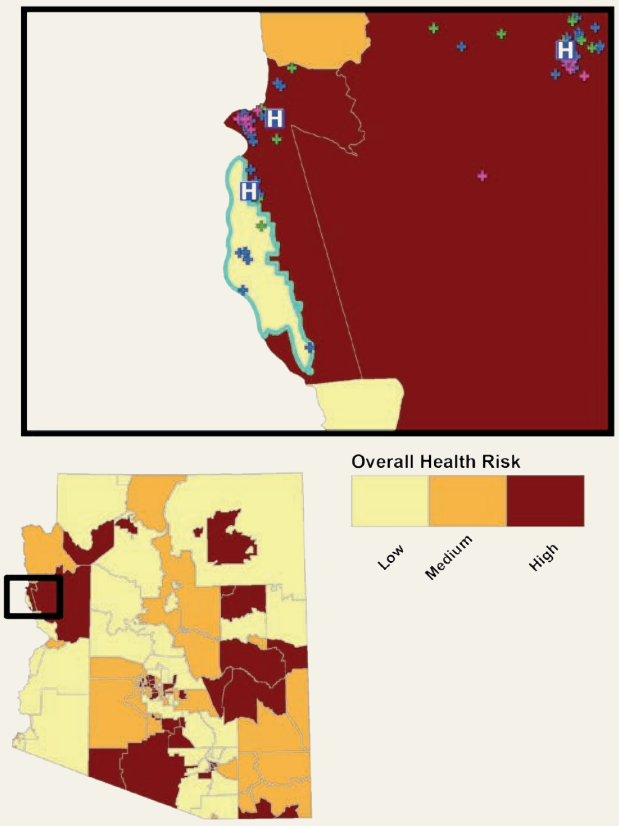
2000 Population:	43,887
2010 Population:	55,009
Three Year Avg:	57,589

Maternal Child Health (Rate per 1,000)					
Infant Mortality			Pre-term Birth		
Rate	Confidence Interval		Rate	Confidence Interval	
3.47	1.27	7.55	84.97	71.23	98.71
Low Birth Weight			Teen Pregnancy		
Rate	Confidence Interval		Rate	Confidence Interval	
55.49	44.39	66.59	18.36	12.67	24.05
Smoked During Pregnancy			Gestational Diabetes		
Rate	Confidence Interval		Rate	Confidence Interval	
144.51	126.60	162.42	16.76	11.23	24.07
Mortality (Rate per 100,00)					
Heat Related Deaths			Alzheimer's Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
0.00	0.00	2.14	21.80	20.82	22.79
Diabetes Related Deaths			Heart Attack Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
23.05	21.38	24.72	217.17	212.92	221.41
Stroke Related Deaths			Suicide Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
23.22	21.93	24.50	23.32	20.97	25.68
COPD Related Deaths			Cancer Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
78.27	75.82	80.73	208.32	203.91	212.72
Injury Related Deaths			Liver Failure Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
11.58	7.07	17.88	19.44	17.75	21.12
Unintentional Injury Related Deaths					
Rate	Confidence Interval				
39.40	36.43	42.37			
Hospital Admissions (Rate per 100,000)					
Congestive Heart Failure			Hypertension		
Rate	Confidence Interval		Rate	Confidence Interval	
333.68	303.09	364.28	80.32	65.31	95.33
Adult Asthma Admission			COPD		
Rate	Confidence Interval		Rate	Confidence Interval	
218.32	193.57	243.06	506.73	469.06	544.43
Uncontrolled Diabetes			Short Term Diabetes		
Rate	Confidence Interval		Rate	Confidence Interval	
35.05	25.13	44.96	172.32	150.33	194.30
Lead Poisoning			Food Borne Illness		
Rate	Confidence Interval		Rate	Confidence Interval	
0.58	0.01	3.22	9.84	5.73	15.75
Vaccination					
Rate	Confidence Interval				
17.94	11.63				

Rates and CIs with counts below 30 used Poisson
**** Indicated No Data Available*

Mohave County

(71.69 sq miles)



Facilities (Per 10,000 Individuals)

- H Hospitals
- \+ Behavioral Health Facilities (0.0)
- \+ Assisted Living Facilities (1.2)
- \+ Child Care Facilities (5.8)

2000 Population:	7,368
2010 Population:	7,832
Three Year Avg:	8,634

Maternal Child Health (Rate per 1,000)					
Infant Mortality			Pre-term Birth		
Rate	Confidence Interval		Rate	Confidence Interval	
6.20	2.84	11.77	108.20	91.28	125.13
Low Birth Weight			Teen Pregnancy		
Rate	Confidence Interval		Rate	Confidence Interval	
67.54	54.17	80.91	6.88	3.85	11.35
Smoked During Pregnancy			Gestational Diabetes		
Rate	Confidence Interval		Rate	Confidence Interval	
33.77	24.31	43.23	8.27	4.27	14.45
Mortality (Rate per 100,00)					
Heat Related Deaths			Alzheimer's Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
0.26	0.02	3.31	23.58	22.73	24.43
Diabetes Related Deaths			Heart Attack Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
11.71	10.85	12.56	132.55	129.90	135.20
Stroke Related Deaths			Suicide Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
19.33	18.40	20.27	18.04	16.28	19.79
COPD Related Deaths			Cancer Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
39.17	37.79	40.56	129.57	126.53	132.61
Injury Related Deaths			Liver Failure Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
8.55	4.89	13.89	12.47	11.33	13.62
Unintentional Injury Related Deaths					
Rate	Confidence Interval				
26.15	23.80	28.51			
Hospital Admissions (Rate per 100,000)					
Congestive Heart Failure			Hypertension		
Rate	Confidence Interval		Rate	Confidence Interval	
184.55	163.24	205.86	26.91	18.77	35.05
Adult Asthma Admission			COPD		
Rate	Confidence Interval		Rate	Confidence Interval	
73.69	60.22	87.16	262.09	236.69	287.49
Uncontrolled Diabetes			Short Term Diabetes		
Rate	Confidence Interval		Rate	Confidence Interval	
12.82	7.83	19.79	73.69	60.22	87.16
Lead Poisoning			Food Borne Illness		
Rate	Confidence Interval		Rate	Confidence Interval	
2.67	0.87	6.24	13.36	8.65	19.73
Vaccination					
Rate	Confidence Interval				
8.55	4.89	13.89			

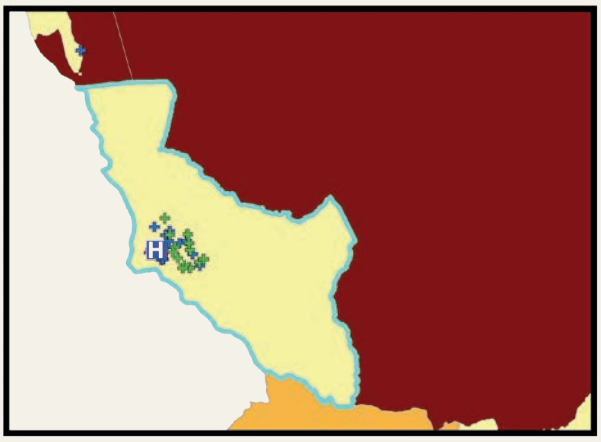
Rates and CIs with counts below 30 used Poisson

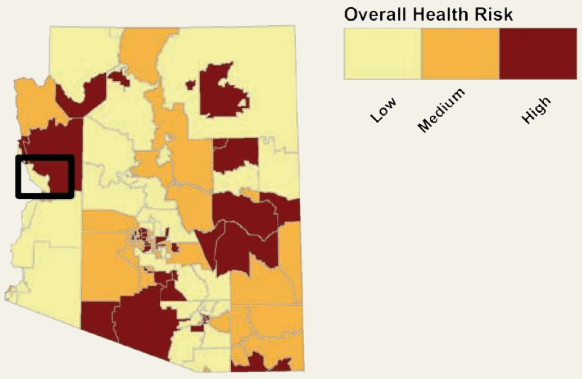
**** Indicated No Data Available*

C8

Mohave County

(400.42 sq miles)





Facilities (Per 10,000 Individuals)

- H Hospitals
- \+ Behavioral Health Facilities (0.8)
- \+ Assisted Living Facilities (3.0)
- \+ Child Care Facilities (3.5)

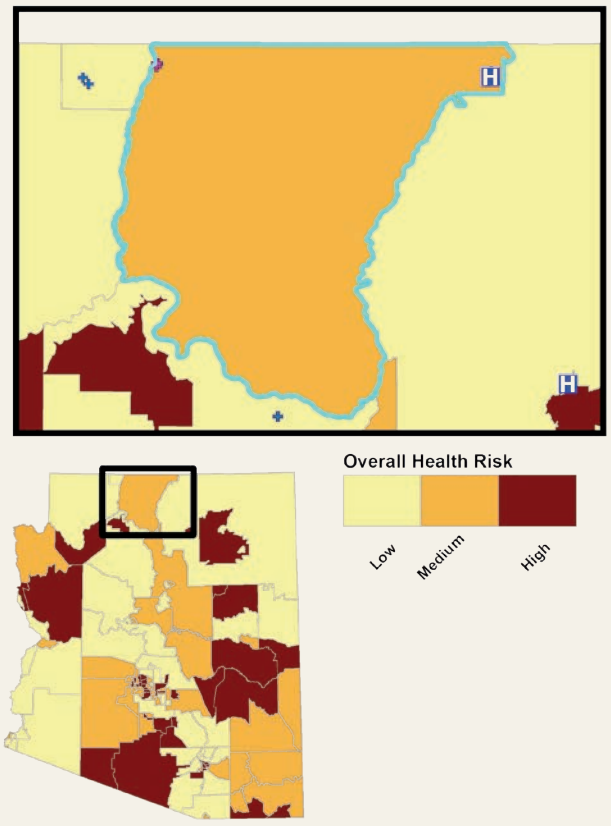
2000 Population:	44,598
2010 Population:	55,549
Three Year Avg:	62,364

Maternal Child Health (Rate per 1,000)					
Infant Mortality			Pre-term Birth		
Rate	Confidence Interval		Rate	Confidence Interval	
6.20	2.84	11.77	108.20	91.28	125.13
Low Birth Weight			Teen Pregnancy		
Rate	Confidence Interval		Rate	Confidence Interval	
67.54	54.17	80.91	6.88	3.85	11.35
Smoked During Pregnancy			Gestational Diabetes		
Rate	Confidence Interval		Rate	Confidence Interval	
33.77	24.31	43.23	8.27	4.27	14.45
Mortality (Rate per 100,00)					
Heat Related Deaths			Alzheimer's Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
0.26	0.02	3.31	23.58	22.73	24.43
Diabetes Related Deaths			Heart Attack Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
11.71	10.85	12.56	132.55	129.90	135.20
Stroke Related Deaths			Suicide Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
19.33	18.40	20.27	18.04	16.28	19.79
COPD Related Deaths			Cancer Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
39.17	37.79	40.56	129.57	126.53	132.61
Injury Related Deaths			Liver Failure Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
8.55	4.89	13.89	12.47	11.33	13.62
Unintentional Injury Related Deaths					
Rate	Confidence Interval				
26.15	23.80	28.51			
Hospital Admissions (Rate per 100,000)					
Congestive Heart Failure			Hypertension		
Rate	Confidence Interval		Rate	Confidence Interval	
184.55	163.24	205.86	26.91	18.77	35.05
Adult Asthma Admission			COPD		
Rate	Confidence Interval		Rate	Confidence Interval	
73.69	60.22	87.16	262.09	236.69	287.49
Uncontrolled Diabetes			Short Term Diabetes		
Rate	Confidence Interval		Rate	Confidence Interval	
12.82	7.83	19.79	73.69	60.22	87.16
Lead Poisoning			Food Borne Illness		
Rate	Confidence Interval		Rate	Confidence Interval	
2.67	0.87	6.24	13.36	8.65	19.73
Vaccination					
Rate	Confidence Interval				
8.55	4.89	13.89			

Rates and CIs with counts below 30 used Poisson
**** Indicated No Data Available*

Coconino County

(2,826.69 sq miles)



Facilities (Per 10,000 Individuals)

- H Hospitals
- \+ Behavioral Health Facilities (0.44)
- \+ Assisted Living Facilities (1.10)
- \+ Child Care Facilities (5.50)

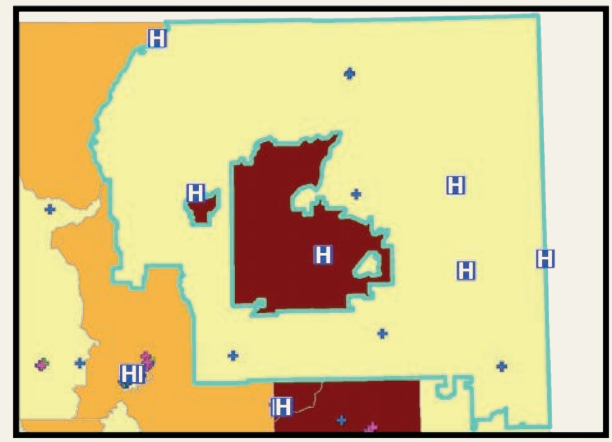
2000 Population:	8,683
2010 Population:	9,284
Three Year Avg:	9,114

Maternal Child Health (Rate per 1,000)					
Infant Mortality			Pre-term Birth		
Rate	Confidence Interval		Rate	Confidence Interval	
12.27	3.34	31.42	101.23	66.69	135.76
Low Birth Weight			Teen Pregnancy		
Rate	Confidence Interval		Rate	Confidence Interval	
30.67	14.71	56.41	11.05	3.01	28.29
Smoked During Pregnancy			Gestational Diabetes		
Rate	Confidence Interval		Rate	Confidence Interval	
46.01	25.75	75.89	58.28	35.09	91.02
Mortality (Rate per 100,00)					
Heat Related Deaths			Alzheimer's Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
0.00	0.00	21.28	14.01	1.40	41.67
Diabetes Related Deaths			Heart Attack Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
13.02	3.57	50.57	161.74	149.87	173.61
Stroke Related Deaths			Suicide Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
67.12	31.68	113.53	26.04	19.92	90.93
COPD Related Deaths			Cancer Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
69.58	35.77	120.91	122.51	107.32	233.43
Injury Related Deaths			Liver Failure Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
3.66	0.09	20.38	11.68	3.57	50.57
Unintentional Injury Related Deaths					
Rate	Confidence Interval				
34.53	19.92	90.93			
Hospital Admissions (Rate per 100,000)					
Congestive Heart Failure			Hypertension		
Rate	Confidence Interval		Rate	Confidence Interval	
4.85	0.12	27.03	0.00	0.00	17.90
Adult Asthma Admission			COPD		
Rate	Confidence Interval		Rate	Confidence Interval	
0.00	0.00	17.90	0.00	0.00	17.90
Uncontrolled Diabetes			Short Term Diabetes		
Rate	Confidence Interval		Rate	Confidence Interval	
0.00	0.00	17.90	0.00	0.00	17.90
Lead Poisoning			Food Borne Illness		
Rate	Confidence Interval		Rate	Confidence Interval	
0.00	0.00	13.49	14.63	3.99	37.46
Vaccination					
Rate	Confidence Interval				
10.97	2.26	32.06			

Rates and CIs with counts below 30 used Poisson
**** Indicated No Data Available*

Apache County

(15,934.35 sq miles)



Facilities (Per 10,000 Individuals)

- H Hospitals
- \+ Behavioral Health Facilities (0.01)
- \+ Assisted Living Facilities (0.00)
- \+ Child Care Facilities (0.45)

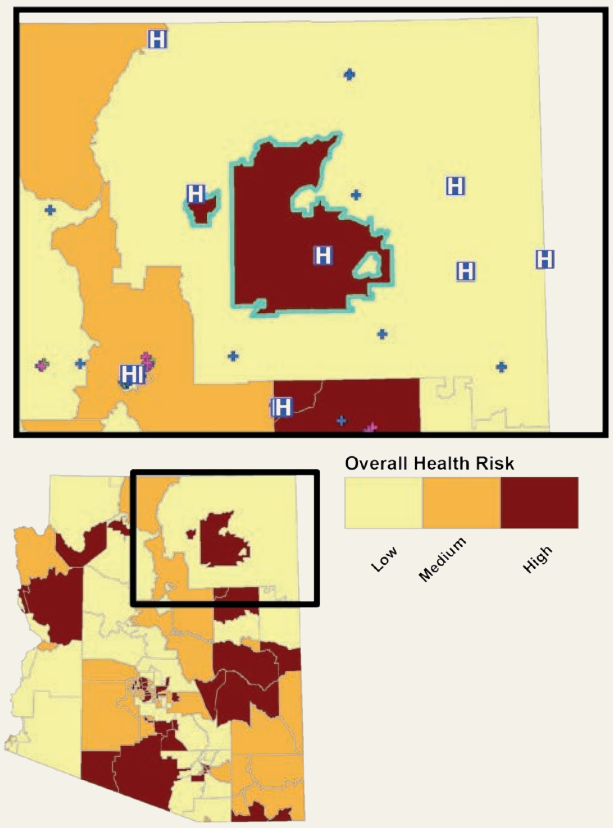
2000 Population:	105,070
2010 Population:	102,475
Three Year Avg:	111,084

Maternal Child Health (Rate per 1,000)					
Infant Mortality			Pre-term Birth		
Rate	Confidence Interval		Rate	Confidence Interval	
7.62	5.19	10.04	87.19	79.00	95.39
Low Birth Weight			Teen Pregnancy		
Rate	Confidence Interval		Rate	Confidence Interval	
65.14	58.06	72.23	26.10	21.56	30.64
Smoked During Pregnancy			Gestational Diabetes		
Rate	Confidence Interval		Rate	Confidence Interval	
11.63	8.63	14.62	76.57	68.89	84.25
Mortality (Rate per 100,00)					
Heat Related Deaths			Alzheimer's Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
1.14	0.19	2.63	6.61	2.30	7.05
Diabetes Related Deaths			Heart Attack Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
43.31	41.39	45.23	107.86	105.03	110.69
Stroke Related Deaths			Suicide Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
20.98	19.79	22.16	24.11	22.00	26.22
COPD Related Deaths			Cancer Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
17.07	15.97	18.17	94.50	91.65	97.35
Injury Related Deaths			Liver Failure Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
15.30	11.10	19.50	22.52	20.85	24.19
Unintentional Injury Related Deaths					
Rate	Confidence Interval				
110.36	106.74	114.24			
Hospital Admissions (Rate per 100,000)					
Congestive Heart Failure			Hypertension		
Rate	Confidence Interval		Rate	Confidence Interval	
0.00	0.00	1.64	0.00	0.00	1.64
Adult Asthma Admission			COPD		
Rate	Confidence Interval		Rate	Confidence Interval	
0.00	0.00	1.64	0.00	0.00	1.64
Uncontrolled Diabetes			Short Term Diabetes		
Rate	Confidence Interval		Rate	Confidence Interval	
0.00	0.00	1.64	0.00	0.00	1.64
Lead Poisoning			Food Borne Illness		
Rate	Confidence Interval		Rate	Confidence Interval	
2.70	1.23	5.13	84.02	74.18	93.86
Vaccination					
Rate	Confidence Interval				
9.00	6.07	12.85			

Rates and CIs with counts below 30 used Poisson
**** Indicated No Data Available*

Navajo County

(2,532.42 sq miles)



Facilities (Per 10,000 Individuals)

- H Hospitals
- \+ Behavioral Health Facilities (0)
- \+ Assisted Living Facilities (0)
- \+ Child Care Facilities (0)

2000 Population:	6,781
2010 Population:	7,086
Three Year Avg:	6,614

Maternal Child Health (Rate per 1,000)

Infant Mortality			Pre-term Birth		
Rate	Confidence Interval		Rate	Confidence Interval	
1.50	0.04	8.35	79.49	58.07	100.85
Low Birth Weight			**Teen Pregnancy**		
Rate	Confidence Interval		Rate	Confidence Interval	
76.46	55.48	97.45	64.52	38.24	101.96
Smoked During Pregnancy			**Gestational Diabetes**		
Rate	Confidence Interval		Rate	Confidence Interval	
7.50	2.43	17.49	95.95	72.44	119.46

Mortality (Rate per 100,00)

Heat Related Deaths			Alzheimer's Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
0.00	0.00	22.41	5.81	0.15	33.85
Diabetes Related Deaths			**Heart Attack Related Deaths**		
Rate	Confidence Interval		Rate	Confidence Interval	
61.27	29.14	111.74	189.81	174.57	205.05
Stroke Related Deaths			**Suicide Related Deaths**		
Rate	Confidence Interval		Rate	Confidence Interval	
46.56	20.99	95.78	20.75	6.62	62.23
COPD Related Deaths			**Cancer Related Deaths**		
Rate	Confidence Interval		Rate	Confidence Interval	
18.22	3.75	53.27	233.08	214.72	251.45
Injury Related Deaths			**Liver Failure Related Deaths**		
Rate	Confidence Interval		Rate	Confidence Interval	
40.32	17.41	79.45	66.49	42.06	135.07
Unintentional Injury Related Deaths					
Rate	Confidence Interval				
235.54	211.55	259.52			

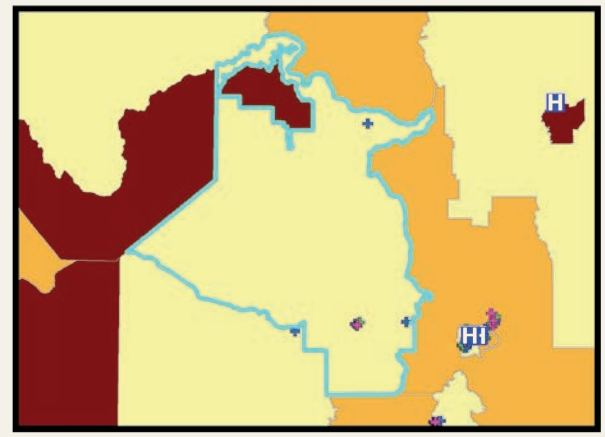
Hospital Admissions (Rate per 100,000)

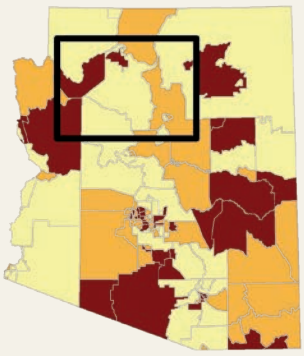
Congestive Heart Failure			Hypertension		
Rate	Confidence Interval		Rate	Confidence Interval	
***	***	***	***	***	***
Adult Asthma Admission			**COPD**		
Rate	Confidence Interval		Rate	Confidence Interval	
***	***	***	***	***	***
Uncontrolled Diabetes			**Short Term Diabetes**		
Rate	Confidence Interval		Rate	Confidence Interval	
***	***	***	***	***	***
Lead Poisoning			**Food Borne Illness**		
Rate	Confidence Interval		Rate	Confidence Interval	
5.04	0.13	28.08	347.76	265.71	429.82
Vaccination					
Rate	Confidence Interval				
15.12	3.12	44.19			

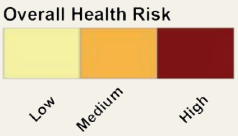
Rates and CIs with counts below 30 used Poisson
**** Indicated No Data Available*

Coconino County

(3,957.15 sq miles)







Facilities (Per 10,000 Individuals)

- H Hospitals
- \+ Behavioral Health Facilities (0.10)
- \+ Assisted Living Facilities (0.98)
- \+ Child Care Facilities (3.90)

2000 Population:	8,377
2010 Population:	10,091
Three Year Avg:	10,217

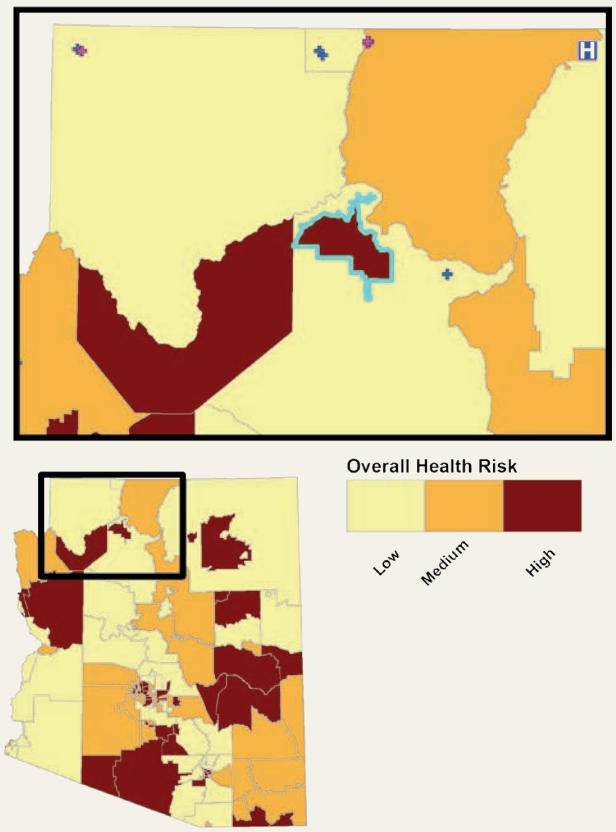
Maternal Child Health (Rate per 1,000)					
Infant Mortality			Pre-term Birth		
Rate	Confidence Interval		Rate	Confidence Interval	
6.43	0.78	23.23	67.52	41.80	103.22
Low Birth Weight			Teen Pregnancy		
Rate	Confidence Interval		Rate	Confidence Interval	
80.39	52.02	118.67	19.74	9.03	37.47
Smoked During Pregnancy			Gestational Diabetes		
Rate	Confidence Interval		Rate	Confidence Interval	
83.60	54.61	122.5	22.51	9.05	46.38
Mortality (Rate per 100,00)					
Heat Related Deaths			Alzheimer's Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
0.00	0.00	16.18	34.36	12.34	63.26
Diabetes Related Deaths			Heart Attack Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
4.60	0.11	24.44	156.89	146.54	167.23
Stroke Related Deaths			Suicide Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
25.58	9.66	57.28	27.59	21.03	80.66
COPD Related Deaths			Cancer Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
18.40	7.12	51.18	117.80	108.86	126.75
Injury Related Deaths			Liver Failure Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
16.31	5.30	38.07	20.37	15.15	69.14
Unintentional Injury Related Deaths					
Rate	Confidence Interval				
53.35	36.82	108.51			
Hospital Admissions (Rate per 100,000)					
Congestive Heart Failure			Hypertension		
Rate	Confidence Interval		Rate	Confidence Interval	
45.51	22.72	81.43	12.41	2.56	36.27
Adult Asthma Admission			COPD		
Rate	Confidence Interval		Rate	Confidence Interval	
99.29	63.62	147.74	57.92	31.67	97.18
Uncontrolled Diabetes			Short Term Diabetes		
Rate	Confidence Interval		Rate	Confidence Interval	
8.27	1.00	29.89	28.96	11.64	59.67
Lead Poisoning			Food Borne Illness		
Rate	Confidence Interval		Rate	Confidence Interval	
3.26	0.08	18.18	19.58	7.18	42.61
Vaccination					
Rate	Confidence Interval				
16.31	5.30	38.07			

Rates and CIs with counts below 30 used Poisson

**** Indicated No Data Available*

Coconino County

(276.12 sq miles)



Facilities (Per 10,000 Individuals)

- H Hospitals
- \+ Behavioral Health Facilities (***)
- \+ Assisted Living Facilities (***)
- \+ Child Care Facilities (***)

2000 Population:	446
2010 Population:	465
Three Year Avg:	483

Maternal Child Health (Rate per 1,000)

Infant Mortality			Pre-term Birth		
Rate	Confidence Interval		Rate	Confidence Interval	
47.62	5.77	172.02	142.86	52.43	310.94
Low Birth Weight			**Teen Pregnancy**		
Rate	Confidence Interval		Rate	Confidence Interval	
95.24	25.95	243.85	0.00	0.00	167.68
Smoked During Pregnancy			**Gestational Diabetes**		
Rate	Confidence Interval		Rate	Confidence Interval	
23.81	0.60	132.66	47.62	5.77	172.02

Mortality (Rate per 100,00)

Heat Related Deaths			Alzheimer's Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
0.00	0.00	410.76	0.00	0.00	410.76
Diabetes Related Deaths			**Heart Attack Related Deaths**		
Rate	Confidence Interval		Rate	Confidence Interval	
0.00	0.00	410.76	0.00	0.00	410.76
Stroke Related Deaths			**Suicide Related Deaths**		
Rate	Confidence Interval		Rate	Confidence Interval	
0.00	0.00	410.76	65.14	2.82	620.45
COPD Related Deaths			**Cancer Related Deaths**		
Rate	Confidence Interval		Rate	Confidence Interval	
0.00	0.00	410.76	59.35	2.82	620.45
Injury Related Deaths			**Liver Failure Related Deaths**		
Rate	Confidence Interval		Rate	Confidence Interval	
138.03	16.71	498.6	65.14	2.82	620.45
Unintentional Injury Related Deaths					
Rate	Confidence Interval				
191.08	68.90	976.31			

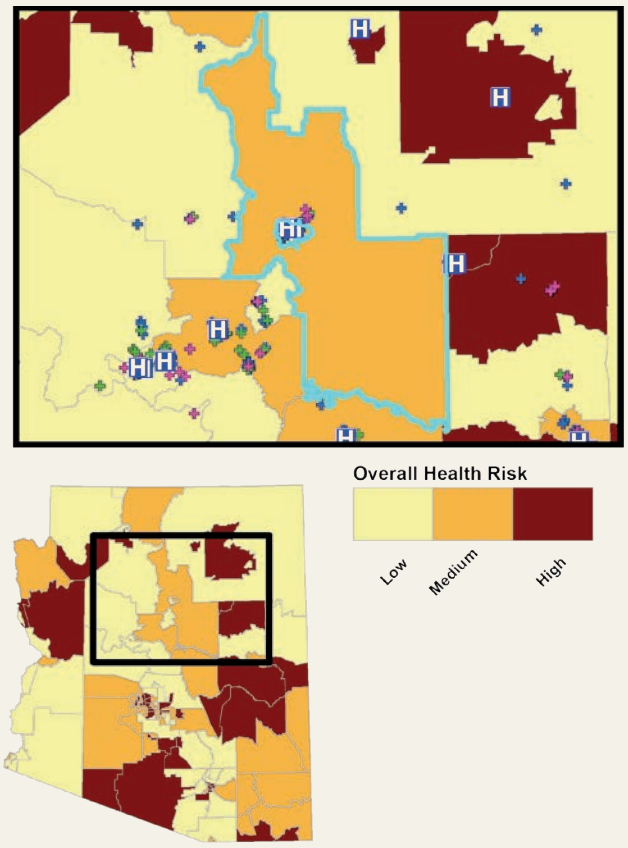
Hospital Admissions (Rate per 100,000)

Congestive Heart Failure			Hypertension		
Rate	Confidence Interval		Rate	Confidence Interval	
***	***	***	***	***	***
Adult Asthma Admission			**COPD**		
Rate	Confidence Interval		Rate	Confidence Interval	
***	***	***	***	***	***
Uncontrolled Diabetes			**Short Term Diabetes**		
Rate	Confidence Interval		Rate	Confidence Interval	
***	***	***	***	***	***
Lead Poisoning			**Food Borne Illness**		
Rate	Confidence Interval		Rate	Confidence Interval	
0.00	0.00	254.58	0.00	0.00	254.58
Vaccination					
Rate	Confidence Interval				
69.01	1.75	384.51			

Rates and CIs with counts below 30 used Poisson
**** Indicated No Data Available*

Coconino County

(4,540.88 sq miles)



Facilities (Per 10,000 Individuals)

- H Hospitals
- \+ Behavioral Health Facilities (0.15)
- \+ Assisted Living Facilities (0.51)
- \+ Child Care Facilities (2.50)

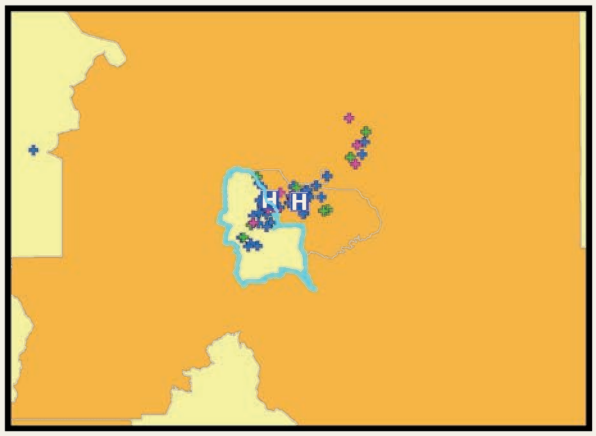
2000 Population:	21,723
2010 Population:	24,677
Three Year Avg:	19,627

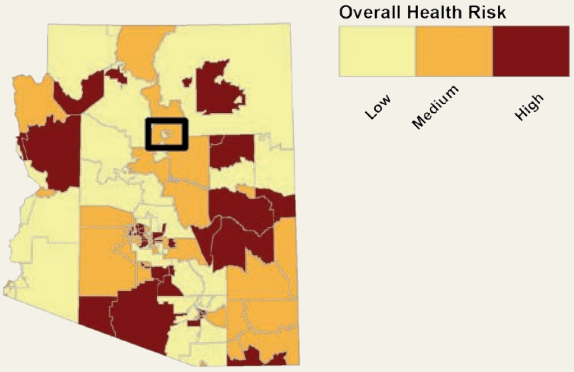
Maternal Child Health (Rate per 1,000)					
Infant Mortality			Pre-term Birth		
Rate	Confidence Interval		Rate	Confidence Interval	
4.08	1.11	10.45	100.00	80.20	119.80
Low Birth Weight			Teen Pregnancy		
Rate	Confidence Interval		Rate	Confidence Interval	
80.61	62.84	98.39	14.11	7.72	23.68
Smoked During Pregnancy			Gestational Diabetes		
Rate	Confidence Interval		Rate	Confidence Interval	
35.71	23.88	47.55	30.61	20.65	43.70
Mortality (Rate per 100,00)					
Heat Related Deaths			Alzheimer's Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
1.23	0.05	10.86	37.78	6.73	30.73
Diabetes Related Deaths			Heart Attack Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
25.42	8.02	33.31	172.54	163.59	181.49
Stroke Related Deaths			Suicide Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
57.03	14.92	45.79	15.08	9.35	35.85
COPD Related Deaths			Cancer Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
41.65	16.37	48.23	150.95	142.30	159.60
Injury Related Deaths			Liver Failure Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
11.89	4.78	24.49	16.97	17.83	50.65
Unintentional Injury Related Deaths					
Rate	Confidence Interval				
88.25	81.24	95.27			
Hospital Admissions (Rate per 100,000)					
Congestive Heart Failure			Hypertension		
Rate	Confidence Interval		Rate	Confidence Interval	
13.18	4.84	28.68	19.76	9.04	37.52
Adult Asthma Admission			COPD		
Rate	Confidence Interval		Rate	Confidence Interval	
76.86	51.40	102.33	85.65	58.77	112.53
Uncontrolled Diabetes			Short Term Diabetes		
Rate	Confidence Interval		Rate	Confidence Interval	
4.39	0.53	15.87	30.74	16.81	51.58
Lead Poisoning			Food Borne Illness		
Rate	Confidence Interval		Rate	Confidence Interval	
5.10	1.05	14.89	35.67	22.08	54.52
Vaccination					
Rate	Confidence Interval				
8.49	2.76	19.82			

Rates and CIs with counts below 30 used Poisson
**** Indicated No Data Available*

Coconino County

(31.72 sq miles)





Facilities (Per 10,000 Individuals)

- H Hospitals
- \+ Behavioral Health Facilities (0.12)
- \+ Assisted Living Facilities (0.62)
- \+ Child Care Facilities (5.90)

2000 Population:	25,763
2010 Population:	37,112
Three Year Avg:	32,346

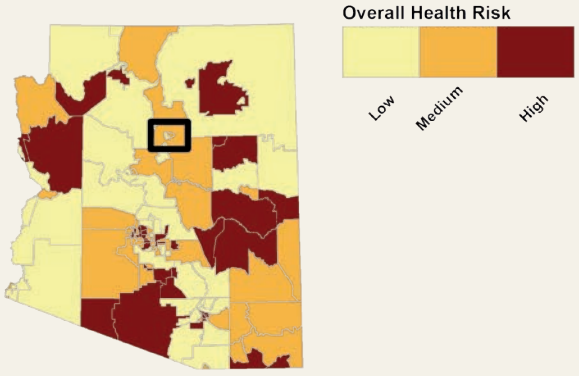
Maternal Child Health (Rate per 1,000)					
Infant Mortality			Pre-term Birth		
Rate	Confidence Interval		Rate	Confidence Interval	
8.56	3.92	16.26	101.81	82.52	121.10
Low Birth Weight			Teen Pregnancy		
Rate	Confidence Interval		Rate	Confidence Interval	
90.39	72.21	108.57	6.63	2.67	13.66
Smoked During Pregnancy			Gestational Diabetes		
Rate	Confidence Interval		Rate	Confidence Interval	
25.69	16.93	37.38	19.98	12.37	30.54
Mortality (Rate per 100,00)					
Heat Related Deaths			Alzheimer's Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
1.39	0.04	9.41	25.49	6.95	28.86
Diabetes Related Deaths			Heart Attack Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
14.99	3.72	22.06	129.74	122.48	137.00
Stroke Related Deaths			Suicide Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
51.06	20.64	52.18	15.47	11.69	37.55
COPD Related Deaths			Cancer Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
38.64	15.45	43.89	121.86	114.48	129.25
Injury Related Deaths			Liver Failure Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
8.24	3.56	16.24	10.94	5.83	26.63
Unintentional Injury Related Deaths					
Rate	Confidence Interval				
49.87	45.11	54.63			
Hospital Admissions (Rate per 100,000)					
Congestive Heart Failure			Hypertension		
Rate	Confidence Interval		Rate	Confidence Interval	
20.23	11.56	32.85	11.39	5.20	21.60
Adult Asthma Admission			COPD		
Rate	Confidence Interval		Rate	Confidence Interval	
56.89	40.27	73.51	65.74	47.87	83.61
Uncontrolled Diabetes			Short Term Diabetes		
Rate	Confidence Interval		Rate	Confidence Interval	
5.06	1.38	12.95	34.13	22.49	49.66
Lead Poisoning			Food Borne Illness		
Rate	Confidence Interval		Rate	Confidence Interval	
2.06	0.25	7.45	21.64	13.40	33.08
Vaccination					
Rate	Confidence Interval				
14.13	7.89	24.21			

Rates and CIs with counts below 30 used Poisson
**** Indicated No Data Available*

Coconino County

(32.71 sq miles)





Facilities (Per 10,000 Individuals)

- H Hospitals
- \+ Behavioral Health Facilities (0.40)
- \+ Assisted Living Facilities (1.60)
- \+ Child Care Facilities (8.20)

2000 Population:	27,356
2010 Population:	29,232
Three Year Avg:	30,355

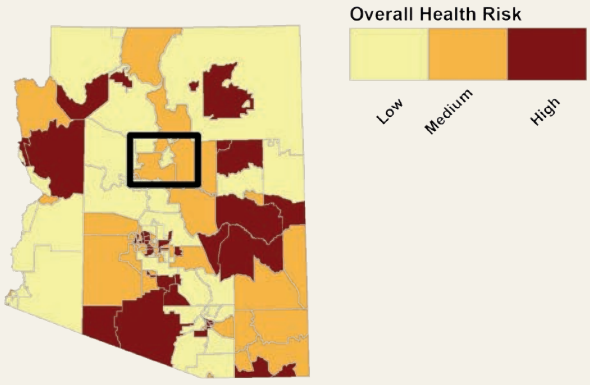
Maternal Child Health (Rate per 1,000)					
Infant Mortality			Pre-term Birth		
Rate	Confidence Interval		Rate	Confidence Interval	
4.17	1.53	9.08	99.37	83.09	115.66
Low Birth Weight			Teen Pregnancy		
Rate	Confidence Interval		Rate	Confidence Interval	
91.73	76.08	107.38	37.47	26.52	48.42
Smoked During Pregnancy			Gestational Diabetes		
Rate	Confidence Interval		Rate	Confidence Interval	
47.95	36.64	59.26	25.71	17.43	34.00
Mortality (Rate per 100,00)					
Heat Related Deaths			Alzheimer's Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
0.00	0.00	5.66	26.16	7.36	28.21
Diabetes Related Deaths			Heart Attack Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
15.81	7.36	28.21	187.56	180.45	194.67
Stroke Related Deaths			Suicide Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
34.31	16.37	43.64	16.86	14.03	39.86
COPD Related Deaths			Cancer Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
40.47	18.74	47.39	133.48	126.73	140.23
Injury Related Deaths			Liver Failure Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
7.69	3.09	15.84	9.82	8.42	30.19
Unintentional Injury Related Deaths					
Rate	Confidence Interval				
39.45	31.05	65.70			
Hospital Admissions (Rate per 100,000)					
Congestive Heart Failure			Hypertension		
Rate	Confidence Interval		Rate	Confidence Interval	
60.15	41.96	78.35	24.35	14.18	38.98
Adult Asthma Admission			COPD		
Rate	Confidence Interval		Rate	Confidence Interval	
120.31	94.58	146.04	110.28	85.65	134.91
Uncontrolled Diabetes			Short Term Diabetes		
Rate	Confidence Interval		Rate	Confidence Interval	
11.46	4.95	22.58	70.18	50.53	89.83
Lead Poisoning			Food Borne Illness		
Rate	Confidence Interval		Rate	Confidence Interval	
2.20	0.27	7.93	31.85	21.33	45.73
Vaccination					
Rate	Confidence Interval				
9.88	4.52	18.76			

Rates and CIs with counts below 30 used Poisson
**** Indicated No Data Available*

Coconino County

(217.00 sq miles)





Facilities (Per 10,000 Individuals)

- H Hospitals
- \+ Behavioral Health Facilities (0.05)
- \+ Assisted Living Facilities (0.98)
- \+ Child Care Facilities (2.90)

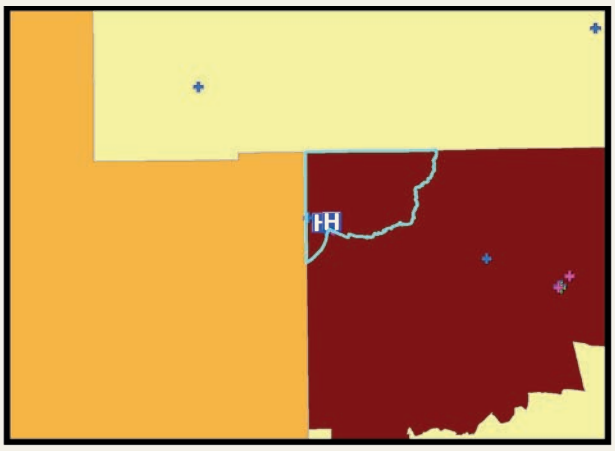
2000 Population:	16,455
2010 Population:	16,406
Three Year Avg:	20,359

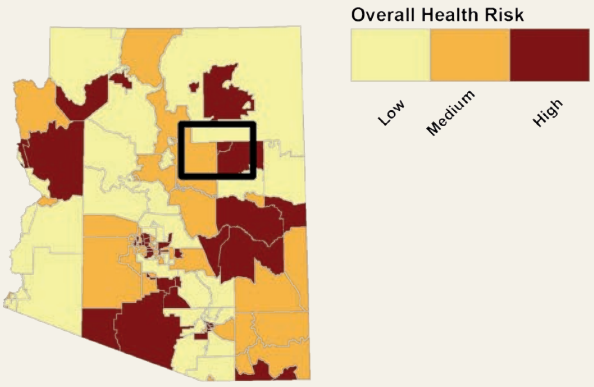
Maternal Child Health (Rate per 1,000)					
Infant Mortality			Pre-term Birth		
Rate	Confidence Interval		Rate	Confidence Interval	
0.00	0.00	13.13	74.73	46.26	114.24
Low Birth Weight			Teen Pregnancy		
Rate	Confidence Interval		Rate	Confidence Interval	
74.73	46.26	114.24	1.59	0.04	8.89
Smoked During Pregnancy			Gestational Diabetes		
Rate	Confidence Interval		Rate	Confidence Interval	
24.91	10.02	51.33	28.47	12.29	56.10
Mortality (Rate per 100,00)					
Heat Related Deaths			Alzheimer's Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
0.00	0.00	9.21	18.82	48.50	104.00
Diabetes Related Deaths			Heart Attack Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
3.94	5.50	32.61	76.32	73.61	79.03
Stroke Related Deaths			Suicide Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
25.47	23.78	27.15	14.70	22.84	64.88
COPD Related Deaths			Cancer Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
30.18	28.37	31.98	104.97	101.02	108.93
Injury Related Deaths			Liver Failure Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
6.55	1.78	16.77	4.25	2.72	25.57
Unintentional Injury Related Deaths					
Rate	Confidence Interval				
16.36	36.41	86.17			
Hospital Admissions (Rate per 100,000)					
Congestive Heart Failure			Hypertension		
Rate	Confidence Interval		Rate	Confidence Interval	
16.55	7.57	31.41	14.71	6.35	28.98
Adult Asthma Admission			COPD		
Rate	Confidence Interval		Rate	Confidence Interval	
12.87	5.17	26.52	71.70	49.20	94.21
Uncontrolled Diabetes			Short Term Diabetes		
Rate	Confidence Interval		Rate	Confidence Interval	
3.68	0.45	13.28	14.71	6.35	28.98
Lead Poisoning			Food Borne Illness		
Rate	Confidence Interval		Rate	Confidence Interval	
0.00	0.00	6.04	14.74	6.74	27.97
Vaccination					
Rate	Confidence Interval				
11.46	4.61	23.61			

Rates and CIs with counts below 30 used Poisson
**** Indicated No Data Available*

Navajo County

(171.65 sq miles)





Facilities (Per 10,000 Individuals)

- H Hospitals
- \+ Behavioral Health Facilities (0.38)
- \+ Assisted Living Facilities (0.00)
- \+ Child Care Facilities (13.20)

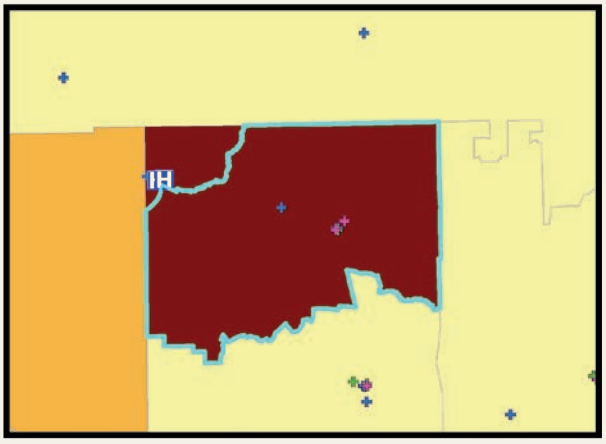
2000 Population:	9,974
2010 Population:	10,213
Three Year Avg:	10,568

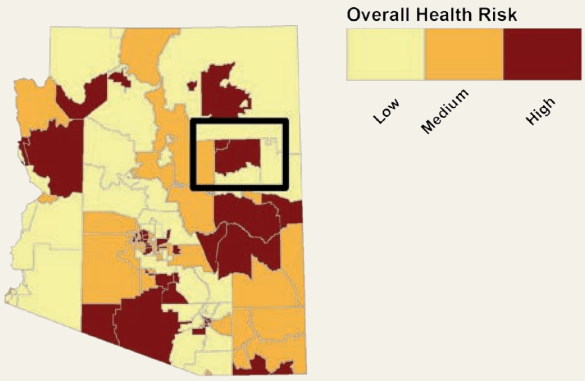
Maternal Child Health (Rate per 1,000)					
Infant Mortality			Pre-term Birth		
Rate	Confidence Interval		Rate	Confidence Interval	
4.03	0.49	14.57	92.74	65.94	119.54
Low Birth Weight			Teen Pregnancy		
Rate	Confidence Interval		Rate	Confidence Interval	
66.53	43.83	89.23	17.50	7.04	36.06
Smoked During Pregnancy			Gestational Diabetes		
Rate	Confidence Interval		Rate	Confidence Interval	
58.47	39.16	83.97	76.61	52.25	100.97
Mortality (Rate per 100,00)					
Heat Related Deaths			Alzheimer's Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
0.00	0.00	13.49	3.98	0.09	20.38
Diabetes Related Deaths			Heart Attack Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
28.12	12.63	57.65	194.60	182.01	207.19
Stroke Related Deaths			Suicide Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
32.73	15.05	62.49	28.68	15.05	62.49
COPD Related Deaths			Cancer Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
84.11	56.24	130.61	196.03	183.09	208.98
Injury Related Deaths			Liver Failure Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
31.54	15.13	58.01	40.87	22.68	76.66
Unintentional Injury Related Deaths					
Rate	Confidence Interval				
81.51	50.43	121.82			
Hospital Admissions (Rate per 100,000)					
Congestive Heart Failure			Hypertension		
Rate	Confidence Interval		Rate	Confidence Interval	
116.04	77.11	167.71	37.30	17.06	70.80
Adult Asthma Admission			COPD		
Rate	Confidence Interval		Rate	Confidence Interval	
198.92	142.65	255.20	182.35	128.47	236.23
Uncontrolled Diabetes			Short Term Diabetes		
Rate	Confidence Interval		Rate	Confidence Interval	
8.29	1.00	29.94	153.34	103.93	202.74
Lead Poisoning			Food Borne Illness		
Rate	Confidence Interval		Rate	Confidence Interval	
3.15	0.08	17.57	59.93	36.08	93.59
Vaccination					
Rate	Confidence Interval				
15.77	5.12	36.81			

Rates and CIs with counts below 30 used Poisson
**** Indicated No Data Available*

Navajo County

(1,598.80 sq miles)





Facilities (Per 10,000 Individuals)

- H Hospitals
- \+ Behavioral Health Facilities (0.26)
- \+ Assisted Living Facilities (1.30)
- \+ Child Care Facilities (6.50)

2000 Population:	9,453
2010 Population:	9,807
Three Year Avg:	7,726

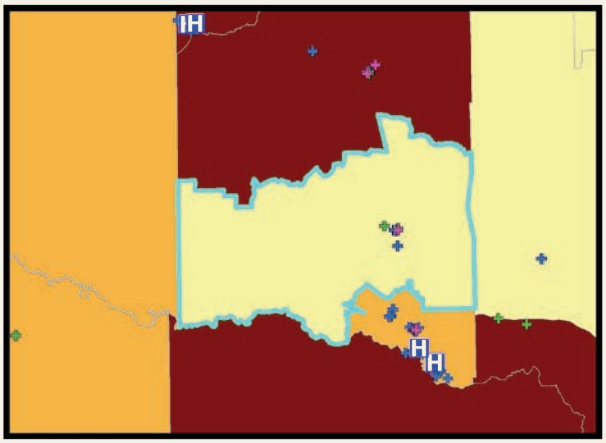
Maternal Child Health (Rate per 1,000)					
Infant Mortality			Pre-term Birth		
Rate	Confidence Interval		Rate	Confidence Interval	
7.85	1.62	22.95	99.48	67.85	131.11
Low Birth Weight			Teen Pregnancy		
Rate	Confidence Interval		Rate	Confidence Interval	
83.77	54.74	112.79	27.36	12.51	51.93
Smoked During Pregnancy			Gestational Diabetes		
Rate	Confidence Interval		Rate	Confidence Interval	
99.48	67.85	131.11	62.83	40.25	93.48
Mortality (Rate per 100,00)					
Heat Related Deaths			Alzheimer's Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
0.00	0.00	19.58	22.19	5.79	54.37
Diabetes Related Deaths			Heart Attack Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
34.79	14.94	76.57	158.45	146.28	170.63
Stroke Related Deaths			Suicide Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
49.45	25.46	97.63	15.33	3.28	46.54
COPD Related Deaths			Cancer Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
58.81	32.92	111.28	200.11	185.83	214.39
Injury Related Deaths			Liver Failure Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
38.83	17.75	73.71	29.62	14.94	76.57
Unintentional Injury Related Deaths					
Rate	Confidence Interval				
82.52	56.63	151.02			
Hospital Admissions (Rate per 100,000)					
Congestive Heart Failure			Hypertension		
Rate	Confidence Interval		Rate	Confidence Interval	
41.82	16.82	86.17	23.90	6.51	61.19
Adult Asthma Admission			COPD		
Rate	Confidence Interval		Rate	Confidence Interval	
71.7	37.05	125.24	83.65	45.73	140.35
Uncontrolled Diabetes			Short Term Diabetes		
Rate	Confidence Interval		Rate	Confidence Interval	
5.97	0.15	33.29	59.75	28.65	109.88
Lead Poisoning			Food Borne Illness		
Rate	Confidence Interval		Rate	Confidence Interval	
0.00	0.00	15.91	34.51	14.9	68.01
Vaccination					
Rate	Confidence Interval				
34.51	14.90	68.01			

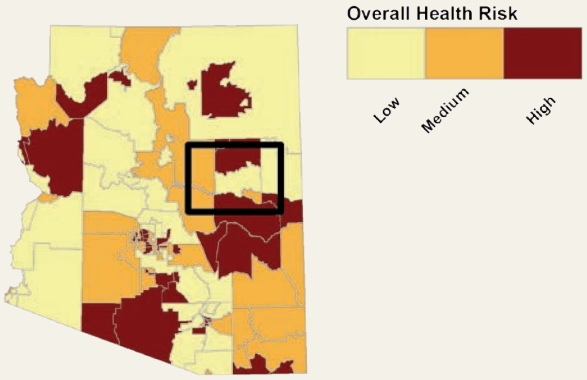
Rates and CIs with counts below 30 used Poisson
**** Indicated No Data Available*

C20

Navajo County

(1,325.93 sq miles)





Facilities (Per 10,000 Individuals)

- H Hospitals
- \+ Behavioral Health Facilities (0.00)
- \+ Assisted Living Facilities (0.99)
- \+ Child Care Facilities (2.00)

2000 Population:	15,030
2010 Population:	19,061
Three Year Avg:	20,288

Maternal Child Health (Rate per 1,000)

Infant Mortality			Pre-term Birth		
Rate	Confidence Interval		Rate	Confidence Interval	
3.37	0.70	9.86	85.49	66.27	104.71
Low Birth Weight			**Teen Pregnancy**		
Rate	Confidence Interval		Rate	Confidence Interval	
70.87	53.37	88.37	18.82	10.29	31.57
Smoked During Pregnancy			**Gestational Diabetes**		
Rate	Confidence Interval		Rate	Confidence Interval	
111.36	89.42	133.3	24.75	15.51	37.47

Mortality (Rate per 100,00)

Heat Related Deaths			Alzheimer's Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
0.00	0.00	6.06	17.94	10.19	34.44
Diabetes Related Deaths			**Heart Attack Related Deaths**		
Rate	Confidence Interval		Rate	Confidence Interval	
25.65	20.07	50.75	148.92	142.62	155.23
Stroke Related Deaths			**Suicide Related Deaths**		
Rate	Confidence Interval		Rate	Confidence Interval	
33.33	22.65	54.73	16.80	10.19	34.44
COPD Related Deaths			**Cancer Related Deaths**		
Rate	Confidence Interval		Rate	Confidence Interval	
37.07	27.91	62.59	149.52	142.61	156.42
Injury Related Deaths			**Liver Failure Related Deaths**		
Rate	Confidence Interval		Rate	Confidence Interval	
18.07	9.02	32.34	6.81	2.67	19.17
Unintentional Injury Related Deaths					
Rate	Confidence Interval				
52.31	46.06	58.56			

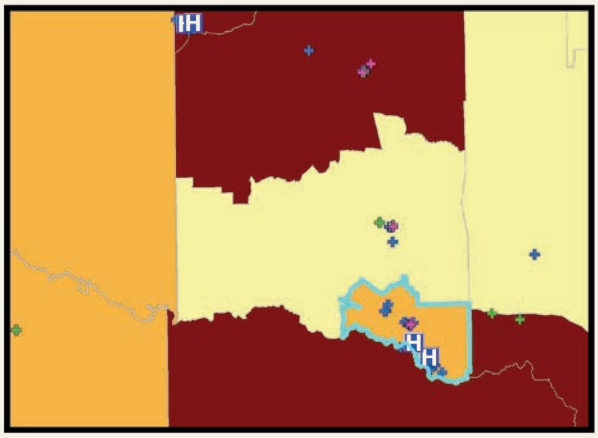
Hospital Admissions (Rate per 100,000)

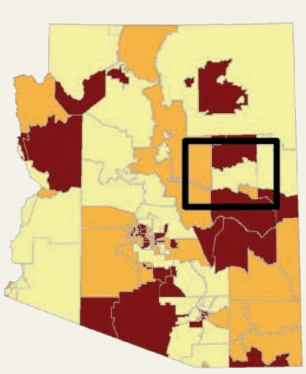
Congestive Heart Failure			Hypertension		
Rate	Confidence Interval		Rate	Confidence Interval	
17.54	7.57	34.57	4.39	0.53	15.84
Adult Asthma Admission			**COPD**		
Rate	Confidence Interval		Rate	Confidence Interval	
30.7	16.78	51.51	21.93	10.52	40.33
Uncontrolled Diabetes			**Short Term Diabetes**		
Rate	Confidence Interval		Rate	Confidence Interval	
0.00	0.00	8.09	17.54	7.57	34.57
Lead Poisoning			**Food Borne Illness**		
Rate	Confidence Interval		Rate	Confidence Interval	
1.64	0.04	9.15	23.00	12.58	38.59
Vaccination					
Rate	Confidence Interval				
16.43	7.88	30.22			

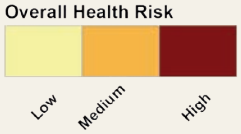
Rates and CIs with counts below 30 used Poisson
**** Indicated No Data Available*

Navajo County

(235.80 sq miles)







Facilities (Per 10,000 Individuals)

- H Hospitals
- \+ Behavioral Health Facilities (0.20)
- \+ Assisted Living Facilities (0.67)
- \+ Child Care Facilities (5.40)

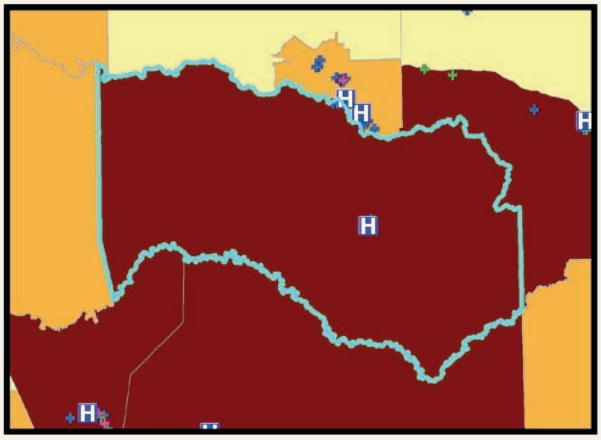
2000 Population:	21,582
2010 Population:	27,844
Three Year Avg:	29,653

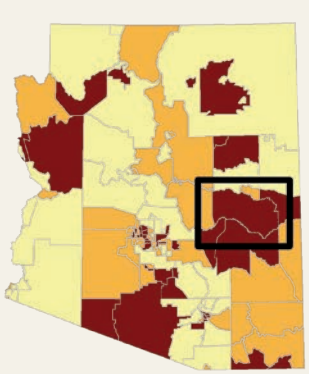
Maternal Child Health (Rate per 1,000)					
Infant Mortality			Pre-term Birth		
Rate	Confidence Interval		Rate	Confidence Interval	
7.09	2.85	14.61	101.32	81.46	121.18
Low Birth Weight			Teen Pregnancy		
Rate	Confidence Interval		Rate	Confidence Interval	
90.17	71.44	108.91	12.04	6.58	20.20
Smoked During Pregnancy			Gestational Diabetes		
Rate	Confidence Interval		Rate	Confidence Interval	
122.59	100.75	144.44	29.38	19.68	42.20
Mortality (Rate per 100,00)					
Heat Related Deaths			Alzheimer's Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
0.00	0.00	6.09	26.01	29.38	64.86
Diabetes Related Deaths			Heart Attack Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
15.07	17.61	46.97	113.92	109.61	118.22
Stroke Related Deaths			Suicide Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
23.98	30.72	66.82	15.74	17.61	46.97
COPD Related Deaths			Cancer Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
40.58	38.11	43.05	123.81	119.10	128.53
Injury Related Deaths			Liver Failure Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
13.49	6.97	23.56	9.33	10.24	34.61
Unintentional Injury Related Deaths					
Rate	Confidence Interval				
49.54	44.86	54.22			
Hospital Admissions (Rate per 100,000)					
Congestive Heart Failure			Hypertension		
Rate	Confidence Interval		Rate	Confidence Interval	
39.89	26.50	57.65	11.40	4.92	22.46
Adult Asthma Admission			COPD		
Rate	Confidence Interval		Rate	Confidence Interval	
76.93	56.41	97.44	88.32	66.34	110.31
Uncontrolled Diabetes			Short Term Diabetes		
Rate	Confidence Interval		Rate	Confidence Interval	
5.70	1.55	14.59	68.38	49.03	87.72
Lead Poisoning			Food Borne Illness		
Rate	Confidence Interval		Rate	Confidence Interval	
0.00	0.00	4.15	21.36	12.86	33.35
Vaccination					
Rate	Confidence Interval				
7.87	3.16	16.21			

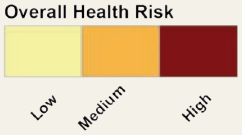
Rates and CIs with counts below 30 used Poisson
**** Indicated No Data Available*

Navajo County

(2,632.48 sq miles)







Facilities (Per 10,000 Individuals)

- H Hospitals
- \+ Behavioral Health Facilities (0.0)
- \+ Assisted Living Facilities (0.0)
- \+ Child Care Facilities (1.5)

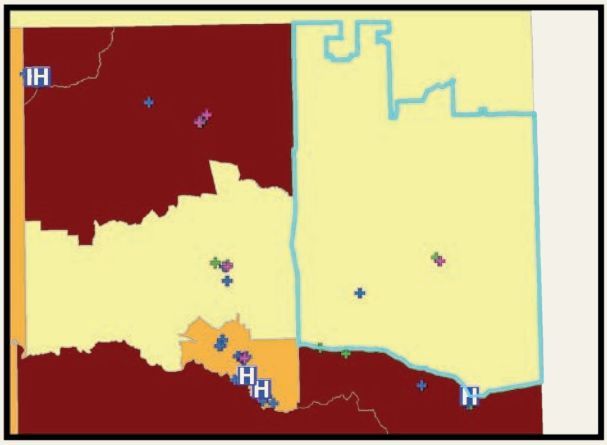
2000 Population:	12,059
2010 Population:	12,854
Three Year Avg:	13,472

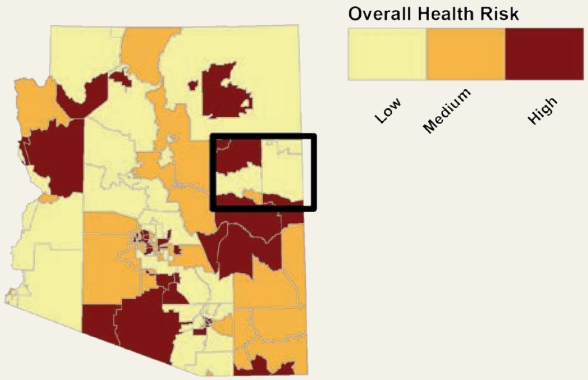
Maternal Child Health (Rate per 1,000)					
Infant Mortality			Pre-term Birth		
Rate	Confidence Interval		Rate	Confidence Interval	
7.09	2.85	14.61	101.32	81.46	121.18
Low Birth Weight			Teen Pregnancy		
Rate	Confidence Interval		Rate	Confidence Interval	
90.17	71.44	108.91	12.04	6.58	20.20
Smoked During Pregnancy			Gestational Diabetes		
Rate	Confidence Interval		Rate	Confidence Interval	
122.59	100.75	144.44	29.38	19.68	42.20
Mortality (Rate per 100,00)					
Heat Related Deaths			Alzheimer's Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
0.00	0.00	6.09	26.01	29.38	64.86
Diabetes Related Deaths			Heart Attack Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
15.07	17.61	46.97	113.92	109.61	118.22
Stroke Related Deaths			Suicide Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
23.98	30.72	66.82	15.74	17.61	46.97
COPD Related Deaths			Cancer Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
40.58	38.11	43.05	123.81	119.10	128.53
Injury Related Deaths			Liver Failure Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
13.49	6.97	23.56	9.33	10.24	34.61
Unintentional Injury Related Deaths					
Rate	Confidence Interval				
49.54	44.86	54.22			
Hospital Admissions (Rate per 100,000)					
Congestive Heart Failure			Hypertension		
Rate	Confidence Interval		Rate	Confidence Interval	
39.89	26.50	57.65	11.40	4.92	22.46
Adult Asthma Admission			COPD		
Rate	Confidence Interval		Rate	Confidence Interval	
76.93	56.41	97.44	88.32	66.34	110.31
Uncontrolled Diabetes			Short Term Diabetes		
Rate	Confidence Interval		Rate	Confidence Interval	
5.70	1.55	14.59	68.38	49.03	87.72
Lead Poisoning			Food Borne Illness		
Rate	Confidence Interval		Rate	Confidence Interval	
0.00	0.00	4.15	21.36	12.86	33.35
Vaccination					
Rate	Confidence Interval				
7.87	3.16	16.21			

Rates and CIs with counts below 30 used Poisson
**** Indicated No Data Available*

Apache County

(2,531.29 sq miles)





Facilities (Per 10,000 Individuals)

- H Hospitals
- \+ Behavioral Health Facilities (0.26)
- \+ Assisted Living Facilities (1.30)
- \+ Child Care Facilities (2.60)

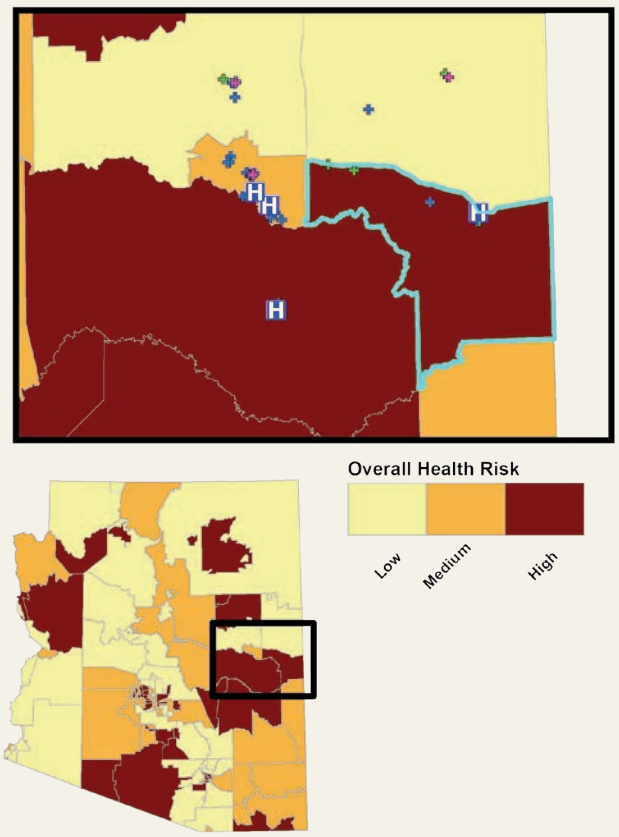
2000 Population:	6,902
2010 Population:	8,513
Three Year Avg:	7,653

Maternal Child Health (Rate per 1,000)					
Infant Mortality			Pre-term Birth		
Rate	Confidence Interval		Rate	Confidence Interval	
0.00	0.00	13.97	79.55	49.24	121.59
Low Birth Weight			Teen Pregnancy		
Rate	Confidence Interval		Rate	Confidence Interval	
60.61	34.64	98.42	26.32	10.58	54.22
Smoked During Pregnancy			Gestational Diabetes		
Rate	Confidence Interval		Rate	Confidence Interval	
132.58	88.65	176.50	37.88	18.16	69.66
Mortality (Rate per 100,00)					
Heat Related Deaths			Alzheimer's Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
0.00	0.00	19.59	18.74	8.62	61.97
Diabetes Related Deaths			Heart Attack Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
23.33	14.95	76.59	119.46	109.82	129.10
Stroke Related Deaths			Suicide Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
24.03	14.95	76.59	35.63	18.34	83.71
COPD Related Deaths			Cancer Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
63.72	56.65	151.08	166.61	155.42	177.80
Injury Related Deaths			Liver Failure Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
17.42	4.75	44.61	4.85	1.29	38.37
Unintentional Injury Related Deaths					
Rate	Confidence Interval				
50.88	40.65	124.75			
Hospital Admissions (Rate per 100,000)					
Congestive Heart Failure			Hypertension		
Rate	Confidence Interval		Rate	Confidence Interval	
5.51	0.14	30.71	0.00	0.00	20.33
Adult Asthma Admission			COPD		
Rate	Confidence Interval		Rate	Confidence Interval	
11.02	1.34	39.82	11.02	1.34	39.82
Uncontrolled Diabetes			Short Term Diabetes		
Rate	Confidence Interval		Rate	Confidence Interval	
5.51	0.14	30.71	8.00	0.00	20.33
Lead Poisoning			Food Borne Illness		
Rate	Confidence Interval		Rate	Confidence Interval	
0.00	0.00	16.07	26.13	9.59	56.88
Vaccination					
Rate	Confidence Interval				
4.36	0.11	24.27			

Rates and CIs with counts below 30 used Poisson
**** Indicated No Data Available*

Apache County

(998.01 sq miles)



Facilities (Per 10,000 Individuals)

- H Hospitals
- \+ Behavioral Health Facilities (0.13)
- \+ Assisted Living Facilities (2.60)
- \+ Child Care Facilities (5.10)

2000 Population:	7,486
2010 Population:	9,357
Three Year Avg:	7,809

Maternal Child Health (Rate per 1,000)

Infant Mortality			Pre-term Birth		
Rate	Confidence Interval		Rate	Confidence Interval	
10.15	2.77	25.99	121.83	87.36	156.29
Low Birth Weight			**Teen Pregnancy**		
Rate	Confidence Interval		Rate	Confidence Interval	
91.37	61.52	121.22	13.25	3.61	33.91
Smoked During Pregnancy			**Gestational Diabetes**		
Rate	Confidence Interval		Rate	Confidence Interval	
109.14	76.52	141.76	43.15	25.13	69.08

Mortality (Rate per 100,00)

Heat Related Deaths			Alzheimer's Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
0.00	0.00	19.13	31.09	17.91	81.73
Diabetes Related Deaths			**Heart Attack Related Deaths**		
Rate	Confidence Interval		Rate	Confidence Interval	
21.75	11.42	67.71	197.93	186.83	209.03
Stroke Related Deaths			**Suicide Related Deaths**		
Rate	Confidence Interval		Rate	Confidence Interval	
41.28	28.47	102.05	33.19	17.91	81.73
COPD Related Deaths			**Cancer Related Deaths**		
Rate	Confidence Interval		Rate	Confidence Interval	
60.18	51.35	141.12	195.87	184.09	207.65
Injury Related Deaths			**Liver Failure Related Deaths**		
Rate	Confidence Interval		Rate	Confidence Interval	
21.34	6.93	49.81	8.32	3.21	45.46
Unintentional Injury Related Deaths					
Rate	Confidence Interval				
56.88	43.53	128.27			

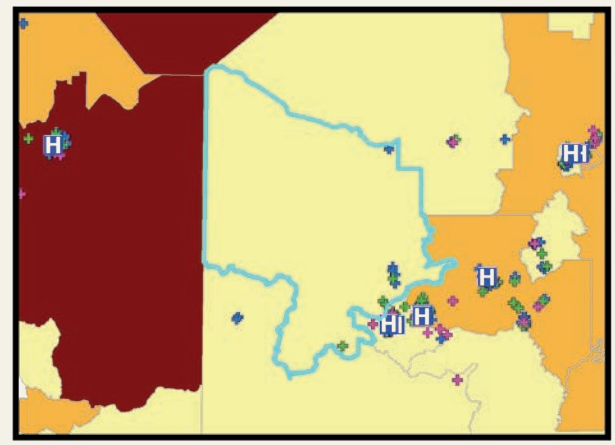
Hospital Admissions (Rate per 100,000)

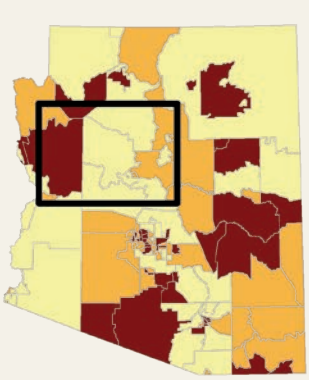
Congestive Heart Failure			Hypertension		
Rate	Confidence Interval		Rate	Confidence Interval	
71.01	37.81	121.42	16.39	3.38	47.89
Adult Asthma Admission			**COPD**		
Rate	Confidence Interval		Rate	Confidence Interval	
10.92	1.32	39.46	43.70	18.86	86.10
Uncontrolled Diabetes			**Short Term Diabetes**		
Rate	Confidence Interval		Rate	Confidence Interval	
0.00	0.00	20.15	38.23	15.37	78.78
Lead Poisoning			**Food Borne Illness**		
Rate	Confidence Interval		Rate	Confidence Interval	
0.00	0.00	15.75	21.34	6.93	49.81
Vaccination					
Rate	Confidence Interval				
8.54	1.03	30.84			

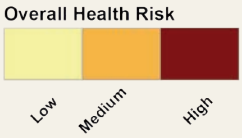
Rates and CIs with counts below 30 used Poisson
**** Indicated No Data Available*

Yavapai County

(2,964.20 sq miles)







Facilities (Per 10,000 Individuals)

- H Hospitals
- \+ Behavioral Health Facilities (0.0)
- \+ Assisted Living Facilities (1.3)
- \+ Child Care Facilities (2.3)

2000 Population:	21,772
2010 Population:	30,117
Three Year Avg:	30,919

Maternal Child Health (Rate per 1,000)

Infant Mortality			Pre-term Birth		
Rate	Confidence Interval		Rate	Confidence Interval	
4.70	1.28	12.03	77.56	58.84	96.27
Low Birth Weight			**Teen Pregnancy**		
Rate	Confidence Interval		Rate	Confidence Interval	
61.10	44.50	77.71	13.47	7.70	21.87
Smoked During Pregnancy			**Gestational Diabetes**		
Rate	Confidence Interval		Rate	Confidence Interval	
111.63	89.18	134.08	19.98	11.64	31.98

Mortality (Rate per 100,00)

Heat Related Deaths			Alzheimer's Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
0.00	0.00	5.31	19.71	20.98	49.67
Diabetes Related Deaths			**Heart Attack Related Deaths**		
Rate	Confidence Interval		Rate	Confidence Interval	
11.44	12.08	35.60	162.87	157.89	167.84
Stroke Related Deaths			**Suicide Related Deaths**		
Rate	Confidence Interval		Rate	Confidence Interval	
33.56	31.68	35.44	20.54	24.44	54.82
COPD Related Deaths			**Cancer Related Deaths**		
Rate	Confidence Interval		Rate	Confidence Interval	
52.52	49.76	55.29	160.90	155.43	166.36
Injury Related Deaths			**Liver Failure Related Deaths**		
Rate	Confidence Interval		Rate	Confidence Interval	
11.86	5.92	21.22	8.41	8.92	30.17
Unintentional Injury Related Deaths					
Rate	Confidence Interval				
37.11	34.04	40.17			

Hospital Admissions (Rate per 100,000)

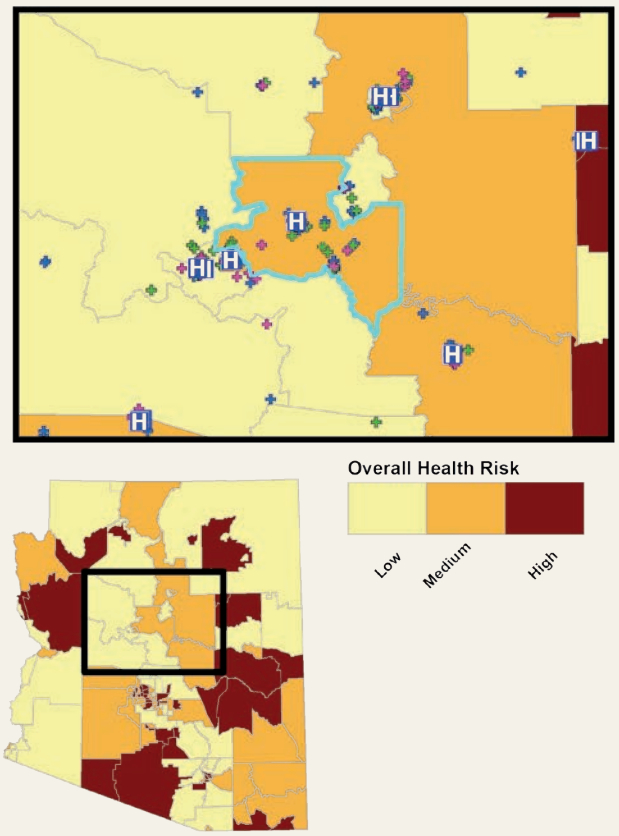
Congestive Heart Failure			Hypertension		
Rate	Confidence Interval		Rate	Confidence Interval	
52.57	36.07	69.07	26.96	16.47	41.64
Adult Asthma Admission			**COPD**		
Rate	Confidence Interval		Rate	Confidence Interval	
71.44	52.21	90.68	70.1	51.04	89.15
Uncontrolled Diabetes			**Short Term Diabetes**		
Rate	Confidence Interval		Rate	Confidence Interval	
1.35	0.03	7.51	49.88	33.80	65.95
Lead Poisoning			**Food Borne Illness**		
Rate	Confidence Interval		Rate	Confidence Interval	
0.00	0.00	3.98	21.56	13.17	33.30
Vaccination					
Rate	Confidence Interval				
14.02	7.46	23.97			

Rates and CIs with counts below 30 used Poisson

**** Indicated No Data Available*

Yavapai County

(1,220.70 sq miles)



Facilities (Per 10,000 Individuals)

- Hospitals
- Behavioral Health Facilities (0.24)
- Assisted Living Facilities (3.60)
- Child Care Facilities (4.70)

2000 Population:	43,723
2010 Population:	59,972
Three Year Avg:	54,926

Maternal Child Health (Rate per 1,000)

Infant Mortality			Pre-term Birth		
Rate	Confidence Interval		Rate	Confidence Interval	
6.45	3.43	11.02	95.69	82.19	109.19
Low Birth Weight			**Teen Pregnancy**		
Rate	Confidence Interval		Rate	Confidence Interval	
71.39	59.73	83.05	24.31	17.36	31.27
Smoked During Pregnancy			**Gestational Diabetes**		
Rate	Confidence Interval		Rate	Confidence Interval	
120.97	105.79	136.15	26.77	19.63	33.91

Mortality (Rate per 100,00)

Heat Related Deaths			Alzheimer's Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
0.00	0.00	2.54	39.93	38.73	41.13
Diabetes Related Deaths			**Heart Attack Related Deaths**		
Rate	Confidence Interval		Rate	Confidence Interval	
16.78	15.49	18.07	158.47	154.91	162.03
Stroke Related Deaths			**Suicide Related Deaths**		
Rate	Confidence Interval		Rate	Confidence Interval	
27.39	26.04	28.74	24.05	21.85	26.25
COPD Related Deaths			**Cancer Related Deaths**		
Rate	Confidence Interval		Rate	Confidence Interval	
48.75	46.87	50.63	170.79	166.67	174.91
Injury Related Deaths			**Liver Failure Related Deaths**		
Rate	Confidence Interval		Rate	Confidence Interval	
19.42	12.69	26.15	17.63	16.02	19.23
Unintentional Injury Related Deaths					
Rate	Confidence Interval				
44.80	41.63	47.97			

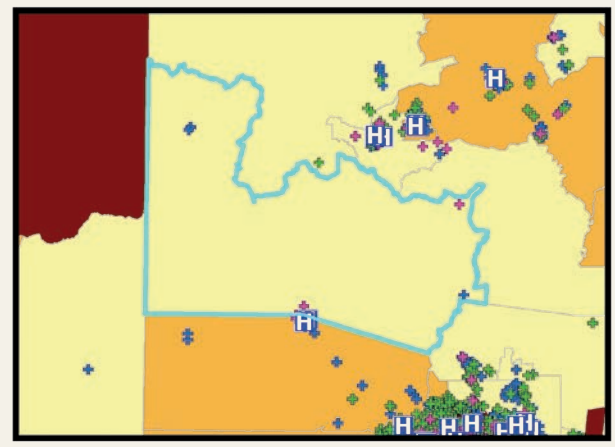
Hospital Admissions (Rate per 100,000)

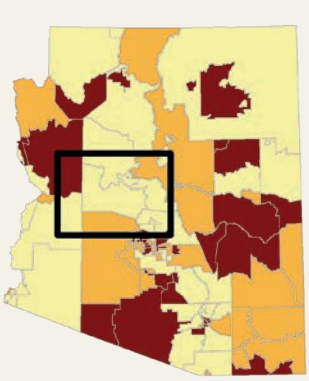
Congestive Heart Failure			Hypertension		
Rate	Confidence Interval		Rate	Confidence Interval	
35.56	25.40	45.73	22.70	15.32	32.41
Adult Asthma Admission			**COPD**		
Rate	Confidence Interval		Rate	Confidence Interval	
83.23	67.68	98.79	201.27	177.08	225.46
Uncontrolled Diabetes			**Short Term Diabetes**		
Rate	Confidence Interval		Rate	Confidence Interval	
9.84	5.24	16.82	77.94	62.88	92.99
Lead Poisoning			**Food Borne Illness**		
Rate	Confidence Interval		Rate	Confidence Interval	
0.61	0.02	3.38	24.88	17.27	32.50
Vaccination					
Rate	Confidence Interval				
23.06	15.73	30.39			

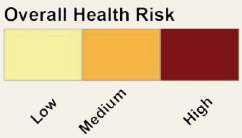
Rates and CIs with counts below 30 used Poisson
**** Indicated No Data Available*

Yavapai County

(2,608.16 sq miles)







Facilities (Per 10,000 Individuals)

- H Hospitals
- \+ Behavioral Health Facilities (0.25)
- \+ Assisted Living Facilities (0.00)
- \+ Child Care Facilities (3.30)

2000 Population:	10,250
2010 Population:	11,764
Three Year Avg:	11,957

Maternal Child Health (Rate per 1,000)

Infant Mortality			Pre-term Birth		
Rate	Confidence Interval		Rate	Confidence Interval	
3.60	0.09	20.04	97.12	64.00	141.31
Low Birth Weight			**Teen Pregnancy**		
Rate	Confidence Interval		Rate	Confidence Interval	
53.96	30.20	88.99	7.71	1.59	22.54
Smoked During Pregnancy			**Gestational Diabetes**		
Rate	Confidence Interval		Rate	Confidence Interval	
194.24	142.44	246.05	25.18	10.12	51.88

Mortality (Rate per 100,00)

Heat Related Deaths			Alzheimer's Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
1.18	0.08	17.19	15.01	14.80	56.74
Diabetes Related Deaths			**Heart Attack Related Deaths**		
Rate	Confidence Interval		Rate	Confidence Interval	
5.41	1.91	27.05	141.01	134.92	147.10
Stroke Related Deaths			**Suicide Related Deaths**		
Rate	Confidence Interval		Rate	Confidence Interval	
25.88	30.56	83.98	20.03	16.94	60.73
COPD Related Deaths			**Cancer Related Deaths**		
Rate	Confidence Interval		Rate	Confidence Interval	
51.82	48.02	55.62	142.93	135.78	150.07
Injury Related Deaths			**Liver Failure Related Deaths**		
Rate	Confidence Interval		Rate	Confidence Interval	
8.36	1.72	24.44	12.09	10.66	48.64
Unintentional Injury Related Deaths					
Rate	Confidence Interval				
56.89	59.93	128.51			

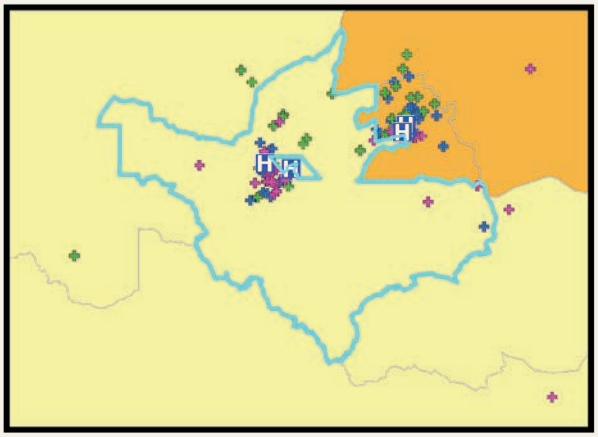
Hospital Admissions (Rate per 100,000)

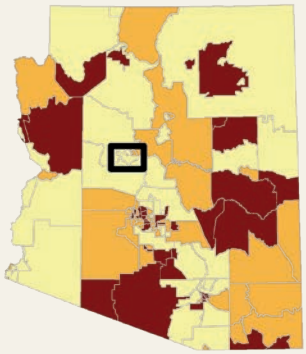
Congestive Heart Failure			Hypertension		
Rate	Confidence Interval		Rate	Confidence Interval	
55.62	32.40	89.06	29.45	13.47	55.90
Adult Asthma Admission			**COPD**		
Rate	Confidence Interval		Rate	Confidence Interval	
32.72	15.69	60.17	88.35	58.22	128.54
Uncontrolled Diabetes			**Short Term Diabetes**		
Rate	Confidence Interval		Rate	Confidence Interval	
0.00	0.00	12.07	16.36	5.31	38.18
Lead Poisoning			**Food Borne Illness**		
Rate	Confidence Interval		Rate	Confidence Interval	
0.00	0.00	10.28	22.3	9.63	43.94
Vaccination					
Rate	Confidence Interval				
8.36	1.72	24.44			

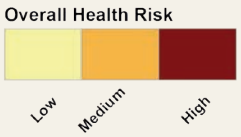
Rates and CIs with counts below 30 used Poisson
**** Indicated No Data Available*

Yavapai County

(214.04 sq miles)







Facilities (Per 10,000 Individuals)

- H Hospitals
- \+ Behavioral Health Facilities (0.31)
- \+ Assisted Living Facilities (2.60)
- \+ Child Care Facilities (3.50)

2000 Population:	45,393
2010 Population:	52,053
Three Year Avg:	57,627

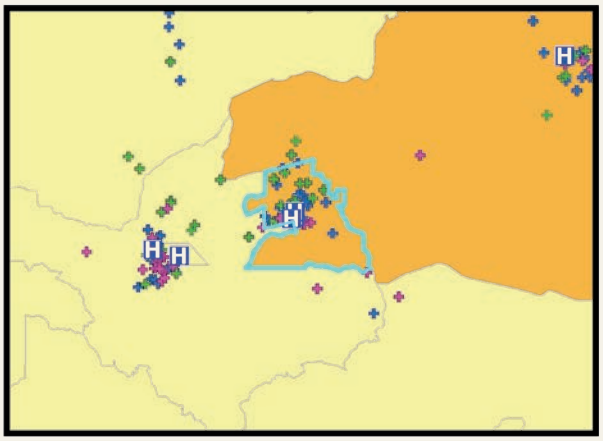
Maternal Child Health (Rate per 1,000)					
Infant Mortality			Pre-term Birth		
Rate	Confidence Interval		Rate	Confidence Interval	
5.01	1.63	11.68	91.09	72.38	109.81
Low Birth Weight			Teen Pregnancy		
Rate	Confidence Interval		Rate	Confidence Interval	
76.08	58.97	93.18	7.22	3.73	12.60
Smoked During Pregnancy			Gestational Diabetes		
Rate	Confidence Interval		Rate	Confidence Interval	
103.10	83.19	123.01	22.02	13.80	33.34
Mortality (Rate per 100,00)					
Heat Related Deaths			Alzheimer's Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
0.00	0.00	2.64	19.43	18.67	20.20
Diabetes Related Deaths			Heart Attack Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
8.29	12.72	28.08	128.98	126.23	131.72
Stroke Related Deaths			Suicide Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
28.53	27.39	29.66	21.82	19.64	24.01
COPD Related Deaths			Cancer Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
33.91	32.53	35.30	132.18	129.04	135.32
Injury Related Deaths			Liver Failure Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
6.94	3.59	12.12	8.36	12.14	27.23
Unintentional Injury Related Deaths					
Rate	Confidence Interval				
29.63	27.34	31.92			
Hospital Admissions (Rate per 100,000)					
Congestive Heart Failure			Hypertension		
Rate	Confidence Interval		Rate	Confidence Interval	
98.77	82.85	114.68	31.37	22.40	40.33
Adult Asthma Admission			COPD		
Rate	Confidence Interval		Rate	Confidence Interval	
73.41	59.69	87.13	124.79	106.91	142.68
Uncontrolled Diabetes			Short Term Diabetes		
Rate	Confidence Interval		Rate	Confidence Interval	
2.67	0.73	6.83	57.39	45.26	69.52
Lead Poisoning			Food Borne Illness		
Rate	Confidence Interval		Rate	Confidence Interval	
1.16	0.14	4.18	13.88	8.89	20.66
Vaccination					
Rate	Confidence Interval				
11.57	7.07	17.87			

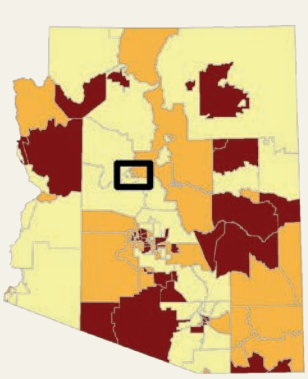
Rates and CIs with counts below 30 used Poisson

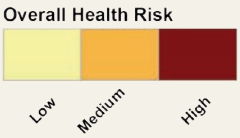
**** Indicated No Data Available*

Yavapai County

(33.83 sq miles)







Facilities (Per 10,000 Individuals)

- Hospitals
- Behavioral Health Facilities (0.24)
- Assisted Living Facilities (3.60)
- Child Care Facilities (3.80)

2000 Population:	28,882
2010 Population:	37,842
Three Year Avg:	46,808

Maternal Child Health (Rate per 1,000)

Infant Mortality			Pre-term Birth		
Rate	Confidence Interval		Rate	Confidence Interval	
6.51	3.12	11.97	89.13	74.21	104.06
Low Birth Weight			**Teen Pregnancy**		
Rate	Confidence Interval		Rate	Confidence Interval	
68.97	55.84	82.09	14.45	9.44	21.18
Smoked During Pregnancy			**Gestational Diabetes**		
Rate	Confidence Interval		Rate	Confidence Interval	
118.41	101.21	135.62	17.57	11.58	25.56

Mortality (Rate per 100,00)

Heat Related Deaths			Alzheimer's Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
0.00	0.00	2.63	18.18	17.16	19.20
Diabetes Related Deaths			**Heart Attack Related Deaths**		
Rate	Confidence Interval		Rate	Confidence Interval	
5.89	3.41	13.10	117.93	114.29	121.56
Stroke Related Deaths			**Suicide Related Deaths**		
Rate	Confidence Interval		Rate	Confidence Interval	
32.67	31.22	34.13	20.34	18.21	22.48
COPD Related Deaths			**Cancer Related Deaths**		
Rate	Confidence Interval		Rate	Confidence Interval	
34.09	32.20	35.97	145.11	140.82	149.40
Injury Related Deaths			**Liver Failure Related Deaths**		
Rate	Confidence Interval		Rate	Confidence Interval	
17.80	11.52	26.28	9.07	5.98	17.62
Unintentional Injury Related Deaths					
Rate	Confidence Interval				
48.04	44.36	51.72			

Hospital Admissions (Rate per 100,000)

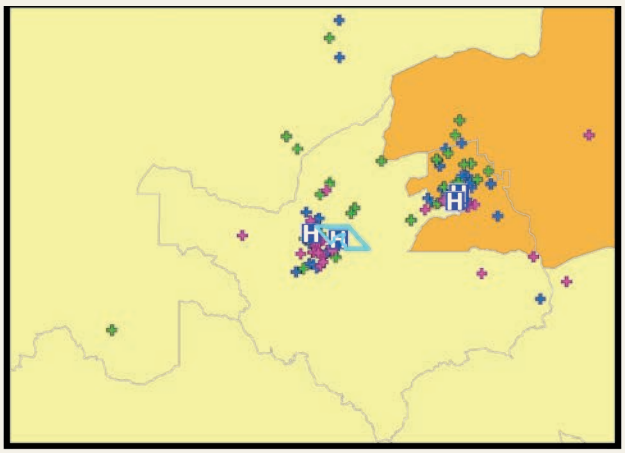
Congestive Heart Failure			Hypertension		
Rate	Confidence Interval		Rate	Confidence Interval	
97.18	78.50	115.85	40.18	28.17	52.19
Adult Asthma Admission			**COPD**		
Rate	Confidence Interval		Rate	Confidence Interval	
64.47	49.26	79.69	138.29	116.01	160.57
Uncontrolled Diabetes			**Short Term Diabetes**		
Rate	Confidence Interval		Rate	Confidence Interval	
0.93	0.02	5.21	73.82	57.54	90.09
Lead Poisoning			**Food Borne Illness**		
Rate	Confidence Interval		Rate	Confidence Interval	
0.71	0.02	3.97	12.11	7.05	19.38
Vaccination					
Rate	Confidence Interval				
12.82	7.60	20.26			

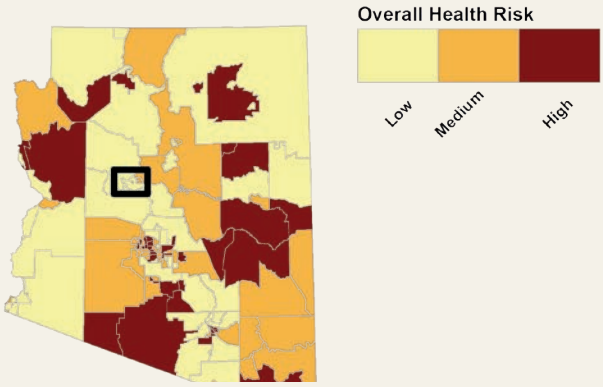
Rates and CIs with counts below 30 used Poisson

**** Indicated No Data Available*

Yavapai County

(2.21 sq miles)





Facilities (Per 10,000 Individuals)

- H Hospitals
- \+ Behavioral Health Facilities (***)
- \+ Assisted Living Facilities (***)
- \+ Child Care Facilities (***)

2000 Population:	152
2010 Population:	192
Three Year Avg:	318

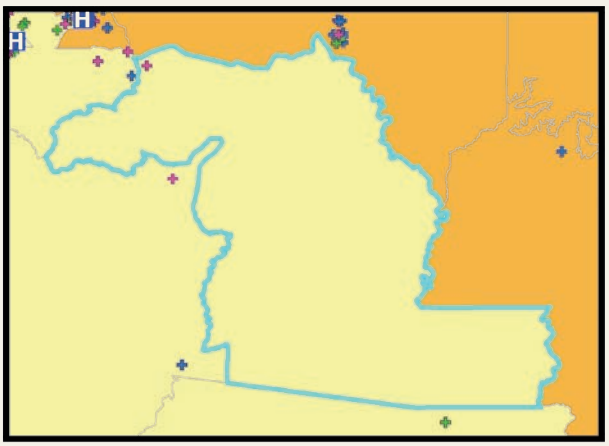
Maternal Child Health (Rate per 1,000)					
Infant Mortality			Pre-term Birth		
Rate	Confidence Interval		Rate	Confidence Interval	
0.00	0.00	245.93	0.00	0.00	245.93
Low Birth Weight			Teen Pregnancy		
Rate	Confidence Interval		Rate	Confidence Interval	
0.0	0.00	245.93	0.00	0.00	335.35
Smoked During Pregnancy			Gestational Diabetes		
Rate	Confidence Interval		Rate	Confidence Interval	
66.67	1.69	371.44	133.33	16.15	481.65
Mortality (Rate per 100,00)					
Heat Related Deaths			Alzheimer's Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
0.00	0.00	3480.09	0.00	0.00	3480.09
Diabetes Related Deaths			Heart Attack Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
0.00	0.00	3480.09	0.00	0.00	3480.09
Stroke Related Deaths			Suicide Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
0.00	0.00	3480.09	0.00	0.00	3480.09
COPD Related Deaths			Cancer Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
0.00	0.00	3480.09	0.00	0.00	3480.09
Injury Related Deaths			Liver Failure Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
0.00	0.00	386.27	0.00	0.00	3480.09
Unintentional Injury Related Deaths					
Rate	Confidence Interval				
0.00	0.00	3480.09			
Hospital Admissions (Rate per 100,000)					
Congestive Heart Failure			Hypertension		
Rate	Confidence Interval		Rate	Confidence Interval	
0.00	0.00	599.82	0.00	0.00	599.82
Adult Asthma Admission			COPD		
Rate	Confidence Interval		Rate	Confidence Interval	
162.60	4.11	905.95	0.00	0.00	599.82
Uncontrolled Diabetes			Short Term Diabetes		
Rate	Confidence Interval		Rate	Confidence Interval	
0.00	0.00	599.82	162.60	4.11	905.95
Lead Poisoning			Food Borne Illness		
Rate	Confidence Interval		Rate	Confidence Interval	
0.00	0.00	386.27	0.00	0.00	386.27
Vaccination					
Rate	Confidence Interval				
0.00	0.00	386.27			

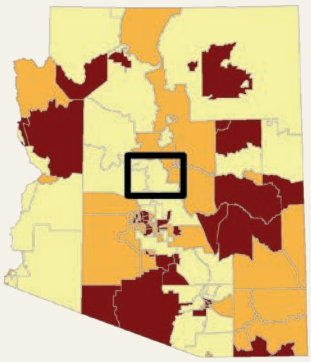
Rates and CIs with counts below 30 used Poisson
**** Indicated No Data Available*

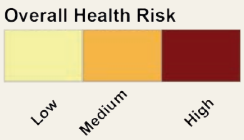
C31

Yavapai County

(1,011.75 sq miles)







Facilities (Per 10,000 Individuals)

- H Hospitals
- \+ Behavioral Health Facilities (0.15)
- \+ Assisted Living Facilities (0.00)
- \+ Child Care Facilities (0.00)

2000 Population:	5,307
2010 Population:	6,550
Three Year Avg:	6,689

Maternal Child Health (Rate per 1,000)

Infant Mortality			Pre-term Birth		
Rate	Confidence Interval		Rate	Confidence Interval	
5.95	0.15	33.16	47.62	20.56	93.83
Low Birth Weight			**Teen Pregnancy**		
Rate	Confidence Interval		Rate	Confidence Interval	
47.62	20.56	93.83	15.75	4.29	40.32
Smoked During Pregnancy			**Gestational Diabetes**		
Rate	Confidence Interval		Rate	Confidence Interval	
166.67	110.75	240.88	29.76	9.66	69.45

Mortality (Rate per 100,00)

Heat Related Deaths			Alzheimer's Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
0.00	0.00	22.08	8.93	3.70	52.47
Diabetes Related Deaths			**Heart Attack Related Deaths**		
Rate	Confidence Interval		Rate	Confidence Interval	
18.01	13.18	78.16	134.30	125.54	143.06
Stroke Related Deaths			**Suicide Related Deaths**		
Rate	Confidence Interval		Rate	Confidence Interval	
31.74	32.87	117.80	34.87	24.63	102.26
COPD Related Deaths			**Cancer Related Deaths**		
Rate	Confidence Interval		Rate	Confidence Interval	
62.21	77.80	192.13	176.19	163.78	188.59
Injury Related Deaths			**Liver Failure Related Deaths**		
Rate	Confidence Interval		Rate	Confidence Interval	
14.95	3.08	43.69	2.71	0.15	33.35
Unintentional Injury Related Deaths					
Rate	Confidence Interval				
42.71	45.81	140.59			

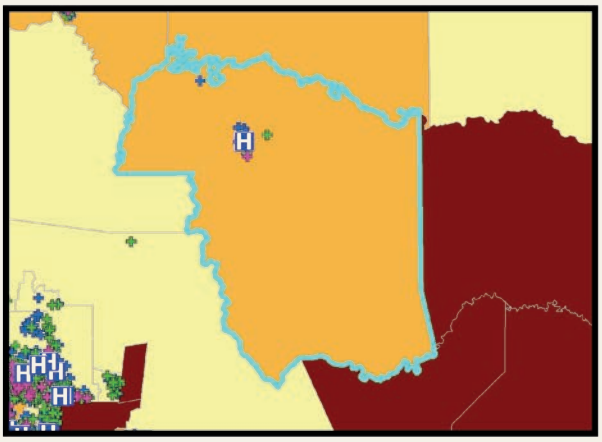
Hospital Admissions (Rate per 100,000)

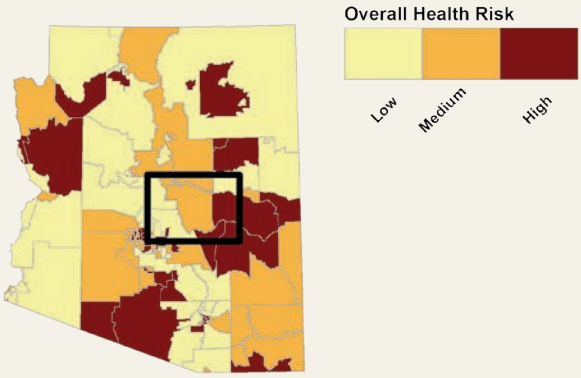
Congestive Heart Failure			Hypertension		
Rate	Confidence Interval		Rate	Confidence Interval	
66.84	33.37	119.6	30.38	9.87	70.90
Adult Asthma Admission			**COPD**		
Rate	Confidence Interval		Rate	Confidence Interval	
48.61	20.99	95.78	139.76	88.59	209.71
Uncontrolled Diabetes			**Short Term Diabetes**		
Rate	Confidence Interval		Rate	Confidence Interval	
6.08	0.15	33.86	72.92	37.68	127.37
Lead Poisoning			**Food Borne Illness**		
Rate	Confidence Interval		Rate	Confidence Interval	
0.00	0.00	18.38	19.93	5.43	51.03
Vaccination					
Rate	Confidence Interval				
4.98	0.13	27.76			

Rates and CIs with counts below 30 used Poisson
**** Indicated No Data Available*

Gila County

(2,106.51 sq miles)





Facilities (Per 10,000 Individuals)

- H Hospitals
- \+ Behavioral Health Facilities (0.17)
- \+ Assisted Living Facilities (1.70)
- \+ Child Care Facilities (3.40)

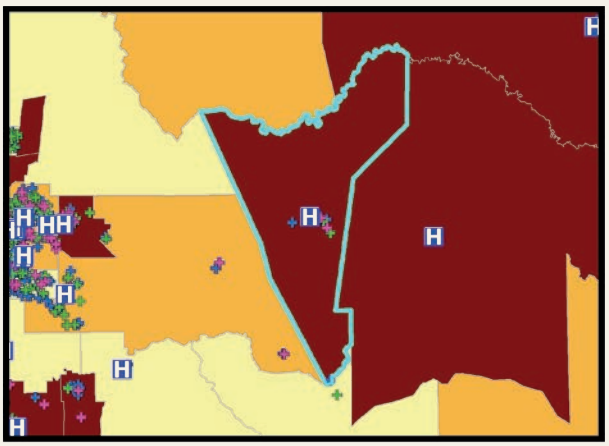
2000 Population:	24,384
2010 Population:	27,157
Three Year Avg:	29,125

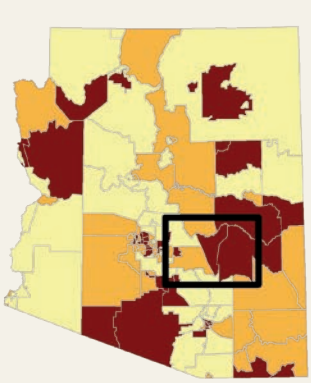
Maternal Child Health (Rate per 1,000)					
Infant Mortality			Pre-term Birth		
Rate	Confidence Interval		Rate	Confidence Interval	
4.44	0.92	12.99	105.19	80.72	129.65
Low Birth Weight			Teen Pregnancy		
Rate	Confidence Interval		Rate	Confidence Interval	
88.89	66.40	111.38	8.15	3.52	16.07
Smoked During Pregnancy			Gestational Diabetes		
Rate	Confidence Interval		Rate	Confidence Interval	
170.37	139.23	201.51	25.19	14.67	40.32
Mortality (Rate per 100,00)					
Heat Related Deaths			Alzheimer's Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
0.00	0.00	4.41	40.43	38.88	41.98
Diabetes Related Deaths			Heart Attack Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
15.39	19.33	44.10	123.51	119.92	127.10
Stroke Related Deaths			Suicide Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
38.07	36.14	40.00	15.95	12.75	33.99
COPD Related Deaths			Cancer Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
65.43	62.74	68.11	143.77	139.62	147.92
Injury Related Deaths			Liver Failure Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
11.44	5.49	21.05	16.21	20.30	45.52
Unintentional Injury Related Deaths					
Rate	Confidence Interval				
38.56	34.42	42.70			
Hospital Admissions (Rate per 100,000)					
Congestive Heart Failure			Hypertension		
Rate	Confidence Interval		Rate	Confidence Interval	
92.00	69.97	114.03	59.04	41.40	76.69
Adult Asthma Admission			COPD		
Rate	Confidence Interval		Rate	Confidence Interval	
45.31	29.85	60.77	126.33	100.51	152.14
Uncontrolled Diabetes			Short Term Diabetes		
Rate	Confidence Interval		Rate	Confidence Interval	
12.36	5.65	23.46	34.33	22.21	50.67
Lead Poisoning			Food Borne Illness		
Rate	Confidence Interval		Rate	Confidence Interval	
0.00	0.00	4.22	13.73	7.10	23.99
Vaccination					
Rate	Confidence Interval				
11.44	5.49	21.05			

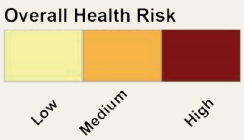
Rates and CIs with counts below 30 used Poisson
**** Indicated No Data Available*

Gila County

(845.01 sq miles)







Facilities (Per 10,000 Individuals)

- Hospitals
- Behavioral Health Facilities (0.26)
- Assisted Living Facilities (1.00)
- Child Care Facilities (3.60)

2000 Population:	20,653
2010 Population:	19,474
Three Year Avg:	19,274

Maternal Child Health (Rate per 1,000)

Infant Mortality			Pre-term Birth		
Rate	Confidence Interval		Rate	Confidence Interval	
4.17	0.86	12.18	93.06	70.77	115.34
Low Birth Weight			**Teen Pregnancy**		
Rate	Confidence Interval		Rate	Confidence Interval	
86.11	64.68	107.55	27.78	17.19	42.46
Smoked During Pregnancy			**Gestational Diabetes**		
Rate	Confidence Interval		Rate	Confidence Interval	
176.39	145.71	207.07	27.78	16.97	42.90

Mortality (Rate per 100,00)

Heat Related Deaths			Alzheimer's Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
1.23	0.05	11.15	13.33	13.85	44.49
Diabetes Related Deaths			**Heart Attack Related Deaths**		
Rate	Confidence Interval		Rate	Confidence Interval	
23.52	24.45	61.82	199.93	193.49	206.38
Stroke Related Deaths			**Suicide Related Deaths**		
Rate	Confidence Interval		Rate	Confidence Interval	
42.06	38.99	45.13	12.54	5.63	28.87
COPD Related Deaths			**Cancer Related Deaths**		
Rate	Confidence Interval		Rate	Confidence Interval	
74.29	69.69	78.89	182.77	175.16	190.38
Injury Related Deaths			**Liver Failure Related Deaths**		
Rate	Confidence Interval		Rate	Confidence Interval	
15.57	7.12	29.55	13.19	9.60	36.81
Unintentional Injury Related Deaths					
Rate	Confidence Interval				
48.94	42.70	55.18			

Hospital Admissions (Rate per 100,000)

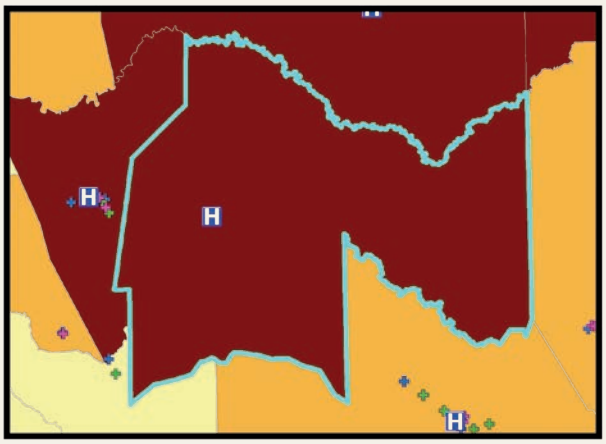
Congestive Heart Failure			Hypertension		
Rate	Confidence Interval		Rate	Confidence Interval	
333.93	280.13	387.73	22.56	10.82	41.49
Adult Asthma Admission			**COPD**		
Rate	Confidence Interval		Rate	Confidence Interval	
78.97	52.81	105.13	236.91	191.59	282.22
Uncontrolled Diabetes			**Short Term Diabetes**		
Rate	Confidence Interval		Rate	Confidence Interval	
11.28	3.66	26.33	81.23	54.69	107.76
Lead Poisoning			**Food Borne Illness**		
Rate	Confidence Interval		Rate	Confidence Interval	
6.92	1.88	17.71	32.86	19.78	51.31
Vaccination					
Rate	Confidence Interval				
15.57	7.12	29.55			

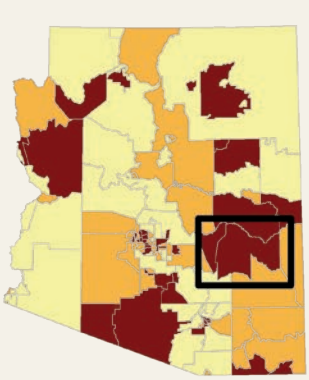
Rates and CIs with counts below 30 used Poisson

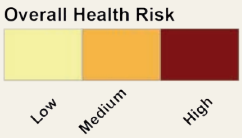
**** Indicated No Data Available*

Graham County

(2,928.83 sq miles)







Facilities (Per 10,000 Individuals)

- H Hospitals
- \+ Behavioral Health Facilities (0)
- \+ Assisted Living Facilities (0)
- \+ Child Care Facilities (0)

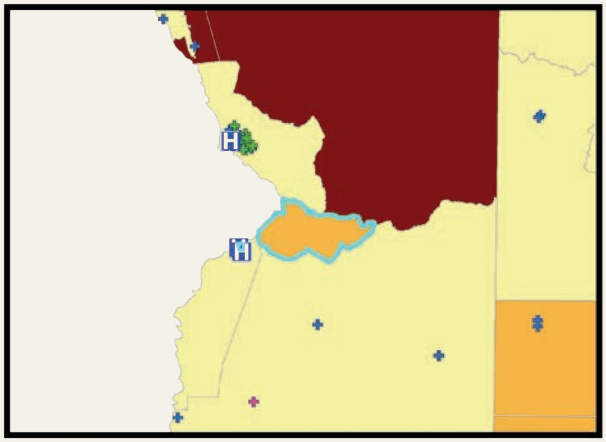
2000 Population:	9,385
2010 Population:	10,068
Three Year Avg:	10,285

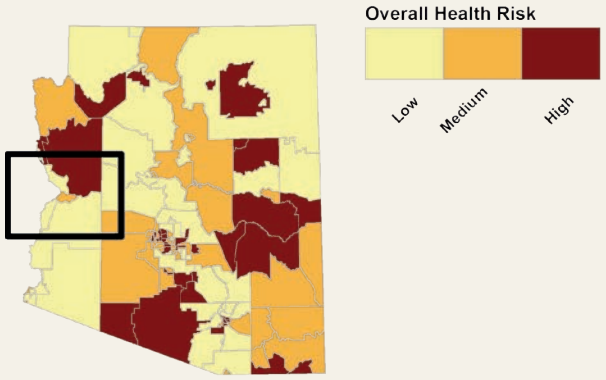
Maternal Child Health (Rate per 1,000)					
Infant Mortality			Pre-term Birth		
Rate	Confidence Interval		Rate	Confidence Interval	
12.69	6.33	22.70	131.49	107.35	155.63
Low Birth Weight			Teen Pregnancy		
Rate	Confidence Interval		Rate	Confidence Interval	
86.51	66.93	106.08	130.34	97.63	163.05
Smoked During Pregnancy			Gestational Diabetes		
Rate	Confidence Interval		Rate	Confidence Interval	
36.91	24.12	49.70	54.21	38.71	69.71
Mortality (Rate per 100,00)					
Heat Related Deaths			Alzheimer's Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
0.00	0.00	11.96	16.60	0.78	23.42
Diabetes Related Deaths			Heart Attack Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
137.99	47.25	111.85	212.57	196.17	228.97
Stroke Related Deaths			Suicide Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
35.47	5.26	37.82	15.25	3.53	33.19
COPD Related Deaths			Cancer Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
26.41	5.26	37.82	159.13	65.60	138.80
Injury Related Deaths			Liver Failure Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
29.17	13.34	55.37	88.81	44.68	107.95
Unintentional Injury Related Deaths					
Rate	Confidence Interval				
176.44	159.33	193.56			
Hospital Admissions (Rate per 100,000)					
Congestive Heart Failure			Hypertension		
Rate	Confidence Interval		Rate	Confidence Interval	
***	***	***	***	***	***
Adult Asthma Admission			COPD		
Rate	Confidence Interval		Rate	Confidence Interval	
***	***	***	***	***	***
Uncontrolled Diabetes			Short Term Diabetes		
Rate	Confidence Interval		Rate	Confidence Interval	
***	***	***	***	***	***
Lead Poisoning			Food Borne Illness		
Rate	Confidence Interval		Rate	Confidence Interval	
12.96	3.53	33.19	158.81	114.34	203.27
Vaccination					
Rate	Confidence Interval				
9.72	2.01	28.41			

Rates and CIs with counts below 30 used Poisson
**** Indicated No Data Available*

La Paz County

(196.99 sq miles)





Facilities (Per 10,000 Individuals)

- Hospitals
- Behavioral Health Facilities (0.56)
- Assisted Living Facilities (0.00)
- Child Care Facilities (2.80)

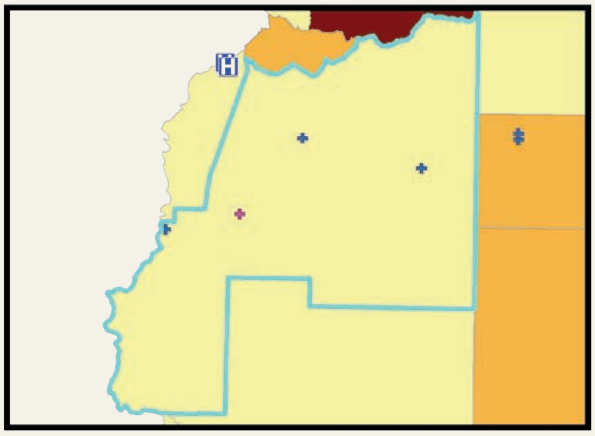
2000 Population:	6,453
2010 Population:	5,564
Three Year Avg:	7,199

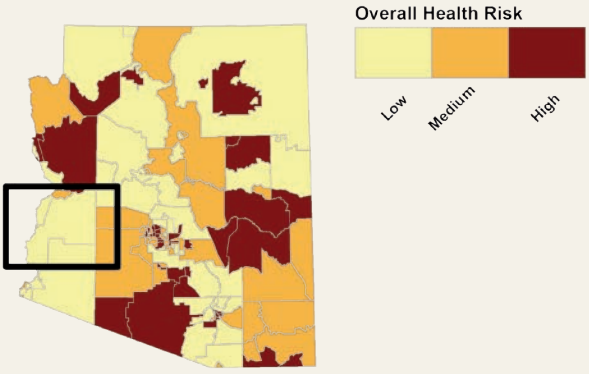
Maternal Child Health (Rate per 1,000)					
Infant Mortality			Pre-term Birth		
Rate	Confidence Interval		Rate	Confidence Interval	
20.00	6.49	46.67	72.00	42.67	113.79
Low Birth Weight			Teen Pregnancy		
Rate	Confidence Interval		Rate	Confidence Interval	
36.00	16.46	68.34	24.19	8.88	52.66
Smoked During Pregnancy			Gestational Diabetes		
Rate	Confidence Interval		Rate	Confidence Interval	
20.00	6.49	46.67	8.00	0.97	28.90
Mortality (Rate per 100,00)					
Heat Related Deaths			Alzheimer's Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
0.00	0.00	19.31	4.20	1.27	37.83
Diabetes Related Deaths			Heart Attack Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
2.70	0.13	29.17	115.45	106.80	124.09
Stroke Related Deaths			Suicide Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
12.52	8.50	61.09	15.12	8.50	61.09
COPD Related Deaths			Cancer Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
40.47	40.07	122.98	154.94	142.77	167.12
Injury Related Deaths			Liver Failure Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
27.78	10.20	60.47	19.11	8.50	61.09
Unintentional Injury Related Deaths					
Rate	Confidence Interval				
52.24	36.24	116.39			
Hospital Admissions (Rate per 100,000)					
Congestive Heart Failure			Hypertension		
Rate	Confidence Interval		Rate	Confidence Interval	
202.35	135.31	269.38	40.47	16.27	83.38
Adult Asthma Admission			COPD		
Rate	Confidence Interval		Rate	Confidence Interval	
98.28	57.25	157.36	352.66	264.16	441.16
Uncontrolled Diabetes			Short Term Diabetes		
Rate	Confidence Interval		Rate	Confidence Interval	
17.34	3.58	50.69	92.50	52.87	150.22
Lead Poisoning			Food Borne Illness		
Rate	Confidence Interval		Rate	Confidence Interval	
0.00	0.00	17.08	27.78	10.20	60.47
Vaccination					
Rate	Confidence Interval				
13.89	2.86	40.59			

Rates and CIs with counts below 30 used Poisson
**** Indicated No Data Available*

La Paz County

(3,956.66 sq miles)





Facilities (Per 10,000 Individuals)

- H Hospitals
- \+ Behavioral Health Facilities (0.10)
- \+ Assisted Living Facilities (0.00)
- \+ Child Care Facilities (3.10)

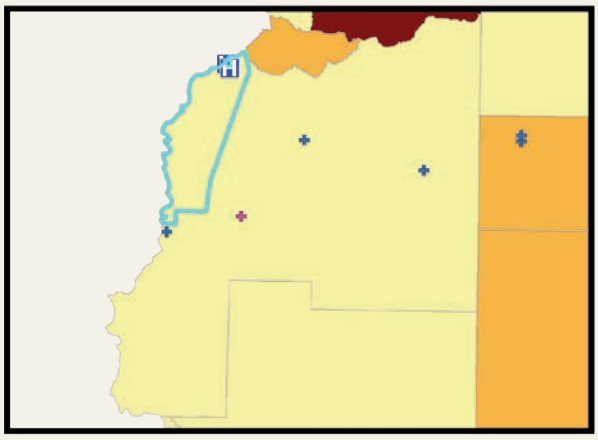
2000 Population:	8,933
2010 Population:	10,928
Three Year Avg:	9,756

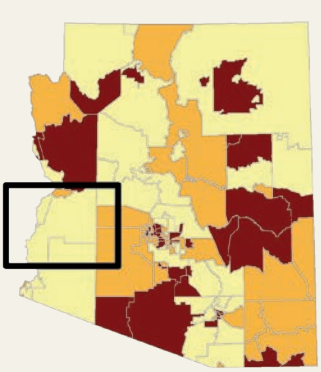
Maternal Child Health (Rate per 1,000)					
Infant Mortality			Pre-term Birth		
Rate	Confidence Interval		Rate	Confidence Interval	
8.16	0.99	29.49	97.96	62.76	145.76
Low Birth Weight			Teen Pregnancy		
Rate	Confidence Interval		Rate	Confidence Interval	
61.22	34.27	100.98	27.03	9.92	58.82
Smoked During Pregnancy			Gestational Diabetes		
Rate	Confidence Interval		Rate	Confidence Interval	
44.90	22.41	80.33	36.73	16.80	69.73
Mortality (Rate per 100,00)					
Heat Related Deaths			Alzheimer's Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
3.87	2.71	38.37	4.61	7.11	51.07
Diabetes Related Deaths			Heart Attack Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
5.64	7.11	51.07	107.73	101.15	114.32
Stroke Related Deaths			Suicide Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
8.00	18.01	74.78	13.51	9.64	57.16
COPD Related Deaths			Cancer Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
21.77	70.81	161.52	96.12	89.25	102.98
Injury Related Deaths			Liver Failure Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
3.42	0.09	19.04	21.17	15.12	68.99
Unintentional Injury Related Deaths					
Rate	Confidence Interval				
61.57	67.30	156.29			
Hospital Admissions (Rate per 100,000)					
Congestive Heart Failure			Hypertension		
Rate	Confidence Interval		Rate	Confidence Interval	
3.83	0.10	21.36	0.00	0.00	14.14
Adult Asthma Admission			COPD		
Rate	Confidence Interval		Rate	Confidence Interval	
0.00	0.00	14.14	7.67	0.93	27.7
Uncontrolled Diabetes			Short Term Diabetes		
Rate	Confidence Interval		Rate	Confidence Interval	
0.00	0.00	14.14	0.00	0.00	14.14
Lead Poisoning			Food Borne Illness		
Rate	Confidence Interval		Rate	Confidence Interval	
3.42	0.09	19.04	44.42	23.65	75.95
Vaccination					
Rate	Confidence Interval				
17.08	5.55	39.87			

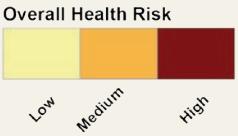
Rates and CIs with counts below 30 used Poisson
**** Indicated No Data Available*

La Paz County

(363.04 sq miles)







Facilities (Per 10,000 Individuals)

- H Hospitals
- \+ Behavioral Health Facilities (0)
- \+ Assisted Living Facilities (0)
- \+ Child Care Facilities (0)

2000 Population:	4,329
2010 Population:	3,997
Three Year Avg:	3,954

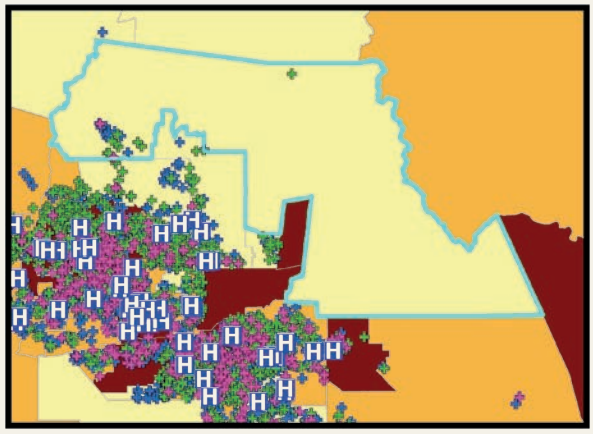
Maternal Child Health (Rate per 1,000)					
Infant Mortality			Pre-term Birth		
Rate	Confidence Interval		Rate	Confidence Interval	
8.06	0.20	44.93	64.52	27.85	127.12
Low Birth Weight			Teen Pregnancy		
Rate	Confidence Interval		Rate	Confidence Interval	
48.39	17.76	105.32	32.26	10.47	75.28
Smoked During Pregnancy			Gestational Diabetes		
Rate	Confidence Interval		Rate	Confidence Interval	
8.06	0.20	44.93	32.26	8.79	82.59
Mortality (Rate per 100,00)					
Heat Related Deaths			Alzheimer's Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
0.00	0.00	50.06	4.59	0.34	75.61
Diabetes Related Deaths			Heart Attack Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
33.18	14.79	138.98	179.52	187.1	452.01
Stroke Related Deaths			Suicide Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
24.67	14.79	138.98	0.00	0.00	50.06
COPD Related Deaths			Cancer Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
21.62	3.29	98.04	160.35	144.77	386.05
Injury Related Deaths			Liver Failure Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
0.00	0.00	31.10	60.16	29.88	177.22
Unintentional Injury Related Deaths					
Rate	Confidence Interval				
65.79	38.19	195.72			
Hospital Admissions (Rate per 100,000)					
Congestive Heart Failure			Hypertension		
Rate	Confidence Interval		Rate	Confidence Interval	
58.07	18.86	135.52	58.07	18.86	135.52
Adult Asthma Admission			COPD		
Rate	Confidence Interval		Rate	Confidence Interval	
34.84	7.19	101.83	243.9	150.98	372.83
Uncontrolled Diabetes			Short Term Diabetes		
Rate	Confidence Interval		Rate	Confidence Interval	
0.00	0.00	42.84	58.07	18.86	135.52
Lead Poisoning			Food Borne Illness		
Rate	Confidence Interval		Rate	Confidence Interval	
0.00	0.00	31.10	0.00	0.00	31.10
Vaccination					
Rate	Confidence Interval				
0.00	0.00	31.10			

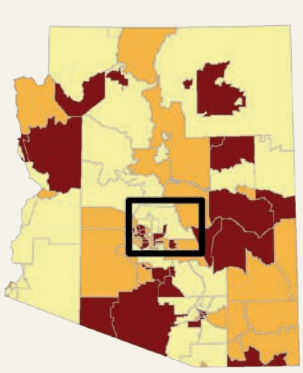
Rates and CIs with counts below 30 used Poisson

**** Indicated No Data Available*

Maricopa County

(1,307.76 sq miles)





Facilities (Per 10,000 Individuals)

- H Hospitals
- \+ Behavioral Health Facilities (0.09)
- \+ Assisted Living Facilities (2.60)
- \+ Child Care Facilities (3.50)

2000 Population:	17,596
2010 Population:	59,079
Three Year Avg:	45,831

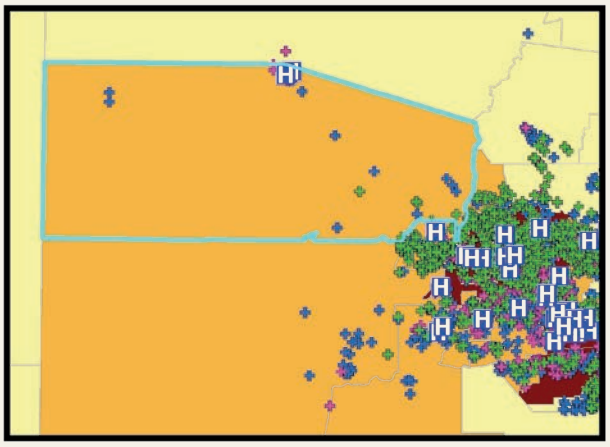
Maternal Child Health (Rate per 1,000)					
Infant Mortality			Pre-term Birth		
Rate	Confidence Interval		Rate	Confidence Interval	
2.92	0.95	6.82	99.36	84.42	114.29
Low Birth Weight			Teen Pregnancy		
Rate	Confidence Interval		Rate	Confidence Interval	
56.11	44.88	67.33	1.38	0.29	4.04
Smoked During Pregnancy			Gestational Diabetes		
Rate	Confidence Interval		Rate	Confidence Interval	
32.14	23.65	40.64	30.98	22.64	39.32
Mortality (Rate per 100,00)					
Heat Related Deaths			Alzheimer's Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
0.00	0.00	2.68	39.62	37.81	41.42
Diabetes Related Deaths			Heart Attack Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
9.74	4.51	15.25	97.97	94.66	101.28
Stroke Related Deaths			Suicide Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
28.22	26.59	29.85	12.82	11.18	25.97
COPD Related Deaths			Cancer Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
29.79	27.89	31.69	126.36	122.31	130.4
Injury Related Deaths			Liver Failure Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
10.18	5.57	17.08	3.93	2.51	11.46
Unintentional Injury Related Deaths					
Rate	Confidence Interval				
31.34	28.97	33.70			
Hospital Admissions (Rate per 100,000)					
Congestive Heart Failure			Hypertension		
Rate	Confidence Interval		Rate	Confidence Interval	
70.19	54.52	85.87	48.32	35.31	61.32
Adult Asthma Admission			COPD		
Rate	Confidence Interval		Rate	Confidence Interval	
97.54	79.06	116.03	121.25	100.64	141.85
Uncontrolled Diabetes			Short Term Diabetes		
Rate	Confidence Interval		Rate	Confidence Interval	
7.29	3.15	14.37	29.17	19.06	39.28
Lead Poisoning			Food Borne Illness		
Rate	Confidence Interval		Rate	Confidence Interval	
0.73	0.02	4.05	28.37	19.46	37.27
Vaccination					
Rate	Confidence Interval				
19.64	12.94	28.57			

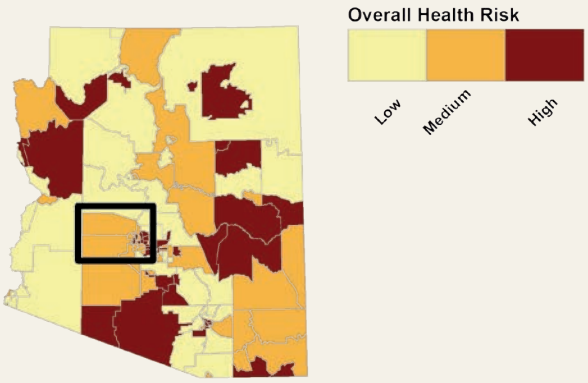
Rates and CIs with counts below 30 used Poisson

**** Indicated No Data Available*

Maricopa County

(1,374.09 sq miles)





Facilities (Per 10,000 Individuals)

- H Hospitals
- \+ Behavioral Health Facilities (0.26)
- \+ Assisted Living Facilities (2.10)
- \+ Child Care Facilities (3.80)

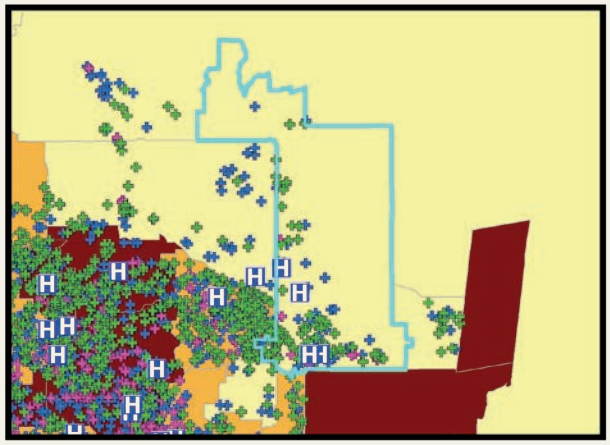
2000 Population:	20,332
2010 Population:	46,587
Three Year Avg:	34,059

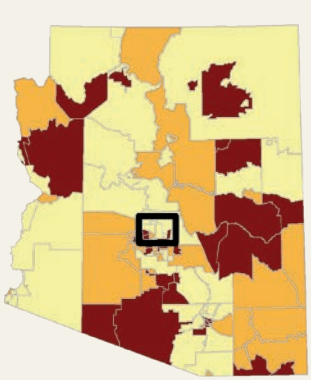
Maternal Child Health (Rate per 1,000)					
Infant Mortality			Pre-term Birth		
Rate	Confidence Interval		Rate	Confidence Interval	
7.23	3.47	13.30	112.08	94.43	129.72
Low Birth Weight			Teen Pregnancy		
Rate	Confidence Interval		Rate	Confidence Interval	
65.80	52.28	79.32	16.06	8.78	26.94
Smoked During Pregnancy			Gestational Diabetes		
Rate	Confidence Interval		Rate	Confidence Interval	
70.86	56.83	84.89	33.26	23.65	42.87
Mortality (Rate per 100,00)					
Heat Related Deaths			Alzheimer's Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
0.52	0.02	5.45	35.07	33.81	36.33
Diabetes Related Deaths			Heart Attack Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
10.90	15.05	34.95	108.59	105.20	111.98
Stroke Related Deaths			Suicide Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
34.48	32.51	36.44	22.28	19.81	41.91
COPD Related Deaths			Cancer Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
45.37	43.56	47.18	132.88	129.05	136.72
Injury Related Deaths			Liver Failure Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
14.68	8.22	24.21	10.00	12.72	31.42
Unintentional Injury Related Deaths					
Rate	Confidence Interval				
35.14	31.18	39.10			
Hospital Admissions (Rate per 100,000)					
Congestive Heart Failure			Hypertension		
Rate	Confidence Interval		Rate	Confidence Interval	
131.51	107.16	155.87	64.58	47.51	81.65
Adult Asthma Admission			COPD		
Rate	Confidence Interval		Rate	Confidence Interval	
137.38	112.49	162.28	299.43	262.67	336.18
Uncontrolled Diabetes			Short Term Diabetes		
Rate	Confidence Interval		Rate	Confidence Interval	
16.44	8.99	27.58	100.98	79.64	122.33
Lead Poisoning			Food Borne Illness		
Rate	Confidence Interval		Rate	Confidence Interval	
0.98	0.02	5.45	46.00	32.85	59.15
Vaccination					
Rate	Confidence Interval				
17.62	10.44	27.84			

Rates and CIs with counts below 30 used Poisson
**** Indicated No Data Available*

Maricopa County

(173.64 sq miles)





Facilities (Per 10,000 Individuals)

- H Hospitals
- \+ Behavioral Health Facilities (0.06)
- \+ Assisted Living Facilities (4.20)
- \+ Child Care Facilities (3.40)

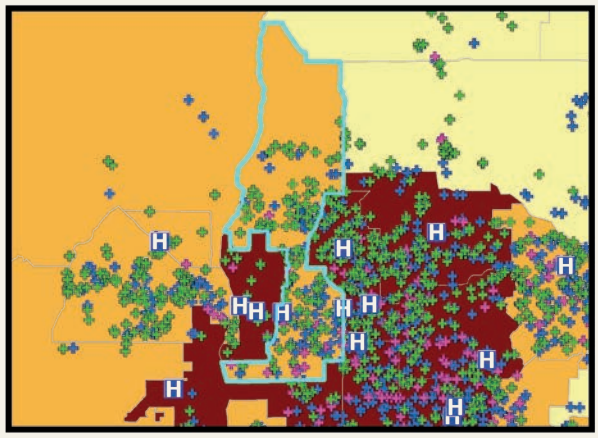
2000 Population:	111,906
2010 Population:	130,485
Three Year Avg:	144,228

Maternal Child Health (Rate per 1,000)					
Infant Mortality			Pre-term Birth		
Rate	Confidence Interval		Rate	Confidence Interval	
3.13	1.43	5.93	94.48	83.25	105.71
Low Birth Weight			Teen Pregnancy		
Rate	Confidence Interval		Rate	Confidence Interval	
77.80	67.62	87.99	1.21	0.52	2.37
Smoked During Pregnancy			Gestational Diabetes		
Rate	Confidence Interval		Rate	Confidence Interval	
13.20	9.00	17.40	22.92	17.39	28.46
Mortality (Rate per 100,00)					
Heat Related Deaths			Alzheimer's Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
0.00	0.00	0.85	42.35	41.44	43.27
Diabetes Related Deaths			Heart Attack Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
10.31	9.71	10.91	114.57	112.78	116.39
Stroke Related Deaths			Suicide Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
21.91	21.13	22.68	11.35	10.50	12.20
COPD Related Deaths			Cancer Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
27.89	27.00	28.77	124.73	122.51	126.94
Injury Related Deaths			Liver Failure Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
4.16	2.47	6.57	28.85	27.59	30.14
Unintentional Injury Related Deaths					
Rate	Confidence Interval				
4.45	3.93	8.80			
Hospital Admissions (Rate per 100,000)					
Congestive Heart Failure			Hypertension		
Rate	Confidence Interval		Rate	Confidence Interval	
82.82	73.24	92.40	36.36	30.01	42.71
Adult Asthma Admission			COPD		
Rate	Confidence Interval		Rate	Confidence Interval	
70.99	62.12	79.86	79.93	70.52	89.35
Uncontrolled Diabetes			Short Term Diabetes		
Rate	Confidence Interval		Rate	Confidence Interval	
4.33	2.42	7.14	41.27	34.50	48.03
Lead Poisoning			Food Borne Illness		
Rate	Confidence Interval		Rate	Confidence Interval	
0.23	0.01	1.29	24.73	20.04	29.42
Vaccination					
Rate	Confidence Interval				
19.64	15.57	23.82			

Rates and CIs with counts below 30 used Poisson
**** Indicated No Data Available*

Maricopa County

(71.30 sq miles)



Facilities (Per 10,000 Individuals)

- H Hospitals
- \+ Behavioral Health Facilities (0.08)
- \+ Assisted Living Facilities (6.60)
- \+ Child Care Facilities (5.00)

2000 Population:	110,127
2010 Population:	147,979
Three Year Avg:	155,736

Maternal Child Health (Rate per 1,000)					
Infant Mortality			Pre-term Birth		
Rate	Confidence Interval		Rate	Confidence Interval	
6.34	4.21	8.47	106.68	97.93	115.42
Low Birth Weight			Teen Pregnancy		
Rate	Confidence Interval		Rate	Confidence Interval	
67.51	60.56	74.47	7.37	5.41	9.34
Smoked During Pregnancy			Gestational Diabetes		
Rate	Confidence Interval		Rate	Confidence Interval	
52.03	45.93	58.14	47.00	41.19	52.80
Mortality (Rate per 100,00)					
Heat Related Deaths			Alzheimer's Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
0.00	0.00	0.93	54.74	53.63	55.84
Diabetes Related Deaths			Heart Attack Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
14.23	13.46	15.00	141.33	139.13	143.53
Stroke Related Deaths			Suicide Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
35.65	34.57	36.74	11.49	10.56	12.43
COPD Related Deaths			Cancer Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
47.75	46.40	49.09	150.07	147.47	152.67
Injury Related Deaths			Liver Failure Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
8.35	5.73	10.97	7.15	6.53	7.78
Unintentional Injury Related Deaths					
Rate	Confidence Interval				
36.65	35.11	38.19			
Hospital Admissions (Rate per 100,000)					
Congestive Heart Failure			Hypertension		
Rate	Confidence Interval		Rate	Confidence Interval	
109.18	98.19	120.18	90.17	80.18	100.16
Adult Asthma Admission			COPD		
Rate	Confidence Interval		Rate	Confidence Interval	
144.91	132.24	157.57	193.59	178.96	208.23
Uncontrolled Diabetes			Short Term Diabetes		
Rate	Confidence Interval		Rate	Confidence Interval	
12.68	8.93	16.42	87.29	77.46	97.12
Lead Poisoning			Food Borne Illness		
Rate	Confidence Interval		Rate	Confidence Interval	
1.07	0.35	2.50	24.40	19.92	28.88
Vaccination					
Rate	Confidence Interval				
19.26	15.28	23.24			

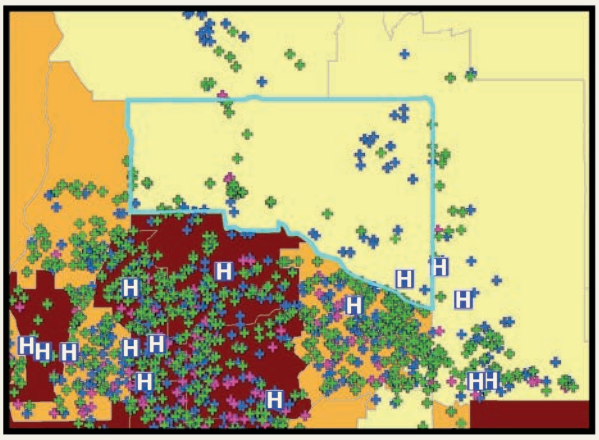
Rates and CIs with counts below 30 used Poisson
**** Indicated No Data Available*

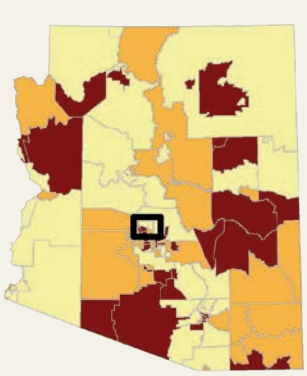
Desert View/North Gateway—CHAA ID 42

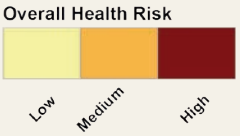
C42

Maricopa County

(123.38 sq miles)







Facilities (Per 10,000 Individuals)

- H Hospitals
- \+ Behavioral Health Facilities (0.04)
- \+ Assisted Living Facilities (5.30)
- \+ Child Care Facilities (3.90)

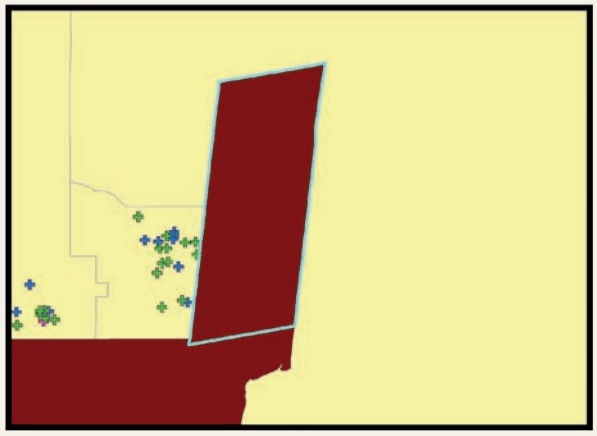
2000 Population:	38,703
2010 Population:	87,869
Three Year Avg:	75,174

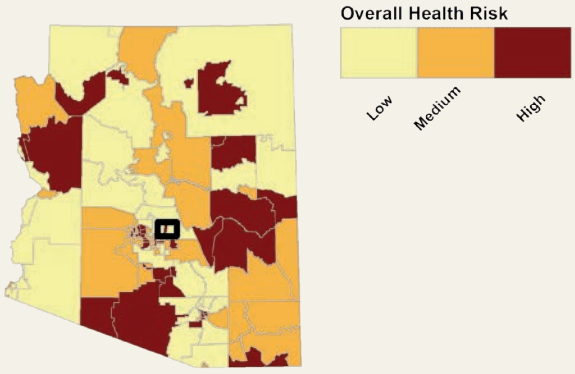
Maternal Child Health (Rate per 1,000)					
Infant Mortality			Pre-term Birth		
Rate	Confidence Interval		Rate	Confidence Interval	
5.51	3.37	8.52	103.39	92.93	113.86
Low Birth Weight			Teen Pregnancy		
Rate	Confidence Interval		Rate	Confidence Interval	
78.03	68.94	87.12	0.00	0.00	1.07
Smoked During Pregnancy			Gestational Diabetes		
Rate	Confidence Interval		Rate	Confidence Interval	
12.41	8.78	16.03	28.40	22.91	33.88
Mortality (Rate per 100,00)					
Heat Related Deaths			Alzheimer's Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
0.00	0.00	2.23	43.99	42.13	45.85
Diabetes Related Deaths			Heart Attack Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
12.67	6.93	17.97	116.59	113.34	119.84
Stroke Related Deaths			Suicide Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
36.69	34.79	38.59	15.19	13.59	16.79
COPD Related Deaths			Cancer Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
40.86	38.78	42.95	141.96	137.81	146.11
Injury Related Deaths			Liver Failure Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
5.76	3.07	9.86	6.57	4.19	13.46
Unintentional Injury Related Deaths					
Rate	Confidence Interval				
31.49	29.45	33.53			
Hospital Admissions (Rate per 100,000)					
Congestive Heart Failure			Hypertension		
Rate	Confidence Interval		Rate	Confidence Interval	
63.14	51.06	75.22	29.47	21.22	37.72
Adult Asthma Admission			COPD		
Rate	Confidence Interval		Rate	Confidence Interval	
95.61	80.75	110.48	82.99	69.14	96.83
Uncontrolled Diabetes			Short Term Diabetes		
Rate	Confidence Interval		Rate	Confidence Interval	
3.01	0.98	7.02	37.28	28.00	46.56
Lead Poisoning			Food Borne Illness		
Rate	Confidence Interval		Rate	Confidence Interval	
0.89	0.11	3.20	33.26	25.73	40.78
Vaccination					
Rate	Confidence Interval				
19.07	13.37	24.77			

Rates and CIs with counts below 30 used Poisson
**** Indicated No Data Available*

Maricopa County

(38.87 sq miles)





Facilities (Per 10,000 Individuals)

- Hospitals
- Behavioral Health Facilities (0)
- Assisted Living Facilities (0)
- Child Care Facilities (0)

2000 Population:	824
2010 Population:	971
Three Year Avg:	952

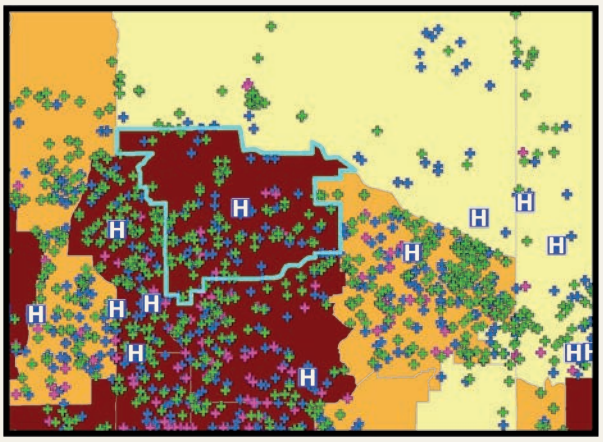
Maternal Child Health (Rate per 1,000)					
Infant Mortality			Pre-term Birth		
Rate	Confidence Interval		Rate	Confidence Interval	
0.00	0.00	59.50	145.16	66.38	275.56
Low Birth Weight			Teen Pregnancy		
Rate	Confidence Interval		Rate	Confidence Interval	
80.65	26.19	188.20	22.73	0.58	126.63
Smoked During Pregnancy			Gestational Diabetes		
Rate	Confidence Interval		Rate	Confidence Interval	
0.00	0.00	59.5.0	48.39	9.98	141.41
Mortality (Rate per 100,00)					
Heat Related Deaths			Alzheimer's Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
0.00	0.00	366.33	0.00	0.00	366.33
Diabetes Related Deaths			Heart Attack Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
532.70	218.66	1296.87	278.46	161.22	1158.72
Stroke Related Deaths			Suicide Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
0.00	0.00	366.33	0.00	0.00	366.33
COPD Related Deaths			Cancer Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
0.00	0.00	366.33	131.89	2.51	553.29
Injury Related Deaths			Liver Failure Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
0.00	0.00	129.21	172.87	24.05	717.45
Unintentional Injury Related Deaths					
Rate	Confidence Interval				
46.41	2.51	553.29			
Hospital Admissions (Rate per 100,000)					
Congestive Heart Failure			Hypertension		
Rate	Confidence Interval		Rate	Confidence Interval	
110.44	13.37	398.93	55.22	1.40	307.65
Adult Asthma Admission			COPD		
Rate	Confidence Interval		Rate	Confidence Interval	
331.31	121.58	721.12	220.87	60.18	565.52
Uncontrolled Diabetes			Short Term Diabetes		
Rate	Confidence Interval		Rate	Confidence Interval	
55.22	1.40	307.65	938.71	546.83	1502.96
Lead Poisoning			Food Borne Illness		
Rate	Confidence Interval		Rate	Confidence Interval	
0.00	0.00	129.21	105.08	21.67	307.09
Vaccination					
Rate	Confidence Interval				
0.00	0.00	129.21			

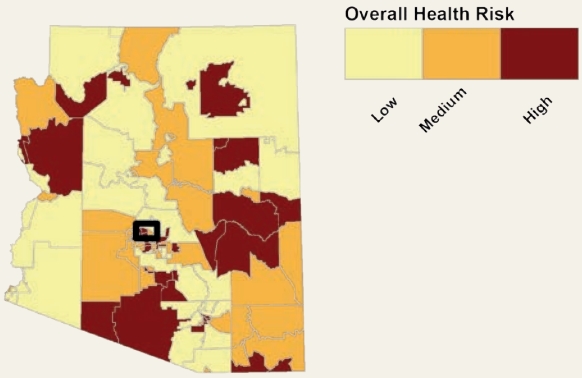
Rates and CIs with counts below 30 used Poisson
**** Indicated No Data Available*

Deer Valley—CHAA ID 44

Maricopa County

(40.38 sq miles)





Facilities (Per 10,000 Individuals)

- H Hospitals
- \+ Behavioral Health Facilities (0.05)
- \+ Assisted Living Facilities (4.80)
- \+ Child Care Facilities (3.30)

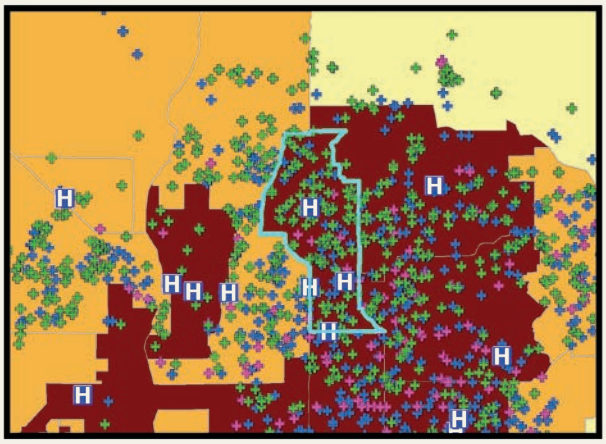
2000 Population:	143,602
2010 Population:	141,059
Three Year Avg:	161,881

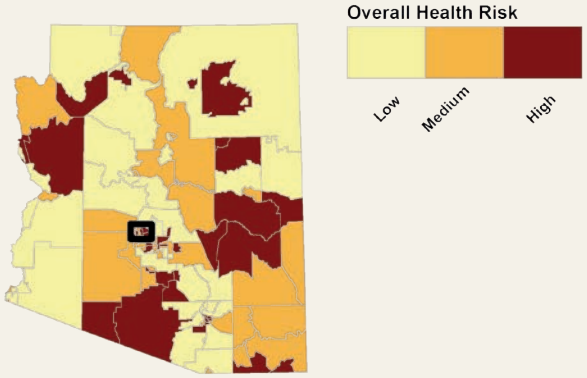
Maternal Child Health (Rate per 1,000)					
Infant Mortality			Pre-term Birth		
Rate	Confidence Interval		Rate	Confidence Interval	
6.28	4.25	8.30	101.80	93.65	109.94
Low Birth Weight			Teen Pregnancy		
Rate	Confidence Interval		Rate	Confidence Interval	
68.88	62.18	75.58	7.63	5.67	9.60
Smoked During Pregnancy			Gestational Diabetes		
Rate	Confidence Interval		Rate	Confidence Interval	
70.58	63.80	77.36	46.15	40.66	51.63
Mortality (Rate per 100,00)					
Heat Related Deaths			Alzheimer's Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
0.54	0.13	1.81	51.65	50.20	53.10
Diabetes Related Deaths			Heart Attack Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
18.69	17.59	19.80	158.90	156.01	161.79
Stroke Related Deaths			Suicide Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
35.88	34.49	37.28	16.38	15.24	17.52
COPD Related Deaths			Cancer Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
55.22	53.38	57.07	167.03	163.74	170.32
Injury Related Deaths			Liver Failure Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
9.88	7.09	12.68	9.27	8.48	10.06
Unintentional Injury Related Deaths					
Rate	Confidence Interval				
45.11	43.31	46.91			
Hospital Admissions (Rate per 100,000)					
Congestive Heart Failure			Hypertension		
Rate	Confidence Interval		Rate	Confidence Interval	
110.42	99.60	121.24	60.18	52.19	68.17
Adult Asthma Admission			COPD		
Rate	Confidence Interval		Rate	Confidence Interval	
173.36	159.8	186.92	187.44	173.34	201.54
Uncontrolled Diabetes			Short Term Diabetes		
Rate	Confidence Interval		Rate	Confidence Interval	
11.59	8.09	15.10	67.91	59.42	76.40
Lead Poisoning			Food Borne Illness		
Rate	Confidence Interval		Rate	Confidence Interval	
1.24	0.45	2.69	26.97	22.36	31.59
Vaccination					
Rate	Confidence Interval				
19.15	15.26	23.04			

Rates and CIs with counts below 30 used Poisson
**** Indicated No Data Available*

Maricopa County

(21.39 sq miles)





Facilities (Per 10,000 Individuals)

- H Hospitals
- \+ Behavioral Health Facilities (0.09)
- \+ Assisted Living Facilities (10.40)
- \+ Child Care Facilities (3.50)

2000 Population:	86,573
2010 Population:	84,286
Three Year Avg:	100,323

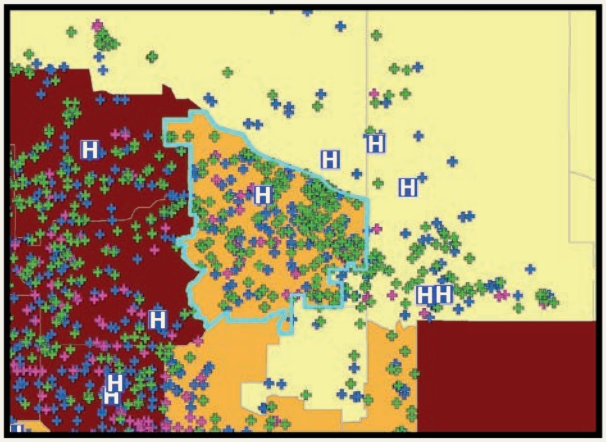
Maternal Child Health (Rate per 1,000)					
Infant Mortality			Pre-term Birth		
Rate	Confidence Interval		Rate	Confidence Interval	
3.66	1.76	6.74	98.57	86.79	110.35
Low Birth Weight			Teen Pregnancy		
Rate	Confidence Interval		Rate	Confidence Interval	
60.83	51.57	70.08	5.79	3.85	8.37
Smoked During Pregnancy			Gestational Diabetes		
Rate	Confidence Interval		Rate	Confidence Interval	
74.02	63.81	84.23	56.43	47.52	65.34
Mortality (Rate per 100,00)					
Heat Related Deaths			Alzheimer's Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
0.97	0.08	2.40	67.94	65.85	70.03
Diabetes Related Deaths			Heart Attack Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
14.94	13.74	16.14	175.89	172.00	179.78
Stroke Related Deaths			Suicide Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
36.09	34.28	37.90	8.78	6.45	13.84
COPD Related Deaths			Cancer Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
53.03	50.80	55.26	185.74	181.33	190.16
Injury Related Deaths			Liver Failure Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
8.31	5.38	12.26	6.17	3.29	9.04
Unintentional Injury Related Deaths					
Rate	Confidence Interval				
39.77	37.69	41.84			
Hospital Admissions (Rate per 100,000)					
Congestive Heart Failure			Hypertension		
Rate	Confidence Interval		Rate	Confidence Interval	
103.47	90.27	116.67	59.63	49.60	69.65
Adult Asthma Admission			COPD		
Rate	Confidence Interval		Rate	Confidence Interval	
155.64	139.45	171.83	132.41	117.47	147.34
Uncontrolled Diabetes			Short Term Diabetes		
Rate	Confidence Interval		Rate	Confidence Interval	
12.71	8.52	18.26	84.62	72.68	96.55
Lead Poisoning			Food Borne Illness		
Rate	Confidence Interval		Rate	Confidence Interval	
0.33	0.01	1.85	28.24	22.24	34.25
Vaccination					
Rate	Confidence Interval				
20.27	15.18	25.35			

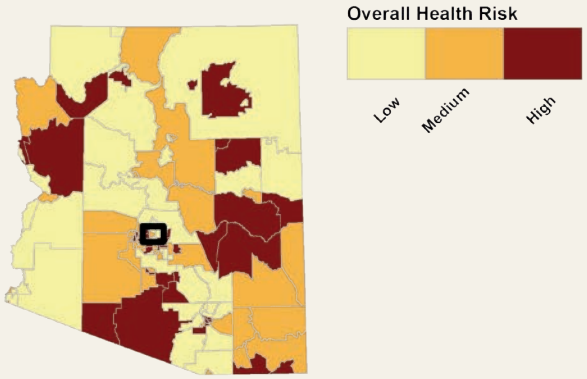
Rates and CIs with counts below 30 used Poisson
**** Indicated No Data Available*

C46

Maricopa County

(42.45 sq miles)





Facilities (Per 10,000 Individuals)

- H Hospitals
- \+ Behavioral Health Facilities (0.11)
- \+ Assisted Living Facilities (8.60)
- \+ Child Care Facilities (4.00)

2000 Population:	177,638
2010 Population:	170,353
Three Year Avg:	197,982

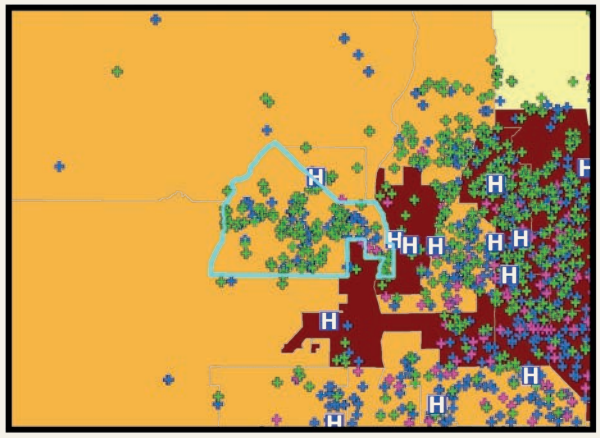
Maternal Child Health (Rate per 1,000)					
Infant Mortality			Pre-term Birth		
Rate	Confidence Interval		Rate	Confidence Interval	
7.11	4.98	9.23	92.55	84.88	100.21
Low Birth Weight			Teen Pregnancy		
Rate	Confidence Interval		Rate	Confidence Interval	
68.25	61.67	74.84	8.26	6.40	10.11
Smoked During Pregnancy			Gestational Diabetes		
Rate	Confidence Interval		Rate	Confidence Interval	
47.43	41.94	52.92	36.19	31.40	40.99
Mortality (Rate per 100,00)					
Heat Related Deaths			Alzheimer's Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
0.33	0.04	1.22	51.89	50.80	52.98
Diabetes Related Deaths			Heart Attack Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
13.91	13.18	14.64	143.64	141.50	145.77
Stroke Related Deaths			Suicide Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
29.60	28.66	30.55	11.50	10.67	12.32
COPD Related Deaths			Cancer Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
37.66	34.49	38.83	145.65	143.24	148.07
Injury Related Deaths			Liver Failure Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
8.08	5.80	10.37	6.93	6.36	7.50
Unintentional Injury Related Deaths					
Rate	Confidence Interval				
38.82	37.45	40.20			
Hospital Admissions (Rate per 100,000)					
Congestive Heart Failure			Hypertension		
Rate	Confidence Interval		Rate	Confidence Interval	
87.17	78.62	95.66	44.22	38.15	50.29
Adult Asthma Admission			COPD		
Rate	Confidence Interval		Rate	Confidence Interval	
103.61	94.32	112.90	143.71	132.77	154.65
Uncontrolled Diabetes			Short Term Diabetes		
Rate	Confidence Interval		Rate	Confidence Interval	
11.92	8.77	15.07	68.93	61.35	76.51
Lead Poisoning			Food Borne Illness		
Rate	Confidence Interval		Rate	Confidence Interval	
0.51	0.10	1.48	31.82	27.28	36.36
Vaccination					
Rate	Confidence Interval				
19.36	15.82	22.90			

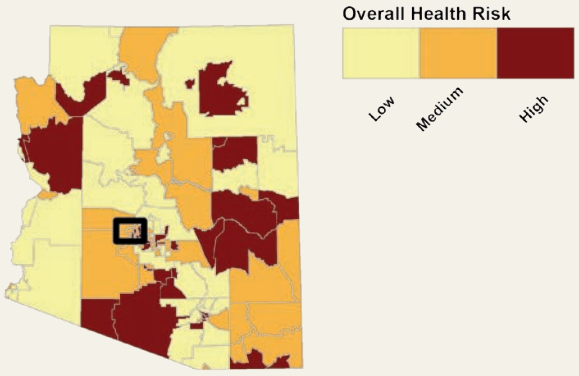
Rates and CIs with counts below 30 used Poisson
**** Indicated No Data Available*

C47

Maricopa County

(44.38 sq miles)





Facilities (Per 10,000 Individuals)

- H Hospitals
- \+ Behavioral Health Facilities (0.02)
- \+ Assisted Living Facilities (7.90)
- \+ Child Care Facilities (3.50)

2000 Population:	38,038
2010 Population:	131,806
Three Year Avg:	121,390

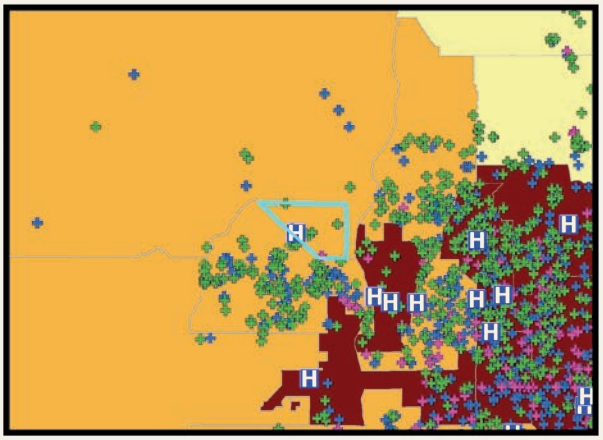
Maternal Child Health (Rate per 1,000)					
Infant Mortality			Pre-term Birth		
Rate	Confidence Interval		Rate	Confidence Interval	
3.93	2.49	5.90	98.99	90.93	107.05
Low Birth Weight			Teen Pregnancy		
Rate	Confidence Interval		Rate	Confidence Interval	
61.38	55.03	67.73	12.46	8.97	15.95
Smoked During Pregnancy			Gestational Diabetes		
Rate	Confidence Interval		Rate	Confidence Interval	
38.98	33.92	44.04	46.50	40.98	52.03
Mortality (Rate per 100,00)					
Heat Related Deaths			Alzheimer's Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
0.34	0.01	1.53	52.95	51.78	54.13
Diabetes Related Deaths			Heart Attack Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
11.57	10.74	12.39	151.74	149.20	154.27
Stroke Related Deaths			Suicide Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
33.66	32.57	34.74	15.78	14.25	17.31
COPD Related Deaths			Cancer Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
44.81	43.42	46.20	153.12	150.17	156.06
Injury Related Deaths			Liver Failure Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
7.41	4.89	10.79	6.43	5.11	11.11
Unintentional Injury Related Deaths					
Rate	Confidence Interval				
37.21	35.02	39.40			
Hospital Admissions (Rate per 100,000)					
Congestive Heart Failure			Hypertension		
Rate	Confidence Interval		Rate	Confidence Interval	
83.90	72.96	94.83	85.38	74.35	94.61
Adult Asthma Admission			COPD		
Rate	Confidence Interval		Rate	Confidence Interval	
163.71	148.43	178.99	189.69	173.25	206.14
Uncontrolled Diabetes			Short Term Diabetes		
Rate	Confidence Interval		Rate	Confidence Interval	
15.59	10.88	20.31	109.88	97.36	122.4
Lead Poisoning			Food Borne Illness		
Rate	Confidence Interval		Rate	Confidence Interval	
0.27	0.01	1.53	27.46	22.08	32.84
Vaccination					
Rate	Confidence Interval				
17.02	12.79	21.26			

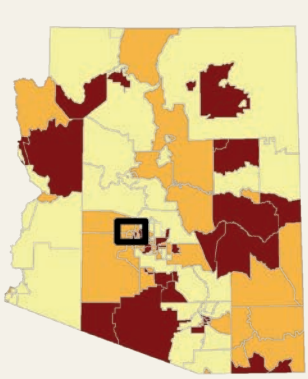
Rates and CIs with counts below 30 used Poisson
**** Indicated No Data Available*

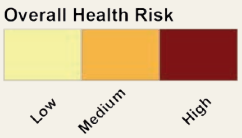
Sun City West—CHAA ID 48

Maricopa County

(9.19 sq miles)







Facilities (Per 10,000 Individuals)

- H Hospitals
- \+ Behavioral Health Facilities (0.11)
- \+ Assisted Living Facilities (2.70)
- \+ Child Care Facilities (0.55)

2000 Population:	21,124
2010 Population:	19,131
Three Year Avg:	18,268

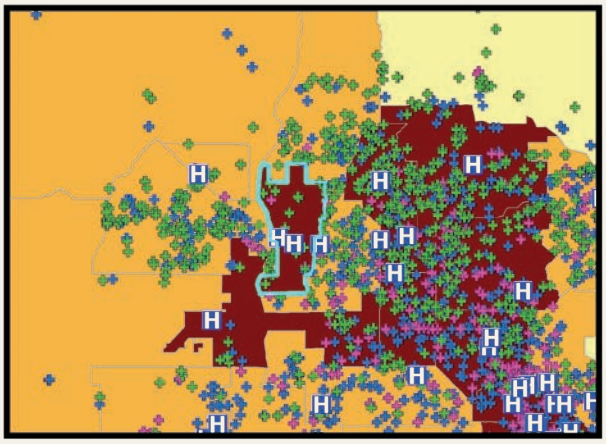
Maternal Child Health (Rate per 1,000)					
Infant Mortality			Pre-term Birth		
Rate	Confidence Interval		Rate	Confidence Interval	
0.00	0.00	614.82	0.00	0.00	614.82
Low Birth Weight			Teen Pregnancy		
Rate	Confidence Interval		Rate	Confidence Interval	
0.00	0.00	614.82	0.00	0.00	136.63
Smoked During Pregnancy			Gestational Diabetes		
Rate	Confidence Interval		Rate	Confidence Interval	
166.67	4.22	928.6	0.00	0.00	614.82
Mortality (Rate per 100,00)					
Heat Related Deaths			Alzheimer's Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
0.30	0.05	10.26	51.53	50.48	52.59
Diabetes Related Deaths			Heart Attack Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
16.41	13.70	19.12	154.20	149.25	159.15
Stroke Related Deaths			Suicide Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
36.07	33.73	38.42	15.55	14.09	43.25
COPD Related Deaths			Cancer Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
49.07	45.81	52.34	167.10	159.61	174.59
Injury Related Deaths			Liver Failure Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
12.77	5.14	26.32	5.79	15.46	45.56
Unintentional Injury Related Deaths					
Rate	Confidence Interval				
76.21	49.16	103.26			
Hospital Admissions (Rate per 100,000)					
Congestive Heart Failure			Hypertension		
Rate	Confidence Interval		Rate	Confidence Interval	
323.33	275.70	370.96	138.83	107.62	170.04
Adult Asthma Admission			COPD		
Rate	Confidence Interval		Rate	Confidence Interval	
107.78	80.28	135.28	522.44	461.89	582.99
Uncontrolled Diabetes			Short Term Diabetes		
Rate	Confidence Interval		Rate	Confidence Interval	
18.27	8.76	33.59	179.02	143.57	214.46
Lead Poisoning			Food Borne Illness		
Rate	Confidence Interval		Rate	Confidence Interval	
0.00	0.00	6.73	10.95	4.02	23.83
Vaccination					
Rate	Confidence Interval				
14.60	6.30	28.76			

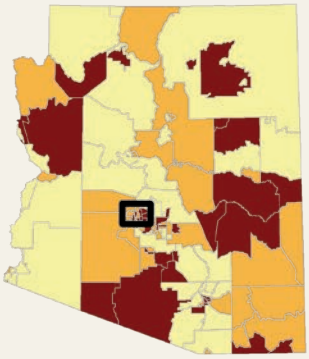
Rates and CIs with counts below 30 used Poisson
**** Indicated No Data Available*

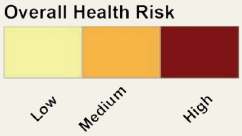
C49

Maricopa County

(17.40 sq miles)







Facilities (Per 10,000 Individuals)

- H Hospitals
- \+ Behavioral Health Facilities (0.08)
- \+ Assisted Living Facilities (4.20)
- \+ Child Care Facilities (0.52)

2000 Population:	42,409
2010 Population:	45,925
Three Year Avg:	38,333

Maternal Child Health (Rate per 1,000)

Infant Mortality			Pre-term Birth		
Rate	Confidence Interval		Rate	Confidence Interval	
14.85	5.45	32.33	111.39	78.84	143.93
Low Birth Weight			**Teen Pregnancy**		
Rate	Confidence Interval		Rate	Confidence Interval	
101.49	70.42	132.55	15.63	3.22	45.66
Smoked During Pregnancy			**Gestational Diabetes**		
Rate	Confidence Interval		Rate	Confidence Interval	
79.21	51.76	106.65	66.83	44.04	97.24

Mortality (Rate per 100,00)

Heat Related Deaths			Alzheimer's Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
0.07	0.02	4.89	29.13	28.38	29.87
Diabetes Related Deaths			**Heart Attack Related Deaths**		
Rate	Confidence Interval		Rate	Confidence Interval	
11.26	10.20	12.33	175.30	167.48	183.12
Stroke Related Deaths			**Suicide Related Deaths**		
Rate	Confidence Interval		Rate	Confidence Interval	
28.55	27.31	29.79	38.98	28.38	49.57
COPD Related Deaths			**Cancer Related Deaths**		
Rate	Confidence Interval		Rate	Confidence Interval	
40.84	39.05	42.64	186.73	177.70	195.75
Injury Related Deaths			**Liver Failure Related Deaths**		
Rate	Confidence Interval		Rate	Confidence Interval	
19.13	11.99	28.96	22.81	16.51	29.10
Unintentional Injury Related Deaths					
Rate	Confidence Interval				
89.23	74.82	103.63			

Hospital Admissions (Rate per 100,000)

Congestive Heart Failure			Hypertension		
Rate	Confidence Interval		Rate	Confidence Interval	
352.19	317.54	386.83	227.10	199.28	254.92
Adult Asthma Admission			**COPD**		
Rate	Confidence Interval		Rate	Confidence Interval	
220.89	193.46	248.33	630.74	584.38	677.11
Uncontrolled Diabetes			**Short Term Diabetes**		
Rate	Confidence Interval		Rate	Confidence Interval	
31.05	20.76	41.34	231.54	203.45	259.63
Lead Poisoning			**Food Borne Illness**		
Rate	Confidence Interval		Rate	Confidence Interval	
0.00	0.00	3.21	22.61	14.77	33.13
Vaccination					
Rate	Confidence Interval				
16.52	9.95	25.80			

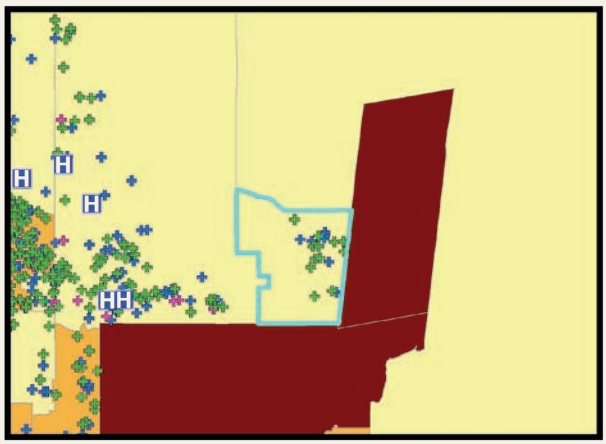
Rates and CIs with counts below 30 used Poisson
**** Indicated No Data Available*

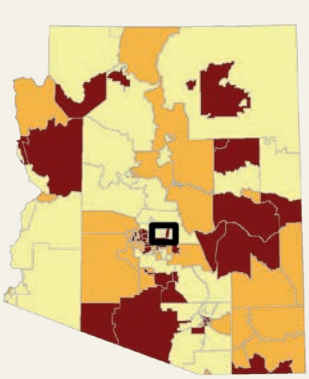
Fountain Hills—CHAA ID 50

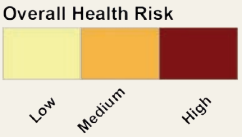
C50

Maricopa County

(21.99 sq miles)







Facilities (Per 10,000 Individuals)

- H Hospitals
- \+ Behavioral Health Facilities (0.0)
- \+ Assisted Living Facilities (4.8)
- \+ Child Care Facilities (3.2)

2000 Population:	20,515
2010 Population:	23,007
Three Year Avg:	25,253

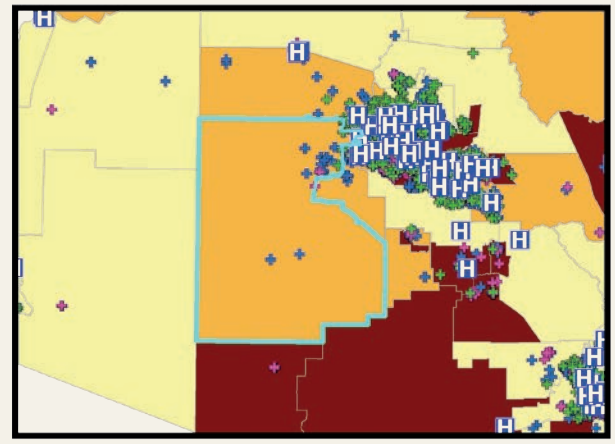
Maternal Child Health (Rate per 1,000)					
Infant Mortality			Pre-term Birth		
Rate	Confidence Interval		Rate	Confidence Interval	
2.75	0.07	15.35	112.95	78.37	147.52
Low Birth Weight			Teen Pregnancy		
Rate	Confidence Interval		Rate	Confidence Interval	
99.17	66.78	131.57	1.00	0.03	5.55
Smoked During Pregnancy			Gestational Diabetes		
Rate	Confidence Interval		Rate	Confidence Interval	
27.55	13.21	50.66	30.30	15.13	54.22
Mortality (Rate per 100,00)					
Heat Related Deaths			Alzheimer's Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
0.00	0.00	5.98	29.55	28.07	31.03
Diabetes Related Deaths			Heart Attack Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
13.00	14.82	42.10	108.41	104.93	111.89
Stroke Related Deaths			Suicide Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
30.98	29.19	32.77	7.85	6.67	27.68
COPD Related Deaths			Cancer Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
25.17	30.15	65.57	139.84	134.95	144.73
Injury Related Deaths			Liver Failure Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
11.88	5.43	22.55	4.40	4.56	23.37
Unintentional Injury Related Deaths					
Rate	Confidence Interval				
38.25	34.73	41.77			
Hospital Admissions (Rate per 100,000)					
Congestive Heart Failure			Hypertension		
Rate	Confidence Interval		Rate	Confidence Interval	
145.40	115.69	175.12	55.32	36.99	73.64
Adult Asthma Admission			COPD		
Rate	Confidence Interval		Rate	Confidence Interval	
90.09	66.70	113.47	102.73	77.76	127.71
Uncontrolled Diabetes			Short Term Diabetes		
Rate	Confidence Interval		Rate	Confidence Interval	
11.06	4.45	22.79	48.99	31.75	66.24
Lead Poisoning			Food Borne Illness		
Rate	Confidence Interval		Rate	Confidence Interval	
0.00	0.00	4.87	22.44	13.07	35.93
Vaccination					
Rate	Confidence Interval				
21.12	12.07	34.30			

Rates and CIs with counts below 30 used Poisson
**** Indicated No Data Available*

C51

Maricopa County

(4,363.25 sq miles)



Facilities (Per 10,000 Individuals)

- H Hospitals
- \+ Behavioral Health Facilities (0.03)
- \+ Assisted Living Facilities (1.20)
- \+ Child Care Facilities (4.80)

2000 Population:	26,330
2010 Population:	80,713
Three Year Avg:	58,629

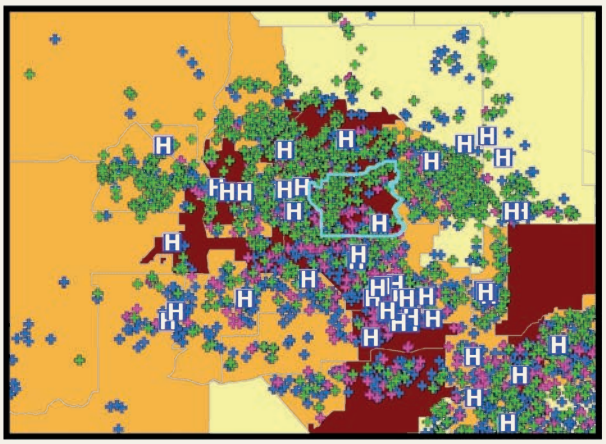
Maternal Child Health (Rate per 1,000)					
Infant Mortality			Pre-term Birth		
Rate	Confidence Interval		Rate	Confidence Interval	
4.96	3.03	7.66	106.67	96.59	116.76
Low Birth Weight			Teen Pregnancy		
Rate	Confidence Interval		Rate	Confidence Interval	
62.76	55.03	70.50	17.88	12.41	23.35
Smoked During Pregnancy			Gestational Diabetes		
Rate	Confidence Interval		Rate	Confidence Interval	
37.96	31.94	43.97	45.89	39.28	52.51
Mortality (Rate per 100,00)					
Heat Related Deaths			Alzheimer's Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
1.99	0.35	4.98	34.06	32.24	35.87
Diabetes Related Deaths			Heart Attack Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
26.27	24.16	28.38	158.12	153.44	162.8
Stroke Related Deaths			Suicide Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
27.44	25.40	29.48	10.31	6.50	16.87
COPD Related Deaths			Cancer Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
55.99	53.21	58.77	186.23	180.79	191.66
Injury Related Deaths			Liver Failure Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
19.33	12.83	25.83	13.69	8.74	20.30
Unintentional Injury Related Deaths					
Rate	Confidence Interval				
58.05	54.49	61.62			
Hospital Admissions (Rate per 100,000)					
Congestive Heart Failure			Hypertension		
Rate	Confidence Interval		Rate	Confidence Interval	
72.20	57.45	86.96	63.57	49.73	77.42
Adult Asthma Admission			COPD		
Rate	Confidence Interval		Rate	Confidence Interval	
178.94	155.71	202.17	171.88	149.11	194.64
Uncontrolled Diabetes			Short Term Diabetes		
Rate	Confidence Interval		Rate	Confidence Interval	
19.62	12.70	28.96	110.66	92.40	128.93
Lead Poisoning			Food Borne Illness		
Rate	Confidence Interval		Rate	Confidence Interval	
1.14	0.14	4.11	39.96	27.97	45.94
Vaccination					
Rate	Confidence Interval				
32.98	24.49	41.46			

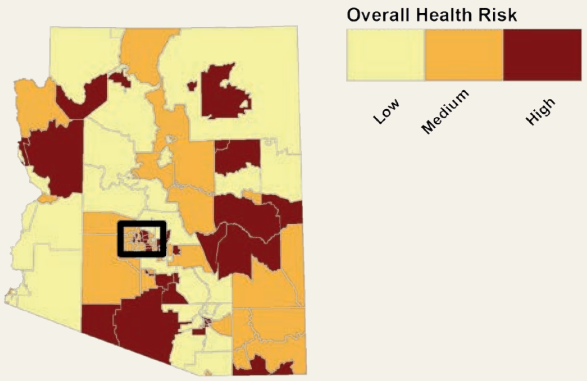
Rates and CIs with counts below 30 used Poisson
**** Indicated No Data Available*

C52

Maricopa County

(33.76 sq miles)





Facilities (Per 10,000 Individuals)

- H Hospitals
- \+ Behavioral Health Facilities (0.19)
- \+ Assisted Living Facilities (3.80)
- \+ Child Care Facilities (3.60)

2000 Population:	165,818
2010 Population:	159,672
Three Year Avg:	176,711

Maternal Child Health (Rate per 1,000)					
Infant Mortality			Pre-term Birth		
Rate	Confidence Interval		Rate	Confidence Interval	
5.69	4.01	7.37	98.29	91.30	105.28
Low Birth Weight			Teen Pregnancy		
Rate	Confidence Interval		Rate	Confidence Interval	
73.07	67.05	79.10	21.43	18.01	24.85
Smoked During Pregnancy			Gestational Diabetes		
Rate	Confidence Interval		Rate	Confidence Interval	
71.52	65.56	77.48	43.33	38.69	47.97
Mortality (Rate per 100,00)					
Heat Related Deaths			Alzheimer's Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
0.78	0.21	1.93	36.16	35.20	37.12
Diabetes Related Deaths			Heart Attack Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
15.79	14.88	16.70	161.67	159.12	164.23
Stroke Related Deaths			Suicide Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
31.55	30.43	32.69	17.99	16.83	19.15
COPD Related Deaths			Cancer Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
48.19	46.75	49.63	162.68	159.85	165.52
Injury Related Deaths			Liver Failure Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
10.55	7.80	13.33	10.47	9.69	11.25
Unintentional Injury Related Deaths					
Rate	Confidence Interval				
51.54	49.76	53.32			
Hospital Admissions (Rate per 100,000)					
Congestive Heart Failure			Hypertension		
Rate	Confidence Interval		Rate	Confidence Interval	
141.65	130.06	153.24	74.03	65.66	82.41
Adult Asthma Admission			COPD		
Rate	Confidence Interval		Rate	Confidence Interval	
209.76	195.66	223.86	241.59	226.46	256.73
Uncontrolled Diabetes			Short Term Diabetes		
Rate	Confidence Interval		Rate	Confidence Interval	
18.76	14.54	22.97	113.76	103.38	124.15
Lead Poisoning			Food Borne Illness		
Rate	Confidence Interval		Rate	Confidence Interval	
2.83	1.58	4.67	44.71	39.01	50.40
Vaccination					
Rate	Confidence Interval				
25.09	20.82	29.35			

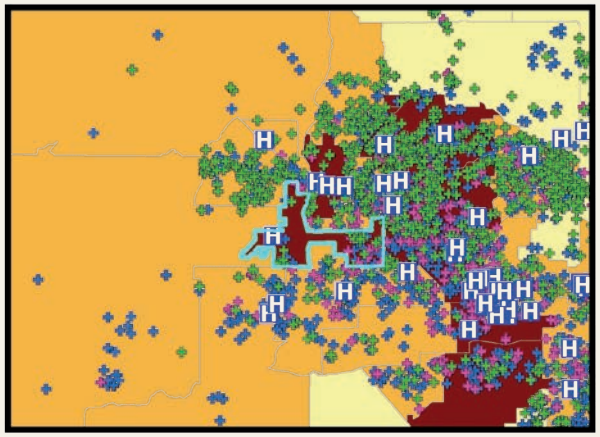
Rates and CIs with counts below 30 used Poisson
**** Indicated No Data Available*

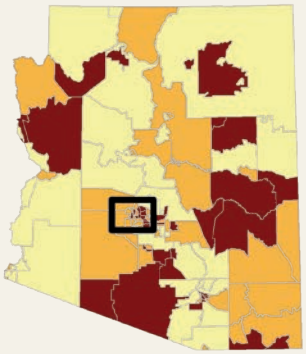
Glendale W—CHAA ID 53

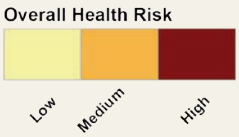
C53

Maricopa County

(32.37 sq miles)







Facilities (Per 10,000 Individuals)

- H Hospitals
- \+ Behavioral Health Facilities (0.12)
- \+ Assisted Living Facilities (2.60)
- \+ Child Care Facilities (3.50)

2000 Population:	43,928
2010 Population:	78,500
Three Year Avg:	68,087

Maternal Child Health (Rate per 1,000)					
Infant Mortality			Pre-term Birth		
Rate	Confidence Interval		Rate	Confidence Interval	
5.59	3.54	8.39	115.24	104.87	125.62
Low Birth Weight			Teen Pregnancy		
Rate	Confidence Interval		Rate	Confidence Interval	
73.43	65.14	81.71	26.50	20.54	32.46
Smoked During Pregnancy			Gestational Diabetes		
Rate	Confidence Interval		Rate	Confidence Interval	
43.76	37.37	50.16	49.11	42.34	55.89
Mortality (Rate per 100,00)					
Heat Related Deaths			Alzheimer's Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
0.00	0.00	1.81	76.41	72.91	79.91
Diabetes Related Deaths			Heart Attack Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
24.80	7.53	17.48	209.93	203.78	216.08
Stroke Related Deaths			Suicide Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
51.43	48.68	54.19	10.28	5.60	14.53
COPD Related Deaths			Cancer Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
62.88	59.49	66.27	164.79	159.02	170.56
Injury Related Deaths			Liver Failure Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
10.28	6.36	15.72	11.51	4.48	12.72
Unintentional Injury Related Deaths					
Rate	Confidence Interval				
47.90	44.74	51.06			
Hospital Admissions (Rate per 100,000)					
Congestive Heart Failure			Hypertension		
Rate	Confidence Interval		Rate	Confidence Interval	
74.56	60.43	88.68	79.43	64.85	94.01
Adult Asthma Admission			COPD		
Rate	Confidence Interval		Rate	Confidence Interval	
252.93	226.91	278.95	156.78	136.29	177.26
Uncontrolled Diabetes			Short Term Diabetes		
Rate	Confidence Interval		Rate	Confidence Interval	
24.36	16.31	32.47	110.09	92.93	127.26
Lead Poisoning			Food Borne Illness		
Rate	Confidence Interval		Rate	Confidence Interval	
1.96	0.53	5.01	41.61	32.77	50.46
Vaccination					
Rate	Confidence Interval				
43.57	34.52	52.62			

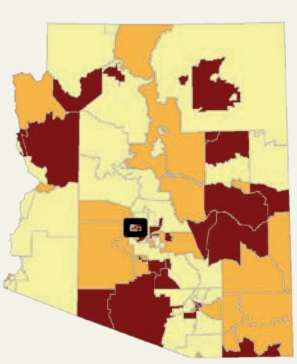
Rates and CIs with counts below 30 used Poisson
**** Indicated No Data Available*

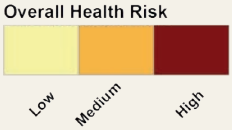
Glendale Central—CHAA ID 54

Maricopa County

(14.91 sq miles)







Facilities (Per 10,000 Individuals)

- H Hospitals
- \+ Behavioral Health Facilities (0.18)
- \+ Assisted Living Facilities (2.80)
- \+ Child Care Facilities (4.40)

2000 Population:	93,531
2010 Population:	90,702
Three Year Avg:	98,005

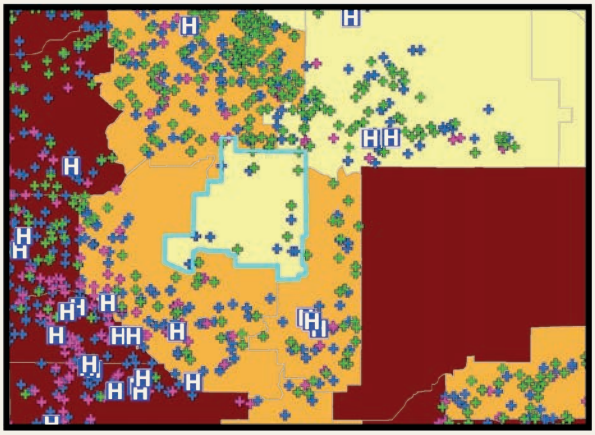
Maternal Child Health (Rate per 1,000)					
Infant Mortality			Pre-term Birth		
Rate	Confidence Interval		Rate	Confidence Interval	
5.72	3.74	7.71	103.18	94.76	111.60
Low Birth Weight			Teen Pregnancy		
Rate	Confidence Interval		Rate	Confidence Interval	
74.39	67.24	81.54	47.22	40.22	54.22
Smoked During Pregnancy			Gestational Diabetes		
Rate	Confidence Interval		Rate	Confidence Interval	
63.84	57.22	70.46	47.75	42.02	53.47
Mortality (Rate per 100,00)					
Heat Related Deaths			Alzheimer's Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
2.06	0.55	3.97	38.16	36.73	39.59
Diabetes Related Deaths			Heart Attack Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
21.66	20.16	23.17	156.29	152.61	159.98
Stroke Related Deaths			Suicide Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
41.62	39.74	43.50	12.42	11.00	13.83
COPD Related Deaths			Cancer Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
55.88	53.73	58.04	158.13	154.13	162.13
Injury Related Deaths			Liver Failure Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
12.58	8.53	16.64	16.92	15.55	18.30
Unintentional Injury Related Deaths					
Rate	Confidence Interval				
54.29	51.68	56.91			
Hospital Admissions (Rate per 100,000)					
Congestive Heart Failure			Hypertension		
Rate	Confidence Interval		Rate	Confidence Interval	
167.09	149.76	184.43	94.55	81.51	107.58
Adult Asthma Admission			COPD		
Rate	Confidence Interval		Rate	Confidence Interval	
284.57	261.95	307.19	267.25	245.33	289.18
Uncontrolled Diabetes			Short Term Diabetes		
Rate	Confidence Interval		Rate	Confidence Interval	
29.02	21.80	36.24	193.77	175.11	212.44
Lead Poisoning			Food Borne Illness		
Rate	Confidence Interval		Rate	Confidence Interval	
4.42	2.35	7.56	48.30	40.35	56.24
Vaccination					
Rate	Confidence Interval				
28.57	22.46	34.68			

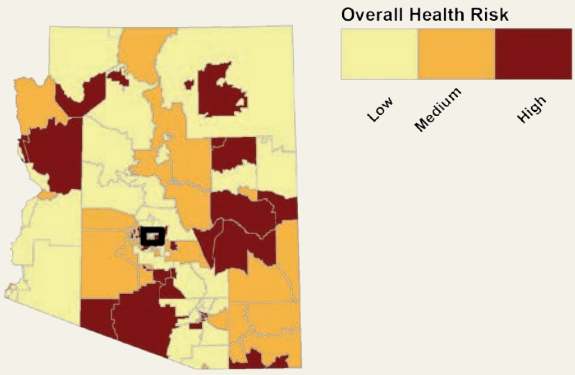
Rates and CIs with counts below 30 used Poisson
**** Indicated No Data Available*

Paradise Valley—CHAA ID 55

Maricopa County

(15.96 sq miles)





Facilities (Per 10,000 Individuals)

- Hospitals
- Behavioral Health Facilities (0.0)
- Assisted Living Facilities (5.2)
- Child Care Facilities (8.6)

2000 Population:	14,104
2010 Population:	13,332
Three Year Avg:	15,185

Maternal Child Health (Rate per 1,000)

Infant Mortality			Pre-term Birth		
Rate	Confidence Interval		Rate	Confidence Interval	
5.13	0.13	28.57	153.85	103.8	219.63
Low Birth Weight			**Teen Pregnancy**		
Rate	Confidence Interval		Rate	Confidence Interval	
112.82	70.70	170.81	0.00	0.00	7.87
Smoked During Pregnancy			**Gestational Diabetes**		
Rate	Confidence Interval		Rate	Confidence Interval	
5.13	0.13	28.57	0.00	0.00	18.92

Mortality (Rate per 100,00)

Heat Related Deaths			Alzheimer's Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
0.00	0.00	8.86	52.30	49.41	55.19
Diabetes Related Deaths			**Heart Attack Related Deaths**		
Rate	Confidence Interval		Rate	Confidence Interval	
9.09	5.29	31.37	98.88	94.38	103.37
Stroke Related Deaths			**Suicide Related Deaths**		
Rate	Confidence Interval		Rate	Confidence Interval	
18.92	14.89	50.34	9.21	6.76	34.64
COPD Related Deaths			**Cancer Related Deaths**		
Rate	Confidence Interval		Rate	Confidence Interval	
32.04	27.47	71.26	105.73	100.24	111.23
Injury Related Deaths			**Liver Failure Related Deaths**		
Rate	Confidence Interval		Rate	Confidence Interval	
4.39	0.53	15.86	5.70	3.90	28.02
Unintentional Injury Related Deaths					
Rate	Confidence Interval				
39.97	29.34	74.18			

Hospital Admissions (Rate per 100,000)

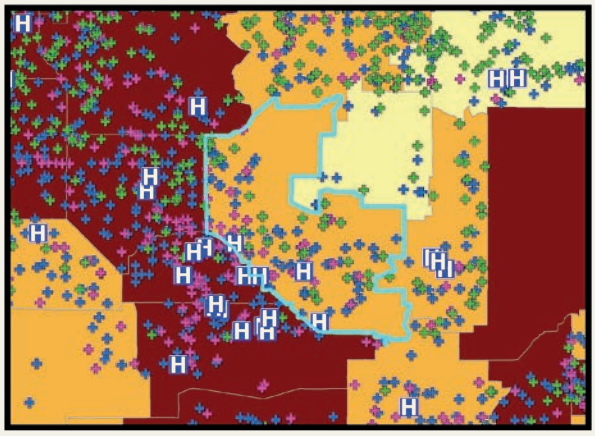
Congestive Heart Failure			Hypertension		
Rate	Confidence Interval		Rate	Confidence Interval	
56.66	35.07	86.61	40.47	22.65	66.75
Adult Asthma Admission			**COPD**		
Rate	Confidence Interval		Rate	Confidence Interval	
40.47	22.65	66.75	75.55	50.20	109.19
Uncontrolled Diabetes			**Short Term Diabetes**		
Rate	Confidence Interval		Rate	Confidence Interval	
0.00	0.00	9.95	26.98	12.94	49.62
Lead Poisoning			**Food Borne Illness**		
Rate	Confidence Interval		Rate	Confidence Interval	
0.00	0.00	8.10	21.95	10.53	40.37
Vaccination					
Rate	Confidence Interval				
15.37	6.18	31.66			

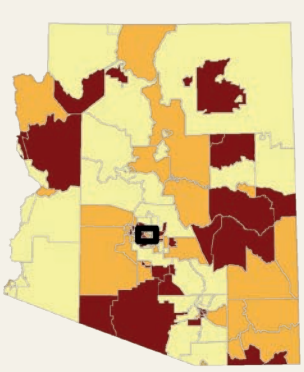
Rates and CIs with counts below 30 used Poisson
**** Indicated No Data Available*

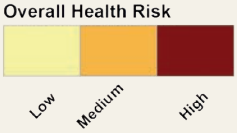
Camelback East—CHAA ID 56

Maricopa County

(36.94 sq miles)







Facilities (Per 10,000 Individuals)

- H Hospitals
- \+ Behavioral Health Facilities (0.21)
- \+ Assisted Living Facilities (1.90)
- \+ Child Care Facilities (3.70)

2000 Population:	139,027
2010 Population:	134,123
Three Year Avg:	154,949

Maternal Child Health (Rate per 1,000)

Infant Mortality			Pre-term Birth		
Rate	Confidence Interval		Rate	Confidence Interval	
8.19	5.98	10.39	109.51	101.45	117.58
Low Birth Weight			**Teen Pregnancy**		
Rate	Confidence Interval		Rate	Confidence Interval	
80.17	73.27	87.06	24.27	20.37	28.16
Smoked During Pregnancy			**Gestational Diabetes**		
Rate	Confidence Interval		Rate	Confidence Interval	
38.46	33.68	43.24	33.67	29.20	38.14

Mortality (Rate per 100,00)

Heat Related Deaths			Alzheimer's Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
0.22	0.01	1.20	37.37	36.42	38.33
Diabetes Related Deaths			**Heart Attack Related Deaths**		
Rate	Confidence Interval		Rate	Confidence Interval	
16.07	15.15	17.00	139.13	136.71	141.55
Stroke Related Deaths			**Suicide Related Deaths**		
Rate	Confidence Interval		Rate	Confidence Interval	
26.24	25.19	27.30	13.39	12.31	14.48
COPD Related Deaths			**Cancer Related Deaths**		
Rate	Confidence Interval		Rate	Confidence Interval	
30.09	28.93	31.26	132.66	130.04	135.28
Injury Related Deaths			**Liver Failure Related Deaths**		
Rate	Confidence Interval		Rate	Confidence Interval	
5.38	3.48	7.94	15.74	14.71	16.77
Unintentional Injury Related Deaths					
Rate	Confidence Interval				
45.75	43.96	47.54			

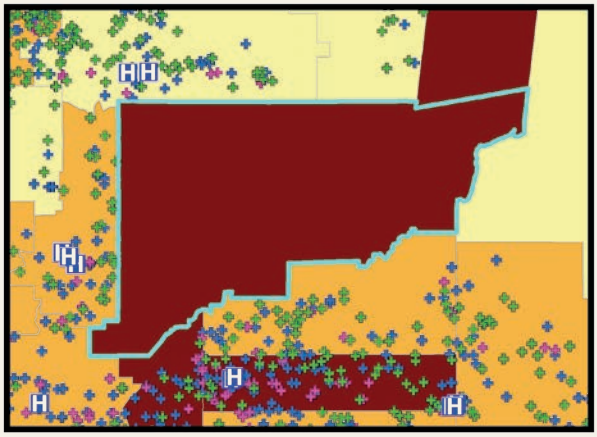
Hospital Admissions (Rate per 100,000)

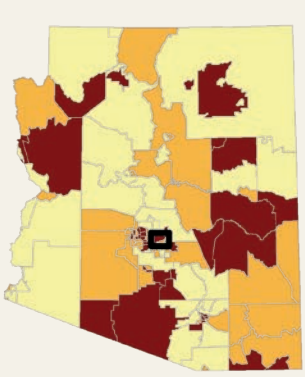
Congestive Heart Failure			Hypertension		
Rate	Confidence Interval		Rate	Confidence Interval	
95.34	85.19	105.49	64.41	56.06	72.75
Adult Asthma Admission			**COPD**		
Rate	Confidence Interval		Rate	Confidence Interval	
171.56	157.95	185.18	154.69	141.76	167.62
Uncontrolled Diabetes			**Short Term Diabetes**		
Rate	Confidence Interval		Rate	Confidence Interval	
9.84	6.58	13.11	99.00	88.66	109.34
Lead Poisoning			**Food Borne Illness**		
Rate	Confidence Interval		Rate	Confidence Interval	
2.58	1.33	4.51	40.87	35.06	46.69
Vaccination					
Rate	Confidence Interval				
26.46	21.78	31.14			

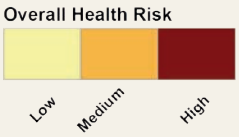
Rates and CIs with counts below 30 used Poisson
**** Indicated No Data Available*

Maricopa County

(84.42 sq miles)







Facilities (Per 10,000 Individuals)

- H Hospitals
- \+ Behavioral Health Facilities (0)
- \+ Assisted Living Facilities (0)
- \+ Child Care Facilities (0)

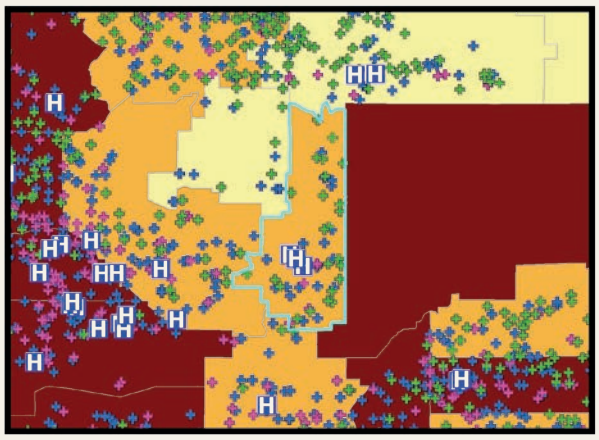
2000 Population:	6,569
2010 Population:	6,292
Three Year Avg:	5,933

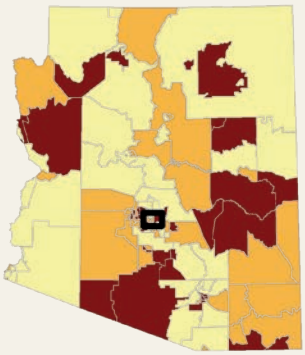
Maternal Child Health (Rate per 1,000)					
Infant Mortality			Pre-term Birth		
Rate	Confidence Interval		Rate	Confidence Interval	
14.49	5.32	31.54	111.11	79.00	143.22
Low Birth Weight			Teen Pregnancy		
Rate	Confidence Interval		Rate	Confidence Interval	
72.46	48.89	103.45	105.99	67.19	159.04
Smoked During Pregnancy			Gestational Diabetes		
Rate	Confidence Interval		Rate	Confidence Interval	
50.72	31.40	77.54	89.96	58.55	115.36
Mortality (Rate per 100,00)					
Heat Related Deaths			Alzheimer's Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
0.00	0.00	24.40	39.57	18.62	95.41
Diabetes Related Deaths			Heart Attack Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
227.41	204.50	250.32	232.38	213.04	251.71
Stroke Related Deaths			Suicide Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
34.88	14.57	86.40	58.77	22.85	104.28
COPD Related Deaths			Cancer Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
53.20	27.23	113.02	271.09	249.55	292.63
Injury Related Deaths			Liver Failure Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
33.71	12.37	73.37	137.04	75.68	196.29
Unintentional Injury Related Deaths					
Rate	Confidence Interval				
193.89	117.71	259.88			
Hospital Admissions (Rate per 100,000)					
Congestive Heart Failure			Hypertension		
Rate	Confidence Interval		Rate	Confidence Interval	
244.85	163.98	351.64	67.54	29.16	133.09
Adult Asthma Admission			COPD		
Rate	Confidence Interval		Rate	Confidence Interval	
388.38	276.15	500.62	481.26	356.32	606.19
Uncontrolled Diabetes			Short Term Diabetes		
Rate	Confidence Interval		Rate	Confidence Interval	
202.63	129.83	301.50	1207.30	1009.47	1405.25
Lead Poisoning			Food Borne Illness		
Rate	Confidence Interval		Rate	Confidence Interval	
0.00	0.00	20.72	146.07	95.42	214.02
Vaccination					
Rate	Confidence Interval				
56.18	26.94	103.32			

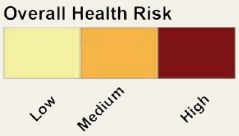
Rates and CIs with counts below 30 used Poisson
**** Indicated No Data Available*

Maricopa County

(19.74 sq miles)







Facilities (Per 10,000 Individuals)

- H Hospitals
- \+ Behavioral Health Facilities (0.10)
- \+ Assisted Living Facilities (3.10)
- \+ Child Care Facilities (2.20)

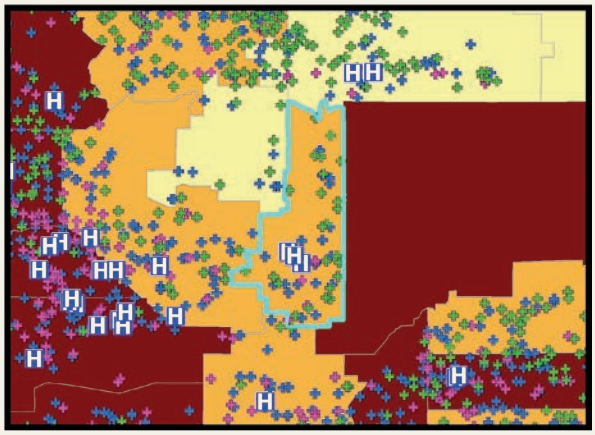
2000 Population:	91,088
2010 Population:	85,067
Three Year Avg:	91,203

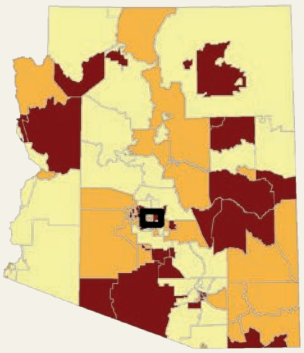
Maternal Child Health (Rate per 1,000)					
Infant Mortality			Pre-term Birth		
Rate	Confidence Interval		Rate	Confidence Interval	
3.81	1.74	7.24	87.71	75.76	99.66
Low Birth Weight			Teen Pregnancy		
Rate	Confidence Interval		Rate	Confidence Interval	
71.19	60.42	81.95	6.17	3.87	9.35
Smoked During Pregnancy			Gestational Diabetes		
Rate	Confidence Interval		Rate	Confidence Interval	
41.10	32.92	49.28	30.93	23.84	38.03
Mortality (Rate per 100,00)					
Heat Related Deaths			Alzheimer's Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
0.22	0.01	2.23	29.76	28.95	30.57
Diabetes Related Deaths			Heart Attack Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
11.66	10.86	12.46	121.83	119.52	124.14
Stroke Related Deaths			Suicide Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
25.1	24.09	26.11	16.98	15.54	18.42
COPD Related Deaths			Cancer Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
36.94	35.65	38.23	144.70	141.88	147.52
Injury Related Deaths			Liver Failure Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
8.41	5.33	12.61	8.11	7.26	8.97
Unintentional Injury Related Deaths					
Rate	Confidence Interval				
36.67	34.78	38.57			
Hospital Admissions (Rate per 100,000)					
Congestive Heart Failure			Hypertension		
Rate	Confidence Interval		Rate	Confidence Interval	
140.23	124.96	155.49	54.53	45.01	64.05
Adult Asthma Admission			COPD		
Rate	Confidence Interval		Rate	Confidence Interval	
148.45	132.74	164.16	177.01	159.86	194.17
Uncontrolled Diabetes			Short Term Diabetes		
Rate	Confidence Interval		Rate	Confidence Interval	
18.18	12.68	23.67	79.63	68.13	91.14
Lead Poisoning			Food Borne Illness		
Rate	Confidence Interval		Rate	Confidence Interval	
0.00	0.00	1.35	27.78	21.53	34.02
Vaccination					
Rate	Confidence Interval				
21.56	16.06	27.07			

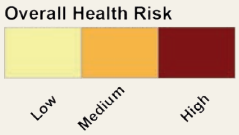
Rates and CIs with counts below 30 used Poisson
**** Indicated No Data Available*

Maricopa County

(19.11 sq miles)







Facilities (Per 10,000 Individuals)

- H Hospitals
- \+ Behavioral Health Facilities (0.19)
- \+ Assisted Living Facilities (2.40)
- \+ Child Care Facilities (4.60)

2000 Population:	135,902
2010 Population:	128,639
Three Year Avg:	145,093

Maternal Child Health (Rate per 1,000)					
Infant Mortality			Pre-term Birth		
Rate	Confidence Interval		Rate	Confidence Interval	
6.75	4.95	8.55	110.96	103.66	118.26
Low Birth Weight			Teen Pregnancy		
Rate	Confidence Interval		Rate	Confidence Interval	
75.72	69.69	81.75	43.97	38.52	49.42
Smoked During Pregnancy			Gestational Diabetes		
Rate	Confidence Interval		Rate	Confidence Interval	
46.98	42.23	51.73	39.49	35.13	43.84
Mortality (Rate per 100,00)					
Heat Related Deaths			Alzheimer's Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
0.24	0.01	1.28	45.57	44.28	46.87
Diabetes Related Deaths			Heart Attack Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
15.80	14.78	16.82	152.39	149.53	155.26
Stroke Related Deaths			Suicide Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
30.04	28.77	31.31	15.09	13.84	16.34
COPD Related Deaths			Cancer Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
44.25	42.59	45.91	140.65	137.53	143.77
Injury Related Deaths			Liver Failure Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
13.10	9.70	16.49	13.23	12.19	14.27
Unintentional Injury Related Deaths					
Rate	Confidence Interval				
54.05	51.95	56.16			
Hospital Admissions (Rate per 100,000)					
Congestive Heart Failure			Hypertension		
Rate	Confidence Interval		Rate	Confidence Interval	
124.10	102.32	125.89	54.20	46.08	62.32
Adult Asthma Admission			COPD		
Rate	Confidence Interval		Rate	Confidence Interval	
228.84	212.15	245.54	173.69	159.15	188.24
Uncontrolled Diabetes			Short Term Diabetes		
Rate	Confidence Interval		Rate	Confidence Interval	
19.97	15.04	24.90	111.89	100.21	123.56
Lead Poisoning			Food Borne Illness		
Rate	Confidence Interval		Rate	Confidence Interval	
8.50	5.76	11.24	40.89	34.89	46.90
Vaccination					
Rate	Confidence Interval				
50.31	43.65	56.98			

Rates and CIs with counts below 30 used Poisson

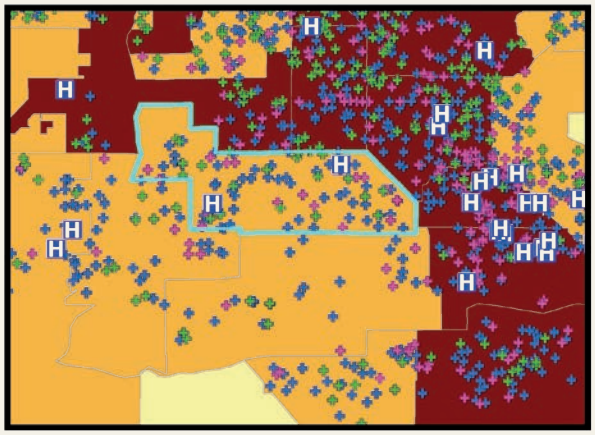
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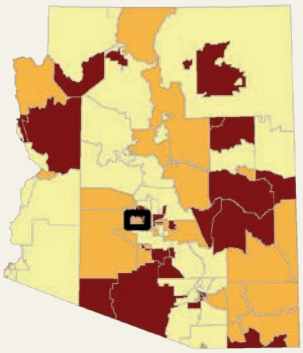
Maryvale—CHAA ID 60

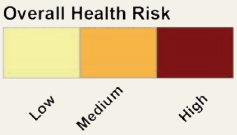
C60

Maricopa County

(33.70 sq miles)







Facilities (Per 10,000 Individuals)

- H Hospitals
- \+ Behavioral Health Facilities (0.09)
- \+ Assisted Living Facilities (0.77)
- \+ Child Care Facilities (2.60)

2000 Population:	190,181
2010 Population:	204,843
Three Year Avg:	220,021

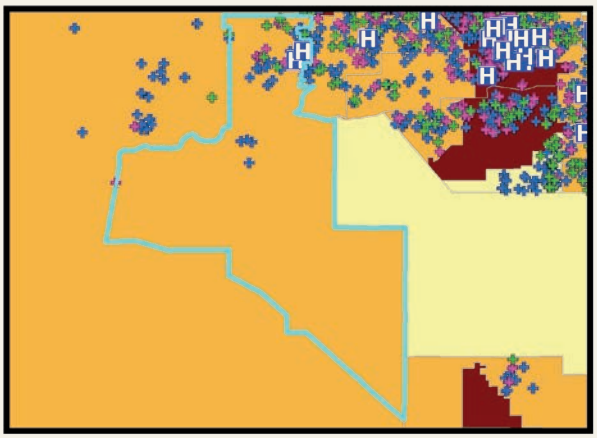
Maternal Child Health (Rate per 1,000)					
Infant Mortality			Pre-term Birth		
Rate	Confidence Interval		Rate	Confidence Interval	
5.77	4.55	6.99	102.99	97.84	108.14
Low Birth Weight			Teen Pregnancy		
Rate	Confidence Interval		Rate	Confidence Interval	
71.73	67.43	76.03	51.70	46.93	56.47
Smoked During Pregnancy			Gestational Diabetes		
Rate	Confidence Interval		Rate	Confidence Interval	
29.52	26.76	32.28	50.25	46.66	53.85
Mortality (Rate per 100,00)					
Heat Related Deaths			Alzheimer's Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
1.91	0.52	2.39	31.04	29.86	32.22
Diabetes Related Deaths			Heart Attack Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
32.15	30.67	33.62	151.42	148.34	154.49
Stroke Related Deaths			Suicide Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
30.06	28.70	31.42	8.44	7.60	9.29
COPD Related Deaths			Cancer Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
47.81	46.02	49.60	155.70	152.39	159.02
Injury Related Deaths			Liver Failure Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
10.76	8.25	13.26	10.63	9.73	11.54
Unintentional Injury Related Deaths					
Rate	Confidence Interval				
42.10	40.34	43.87			
Hospital Admissions (Rate per 100,000)					
Congestive Heart Failure			Hypertension		
Rate	Confidence Interval		Rate	Confidence Interval	
71.74	63.85	79.62	60.01	52.80	67.22
Adult Asthma Admission			COPD		
Rate	Confidence Interval		Rate	Confidence Interval	
260.79	245.76	275.82	148.22	136.88	159.55
Uncontrolled Diabetes			Short Term Diabetes		
Rate	Confidence Interval		Rate	Confidence Interval	
20.08	15.91	24.25	136.94	126.04	147.83
Lead Poisoning			Food Borne Illness		
Rate	Confidence Interval		Rate	Confidence Interval	
3.79	2.45	5.59	48.48	43.17	53.79
Vaccination					
Rate	Confidence Interval				
13.18	10.41	15.95			

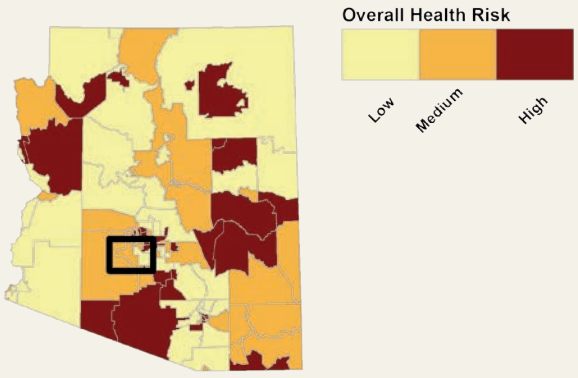
Rates and CIs with counts below 30 used Poisson
**** Indicated No Data Available*

C61

Maricopa County

(376.38 sq miles)





Facilities (Per 10,000 Individuals)

- H Hospitals
- \+ Behavioral Health Facilities (0.05)
- \+ Assisted Living Facilities (0.62)
- \+ Child Care Facilities (3.70)

2000 Population:	25,341
2010 Population:	74,948
Three Year Avg:	64,155

Maternal Child Health (Rate per 1,000)					
Infant Mortality			Pre-term Birth		
Rate	Confidence Interval		Rate	Confidence Interval	
6.40	3.85	9.99	109.76	97.85	121.68
Low Birth Weight			Teen Pregnancy		
Rate	Confidence Interval		Rate	Confidence Interval	
70.03	60.52	79.55	10.03	6.66	14.49
Smoked During Pregnancy			Gestational Diabetes		
Rate	Confidence Interval		Rate	Confidence Interval	
28.96	22.84	35.08	41.75	34.40	49.10
Mortality (Rate per 100,00)					
Heat Related Deaths			Alzheimer's Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
0.00	0.00	1.92	55.63	53.50	57.76
Diabetes Related Deaths			Heart Attack Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
14.85	7.58	17.93	122.03	118.55	125.51
Stroke Related Deaths			Suicide Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
24.13	22.56	25.70	13.50	9.67	21.03
COPD Related Deaths			Cancer Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
33.64	31.84	35.44	145.8	141.68	149.93
Injury Related Deaths			Liver Failure Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
5.72	2.85	10.23	5.13	2.85	10.23
Unintentional Injury Related Deaths					
Rate	Confidence Interval				
25.67	23.43	27.90			
Hospital Admissions (Rate per 100,000)					
Congestive Heart Failure			Hypertension		
Rate	Confidence Interval		Rate	Confidence Interval	
46.54	35.56	57.52	56.65	44.54	68.77
Adult Asthma Admission			COPD		
Rate	Confidence Interval		Rate	Confidence Interval	
120.05	102.42	137.69	107.91	91.19	124.64
Uncontrolled Diabetes			Short Term Diabetes		
Rate	Confidence Interval		Rate	Confidence Interval	
11.47	6.68	18.36	88.35	73.22	103.49
Lead Poisoning			Food Borne Illness		
Rate	Confidence Interval		Rate	Confidence Interval	
0.52	0.01	2.89	18.70	12.59	24.82
Vaccination					
Rate	Confidence Interval				
32.21	24.20	40.23			

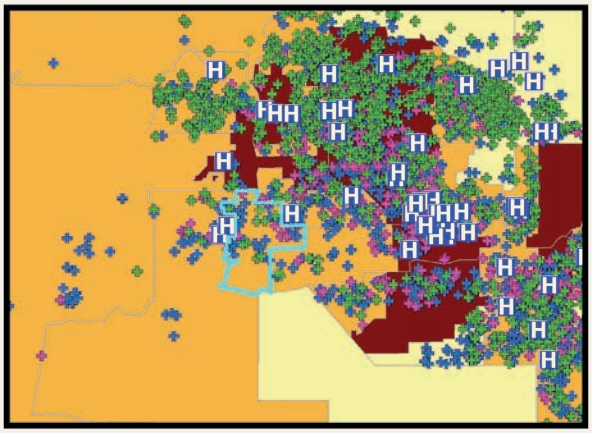
Rates and CIs with counts below 30 used Poisson
**** Indicated No Data Available*

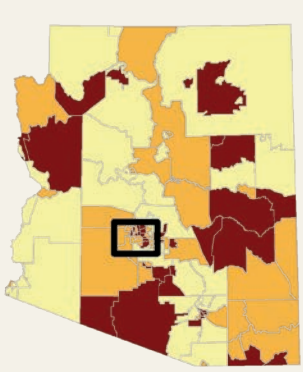
Avondale—CHAA ID 62

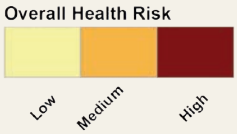
C62

Maricopa County

(37.13 sq miles)







Facilities (Per 10,000 Individuals)

- H Hospitals
- \+ Behavioral Health Facilities (0.07)
- \+ Assisted Living Facilities (0.45)
- \+ Child Care Facilities (3.80)

2000 Population:	43,836
2010 Population:	90,332
Three Year Avg:	87,932

Maternal Child Health (Rate per 1,000)					
Infant Mortality			Pre-term Birth		
Rate	Confidence Interval		Rate	Confidence Interval	
5.07	3.28	7.49	109.38	100.14	118.61
Low Birth Weight			Teen Pregnancy		
Rate	Confidence Interval		Rate	Confidence Interval	
71.23	63.77	78.68	27.65	22.26	33.04
Smoked During Pregnancy			Gestational Diabetes		
Rate	Confidence Interval		Rate	Confidence Interval	
32.67	27.62	37.72	56.21	49.59	62.83
Mortality (Rate per 100,00)					
Heat Related Deaths			Alzheimer's Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
0.00	0.00	1.40	30.20	28.53	31.87
Diabetes Related Deaths			Heart Attack Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
32.80	30.78	34.82	119.44	115.70	123.19
Stroke Related Deaths			Suicide Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
29.02	27.20	30.82	12.32	7.67	16.23
COPD Related Deaths			Cancer Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
38.02	35.72	40.30	128.15	124.02	132.29
Injury Related Deaths			Liver Failure Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
7.96	4.93	12.17	10.18	4.93	12.17
Unintentional Injury Related Deaths					
Rate	Confidence Interval				
35.05	32.72	37.38			
Hospital Admissions (Rate per 100,000)					
Congestive Heart Failure			Hypertension		
Rate	Confidence Interval		Rate	Confidence Interval	
51.96	41.62	62.30	52.50	42.10	62.89
Adult Asthma Admission			COPD		
Rate	Confidence Interval		Rate	Confidence Interval	
189.09	169.36	208.82	115.17	99.77	130.56
Uncontrolled Diabetes			Short Term Diabetes		
Rate	Confidence Interval		Rate	Confidence Interval	
20.36	13.88	26.83	145.17	127.88	162.45
Lead Poisoning			Food Borne Illness		
Rate	Confidence Interval		Rate	Confidence Interval	
0.76	0.09	2.74	29.19	22.67	35.71
Vaccination					
Rate	Confidence Interval				
25.40	19.32	31.48			

Rates and CIs with counts below 30 used Poisson

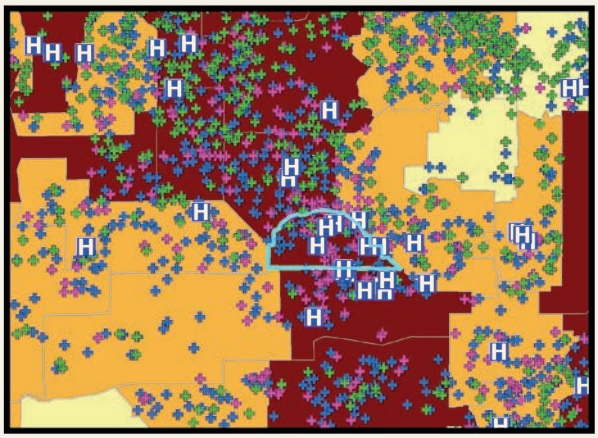
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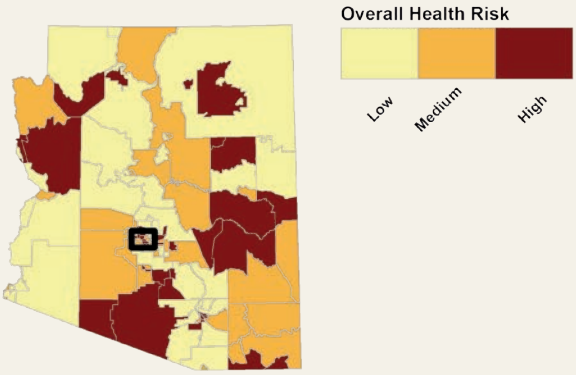
Encanto—CHAA ID 63

C63

Maricopa County

(10.63 sq miles)





Facilities (Per 10,000 Individuals)

- H Hospitals
- \+ Behavioral Health Facilities (0.52)
- \+ Assisted Living Facilities (0.92)
- \+ Child Care Facilities (5.70)

2000 Population:	61,700
2010 Population:	54,391
Three Year Avg:	65,282

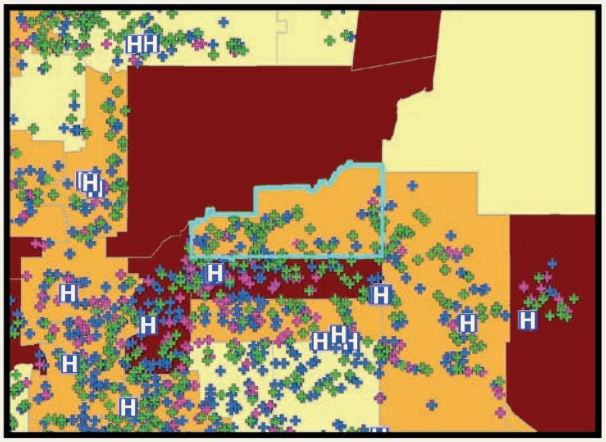
Maternal Child Health (Rate per 1,000)					
Infant Mortality			Pre-term Birth		
Rate	Confidence Interval		Rate	Confidence Interval	
6.72	4.04	10.49	109.62	97.42	121.82
Low Birth Weight			Teen Pregnancy		
Rate	Confidence Interval		Rate	Confidence Interval	
68.60	58.95	78.25	31.49	24.54	38.43
Smoked During Pregnancy			Gestational Diabetes		
Rate	Confidence Interval		Rate	Confidence Interval	
47.03	39.04	55.02	36.78	29.71	43.84
Mortality (Rate per 100,00)					
Heat Related Deaths			Alzheimer's Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
2.21	0.32	4.48	31.88	30.28	33.48
Diabetes Related Deaths			Heart Attack Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
17.14	7.85	18.23	175.29	170.28	180.29
Stroke Related Deaths			Suicide Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
26.76	24.87	28.64	20.10	18.05	22.16
COPD Related Deaths			Cancer Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
42.08	39.53	44.63	165.06	159.88	170.24
Injury Related Deaths			Liver Failure Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
10.21	6.24	15.77	16.02	9.09	20.06
Unintentional Injury Related Deaths					
Rate	Confidence Interval				
54.13	51.02	57.25			
Hospital Admissions (Rate per 100,000)					
Congestive Heart Failure			Hypertension		
Rate	Confidence Interval		Rate	Confidence Interval	
87.72	72.52	102.92	41.80	31.31	52.29
Adult Asthma Admission			COPD		
Rate	Confidence Interval		Rate	Confidence Interval	
189.14	166.83	211.46	172.70	151.37	194.02
Uncontrolled Diabetes			Short Term Diabetes		
Rate	Confidence Interval		Rate	Confidence Interval	
17.13	11.09	25.29	128.84	110.42	147.25
Lead Poisoning			Food Borne Illness		
Rate	Confidence Interval		Rate	Confidence Interval	
3.57	1.44	7.36	47.49	37.84	57.14
Vaccination					
Rate	Confidence Interval				
40.85	31.90	49.80			

Rates and CIs with counts below 30 used Poisson
**** Indicated No Data Available*

Mesa N—CHAA ID 64

Maricopa County

(27.90 sq miles)



Facilities (Per 10,000 Individuals)

- H Hospitals
- \+ Behavioral Health Facilities (0.05)
- \+ Assisted Living Facilities (5.00)
- \+ Child Care Facilities (3.00)

2000 Population:	68,398
2010 Population:	67,607
Three Year Avg:	75,660

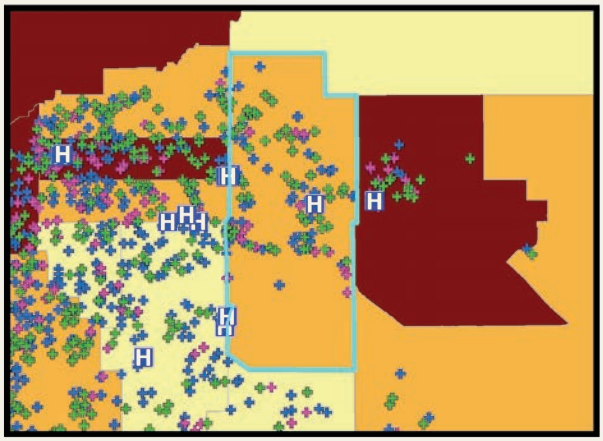
Maternal Child Health (Rate per 1,000)					
Infant Mortality			Pre-term Birth		
Rate	Confidence Interval		Rate	Confidence Interval	
4.78	2.47	8.34	94.75	82.71	106.78
Low Birth Weight			Teen Pregnancy		
Rate	Confidence Interval		Rate	Confidence Interval	
67.68	57.50	77.85	12.10	8.20	16.00
Smoked During Pregnancy			Gestational Diabetes		
Rate	Confidence Interval		Rate	Confidence Interval	
54.14	45.04	63.24	41.80	33.80	49.79
Mortality (Rate per 100,00)					
Heat Related Deaths			Alzheimer's Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
0.00	0.00	1.63	41.91	40.52	43.31
Diabetes Related Deaths			Heart Attack Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
11.79	8.92	18.87	141.69	138.63	144.75
Stroke Related Deaths			Suicide Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
24.62	23.37	25.88	12.30	10.79	13.81
COPD Related Deaths			Cancer Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
43.29	41.54	45.04	122.71	119.39	126.03
Injury Related Deaths			Liver Failure Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
9.25	5.73	14.14	7.20	5.04	13.07
Unintentional Injury Related Deaths					
Rate	Confidence Interval				
36.35	34.15	38.55			
Hospital Admissions (Rate per 100,000)					
Congestive Heart Failure			Hypertension		
Rate	Confidence Interval		Rate	Confidence Interval	
155.88	137.11	174.65	45.88	35.70	56.06
Adult Asthma Admission			COPD		
Rate	Confidence Interval		Rate	Confidence Interval	
120.59	104.08	137.09	161.17	142.09	180.26
Uncontrolled Diabetes			Short Term Diabetes		
Rate	Confidence Interval		Rate	Confidence Interval	
18.23	11.82	24.65	87.65	73.57	101.72
Lead Poisoning			Food Borne Illness		
Rate	Confidence Interval		Rate	Confidence Interval	
0.00	0.00	1.63	28.20	21.29	35.10
Vaccination					
Rate	Confidence Interval				
18.94	13.28	24.61			

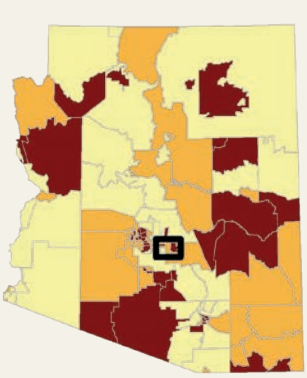
Rates and CIs with counts below 30 used Poisson
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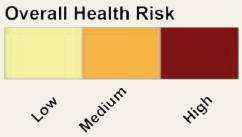
Mesa E—CHAA ID 65

Maricopa County

(86.19 sq miles)







Facilities (Per 10,000 Individuals)

- H Hospitals
- \+ Behavioral Health Facilities (0.11)
- \+ Assisted Living Facilities (3.80)
- \+ Child Care Facilities (3.70)

2000 Population:	89,615
2010 Population:	146,281
Three Year Avg:	133,236

Maternal Child Health (Rate per 1,000)

Infant Mortality			Pre-term Birth		
Rate	Confidence Interval		Rate	Confidence Interval	
5.38	3.63	7.67	93.53	85.51	101.56
Low Birth Weight			**Teen Pregnancy**		
Rate	Confidence Interval		Rate	Confidence Interval	
63.79	57.16	70.41	10.26	7.47	13.05
Smoked During Pregnancy			**Gestational Diabetes**		
Rate	Confidence Interval		Rate	Confidence Interval	
52.50	46.49	58.51	33.15	28.37	37.92

Mortality (Rate per 100,00)

Heat Related Deaths			Alzheimer's Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
0.00	0.00	0.92	39.28	38.42	40.15
Diabetes Related Deaths			**Heart Attack Related Deaths**		
Rate	Confidence Interval		Rate	Confidence Interval	
18.02	17.04	19.00	155.44	153.07	157.82
Stroke Related Deaths			**Suicide Related Deaths**		
Rate	Confidence Interval		Rate	Confidence Interval	
27.62	26.72	28.51	18.33	16.91	19.75
COPD Related Deaths			**Cancer Related Deaths**		
Rate	Confidence Interval		Rate	Confidence Interval	
46.03	44.72	47.34	140.08	137.41	142.74
Injury Related Deaths			**Liver Failure Related Deaths**		
Rate	Confidence Interval		Rate	Confidence Interval	
7.76	5.03	10.49	9.35	8.48	10.23
Unintentional Injury Related Deaths					
Rate	Confidence Interval				
36.45	34.70	38.21			

Hospital Admissions (Rate per 100,000)

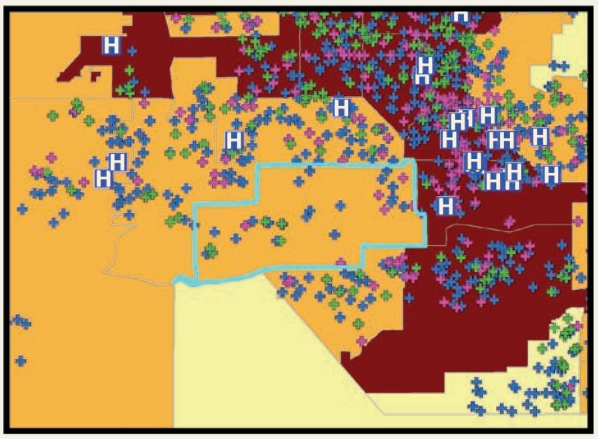
Congestive Heart Failure			Hypertension		
Rate	Confidence Interval		Rate	Confidence Interval	
271.70	252.85	290.55	78.31	68.19	88.43
Adult Asthma Admission			**COPD**		
Rate	Confidence Interval		Rate	Confidence Interval	
166.83	152.06	181.61	272.38	253.51	291.26
Uncontrolled Diabetes			**Short Term Diabetes**		
Rate	Confidence Interval		Rate	Confidence Interval	
29.28	23.09	35.47	163.43	148.81	178.05
Lead Poisoning			**Food Borne Illness**		
Rate	Confidence Interval		Rate	Confidence Interval	
0.25	0.01	1.39	20.26	15.85	24.68
Vaccination					
Rate	Confidence Interval				
26.52	21.47	31.57			

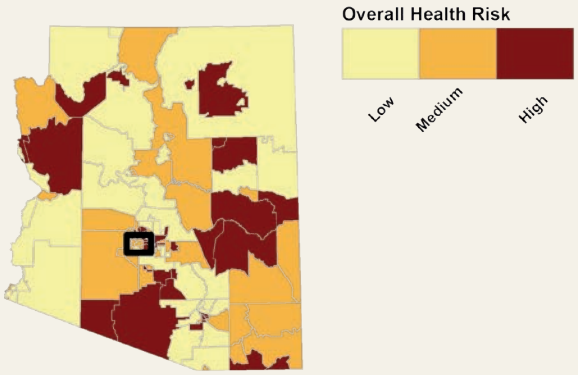
Rates and CIs with counts below 30 used Poisson

**** Indicated No Data Available*

Maricopa County

(46.08 sq miles)





Facilities (Per 10,000 Individuals)

- H Hospitals
- \+ Behavioral Health Facilities (0.06)
- \+ Assisted Living Facilities (0.87)
- \+ Child Care Facilities (3.10)

2000 Population:	43,230
2010 Population:	84,702
Three Year Avg:	80,759

Maternal Child Health (Rate per 1,000)					
Infant Mortality			Pre-term Birth		
Rate	Confidence Interval		Rate	Confidence Interval	
5.52	3.61	7.44	109.46	100.94	117.98
Low Birth Weight			Teen Pregnancy		
Rate	Confidence Interval		Rate	Confidence Interval	
77.00	69.86	84.15	63.42	54.18	72.66
Smoked During Pregnancy			Gestational Diabetes		
Rate	Confidence Interval		Rate	Confidence Interval	
19.34	15.76	22.92	48.00	42.36	53.64
Mortality (Rate per 100,00)					
Heat Related Deaths			Alzheimer's Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
2.48	0.45	4.23	21.39	4.72	12.25
Diabetes Related Deaths			Heart Attack Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
21.35	7.01	15.72	112.51	108.06	116.96
Stroke Related Deaths			Suicide Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
20.93	6.02	14.24	9.86	4.09	11.23
COPD Related Deaths			Cancer Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
21.80	6.68	15.23	101.30	96.86	105.74
Injury Related Deaths			Liver Failure Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
9.49	6.02	14.24	13.80	4.72	12.25
Unintentional Injury Related Deaths					
Rate	Confidence Interval				
44.21	41.17	47.25			
Hospital Admissions (Rate per 100,000)					
Congestive Heart Failure			Hypertension		
Rate	Confidence Interval		Rate	Confidence Interval	
65.76	53.52	77.99	47.98	37.53	58.43
Adult Asthma Admission			COPD		
Rate	Confidence Interval		Rate	Confidence Interval	
207.34	185.61	229.06	139.8	121.97	157.64
Uncontrolled Diabetes			Short Term Diabetes		
Rate	Confidence Interval		Rate	Confidence Interval	
26.07	18.36	33.77	116.7	100.40	133.00
Lead Poisoning			Food Borne Illness		
Rate	Confidence Interval		Rate	Confidence Interval	
4.13	1.98	7.59	60.26	50.49	70.04
Vaccination					
Rate	Confidence Interval				
21.88	15.99	27.77			

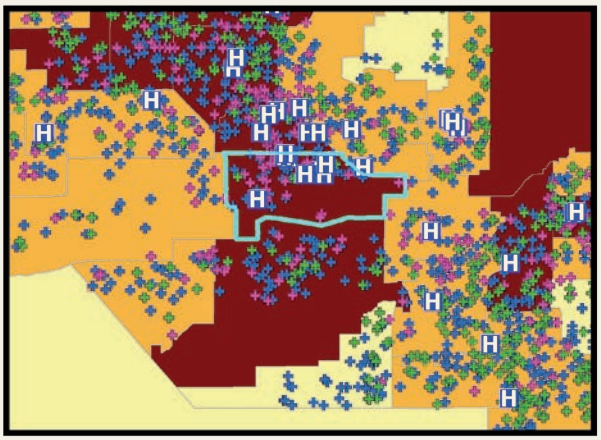
Rates and CIs with counts below 30 used Poisson
**** Indicated No Data Available*

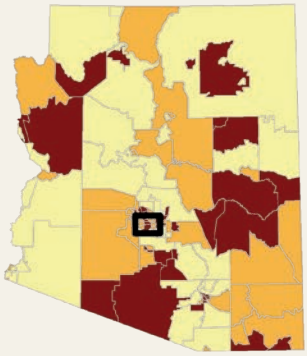
Central City—CHAA ID 67

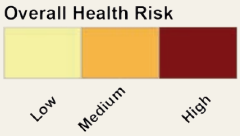
C67

Maricopa County

(23.69 sq miles)







Facilities (Per 10,000 Individuals)

- H Hospitals
- \+ Behavioral Health Facilities (0.58)
- \+ Assisted Living Facilities (0.53)
- \+ Child Care Facilities (5.10)

2000 Population:	67,162
2010 Population:	58,023
Three Year Avg:	75,947

Maternal Child Health (Rate per 1,000)

Infant Mortality			Pre-term Birth		
Rate	Confidence Interval		Rate	Confidence Interval	
10.31	7.19	13.43	115.39	104.96	125.83
Low Birth Weight			**Teen Pregnancy**		
Rate	Confidence Interval		Rate	Confidence Interval	
75.87	67.41	84.32	60.41	50.90	69.91
Smoked During Pregnancy			**Gestational Diabetes**		
Rate	Confidence Interval		Rate	Confidence Interval	
43.95	37.51	50.39	39.04	32.97	45.11

Mortality (Rate per 100,00)

Heat Related Deaths			Alzheimer's Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
6.69	2.10	8.07	25.14	8.88	18.80
Diabetes Related Deaths			**Heart Attack Related Deaths**		
Rate	Confidence Interval		Rate	Confidence Interval	
43.00	40.17	45.82	199.51	193.47	205.54
Stroke Related Deaths			**Suicide Related Deaths**		
Rate	Confidence Interval		Rate	Confidence Interval	
36.15	33.58	38.73	11.90	5.02	13.02
COPD Related Deaths			**Cancer Related Deaths**		
Rate	Confidence Interval		Rate	Confidence Interval	
38.16	35.62	40.70	137.63	132.45	142.80
Injury Related Deaths			**Liver Failure Related Deaths**		
Rate	Confidence Interval		Rate	Confidence Interval	
7.02	4.01	11.40	24.22	21.94	26.50
Unintentional Injury Related Deaths					
Rate	Confidence Interval				
66.05	62.36	69.74			

Hospital Admissions (Rate per 100,000)

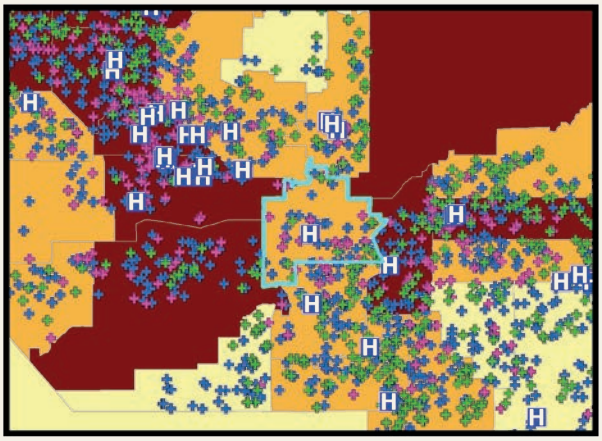
Congestive Heart Failure			Hypertension		
Rate	Confidence Interval		Rate	Confidence Interval	
144.40	125.66	163.15	70.30	57.22	83.38
Adult Asthma Admission			**COPD**		
Rate	Confidence Interval		Rate	Confidence Interval	
329.97	301.64	358.31	284.37	258.07	310.68
Uncontrolled Diabetes			**Short Term Diabetes**		
Rate	Confidence Interval		Rate	Confidence Interval	
24.70	16.95	32.45	171.00	150.61	191.40
Lead Poisoning			**Food Borne Illness**		
Rate	Confidence Interval		Rate	Confidence Interval	
9.22	5.71	14.09	61.45	51.27	71.62
Vaccination					
Rate	Confidence Interval				
42.57	34.10	51.05			

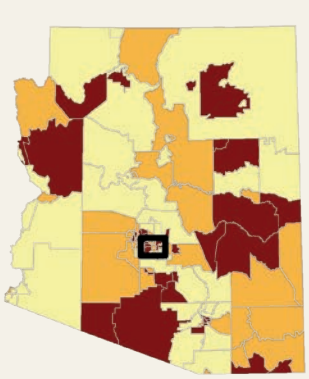
Rates and CIs with counts below 30 used Poisson
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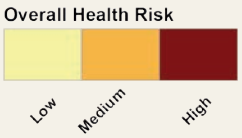
Tempe N—CHAA ID 68

Maricopa County

(20.84 sq miles)







Facilities (Per 10,000 Individuals)

- H Hospitals
- \+ Behavioral Health Facilities (0.15)
- \+ Assisted Living Facilities (1.23)
- \+ Child Care Facilities (3.50)

2000 Population:	81,383
2010 Population:	84,899
Three Year Avg:	89,311

Maternal Child Health (Rate per 1,000)

Infant Mortality			Pre-term Birth		
Rate	Confidence Interval		Rate	Confidence Interval	
7.01	4.22	10.95	91.88	80.47	103.29
Low Birth Weight			**Teen Pregnancy**		
Rate	Confidence Interval		Rate	Confidence Interval	
69.00	59.11	78.89	14.51	10.02	19.01
Smoked During Pregnancy			**Gestational Diabetes**		
Rate	Confidence Interval		Rate	Confidence Interval	
47.60	39.39	55.82	39.48	32.00	46.96

Mortality (Rate per 100,00)

Heat Related Deaths			Alzheimer's Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
0.00	0.00	1.78	35.06	33.38	36.74
Diabetes Related Deaths			**Heart Attack Related Deaths**		
Rate	Confidence Interval		Rate	Confidence Interval	
22.09	20.26	23.93	139.78	135.73	143.83
Stroke Related Deaths			**Suicide Related Deaths**		
Rate	Confidence Interval		Rate	Confidence Interval	
30.82	29.01	32.63	19.64	17.55	21.72
COPD Related Deaths			**Cancer Related Deaths**		
Rate	Confidence Interval		Rate	Confidence Interval	
36.08	34.02	38.14	144.72	140.16	149.29
Injury Related Deaths			**Liver Failure Related Deaths**		
Rate	Confidence Interval		Rate	Confidence Interval	
5.23	2.86	8.77	12.28	7.05	16.69
Unintentional Injury Related Deaths					
Rate	Confidence Interval				
48.05	45.10	51.01			

Hospital Admissions (Rate per 100,000)

Congestive Heart Failure			Hypertension		
Rate	Confidence Interval		Rate	Confidence Interval	
69.03	58.06	80.00	39.96	31.61	48.31
Adult Asthma Admission			**COPD**		
Rate	Confidence Interval		Rate	Confidence Interval	
113.54	99.46	127.61	112.63	98.61	126.64
Uncontrolled Diabetes			**Short Term Diabetes**		
Rate	Confidence Interval		Rate	Confidence Interval	
14.99	9.87	20.10	79.02	67.28	90.76
Lead Poisoning			**Food Borne Illness**		
Rate	Confidence Interval		Rate	Confidence Interval	
1.12	0.23	3.27	16.05	11.25	20.85
Vaccination					
Rate	Confidence Interval				
27.62	21.33	33.91			

Rates and CIs with counts below 30 used Poisson

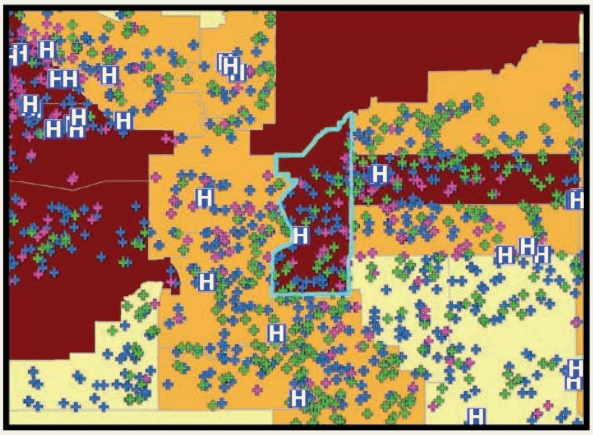
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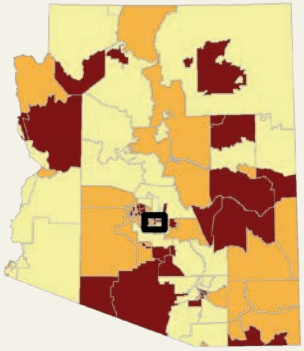
Mesa W—CHAA ID 69

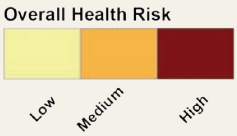
C69

Maricopa County

(16.83 sq miles)







Facilities (Per 10,000 Individuals)

- H Hospitals
- \+ Behavioral Health Facilities (0.23)
- \+ Assisted Living Facilities (2.30)
- \+ Child Care Facilities (4.50)

2000 Population:	96,769
2010 Population:	91,066
Three Year Avg:	97,959

Maternal Child Health (Rate per 1,000)					
Infant Mortality			Pre-term Birth		
Rate	Confidence Interval		Rate	Confidence Interval	
7.71	5.35	10.07	103.07	94.44	111.70
Low Birth Weight			Teen Pregnancy		
Rate	Confidence Interval		Rate	Confidence Interval	
67.90	60.89	74.90	25.65	20.44	30.86
Smoked During Pregnancy			Gestational Diabetes		
Rate	Confidence Interval		Rate	Confidence Interval	
63.57	56.79	70.35	47.02	41.19	52.85
Mortality (Rate per 100,00)					
Heat Related Deaths			Alzheimer's Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
0.34	0.01	1.90	38.43	36.63	40.23
Diabetes Related Deaths			Heart Attack Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
22.40	20.73	24.07	146.74	142.89	150.59
Stroke Related Deaths			Suicide Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
25.38	23.76	26.99	20.65	18.85	22.46
COPD Related Deaths			Cancer Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
47.48	45.15	49.81	151.82	147.57	156.07
Injury Related Deaths			Liver Failure Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
7.15	4.42	10.92	10.36	5.78	12.96
Unintentional Injury Related Deaths					
Rate	Confidence Interval				
41.36	38.93	43.80			
Hospital Admissions (Rate per 100,000)					
Congestive Heart Failure			Hypertension		
Rate	Confidence Interval		Rate	Confidence Interval	
94.79	81.97	107.61	69.51	58.53	80.49
Adult Asthma Admission			COPD		
Rate	Confidence Interval		Rate	Confidence Interval	
212.14	192.96	231.32	156.62	140.14	173.10
Uncontrolled Diabetes			Short Term Diabetes		
Rate	Confidence Interval		Rate	Confidence Interval	
22.57	16.31	28.82	139.47	123.92	155.02
Lead Poisoning			Food Borne Illness		
Rate	Confidence Interval		Rate	Confidence Interval	
1.02	0.21	2.98	38.79	31.67	45.91
Vaccination					
Rate	Confidence Interval				
31.65	25.21	38.08			

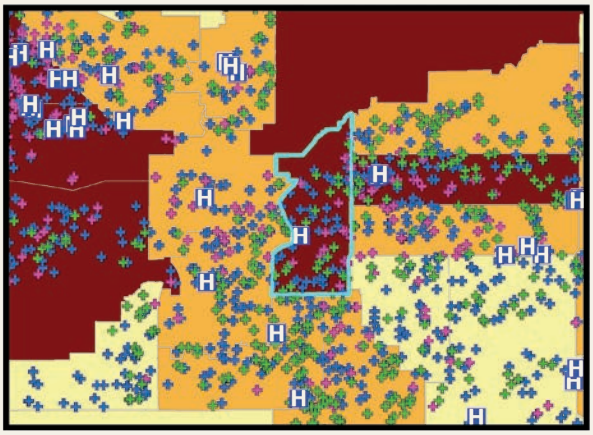
Rates and CIs with counts below 30 used Poisson
**** Indicated No Data Available*

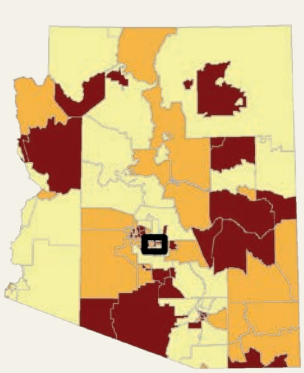
Mesa Central—CHAA ID 70

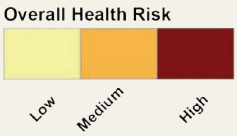
C70

Maricopa County

(17.96 sq miles)







Facilities (Per 10,000 Individuals)

- H Hospitals
- \+ Behavioral Health Facilities (0.27)
- \+ Assisted Living Facilities (3.90)
- \+ Child Care Facilities (4.50)

2000 Population:	96,841
2010 Population:	93,905
Three Year Avg:	100,287

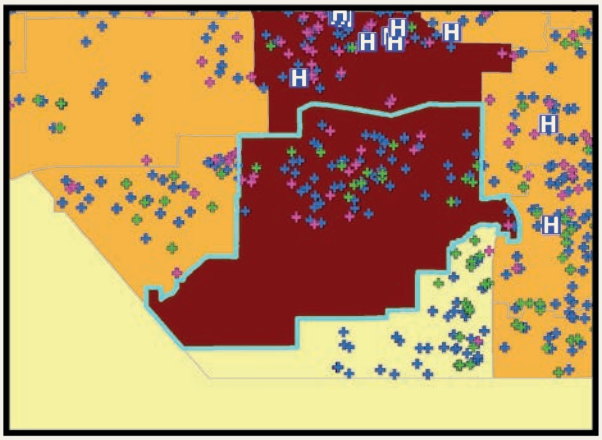
Maternal Child Health (Rate per 1,000)					
Infant Mortality			Pre-term Birth		
Rate	Confidence Interval		Rate	Confidence Interval	
6.42	4.26	9.27	105.64	95.99	115.28
Low Birth Weight			Teen Pregnancy		
Rate	Confidence Interval		Rate	Confidence Interval	
71.72	63.78	79.67	25.19	19.67	30.71
Smoked During Pregnancy			Gestational Diabetes		
Rate	Confidence Interval		Rate	Confidence Interval	
64.62	57.08	72.16	38.50	32.68	44.32
Mortality (Rate per 100,00)					
Heat Related Deaths			Alzheimer's Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
0.35	0.08	2.40	26.23	25.53	26.92
Diabetes Related Deaths			Heart Attack Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
19.28	18.14	20.42	129.79	127.22	132.36
Stroke Related Deaths			Suicide Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
24.43	23.32	25.54	16.19	14.51	17.86
COPD Related Deaths			Cancer Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
43.20	41.72	44.67	122.65	119.81	125.50
Injury Related Deaths			Liver Failure Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
6.32	3.80	9.86	13.58	12.28	14.88
Unintentional Injury Related Deaths					
Rate	Confidence Interval				
45.59	43.11	48.07			
Hospital Admissions (Rate per 100,000)					
Congestive Heart Failure			Hypertension		
Rate	Confidence Interval		Rate	Confidence Interval	
278.06	256.50	299.62	77.89	66.48	89.30
Adult Asthma Admission			COPD		
Rate	Confidence Interval		Rate	Confidence Interval	
184.50	166.94	202.06	287.20	265.29	309.11
Uncontrolled Diabetes			Short Term Diabetes		
Rate	Confidence Interval		Rate	Confidence Interval	
30.46	23.32	37.60	196.69	178.55	214.82
Lead Poisoning			Food Borne Illness		
Rate	Confidence Interval		Rate	Confidence Interval	
0.66	0.08	2.40	30.91	24.63	37.19
Vaccination					
Rate	Confidence Interval				
22.60	17.23	27.97			

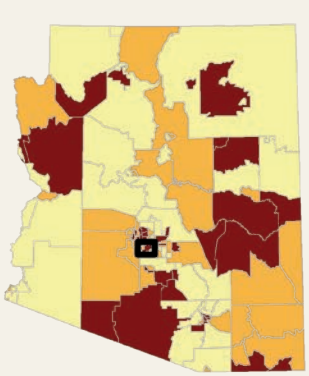
Rates and CIs with counts below 30 used Poisson
**** Indicated No Data Available*

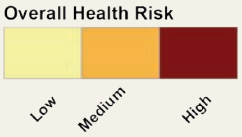
C71

Maricopa County

(59.13 sq miles)







Facilities (Per 10,000 Individuals)

- H Hospitals
- \+ Behavioral Health Facilities (0.11)
- \+ Assisted Living Facilities (1.10)
- \+ Child Care Facilities (4.50)

2000 Population:	96,396
2010 Population:	116,717
Three Year Avg:	131,984

Maternal Child Health (Rate per 1,000)					
Infant Mortality			Pre-term Birth		
Rate	Confidence Interval		Rate	Confidence Interval	
7.79	5.84	9.75	116.26	108.71	123.82
Low Birth Weight			Teen Pregnancy		
Rate	Confidence Interval		Rate	Confidence Interval	
80.11	73.84	86.38	46.74	40.67	52.81
Smoked During Pregnancy			Gestational Diabetes		
Rate	Confidence Interval		Rate	Confidence Interval	
31.81	27.86	35.76	36.03	31.82	40.23
Mortality (Rate per 100,00)					
Heat Related Deaths			Alzheimer's Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
1.37	0.28	2.59	41.11	39.58	42.63
Diabetes Related Deaths			Heart Attack Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
32.17	30.46	33.87	154.52	150.93	158.11
Stroke Related Deaths			Suicide Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
33.50	31.78	35.22	10.56	9.36	11.76
COPD Related Deaths			Cancer Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
26.80	25.26	28.34	140.95	137.28	144.63
Injury Related Deaths			Liver Failure Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
10.10	6.97	13.23	18.24	16.85	19.64
Unintentional Injury Related Deaths					
Rate	Confidence Interval				
40.98	38.79	43.18			
Hospital Admissions (Rate per 100,000)					
Congestive Heart Failure			Hypertension		
Rate	Confidence Interval		Rate	Confidence Interval	
136.53	122.62	150.44	75.65	65.29	86.00
Adult Asthma Admission			COPD		
Rate	Confidence Interval		Rate	Confidence Interval	
305.16	284.37	325.96	160.15	145.08	175.21
Uncontrolled Diabetes			Short Term Diabetes		
Rate	Confidence Interval		Rate	Confidence Interval	
25.46	19.45	31.47	146.49	132.08	160.90
Lead Poisoning			Food Borne Illness		
Rate	Confidence Interval		Rate	Confidence Interval	
2.27	1.04	4.31	50.51	43.51	57.51
Vaccination					
Rate	Confidence Interval				
19.95	15.55	24.35			

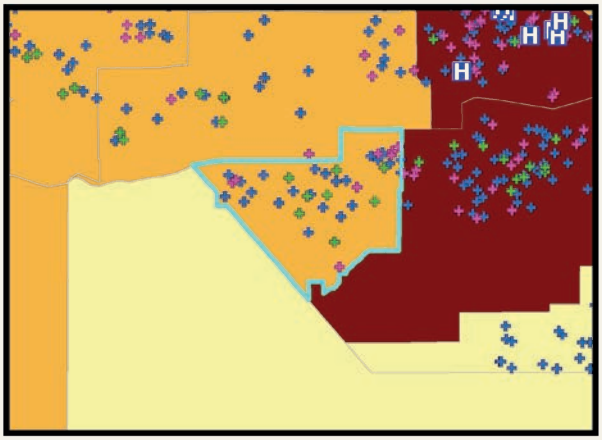
Rates and CIs with counts below 30 used Poisson
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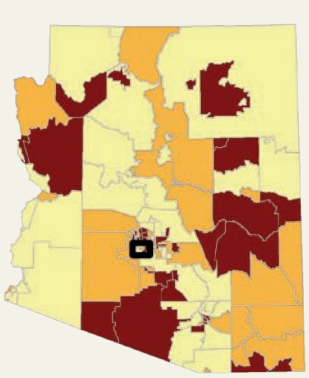
Laveen—CHAA ID 72

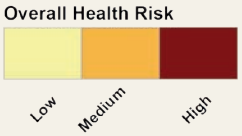
C72

Maricopa County

(21.71 sq miles)







Facilities (Per 10,000 Individuals)

- H Hospitals
- \+ Behavioral Health Facilities (0.22)
- \+ Assisted Living Facilities (1.10)
- \+ Child Care Facilities (6.90)

2000 Population:	8,901
2010 Population:	45,525
Three Year Avg:	35,974

Maternal Child Health (Rate per 1,000)					
Infant Mortality			Pre-term Birth		
Rate	Confidence Interval		Rate	Confidence Interval	
4.78	2.68	7.89	115.79	103.88	127.7
Low Birth Weight			Teen Pregnancy		
Rate	Confidence Interval		Rate	Confidence Interval	
83.89	73.75	94.03	41.20	30.00	52.40
Smoked During Pregnancy			Gestational Diabetes		
Rate	Confidence Interval		Rate	Confidence Interval	
25.52	19.93	31.11	44.66	37.26	52.05
Mortality (Rate per 100,00)					
Heat Related Deaths			Alzheimer's Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
2.92	0.57	8.12	15.04	5.09	18.24
Diabetes Related Deaths			Heart Attack Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
20.22	10.60	27.49	78.93	74.74	83.11
Stroke Related Deaths			Suicide Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
23.22	11.32	28.62	9.63	4.44	17.04
COPD Related Deaths			Cancer Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
15.17	6.41	20.60	89.66	84.99	94.33
Injury Related Deaths			Liver Failure Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
10.19	5.09	18.24	7.04	4.44	17.04
Unintentional Injury Related Deaths					
Rate	Confidence Interval				
30.40	26.99	33.81			
Hospital Admissions (Rate per 100,000)					
Congestive Heart Failure			Hypertension		
Rate	Confidence Interval		Rate	Confidence Interval	
75.06	56.22	93.89	60.29	43.41	77.17
Adult Asthma Admission			COPD		
Rate	Confidence Interval		Rate	Confidence Interval	
254.71	220.01	289.41	118.12	94.49	141.75
Uncontrolled Diabetes			Short Term Diabetes		
Rate	Confidence Interval		Rate	Confidence Interval	
17.23	9.42	28.90	94.75	73.58	115.91
Lead Poisoning			Food Borne Illness		
Rate	Confidence Interval		Rate	Confidence Interval	
0.93	0.02	5.16	57.45	43.15	71.75
Vaccination					
Rate	Confidence Interval				
33.36	22.46	44.25			

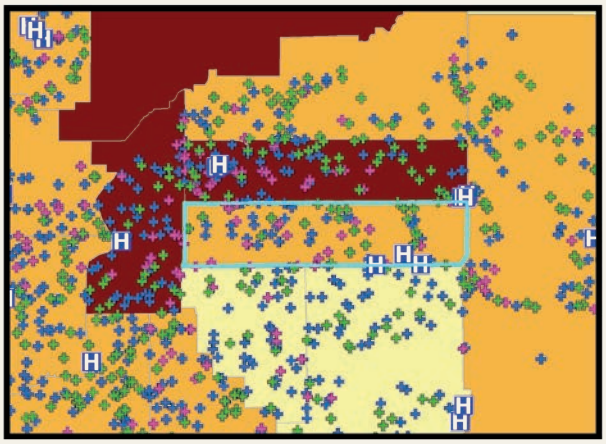
Rates and CIs with counts below 30 used Poisson
**** Indicated No Data Available*

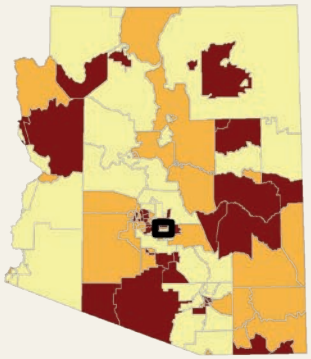
Mesa S—CHAA ID 73

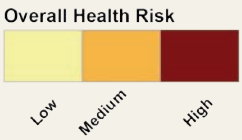
C73

Maricopa County

(17.97 sq miles)







Facilities (Per 10,000 Individuals)

- H Hospitals
- \+ Behavioral Health Facilities (0.21)
- \+ Assisted Living Facilities (2.60)
- \+ Child Care Facilities (3.80)

2000 Population:	84,863
2010 Population:	84,853
Three Year Avg:	91,231

Maternal Child Health (Rate per 1,000)					
Infant Mortality			Pre-term Birth		
Rate	Confidence Interval		Rate	Confidence Interval	
5.14	3.32	7.58	95.13	86.47	103.80
Low Birth Weight			Teen Pregnancy		
Rate	Confidence Interval		Rate	Confidence Interval	
62.46	55.44	69.48	21.26	16.52	26.01
Smoked During Pregnancy			Gestational Diabetes		
Rate	Confidence Interval		Rate	Confidence Interval	
44.79	38.85	50.74	34.93	29.68	40.18
Mortality (Rate per 100,00)					
Heat Related Deaths			Alzheimer's Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
0.44	0.01	2.04	30.73	26.69	31.77
Diabetes Related Deaths			Heart Attack Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
18.43	17.10	19.75	131.27	128.21	134.34
Stroke Related Deaths			Suicide Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
26.66	25.32	28.00	11.29	6.50	14.35
COPD Related Deaths			Cancer Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
33.59	32.08	35.09	128.40	124.82	131.98
Injury Related Deaths			Liver Failure Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
8.40	5.33	12.61	11.17	6.50	14.35
Unintentional Injury Related Deaths					
Rate	Confidence Interval				
38.26	35.99	40.52			
Hospital Admissions (Rate per 100,000)					
Congestive Heart Failure			Hypertension		
Rate	Confidence Interval		Rate	Confidence Interval	
150.76	133.67	167.85	52.44	42.36	62.52
Adult Asthma Admission			COPD		
Rate	Confidence Interval		Rate	Confidence Interval	
195.63	176.17	215.10	151.77	134.62	168.91
Uncontrolled Diabetes			Short Term Diabetes		
Rate	Confidence Interval		Rate	Confidence Interval	
18.15	12.22	24.08	106.39	92.03	120.74
Lead Poisoning			Food Borne Illness		
Rate	Confidence Interval		Rate	Confidence Interval	
2.56	1.03	5.27	40.56	33.01	48.10
Vaccination					
Rate	Confidence Interval				
24.85	18.94	30.75			

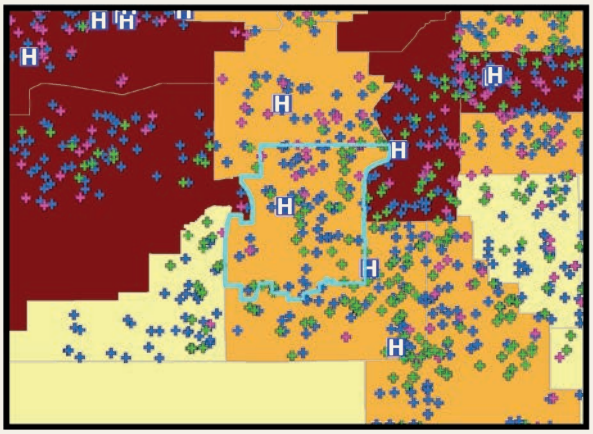
Rates and CIs with counts below 30 used Poisson
**** Indicated No Data Available*

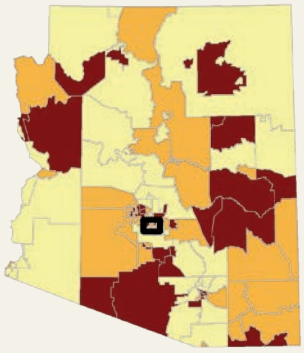
Tempe S—CHAA ID 74

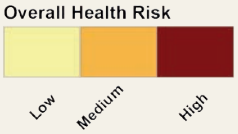
C74

Maricopa County

(19.49 sq miles)







Facilities (Per 10,000 Individuals)

- H Hospitals
- \+ Behavioral Health Facilities (0.12)
- \+ Assisted Living Facilities (3.00)
- \+ Child Care Facilities (6.20)

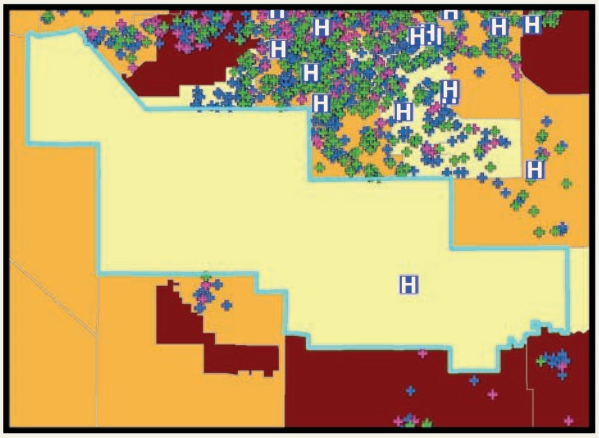
2000 Population:	77,585
2010 Population:	75,721
Three Year Avg:	83,554

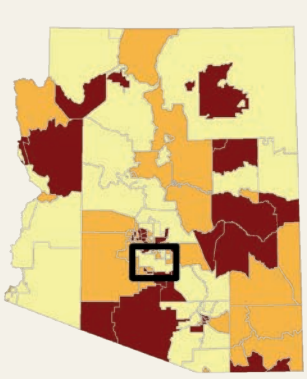
Maternal Child Health (Rate per 1,000)					
Infant Mortality			Pre-term Birth		
Rate	Confidence Interval		Rate	Confidence Interval	
6.32	3.74	9.99	98.98	87.43	110.53
Low Birth Weight			Teen Pregnancy		
Rate	Confidence Interval		Rate	Confidence Interval	
74.06	64.07	84.05	8.92	5.78	12.06
Smoked During Pregnancy			Gestational Diabetes		
Rate	Confidence Interval		Rate	Confidence Interval	
32.99	26.32	39.66	49.49	41.32	57.66
Mortality (Rate per 100,00)					
Heat Related Deaths			Alzheimer's Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
0.00	0.00	1.67	47.56	45.81	49.30
Diabetes Related Deaths			Heart Attack Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
15.54	14.34	16.75	136.87	133.48	140.26
Stroke Related Deaths			Suicide Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
30.49	28.89	32.08	11.92	10.57	13.26
COPD Related Deaths			Cancer Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
31.09	29.43	32.76	142.56	138.65	146.46
Injury Related Deaths			Liver Failure Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
3.99	1.91	7.34	6.65	4.49	12.35
Unintentional Injury Related Deaths					
Rate	Confidence Interval				
29.20	27.37	31.04			
Hospital Admissions (Rate per 100,000)					
Congestive Heart Failure			Hypertension		
Rate	Confidence Interval		Rate	Confidence Interval	
82.52	69.96	95.07	47.72	38.17	57.27
Adult Asthma Admission			COPD		
Rate	Confidence Interval		Rate	Confidence Interval	
102.90	88.88	116.91	94.45	81.02	107.87
Uncontrolled Diabetes			Short Term Diabetes		
Rate	Confidence Interval		Rate	Confidence Interval	
11.43	7.25	17.15	53.68	43.56	63.81
Lead Poisoning			Food Borne Illness		
Rate	Confidence Interval		Rate	Confidence Interval	
0.40	0.01	2.22	31.12	24.21	38.02
Vaccination					
Rate	Confidence Interval				
29.52	22.80	36.25			

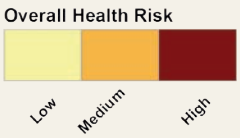
Rates and CIs with counts below 30 used Poisson
**** Indicated No Data Available*

Pinal County

(586.05 sq miles)







Facilities (Per 10,000 Individuals)

- H Hospitals
- \+ Behavioral Health Facilities (0)
- \+ Assisted Living Facilities (0)
- \+ Child Care Facilities (0)

2000 Population:	11,290
2010 Population:	11,765
Three Year Avg:	13,860

Maternal Child Health (Rate per 1,000)

Infant Mortality			Pre-term Birth		
Rate	Confidence Interval		Rate	Confidence Interval	
12.95	4.21	30.23	90.67	60.63	120.71
Low Birth Weight			**Teen Pregnancy**		
Rate	Confidence Interval		Rate	Confidence Interval	
62.18	39.84	92.51	36.59	23.44	54.44
Smoked During Pregnancy			**Gestational Diabetes**		
Rate	Confidence Interval		Rate	Confidence Interval	
18.13	7.29	37.36	95.85	64.97	126.74

Mortality (Rate per 100,00)

Heat Related Deaths			Alzheimer's Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
0.00	0.00	11.4	23.69	6.81	40.36
Diabetes Related Deaths			**Heart Attack Related Deaths**		
Rate	Confidence Interval		Rate	Confidence Interval	
75.98	32.97	87.93	128.81	117.13	140.29
Stroke Related Deaths			**Suicide Related Deaths**		
Rate	Confidence Interval		Rate	Confidence Interval	
6.52	0.75	22.33	13.03	3.37	31.65
COPD Related Deaths			**Cancer Related Deaths**		
Rate	Confidence Interval		Rate	Confidence Interval	
28.05	6.81	40.36	84.86	40.18	99.22
Injury Related Deaths			**Liver Failure Related Deaths**		
Rate	Confidence Interval		Rate	Confidence Interval	
9.62	2.62	24.63	48.45	23.66	72.60
Unintentional Injury Related Deaths					
Rate	Confidence Interval				
61.94	35.36	91.71			

Hospital Admissions (Rate per 100,000)

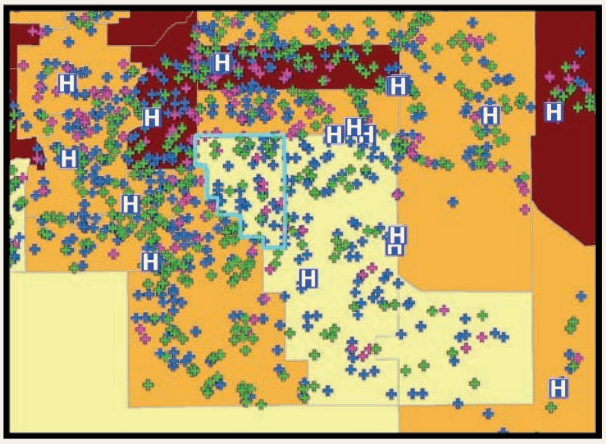
Congestive Heart Failure			Hypertension		
Rate	Confidence Interval		Rate	Confidence Interval	
29.82	12.87	58.75	26.09	10.49	53.75
Adult Asthma Admission			**COPD**		
Rate	Confidence Interval		Rate	Confidence Interval	
55.90	31.29	92.20	18.63	6.05	43.49
Uncontrolled Diabetes			**Short Term Diabetes**		
Rate	Confidence Interval		Rate	Confidence Interval	
22.36	8.21	48.67	178.89	128.28	229.50
Lead Poisoning			**Food Borne Illness**		
Rate	Confidence Interval		Rate	Confidence Interval	
0.00	0.00	8.87	38.48	21.99	62.49
Vaccination					
Rate	Confidence Interval				
4.81	0.58	17.38			

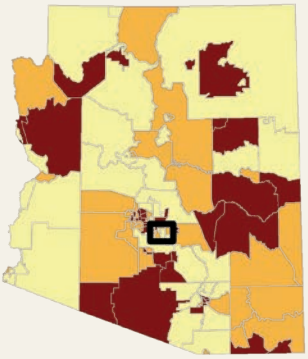
Rates and CIs with counts below 30 used Poisson
**** Indicated No Data Available*

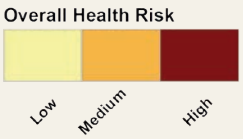
C76

Maricopa County

(14.92 sq miles)







Facilities (Per 10,000 Individuals)

- H Hospitals
- \+ Behavioral Health Facilities (0.08)
- \+ Assisted Living Facilities (1.80)
- \+ Child Care Facilities (4.00)

2000 Population:	57,901
2010 Population:	57,156
Three Year Avg:	83,213

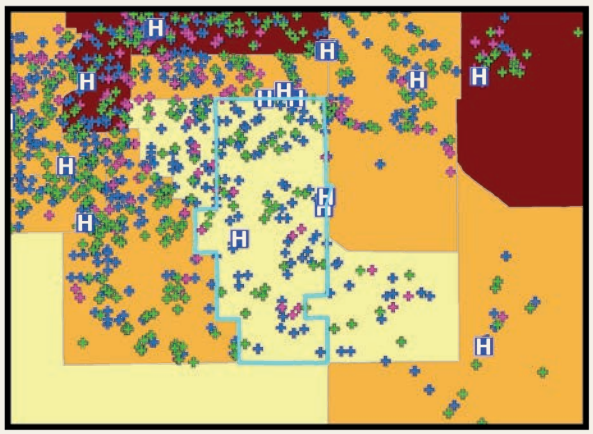
Maternal Child Health (Rate per 1,000)					
Infant Mortality			Pre-term Birth		
Rate	Confidence Interval		Rate	Confidence Interval	
6.28	3.43	10.53	87.00	74.75	99.24
Low Birth Weight			Teen Pregnancy		
Rate	Confidence Interval		Rate	Confidence Interval	
54.26	44.59	63.93	2.09	0.96	3.97
Smoked During Pregnancy			Gestational Diabetes		
Rate	Confidence Interval		Rate	Confidence Interval	
33.18	25.62	40.74	39.01	30.82	47.21
Mortality (Rate per 100,00)					
Heat Related Deaths			Alzheimer's Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
1.16	0.10	2.89	53.94	51.29	56.59
Diabetes Related Deaths			Heart Attack Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
16.37	3.66	10.41	168.32	163.05	173.59
Stroke Related Deaths			Suicide Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
39.12	36.60	41.64	8.56	4.58	11.89
COPD Related Deaths			Cancer Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
42.90	40.21	45.59	136.57	131.52	141.61
Injury Related Deaths			Liver Failure Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
3.61	1.65	6.84	6.31	2.77	8.91
Unintentional Injury Related Deaths					
Rate	Confidence Interval				
32.29	29.94	34.64			
Hospital Admissions (Rate per 100,000)					
Congestive Heart Failure			Hypertension		
Rate	Confidence Interval		Rate	Confidence Interval	
54.58	43.72	65.44	25.88	18.40	33.36
Adult Asthma Admission			COPD		
Rate	Confidence Interval		Rate	Confidence Interval	
75.40	62.64	88.17	74.84	62.12	87.56
Uncontrolled Diabetes			Short Term Diabetes		
Rate	Confidence Interval		Rate	Confidence Interval	
6.75	3.49	11.80	56.83	45.75	67.92
Lead Poisoning			Food Borne Illness		
Rate	Confidence Interval		Rate	Confidence Interval	
0.40	0.01	2.23	13.22	8.71	17.73
Vaccination					
Rate	Confidence Interval				
23.63	17.60	29.66			

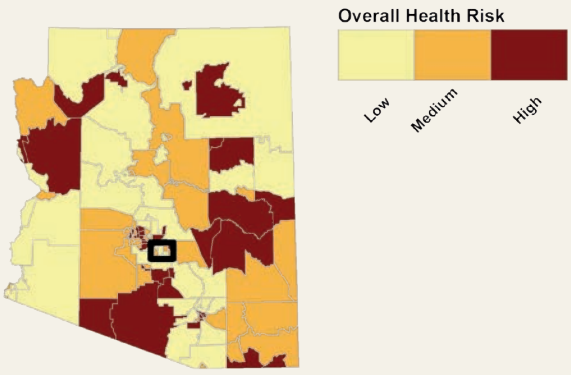
Rates and CIs with counts below 30 used Poisson
**** Indicated No Data Available*

C77

Maricopa County

(59.01 sq miles)





Facilities (Per 10,000 Individuals)

- H Hospitals
- \+ Behavioral Health Facilities (0.06)
- \+ Assisted Living Facilities (2.00)
- \+ Child Care Facilities (4.70)

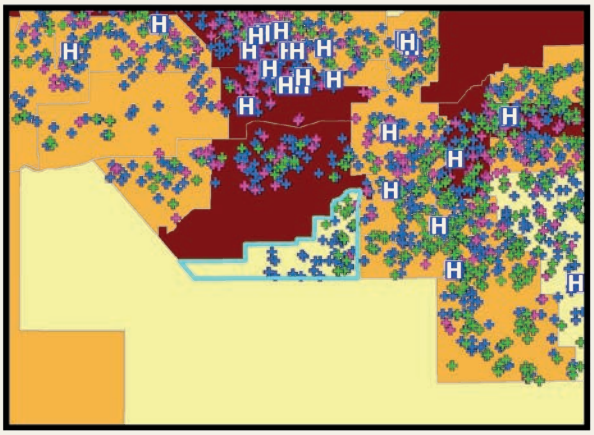
2000 Population:	60,364
2010 Population:	155,618
Three Year Avg:	157,584

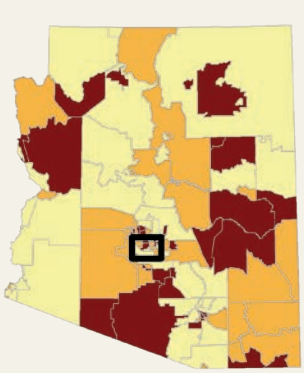
Maternal Child Health (Rate per 1,000)					
Infant Mortality			Pre-term Birth		
Rate	Confidence Interval		Rate	Confidence Interval	
4.01	2.71	5.73	93.94	86.99	100.89
Low Birth Weight			Teen Pregnancy		
Rate	Confidence Interval		Rate	Confidence Interval	
60.62	55.04	66.20	2.13	1.22	3.46
Smoked During Pregnancy			Gestational Diabetes		
Rate	Confidence Interval		Rate	Confidence Interval	
15.52	12.70	18.35	28.90	25.05	32.76
Mortality (Rate per 100,00)					
Heat Related Deaths			Alzheimer's Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
0.22	0.01	1.18	48.58	46.81	50.35
Diabetes Related Deaths			Heart Attack Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
10.91	3.25	7.55	147.23	143.86	150.61
Stroke Related Deaths			Suicide Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
36.24	34.56	37.92	11.79	10.68	12.89
COPD Related Deaths			Cancer Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
37.38	35.59	39.17	152.83	149.03	156.63
Injury Related Deaths			Liver Failure Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
4.44	2.75	6.79	3.82	1.31	4.43
Unintentional Injury Related Deaths					
Rate	Confidence Interval				
26.64	25.07	28.22			
Hospital Admissions (Rate per 100,000)					
Congestive Heart Failure			Hypertension		
Rate	Confidence Interval		Rate	Confidence Interval	
60.19	51.72	68.66	38.16	31.42	44.91
Adult Asthma Admission			COPD		
Rate	Confidence Interval		Rate	Confidence Interval	
93.39	82.84	103.94	66.40	57.50	75.29
Uncontrolled Diabetes			Short Term Diabetes		
Rate	Confidence Interval		Rate	Confidence Interval	
11.18	7.78	15.18	42.51	35.39	46.63
Lead Poisoning			Food Borne Illness		
Rate	Confidence Interval		Rate	Confidence Interval	
0.63	0.13	1.85	19.88	15.86	23.90
Vaccination					
Rate	Confidence Interval				
30.67	25.68	35.66			

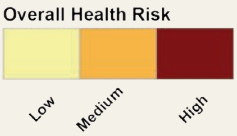
Rates and CIs with counts below 30 used Poisson
**** Indicated No Data Available*

Maricopa County

(21.94 sq miles)







Facilities (Per 10,000 Individuals)

- H Hospitals
- \+ Behavioral Health Facilities (0.03)
- \+ Assisted Living Facilities (1.60)
- \+ Child Care Facilities (4.10)

2000 Population:	76,000
2010 Population:	77,114
Three Year Avg:	92,560

Maternal Child Health (Rate per 1,000)

Infant Mortality			Pre-term Birth		
Rate	Confidence Interval		Rate	Confidence Interval	
3.05	1.23	6.29	106.46	93.10	119.82
Low Birth Weight			**Teen Pregnancy**		
Rate	Confidence Interval		Rate	Confidence Interval	
68.50	57.78	79.21	0.96	0.31	2.23
Smoked During Pregnancy			**Gestational Diabetes**		
Rate	Confidence Interval		Rate	Confidence Interval	
25.74	19.17	32.31	30.10	23.00	37.21

Mortality (Rate per 100,00)

Heat Related Deaths			Alzheimer's Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
0.00	0.00	1.33	56.72	54.68	58.75
Diabetes Related Deaths			**Heart Attack Related Deaths**		
Rate	Confidence Interval		Rate	Confidence Interval	
15.52	5.54	12.86	140.84	137.20	144.48
Stroke Related Deaths			**Suicide Related Deaths**		
Rate	Confidence Interval		Rate	Confidence Interval	
24.56	23.05	26.06	9.34	5.83	13.29
COPD Related Deaths			**Cancer Related Deaths**		
Rate	Confidence Interval		Rate	Confidence Interval	
31.87	30.15	33.60	140.83	136.76	144.90
Injury Related Deaths			**Liver Failure Related Deaths**		
Rate	Confidence Interval		Rate	Confidence Interval	
4.32	2.23	7.55	6.99	2.76	8.46
Unintentional Injury Related Deaths					
Rate	Confidence Interval				
30.43	28.63	32.23			

Hospital Admissions (Rate per 100,000)

Congestive Heart Failure			Hypertension		
Rate	Confidence Interval		Rate	Confidence Interval	
50.10	40.47	59.73	31.31	23.70	38.92
Adult Asthma Admission			**COPD**		
Rate	Confidence Interval		Rate	Confidence Interval	
65.99	54.94	77.04	62.62	51.86	73.39
Uncontrolled Diabetes			**Short Term Diabetes**		
Rate	Confidence Interval		Rate	Confidence Interval	
9.63	5.88	14.88	35.65	27.52	43.77
Lead Poisoning			**Food Borne Illness**		
Rate	Confidence Interval		Rate	Confidence Interval	
0.00	0.00	1.33	23.41	17.72	29.10
Vaccination					
Rate	Confidence Interval				
26.65	20.58	32.72			

Rates and CIs with counts below 30 used Poisson

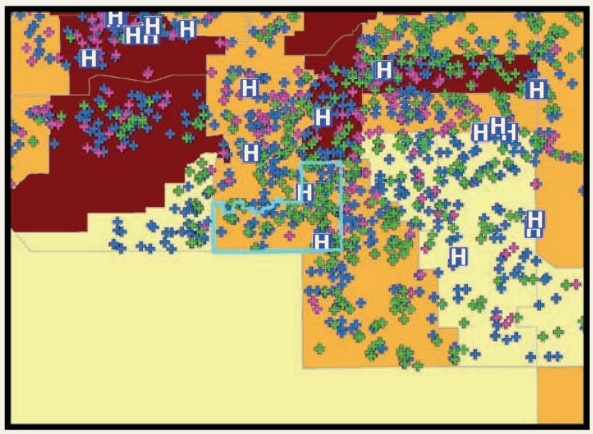
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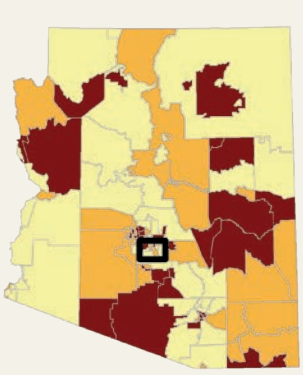
Chandler NW—CHAA ID 79

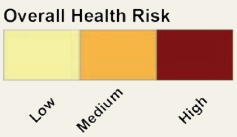
C79

Maricopa County

(19.72 sq miles)







Facilities (Per 10,000 Individuals)

- H Hospitals
- \+ Behavioral Health Facilities (0.04)
- \+ Assisted Living Facilities (6.10)
- \+ Child Care Facilities (4.50)

2000 Population:	82,261
2010 Population:	79,427
Three Year Avg:	93,975

Maternal Child Health (Rate per 1,000)					
Infant Mortality			Pre-term Birth		
Rate	Confidence Interval		Rate	Confidence Interval	
5.02	2.81	8.27	89.27	78.56	99.98
Low Birth Weight			Teen Pregnancy		
Rate	Confidence Interval		Rate	Confidence Interval	
64.53	55.42	73.63	2.43	1.25	4.24
Smoked During Pregnancy			Gestational Diabetes		
Rate	Confidence Interval		Rate	Confidence Interval	
26.41	20.59	32.24	39.45	32.33	46.57
Mortality (Rate per 100,00)					
Heat Related Deaths			Alzheimer's Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
0.31	0.01	2.28	69.06	66.34	71.77
Diabetes Related Deaths			Heart Attack Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
17.71	5.65	13.65	196.10	191.34	200.86
Stroke Related Deaths			Suicide Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
23.58	22.02	25.15	10.92	9.70	12.14
COPD Related Deaths			Cancer Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
59.89	57.08	62.70	154.48	149.82	159.14
Injury Related Deaths			Liver Failure Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
6.03	3.51	9.65	7.96	4.37	11.65
Unintentional Injury Related Deaths					
Rate	Confidence Interval				
29.37	27.41	31.32			
Hospital Admissions (Rate per 100,000)					
Congestive Heart Failure			Hypertension		
Rate	Confidence Interval		Rate	Confidence Interval	
72.96	61.40	84.53	39.58	31.07	48.10
Adult Asthma Admission			COPD		
Rate	Confidence Interval		Rate	Confidence Interval	
100.62	87.05	114.20	107.78	93.73	121.83
Uncontrolled Diabetes			Short Term Diabetes		
Rate	Confidence Interval		Rate	Confidence Interval	
11.92	7.72	17.60	65.81	54.83	76.79
Lead Poisoning			Food Borne Illness		
Rate	Confidence Interval		Rate	Confidence Interval	
1.06	0.22	3.11	26.96	20.90	33.02
Vaccination					
Rate	Confidence Interval				
29.44	23.11	35.77			

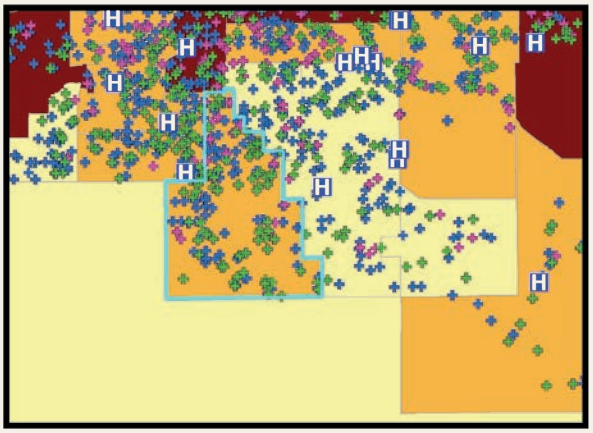
Rates and CIs with counts below 30 used Poisson
**** Indicated No Data Available*

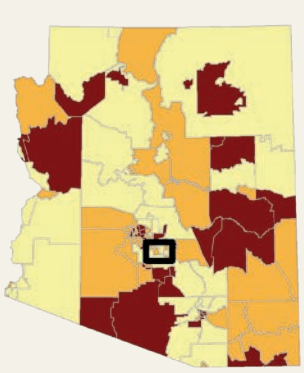
Chandler SE—CHAA ID 80

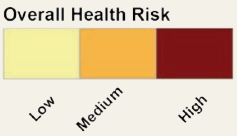
C80

Maricopa County

(55.67 sq miles)







Facilities (Per 10,000 Individuals)

- H Hospitals
- \+ Behavioral Health Facilities (0.09)
- \+ Assisted Living Facilities (4.40)
- \+ Child Care Facilities (3.90)

2000 Population:	108,932
2010 Population:	175,327
Three Year Avg:	180,579

Maternal Child Health (Rate per 1,000)

Infant Mortality			Pre-term Birth		
Rate	Confidence Interval		Rate	Confidence Interval	
3.28	2.13	4.85	94.18	87.29	101.07
Low Birth Weight			**Teen Pregnancy**		
Rate	Confidence Interval		Rate	Confidence Interval	
65.94	60.17	71.71	12.80	10.25	15.35
Smoked During Pregnancy			**Gestational Diabetes**		
Rate	Confidence Interval		Rate	Confidence Interval	
22.59	19.22	25.97	38.49	34.08	42.89

Mortality (Rate per 100,00)

Heat Related Deaths			Alzheimer's Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
0.30	0.00	1.03	38.77	37.77	39.77
Diabetes Related Deaths			**Heart Attack Related Deaths**		
Rate	Confidence Interval		Rate	Confidence Interval	
14.74	13.98	15.51	152.68	150.50	154.86
Stroke Related Deaths			**Suicide Related Deaths**		
Rate	Confidence Interval		Rate	Confidence Interval	
26.49	25.57	27.41	11.65	10.74	12.55
COPD Related Deaths			**Cancer Related Deaths**		
Rate	Confidence Interval		Rate	Confidence Interval	
37.59	36.50	38.69	150.59	148.08	153.1
Injury Related Deaths			**Liver Failure Related Deaths**		
Rate	Confidence Interval		Rate	Confidence Interval	
4.80	3.14	7.03	7.28	6.68	7.89
Unintentional Injury Related Deaths					
Rate	Confidence Interval				
35.25	33.84	36.66			

Hospital Admissions (Rate per 100,000)

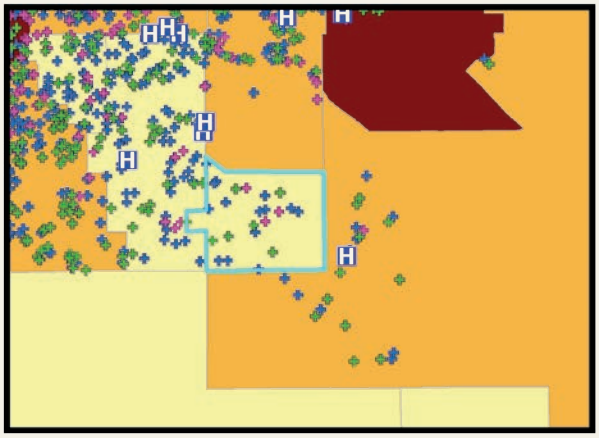
Congestive Heart Failure			Hypertension		
Rate	Confidence Interval		Rate	Confidence Interval	
111.45	101.06	121.84	57.24	49.79	64.68
Adult Asthma Admission			**COPD**		
Rate	Confidence Interval		Rate	Confidence Interval	
125.82	114.78	136.86	136.41	124.91	147.90
Uncontrolled Diabetes			**Short Term Diabetes**		
Rate	Confidence Interval		Rate	Confidence Interval	
17.15	13.07	21.22	71.36	63.04	79.67
Lead Poisoning			**Food Borne Illness**		
Rate	Confidence Interval		Rate	Confidence Interval	
0.74	0.20	1.89	29.90	25.30	34.51
Vaccination					
Rate	Confidence Interval				
31.93	27.18	36.69			

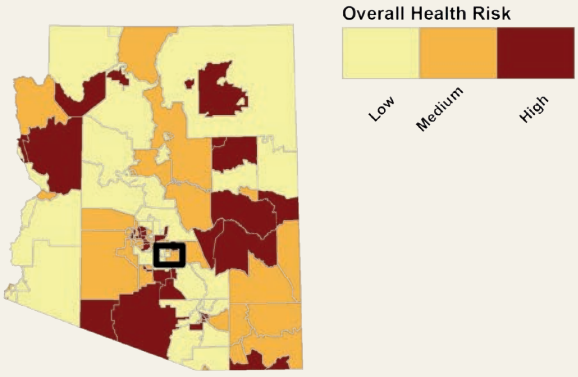
Rates and CIs with counts below 30 used Poisson
**** Indicated No Data Available*

C81

Pinal County

(31.23 sq miles)





Facilities (Per 10,000 Individuals)

- H Hospitals
- \+ Behavioral Health Facilities (0.11)
- \+ Assisted Living Facilities (3.80)
- \+ Child Care Facilities (5.30)

2000 Population:	6,438
2010 Population:	30,595
Three Year Avg:	26,350

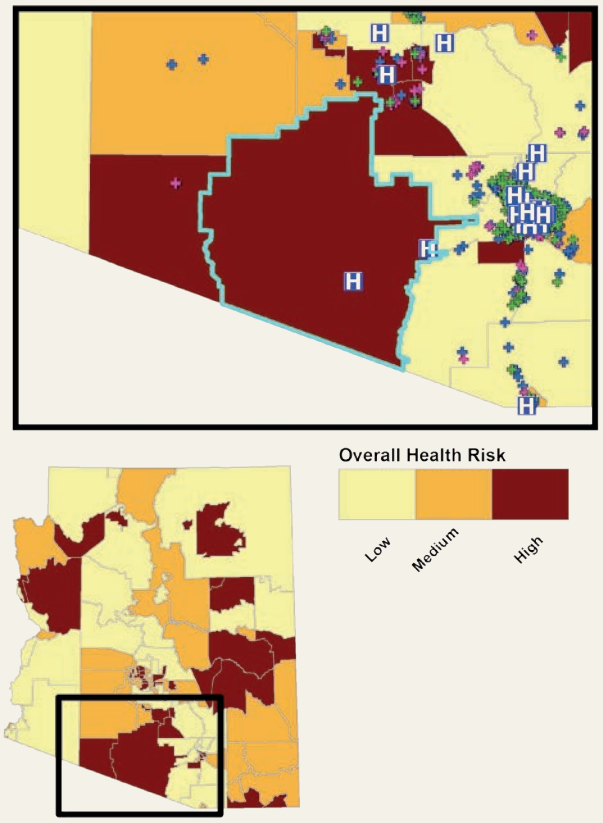
Maternal Child Health (Rate per 1,000)					
Infant Mortality			Pre-term Birth		
Rate	Confidence Interval		Rate	Confidence Interval	
4.90	2.12	9.66	99.94	84.60	115.28
Low Birth Weight			Teen Pregnancy		
Rate	Confidence Interval		Rate	Confidence Interval	
64.38	52.06	76.69	5.60	2.25	11.54
Smoked During Pregnancy			Gestational Diabetes		
Rate	Confidence Interval		Rate	Confidence Interval	
24.52	16.92	32.13	23.30	15.89	30.71
Mortality (Rate per 100,00)					
Heat Related Deaths			Alzheimer's Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
0.00	0.00	4.67	46.56	8.76	28.12
Diabetes Related Deaths			Heart Attack Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
12.46	1.38	12.96	150.74	143.04	158.44
Stroke Related Deaths			Suicide Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
33.87	7.84	26.52	11.71	5.21	21.61
COPD Related Deaths			Cancer Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
39.39	9.68	29.72	123.20	115.90	130.50
Injury Related Deaths			Liver Failure Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
1.27	0.03	7.05	5.57	0.78	11.09
Unintentional Injury Related Deaths					
Rate	Confidence Interval				
20.24	7.84	26.52			
Hospital Admissions (Rate per 100,000)					
Congestive Heart Failure			Hypertension		
Rate	Confidence Interval		Rate	Confidence Interval	
60.48	39.85	81.12	49.49	32.61	72.00
Adult Asthma Admission			COPD		
Rate	Confidence Interval		Rate	Confidence Interval	
100.80	74.16	127.45	82.48	58.38	106.57
Uncontrolled Diabetes			Short Term Diabetes		
Rate	Confidence Interval		Rate	Confidence Interval	
5.50	1.13	16.07	29.32	16.76	47.62
Lead Poisoning			Food Borne Illness		
Rate	Confidence Interval		Rate	Confidence Interval	
0.00	0.00	4.67	41.75	27.50	55.99
Vaccination					
Rate	Confidence Interval				
16.45	8.76	28.12			

Rates and CIs with counts below 30 used Poisson
**** Indicated No Data Available*

C82

Pima County

(4,340.71 sq miles)



Facilities (Per 10,000 Individuals)

- H Hospitals
- \+ Behavioral Health Facilities (0)
- \+ Assisted Living Facilities (0)
- \+ Child Care Facilities (0)

2000 Population:	8,376
2010 Population:	7,870
Three Year Avg:	8,266

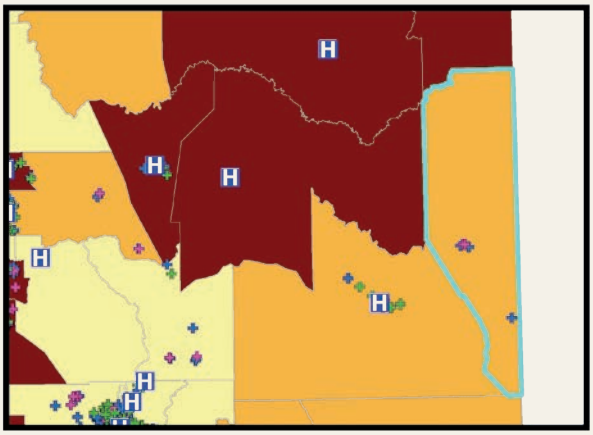
Maternal Child Health (Rate per 1,000)					
Infant Mortality			Pre-term Birth		
Rate	Confidence Interval		Rate	Confidence Interval	
10.14	3.29	23.67	97.36	69.82	124.91
Low Birth Weight			Teen Pregnancy		
Rate	Confidence Interval		Rate	Confidence Interval	
75.05	50.87	99.23	78.03	51.43	113.54
Smoked During Pregnancy			Gestational Diabetes		
Rate	Confidence Interval		Rate	Confidence Interval	
36.51	21.64	57.70	97.36	69.82	124.91
Mortality (Rate per 100,00)					
Heat Related Deaths			Alzheimer's Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
11.49	1.21	36.13	13.68	1.21	36.13
Diabetes Related Deaths			Heart Attack Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
143.89	80.90	184.53	224.80	208.37	241.22
Stroke Related Deaths			Suicide Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
80.43	34.61	111.16	49.41	23.98	91.96
COPD Related Deaths			Cancer Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
28.84	8.12	58.34	176.21	97.11	208.25
Injury Related Deaths			Liver Failure Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
32.26	13.93	63.57	117.88	76.89	178.56
Unintentional Injury Related Deaths					
Rate	Confidence Interval				
179.62	159.58	199.66			
Hospital Admissions (Rate per 100,000)					
Congestive Heart Failure			Hypertension		
Rate	Confidence Interval		Rate	Confidence Interval	
6.05	0.15	33.71	6.05	0.15	33.71
Adult Asthma Admission			COPD		
Rate	Confidence Interval		Rate	Confidence Interval	
0.00	0.00	22.32	18.15	3.74	53.05
Uncontrolled Diabetes			Short Term Diabetes		
Rate	Confidence Interval		Rate	Confidence Interval	
0.00	0.00	22.32	6.05	0.15	33.71
Lead Poisoning			Food Borne Illness		
Rate	Confidence Interval		Rate	Confidence Interval	
0.00	0.00	14.88	290.36	223.29	357.43
Vaccination					
Rate	Confidence Interval				
56.46	30.87	94.73			

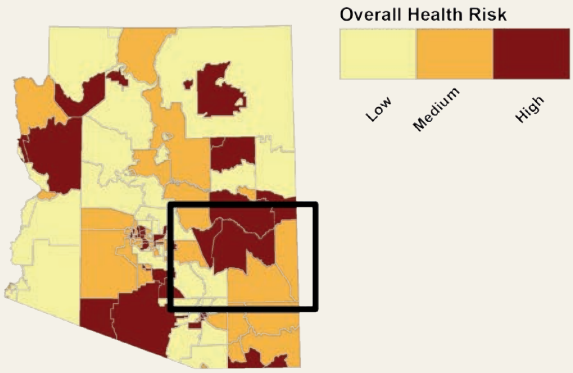
Rates and CIs with counts below 30 used Poisson
**** Indicated No Data Available*

C83

Greenlee County

(1,850.91 sq miles)





Facilities (Per 10,000 Individuals)

- H Hospitals
- \+ Behavioral Health Facilities (0.24)
- \+ Assisted Living Facilities (0.00)
- \+ Child Care Facilities (4.80)

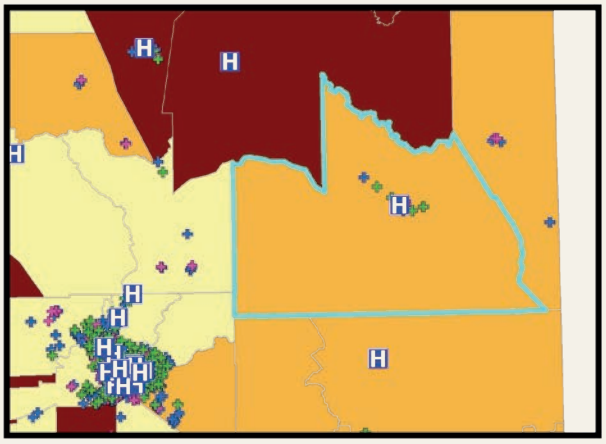
2000 Population:	8,547
2010 Population:	8,437
Three Year Avg:	8,319

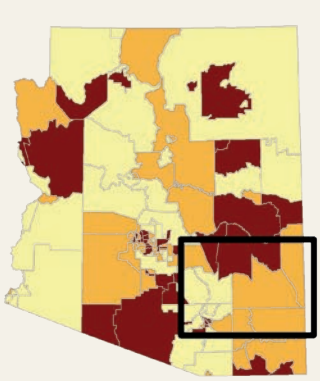
Maternal Child Health (Rate per 1,000)					
Infant Mortality			Pre-term Birth		
Rate	Confidence Interval		Rate	Confidence Interval	
5.54	0.67	20.01	96.95	64.83	129.07
Low Birth Weight			Teen Pregnancy		
Rate	Confidence Interval		Rate	Confidence Interval	
66.48	42.60	98.92	28.25	13.55	51.95
Smoked During Pregnancy			Gestational Diabetes		
Rate	Confidence Interval		Rate	Confidence Interval	
138.50	100.11	176.90	55.40	33.84	85.56
Mortality (Rate per 100,00)					
Heat Related Deaths			Alzheimer's Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
0.00	0.00	24.64	16.06	4.13	58.56
Diabetes Related Deaths			Heart Attack Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
33.20	18.80	96.34	98.46	81.60	206.32
Stroke Related Deaths			Suicide Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
22.59	7.25	68.41	10.18	4.13	58.56
COPD Related Deaths			Cancer Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
40.06	18.80	96.34	149.29	137.78	160.81
Injury Related Deaths			Liver Failure Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
28.05	11.28	57.79	16.20	10.84	77.94
Unintentional Injury Related Deaths					
Rate	Confidence Interval				
65.21	76.41	198.19			
Hospital Admissions (Rate per 100,000)					
Congestive Heart Failure			Hypertension		
Rate	Confidence Interval		Rate	Confidence Interval	
32.09	11.78	69.86	5.35	0.14	29.80
Adult Asthma Admission			COPD		
Rate	Confidence Interval		Rate	Confidence Interval	
32.09	11.78	69.86	58.84	29.37	105.28
Uncontrolled Diabetes			Short Term Diabetes		
Rate	Confidence Interval		Rate	Confidence Interval	
0.00	0.00	19.73	26.75	8.68	62.41
Lead Poisoning			Food Borne Illness		
Rate	Confidence Interval		Rate	Confidence Interval	
0.00	0.00	14.78	44.08	22.00	78.86
Vaccination					
Rate	Confidence Interval				
16.03	4.37	41.04			

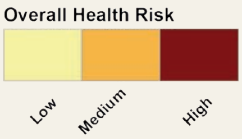
Rates and CIs with counts below 30 used Poisson
**** Indicated No Data Available*

Graham County

(2,946.32 sq miles)







Facilities (Per 10,000 Individuals)

- H Hospitals
- \+ Behavioral Health Facilities (0.10)
- \+ Assisted Living Facilities (1.60)
- \+ Child Care Facilities (1.90)

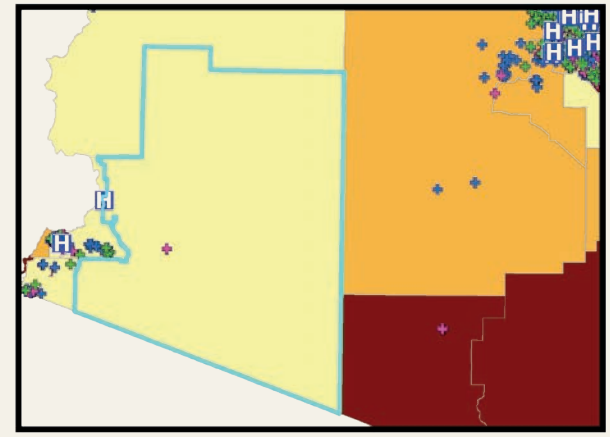
2000 Population:	28,888
2010 Population:	32,440
Three Year Avg:	31,475

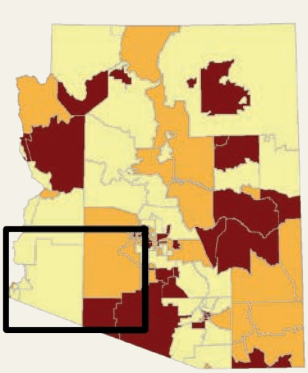
Maternal Child Health (Rate per 1,000)					
Infant Mortality			Pre-term Birth		
Rate	Confidence Interval		Rate	Confidence Interval	
5.70	2.61	10.82	117.80	100.87	134.73
Low Birth Weight			Teen Pregnancy		
Rate	Confidence Interval		Rate	Confidence Interval	
74.10	60.67	87.52	20.71	12.82	31.66
Smoked During Pregnancy			Gestational Diabetes		
Rate	Confidence Interval		Rate	Confidence Interval	
97.53	82.13	112.93	28.50	20.17	36.83
Mortality (Rate per 100,00)					
Heat Related Deaths			Alzheimer's Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
0.00	0.00	4.76	11.61	9.87	30.28
Diabetes Related Deaths			Heart Attack Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
30.07	27.36	32.78	153.89	148.38	159.41
Stroke Related Deaths			Suicide Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
35.95	33.89	38.01	19.22	12.77	35.09
COPD Related Deaths			Cancer Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
42.63	39.64	45.62	172.47	166.32	178.62
Injury Related Deaths			Liver Failure Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
5.30	1.72	12.36	11.18	7.08	25.37
Unintentional Injury Related Deaths					
Rate	Confidence Interval				
46.94	42.30	51.58			
Hospital Admissions (Rate per 100,000)					
Congestive Heart Failure			Hypertension		
Rate	Confidence Interval		Rate	Confidence Interval	
119.76	94.74	144.78	24.50	14.52	38.72
Adult Asthma Admission			COPD		
Rate	Confidence Interval		Rate	Confidence Interval	
125.21	99.62	150.79	205.50	172.72	238.28
Uncontrolled Diabetes			Short Term Diabetes		
Rate	Confidence Interval		Rate	Confidence Interval	
4.08	0.84	11.93	73.49	53.89	93.09
Lead Poisoning			Food Borne Illness		
Rate	Confidence Interval		Rate	Confidence Interval	
3.18	0.66	9.28	54.01	39.19	68.83
Vaccination					
Rate	Confidence Interval				
13.77	7.33	23.54			

Rates and CIs with counts below 30 used Poisson
**** Indicated No Data Available*

Yuma County

(5,109.44 sq miles)





Facilities (Per 10,000 Individuals)

- H Hospitals
- \+ Behavioral Health Facilities (0.14)
- \+ Assisted Living Facilities (0.00)
- \+ Child Care Facilities (1.40)

2000 Population:	7,011
2010 Population:	7,184
Three Year Avg:	7,124

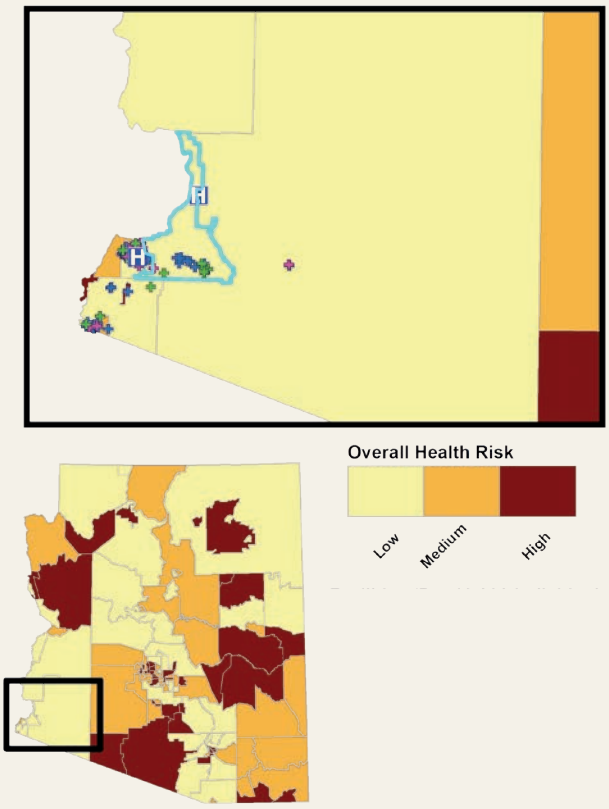
Maternal Child Health (Rate per 1,000)					
Infant Mortality			Pre-term Birth		
Rate	Confidence Interval		Rate	Confidence Interval	
9.71	1.18	35.07	48.54	23.28	89.27
Low Birth Weight			Teen Pregnancy		
Rate	Confidence Interval		Rate	Confidence Interval	
38.83	16.77	76.52	14.87	4.05	38.07
Smoked During Pregnancy			Gestational Diabetes		
Rate	Confidence Interval		Rate	Confidence Interval	
29.13	10.69	63.40	9.71	1.18	35.07
Mortality (Rate per 100,00)					
Heat Related Deaths			Alzheimer's Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
4.23	0.13	27.99	6.28	1.22	36.30
Diabetes Related Deaths			Heart Attack Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
26.76	17.35	79.19	108.54	101.06	116.02
Stroke Related Deaths			Suicide Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
19.82	11.06	65.61	16.29	5.48	51.45
COPD Related Deaths			Cancer Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
28.25	17.35	79.19	173.21	159.93	186.48
Injury Related Deaths			Liver Failure Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
9.36	1.13	33.81	14.17	3.11	44.05
Unintentional Injury Related Deaths					
Rate	Confidence Interval				
74.74	53.59	142.92			
Hospital Admissions (Rate per 100,000)					
Congestive Heart Failure			Hypertension		
Rate	Confidence Interval		Rate	Confidence Interval	
82.60	43.98	141.24	19.06	3.93	55.70
Adult Asthma Admission			COPD		
Rate	Confidence Interval		Rate	Confidence Interval	
57.18	26.15	108.55	235.08	159.34	310.83
Uncontrolled Diabetes			Short Term Diabetes		
Rate	Confidence Interval		Rate	Confidence Interval	
6.35	0.16	35.40	31.77	10.32	74.14
Lead Poisoning			Food Borne Illness		
Rate	Confidence Interval		Rate	Confidence Interval	
4.68	0.12	26.07	32.75	13.17	67.49
Vaccination					
Rate	Confidence Interval				
0.00	0.00	17.26			

Rates and CIs with counts below 30 used Poisson
**** Indicated No Data Available*

C86

Yuma County

(181.58 sq miles)



Facilities (Per 10,000 Individuals)

- H Hospitals
- \+ Behavioral Health Facilities (0.09)
- \+ Assisted Living Facilities (1.50)
- \+ Child Care Facilities (2.20)

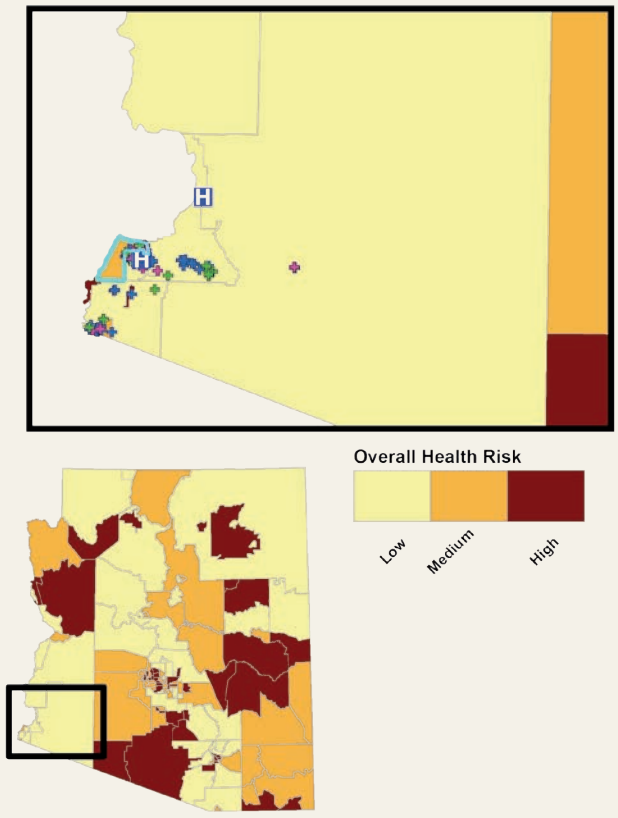
2000 Population:	33,895
2010 Population:	48,194
Three Year Avg:	46,459

Maternal Child Health (Rate per 1,000)					
Infant Mortality			Pre-term Birth		
Rate	Confidence Interval		Rate	Confidence Interval	
6.49	3.24	11.60	71.93	59.17	84.70
Low Birth Weight			Teen Pregnancy		
Rate	Confidence Interval		Rate	Confidence Interval	
58.37	46.87	69.87	22.03	11.64	31.84
Smoked During Pregnancy			Gestational Diabetes		
Rate	Confidence Interval		Rate	Confidence Interval	
11.20	6.74	17.49	17.69	11.93	25.25
Mortality (Rate per 100,00)					
Heat Related Deaths			Alzheimer's Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
0.45	0.19	5.71	4.27	6.63	19.55
Diabetes Related Deaths			Heart Attack Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
10.90	9.58	12.23	75.58	73.28	77.87
Stroke Related Deaths			Suicide Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
18.68	17.55	19.81	14.40	10.27	25.36
COPD Related Deaths			Cancer Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
32.97	31.39	34.55	89.40	86.47	92.34
Injury Related Deaths			Liver Failure Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
10.04	5.49	16.85	6.78	9.04	23.44
Unintentional Injury Related Deaths					
Rate	Confidence Interval				
24.57	21.52	27.61			
Hospital Admissions (Rate per 100,000)					
Congestive Heart Failure			Hypertension		
Rate	Confidence Interval		Rate	Confidence Interval	
162.90	139.62	186.19	32.06	21.73	42.39
Adult Asthma Admission			COPD		
Rate	Confidence Interval		Rate	Confidence Interval	
83.19	66.54	99.83	375.20	339.86	410.54
Uncontrolled Diabetes			Short Term Diabetes		
Rate	Confidence Interval		Rate	Confidence Interval	
11.26	6.00	19.26	56.32	42.63	70.02
Lead Poisoning			Food Borne Illness		
Rate	Confidence Interval		Rate	Confidence Interval	
0.00	0.00	2.65	29.42	20.41	38.42
Vaccination					
Rate	Confidence Interval				
13.63	8.21	21.29			

Rates and CIs with counts below 30 used Poisson
**** Indicated No Data Available*

Yuma County

(33.91 sq miles)



Facilities (Per 10,000 Individuals)

- Hospitals
- Behavioral Health Facilities (0.32)
- Assisted Living Facilities (0.32)
- Child Care Facilities (2.60)

2000 Population:	31,254
2010 Population:	27,766
Three Year Avg:	30,823

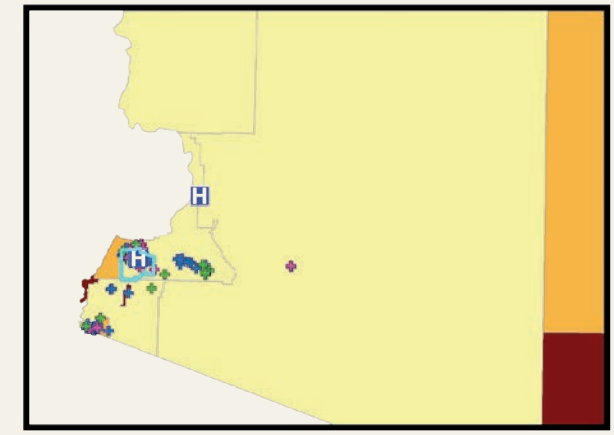
Maternal Child Health (Rate per 1,000)					
Infant Mortality			Pre-term Birth		
Rate	Confidence Interval		Rate	Confidence Interval	
8.54	4.67	14.32	79.27	65.64	92.89
Low Birth Weight			Teen Pregnancy		
Rate	Confidence Interval		Rate	Confidence Interval	
61.59	49.57	73.60	56.88	43.26	70.50
Smoked During Pregnancy			Gestational Diabetes		
Rate	Confidence Interval		Rate	Confidence Interval	
6.71	3.35	12.00	18.90	12.25	25.56
Mortality (Rate per 100,00)					
Heat Related Deaths			Alzheimer's Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
0.67	0.03	7.26	5.05	3.67	18.79
Diabetes Related Deaths			Heart Attack Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
29.31	23.18	51.17	112.78	107.45	118.11
Stroke Related Deaths			Suicide Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
27.86	23.18	51.17	12.12	7.15	25.64
COPD Related Deaths			Cancer Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
21.59	18.99	44.95	128.48	122.07	134.88
Injury Related Deaths			Liver Failure Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
5.41	1.76	12.62	18.56	11.91	33.84
Unintentional Injury Related Deaths					
Rate	Confidence Interval				
49.31	44.59	54.02			
Hospital Admissions (Rate per 100,000)					
Congestive Heart Failure			Hypertension		
Rate	Confidence Interval		Rate	Confidence Interval	
179.36	146.72	212.00	54.12	36.19	72.05
Adult Asthma Admission			COPD		
Rate	Confidence Interval		Rate	Confidence Interval	
151.53	121.53	181.53	292.23	250.57	333.90
Uncontrolled Diabetes			Short Term Diabetes		
Rate	Confidence Interval		Rate	Confidence Interval	
34.02	21.32	51.50	171.63	139.70	203.56
Lead Poisoning			Food Borne Illness		
Rate	Confidence Interval		Rate	Confidence Interval	
4.33	1.18	11.08	56.23	40.95	71.52
Vaccination					
Rate	Confidence Interval				
6.49	2.38	14.12			

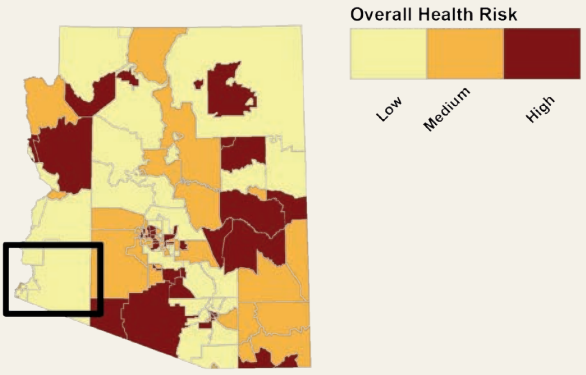
Rates and CIs with counts below 30 used Poisson
**** Indicated No Data Available*

C88

Yuma County

(28.53 sq miles)





Facilities (Per 10,000 Individuals)

- H Hospitals
- \+ Behavioral Health Facilities (0.14)
- \+ Assisted Living Facilities (1.50)
- \+ Child Care Facilities (5.70)

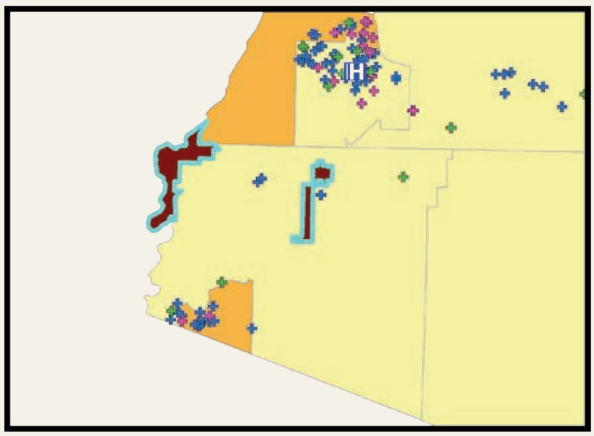
2000 Population:	57,668
2010 Population:	63,037
Three Year Avg:	71,409

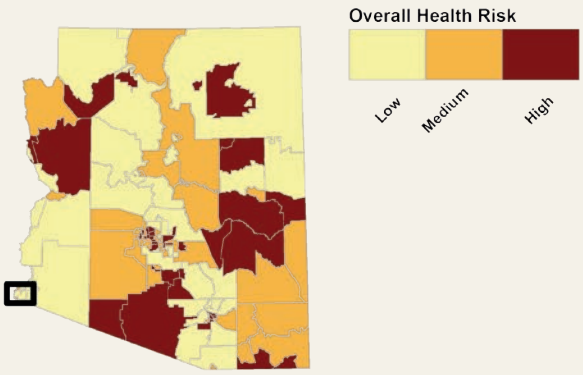
Maternal Child Health (Rate per 1,000)					
Infant Mortality			Pre-term Birth		
Rate	Confidence Interval		Rate	Confidence Interval	
6.25	3.87	9.55	73.77	64.58	82.95
Low Birth Weight			Teen Pregnancy		
Rate	Confidence Interval		Rate	Confidence Interval	
66.33	57.62	75.04	19.66	14.60	24.72
Smoked During Pregnancy			Gestational Diabetes		
Rate	Confidence Interval		Rate	Confidence Interval	
10.71	7.21	14.21	11.90	8.21	15.58
Mortality (Rate per 100,00)					
Heat Related Deaths			Alzheimer's Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
0.00	0.00	1.72	7.01	6.07	14.98
Diabetes Related Deaths			Heart Attack Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
23.29	21.54	25.03	117.65	114.27	121.02
Stroke Related Deaths			Suicide Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
25.53	23.96	27.10	10.97	6.07	14.98
COPD Related Deaths			Cancer Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
50.54	48.38	52.69	128.08	123.99	132.17
Injury Related Deaths			Liver Failure Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
7.47	4.27	12.13	9.78	5.34	13.85
Unintentional Injury Related Deaths					
Rate	Confidence Interval				
25.18	22.92	27.44			
Hospital Admissions (Rate per 100,000)					
Congestive Heart Failure			Hypertension		
Rate	Confidence Interval		Rate	Confidence Interval	
120.13	102.87	137.40	31.00	22.23	39.77
Adult Asthma Admission			COPD		
Rate	Confidence Interval		Rate	Confidence Interval	
120.78	103.47	138.09	255.77	230.58	280.96
Uncontrolled Diabetes			Short Term Diabetes		
Rate	Confidence Interval		Rate	Confidence Interval	
14.86	9.43	22.29	69.75	56.60	82.91
Lead Poisoning			Food Borne Illness		
Rate	Confidence Interval		Rate	Confidence Interval	
1.40	0.29	4.09	42.01	33.33	50.69
Vaccination					
Rate	Confidence Interval				
13.07	8.69	18.89			

Rates and CIs with counts below 30 used Poisson
**** Indicated No Data Available*

Yuma County

(9.07 sq miles)





Facilities (Per 10,000 Individuals)

- H Hospitals
- \+ Behavioral Health Facilities (***)
- \+ Assisted Living Facilities (***)
- \+ Child Care Facilities (***)

2000 Population:	603
2010 Population:	592
Three Year Avg:	434

Maternal Child Health (Rate per 1,000)					
Infant Mortality			Pre-term Birth		
Rate	Confidence Interval		Rate	Confidence Interval	
29.41	0.74	163.87	29.41	0.74	163.87
Low Birth Weight			Teen Pregnancy		
Rate	Confidence Interval		Rate	Confidence Interval	
0.00	0.00	108.5	62.5	1.58	348.23
Smoked During Pregnancy			Gestational Diabetes		
Rate	Confidence Interval		Rate	Confidence Interval	
0.00	0.00	108.50	0.00	0.00	108.50
Mortality (Rate per 100,00)					
Heat Related Deaths			Alzheimer's Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
0.00	0.00	716.29	0.00	0.00	716.29
Diabetes Related Deaths			Heart Attack Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
257.45	47.03	1402.85	57.44	4.91	1081.86
Stroke Related Deaths			Suicide Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
118.01	4.91	1081.86	0.00	0.00	716.29
COPD Related Deaths			Cancer Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
0.00	0.00	716.29	0.00	0.00	716.29
Injury Related Deaths			Liver Failure Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
76.80	1.94	427.93	0.00	0.00	716.29
Unintentional Injury Related Deaths					
Rate	Confidence Interval				
145.50	47.03	1402.85			
Hospital Admissions (Rate per 100,000)					
Congestive Heart Failure			Hypertension		
Rate	Confidence Interval		Rate	Confidence Interval	
490.20	133.57	1255.10	122.55	3.10	682.79
Adult Asthma Admission			COPD		
Rate	Confidence Interval		Rate	Confidence Interval	
122.55	3.10	682.79	122.55	3.10	682.79
Uncontrolled Diabetes			Short Term Diabetes		
Rate	Confidence Interval		Rate	Confidence Interval	
122.55	3.10	682.79	2083.30	1213.62	3335.61
Lead Poisoning			Food Borne Illness		
Rate	Confidence Interval		Rate	Confidence Interval	
0.00	0.00	283.33	153.61	18.60	554.89
Vaccination					
Rate	Confidence Interval				
0.00	0.00	283.33			

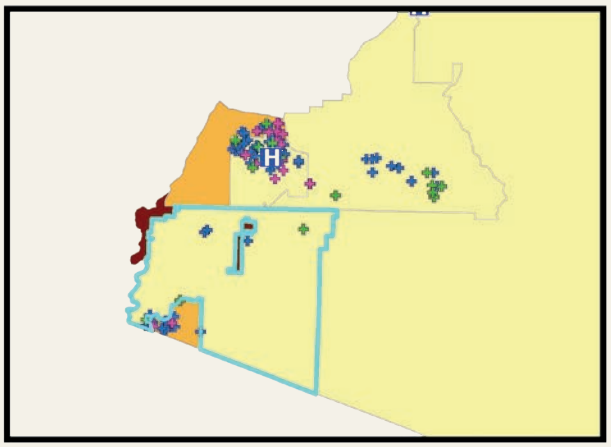
Rates and CIs with counts below 30 used Poisson
**** Indicated No Data Available*

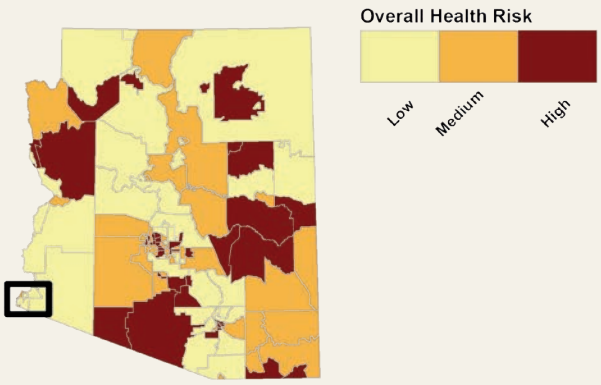
Somerton—CHAA ID 90

C90

Yuma County

(150.37 sq miles)





Facilities (Per 10,000 Individuals)

- H Hospitals
- \+ Behavioral Health Facilities (0.00)
- \+ Assisted Living Facilities (0.36)
- \+ Child Care Facilities (2.20)

2000 Population:	19,882
2010 Population:	31,147
Three Year Avg:	27,725

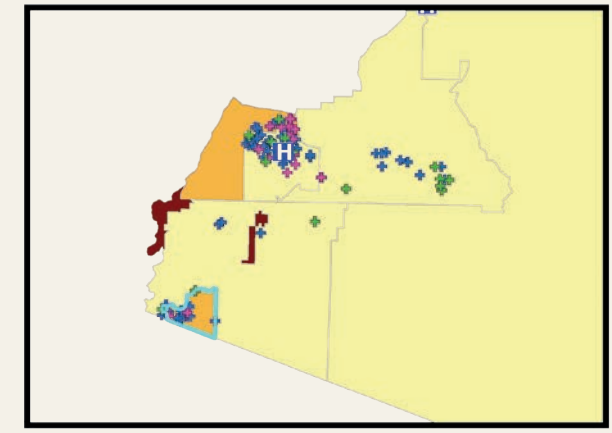
Maternal Child Health (Rate per 1,000)					
Infant Mortality			Pre-term Birth		
Rate	Confidence Interval		Rate	Confidence Interval	
8.43	3.85	16.00	88.95	71.06	106.84
Low Birth Weight			Teen Pregnancy		
Rate	Confidence Interval		Rate	Confidence Interval	
70.22	54.33	86.12	24.17	15.93	35.17
Smoked During Pregnancy			Gestational Diabetes		
Rate	Confidence Interval		Rate	Confidence Interval	
3.75	1.02	9.59	27.15	18.19	39.00
Mortality (Rate per 100,00)					
Heat Related Deaths			Alzheimer's Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
0.00	0.00	5.96	7.97	2.62	18.86
Diabetes Related Deaths			Heart Attack Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
17.49	8.88	31.81	64.69	59.79	69.59
Stroke Related Deaths			Suicide Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
15.36	6.65	27.61	0.00	0.00	5.96
COPD Related Deaths			Cancer Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
24.86	12.37	37.96	96.47	89.73	103.21
Injury Related Deaths			Liver Failure Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
8.42	3.38	17.34	12.17	4.55	23.31
Unintentional Injury Related Deaths					
Rate	Confidence Interval				
21.69	13.57	39.99			
Hospital Admissions (Rate per 100,000)					
Congestive Heart Failure			Hypertension		
Rate	Confidence Interval		Rate	Confidence Interval	
60.53	40.48	80.59	3.46	0.42	12.49
Adult Asthma Admission			COPD		
Rate	Confidence Interval		Rate	Confidence Interval	
46.7	30.77	67.94	62.26	41.92	82.60
Uncontrolled Diabetes			Short Term Diabetes		
Rate	Confidence Interval		Rate	Confidence Interval	
17.29	8.29	31.81	50.15	33.59	72.03
Lead Poisoning			Food Borne Illness		
Rate	Confidence Interval		Rate	Confidence Interval	
2.40	0.29	8.69	45.69	31.16	60.21
Vaccination					
Rate	Confidence Interval				
10.82	4.95	20.54			

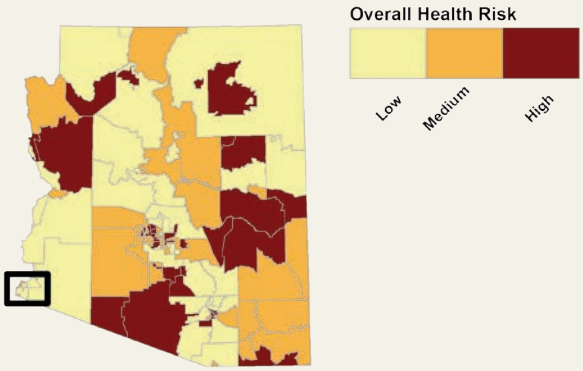
Rates and CIs with counts below 30 used Poisson
**** Indicated No Data Available*

C91

Yuma County

(9.94 sq miles)





Facilities (Per 10,000 Individuals)

- H Hospitals
- \+ Behavioral Health Facilities (0.12)
- \+ Assisted Living Facilities (1.20)
- \+ Child Care Facilities (7.00)

2000 Population:	9,713
2010 Population:	17,831
Three Year Avg:	17,177

Maternal Child Health (Rate per 1,000)

Infant Mortality			Pre-term Birth		
Rate	Confidence Interval		Rate	Confidence Interval	
4.95	2.26	9.40	70.96	58.71	83.20
Low Birth Weight			**Teen Pregnancy**		
Rate	Confidence Interval		Rate	Confidence Interval	
59.41	48.20	70.61	87.67	66.99	108.36
Smoked During Pregnancy			**Gestational Diabetes**		
Rate	Confidence Interval		Rate	Confidence Interval	
1.10	0.13	3.97	13.20	8.46	19.64

Mortality (Rate per 100,00)

Heat Related Deaths			Alzheimer's Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
0.00	0.00	9.07	3.89	0.06	13.70
Diabetes Related Deaths			**Heart Attack Related Deaths**		
Rate	Confidence Interval		Rate	Confidence Interval	
43.16	15.24	51.53	143.91	133.82	154.00
Stroke Related Deaths			**Suicide Related Deaths**		
Rate	Confidence Interval		Rate	Confidence Interval	
35.36	11.79	45.21	3.65	0.60	17.76
COPD Related Deaths			**Cancer Related Deaths**		
Rate	Confidence Interval		Rate	Confidence Interval	
8.08	0.60	17.76	129.64	119.54	139.74
Injury Related Deaths			**Liver Failure Related Deaths**		
Rate	Confidence Interval		Rate	Confidence Interval	
5.82	1.20	17.07	10.45	2.68	25.17
Unintentional Injury Related Deaths					
Rate	Confidence Interval				
38.88	18.81	57.74			

Hospital Admissions (Rate per 100,000)

Congestive Heart Failure			Hypertension		
Rate	Confidence Interval		Rate	Confidence Interval	
0.00	0.00	11.09	0.00	0.00	11.09
Adult Asthma Admission			**COPD**		
Rate	Confidence Interval		Rate	Confidence Interval	
0.00	0.00	11.09	0.00	0.00	11.09
Uncontrolled Diabetes			**Short Term Diabetes**		
Rate	Confidence Interval		Rate	Confidence Interval	
0.00	0.00	11.09	0.00	0.00	11.09
Lead Poisoning			**Food Borne Illness**		
Rate	Confidence Interval		Rate	Confidence Interval	
19.41	9.31	35.69	114.49	85.28	143.71
Vaccination					
Rate	Confidence Interval				
5.82	1.20	17.01			

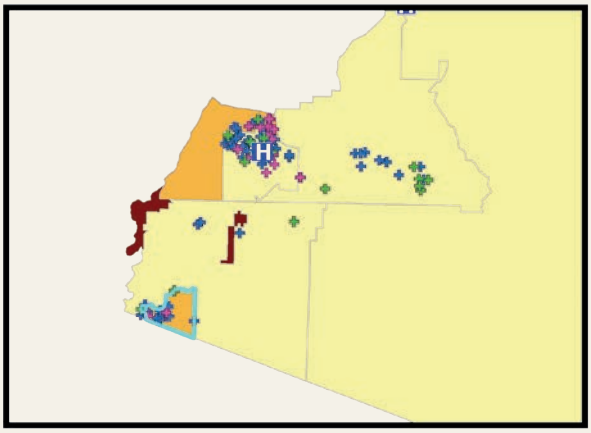
Rates and CIs with counts below 30 used Poisson
**** Indicated No Data Available*

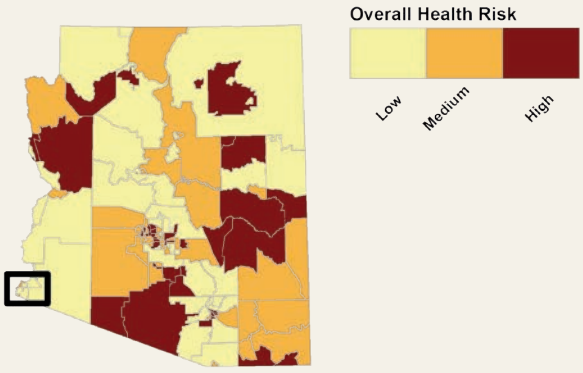
Apache Junction—CHAA ID 92

C92

Pinal County

(81.07 sq miles)





Facilities (Per 10,000 Individuals)

- H Hospitals
- \+ Behavioral Health Facilities (0.18)
- \+ Assisted Living Facilities (2.10)
- \+ Child Care Facilities (1.60)

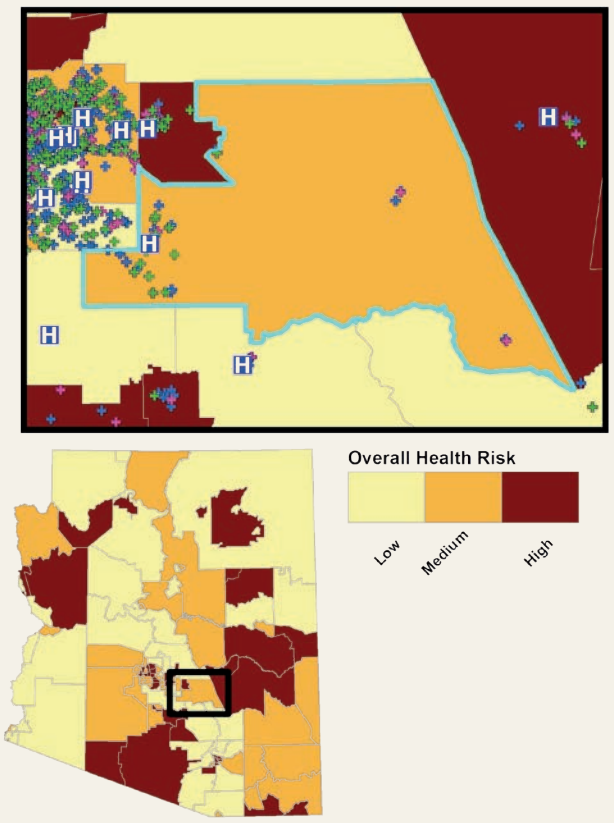
2000 Population:	44,869
2010 Population:	51,784
Three Year Avg:	56,880

Maternal Child Health (Rate per 1,000)					
Infant Mortality			Pre-term Birth		
Rate	Confidence Interval		Rate	Confidence Interval	
5.45	2.32	10.75	101.57	85.26	117.88
Low Birth Weight			Teen Pregnancy		
Rate	Confidence Interval		Rate	Confidence Interval	
77.71	63.44	91.97	17.85	11.56	24.13
Smoked During Pregnancy			Gestational Diabetes		
Rate	Confidence Interval		Rate	Confidence Interval	
137.01	118.07	155.96	43.63	32.94	54.31
Mortality (Rate per 100,00)					
Heat Related Deaths			Alzheimer's Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
0.32	0.02	3.68	20.32	19.50	21.15
Diabetes Related Deaths			Heart Attack Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
14.01	12.85	15.16	140.15	136.92	143.37
Stroke Related Deaths			Suicide Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
21.16	20.07	22.25	21.40	19.21	23.60
COPD Related Deaths			Cancer Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
43.67	42.01	45.34	112.23	109.06	115.41
Injury Related Deaths			Liver Failure Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
9.96	5.80	15.95	11.38	10.21	12.55
Unintentional Injury Related Deaths					
Rate	Confidence Interval				
36.07	33.40	38.75			
Hospital Admissions (Rate per 100,000)					
Congestive Heart Failure			Hypertension		
Rate	Confidence Interval		Rate	Confidence Interval	
307.16	277.96	336.36	77.33	62.68	91.99
Adult Asthma Admission			COPD		
Rate	Confidence Interval		Rate	Confidence Interval	
145.27	125.19	165.35	404.01	370.51	437.50
Uncontrolled Diabetes			Short Term Diabetes		
Rate	Confidence Interval		Rate	Confidence Interval	
26.74	18.12	35.36	150.33	129.90	170.76
Lead Poisoning			Food Borne Illness		
Rate	Confidence Interval		Rate	Confidence Interval	
0.00	0.00	2.16	12.31	7.62	18.81
Vaccination					
Rate	Confidence Interval				
11.13	6.70	17.39			

Rates and CIs with counts below 30 used Poisson
**** Indicated No Data Available*

Pinal County

(928.59 sq miles)



Facilities (Per 10,000 Individuals)

- Hospitals
- Behavioral Health Facilities (0.05)
- Assisted Living Facilities (1.10)
- Child Care Facilities (2.00)

2000 Population:	15,096
2010 Population:	100,546
Three Year Avg:	78,631

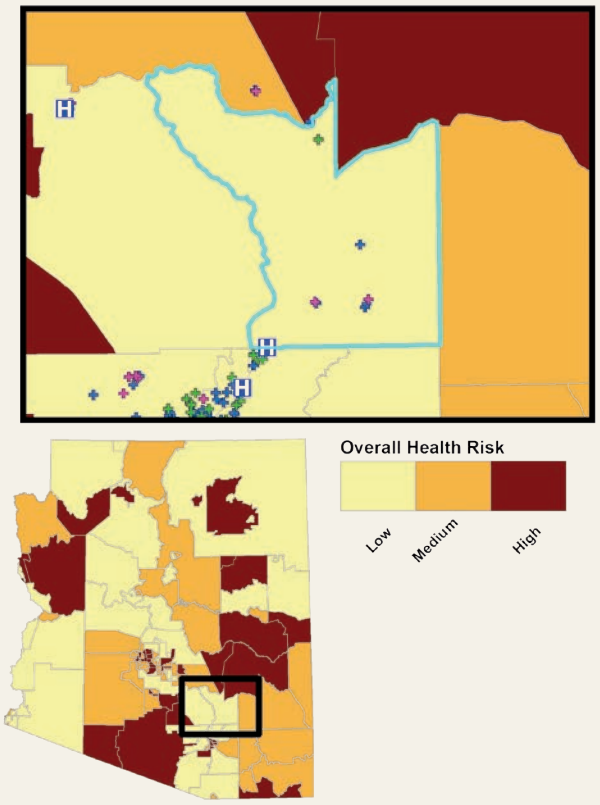
Maternal Child Health (Rate per 1,000)					
Infant Mortality			Pre-term Birth		
Rate	Confidence Interval		Rate	Confidence Interval	
5.21	3.52	7.44	97.48	89.41	105.55
Low Birth Weight			Teen Pregnancy		
Rate	Confidence Interval		Rate	Confidence Interval	
60.12	53.79	66.46	17.82	13.02	22.62
Smoked During Pregnancy			Gestational Diabetes		
Rate	Confidence Interval		Rate	Confidence Interval	
39.10	33.99	44.21	42.92	37.57	48.27
Mortality (Rate per 100,00)					
Heat Related Deaths			Alzheimer's Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
1.05	0.10	3.06	28.13	26.83	29.43
Diabetes Related Deaths			Heart Attack Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
14.42	8.58	18.16	118.18	114.65	121.72
Stroke Related Deaths			Suicide Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
25.54	23.97	27.12	17.20	15.28	19.12
COPD Related Deaths			Cancer Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
27.59	25.94	29.23	122.80	118.93	126.68
Injury Related Deaths			Liver Failure Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
9.75	6.18	14.63	16.89	15.33	18.46
Unintentional Injury Related Deaths					
Rate	Confidence Interval				
43.12	40.40	45.85			
Hospital Admissions (Rate per 100,000)					
Congestive Heart Failure			Hypertension		
Rate	Confidence Interval		Rate	Confidence Interval	
112.27	96.35	128.19	59.96	48.32	71.59
Adult Asthma Admission			COPD		
Rate	Confidence Interval		Rate	Confidence Interval	
146.95	128.73	165.17	128.73	111.68	145.78
Uncontrolled Diabetes			Short Term Diabetes		
Rate	Confidence Interval		Rate	Confidence Interval	
17.63	11.90	25.17	81.70	68.12	95.29
Lead Poisoning			Food Borne Illness		
Rate	Confidence Interval		Rate	Confidence Interval	
0.42	0.01	2.36	57.23	47.58	66.88
Vaccination					
Rate	Confidence Interval				
19.50	13.86	25.14			

Rates and CIs with counts below 30 used Poisson
**** Indicated No Data Available*

C94

Pinal County

(1,017.93 sq miles)



Facilities (Per 10,000 Individuals)

- Hospitals
- Behavioral Health Facilities (0.16)
- Assisted Living Facilities (0.40)
- Child Care Facilities (2.40)

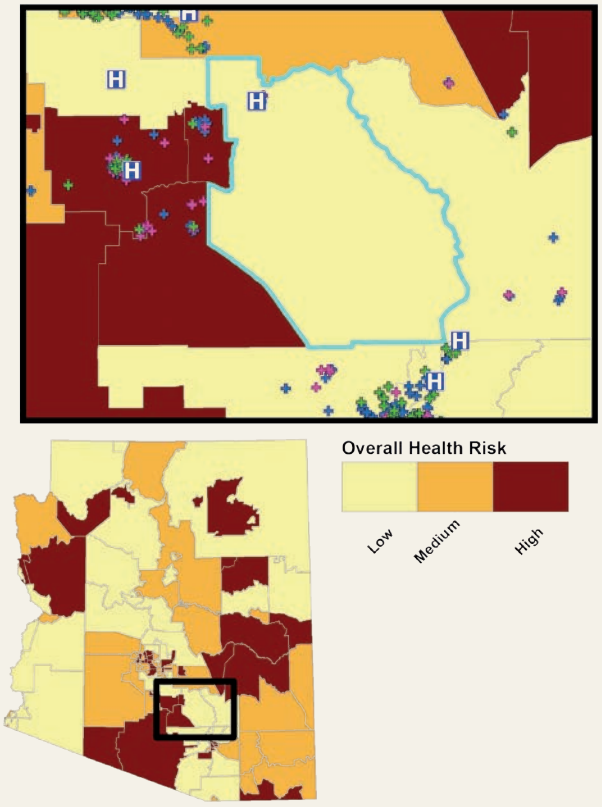
2000 Population:	17,239
2010 Population:	20,418
Three Year Avg:	25,040

Maternal Child Health (Rate per 1,000)					
Infant Mortality			Pre-term Birth		
Rate	Confidence Interval		Rate	Confidence Interval	
2.38	0.06	13.27	121.43	88.10	154.76
Low Birth Weight			Teen Pregnancy		
Rate	Confidence Interval		Rate	Confidence Interval	
78.57	51.76	105.38	10.74	4.32	22.12
Smoked During Pregnancy			Gestational Diabetes		
Rate	Confidence Interval		Rate	Confidence Interval	
71.43	48.19	101.97	28.57	14.76	49.91
Mortality (Rate per 100,00)					
Heat Related Deaths			Alzheimer's Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
0.99	0.04	8.23	9.44	9.16	30.96
Diabetes Related Deaths			Heart Attack Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
10.12	12.4	36.54	101.92	98.41	105.43
Stroke Related Deaths			Suicide Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
18.23	21.53	50.97	10.87	7.08	27.16
COPD Related Deaths			Cancer Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
24.92	23.16	26.68	129.91	124.92	134.91
Injury Related Deaths			Liver Failure Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
17.31	9.21	29.59	3.93	4.16	21.30
Unintentional Injury Related Deaths					
Rate	Confidence Interval				
33.79	28.68	61.51			
Hospital Admissions (Rate per 100,000)					
Congestive Heart Failure			Hypertension		
Rate	Confidence Interval		Rate	Confidence Interval	
84.40	61.68	107.12	27.07	15.77	43.34
Adult Asthma Admission			COPD		
Rate	Confidence Interval		Rate	Confidence Interval	
93.95	69.98	117.93	159.24	128.03	190.45
Uncontrolled Diabetes			Short Term Diabetes		
Rate	Confidence Interval		Rate	Confidence Interval	
0.00	0.00	5.87	49.37	31.99	66.74
Lead Poisoning			Food Borne Illness		
Rate	Confidence Interval		Rate	Confidence Interval	
0.00	0.00	4.91	26.62	16.26	41.12
Vaccination					
Rate	Confidence Interval				
7.99	2.93	17.38			

Rates and CIs with counts below 30 used Poisson
**** Indicated No Data Available*

Pinal County

(1,080.93 sq miles)



Facilities (Per 10,000 Individuals)

- Hospitals
- Behavioral Health Facilities (0.08)
- Assisted Living Facilities (0.00)
- Child Care Facilities (1.20)

2000 Population:	20,798
2010 Population:	34,685
Three Year Avg:	25,940

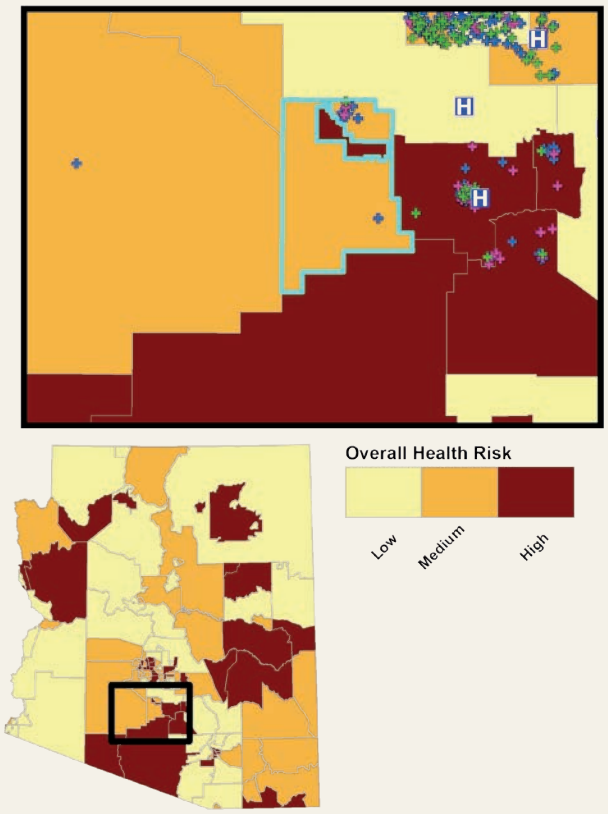
Maternal Child Health (Rate per 1,000)					
Infant Mortality			Pre-term Birth		
Rate	Confidence Interval		Rate	Confidence Interval	
0.00	0.00	5.42	95.45	72.24	118.65
Low Birth Weight			Teen Pregnancy		
Rate	Confidence Interval		Rate	Confidence Interval	
63.14	44.27	82.02	20.83	9.53	39.55
Smoked During Pregnancy			Gestational Diabetes		
Rate	Confidence Interval		Rate	Confidence Interval	
80.76	59.42	102.11	27.90	16.80	43.57
Mortality (Rate per 100,00)					
Heat Related Deaths			Alzheimer's Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
0.00	0.00	5.70	5.83	1.68	15.82
Diabetes Related Deaths			Heart Attack Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
10.10	4.35	22.28	123.41	117.52	129.30
Stroke Related Deaths			Suicide Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
14.55	7.41	28.41	26.74	16.48	43.95
COPD Related Deaths			Cancer Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
48.73	44.96	52.51	114.17	107.75	120.60
Injury Related Deaths			Liver Failure Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
11.57	5.29	21.95	18.07	9.58	32.38
Unintentional Injury Related Deaths					
Rate	Confidence Interval				
40.19	28.74	62.51			
Hospital Admissions (Rate per 100,000)					
Congestive Heart Failure			Hypertension		
Rate	Confidence Interval		Rate	Confidence Interval	
72.56	52.45	92.67	37.73	24.65	55.28
Adult Asthma Admission			COPD		
Rate	Confidence Interval		Rate	Confidence Interval	
49.34	32.75	65.92	121.90	95.83	147.96
Uncontrolled Diabetes			Short Term Diabetes		
Rate	Confidence Interval		Rate	Confidence Interval	
5.80	1.58	14.86	34.83	22.31	51.82
Lead Poisoning			Food Borne Illness		
Rate	Confidence Interval		Rate	Confidence Interval	
1.29	0.03	7.16	37.27	24.96	53.52
Vaccination					
Rate	Confidence Interval				
34.70	22.86	50.48			

Rates and CIs with counts below 30 used Poisson
**** Indicated No Data Available*

C96

Pinal County

(363.40 sq miles)



Facilities (Per 10,000 Individuals)

- H Hospitals
- \+ Behavioral Health Facilities (0.05)
- \+ Assisted Living Facilities (0.23)
- \+ Child Care Facilities (2.50)

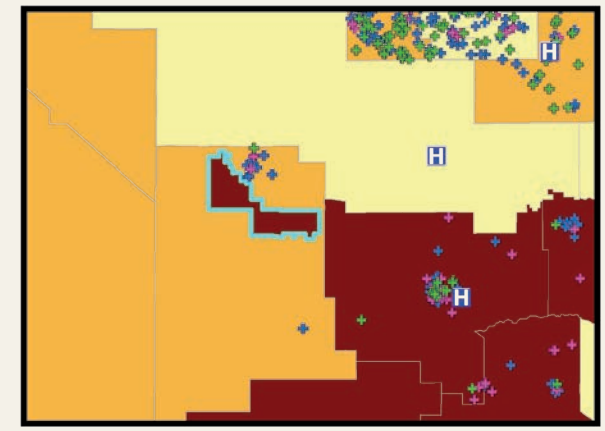
2000 Population:	7,804
2010 Population:	51,535
Three Year Avg:	43,702

Maternal Child Health (Rate per 1,000)					
Infant Mortality			Pre-term Birth		
Rate	Confidence Interval		Rate	Confidence Interval	
7.29	4.51	11.14	96.46	85.12	107.80
Low Birth Weight			Teen Pregnancy		
Rate	Confidence Interval		Rate	Confidence Interval	
75.99	65.92	86.05	22.33	15.04	29.63
Smoked During Pregnancy			Gestational Diabetes		
Rate	Confidence Interval		Rate	Confidence Interval	
29.49	23.22	35.76	43.37	35.77	50.98
Mortality (Rate per 100,00)					
Heat Related Deaths			Alzheimer's Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
0.86	0.02	4.25	26.13	9.32	23.56
Diabetes Related Deaths			Heart Attack Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
17.04	8.14	21.70	99.97	95.42	104.53
Stroke Related Deaths			Suicide Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
25.46	11.73	27.24	11.65	5.84	17.92
COPD Related Deaths			Cancer Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
37.11	34.33	39.90	117.63	112.32	122.93
Injury Related Deaths			Liver Failure Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
12.97	7.55	20.76	5.18	1.68	9.96
Unintentional Injury Related Deaths					
Rate	Confidence Interval				
39.88	36.17	43.59			
Hospital Admissions (Rate per 100,000)					
Congestive Heart Failure			Hypertension		
Rate	Confidence Interval		Rate	Confidence Interval	
63.17	47.05	79.29	40.69	27.75	53.62
Adult Asthma Admission			COPD		
Rate	Confidence Interval		Rate	Confidence Interval	
135.98	112.33	159.63	123.13	100.63	145.64
Uncontrolled Diabetes			Short Term Diabetes		
Rate	Confidence Interval		Rate	Confidence Interval	
22.48	13.92	34.37	73.88	56.45	91.31
Lead Poisoning			Food Borne Illness		
Rate	Confidence Interval		Rate	Confidence Interval	
3.05	0.83	7.81	40.43	29.54	51.31
Vaccination					
Rate	Confidence Interval				
21.36	14.19	30.87			

Rates and CIs with counts below 30 used Poisson
**** Indicated No Data Available*

Pinal County

(32.92 sq miles)



Facilities (Per 10,000 Individuals)

- H Hospitals
- \+ Behavioral Health Facilities (0)
- \+ Assisted Living Facilities (0)
- \+ Child Care Facilities (0)

2000 Population:	742
2010 Population:	1,001
Three Year Avg:	888

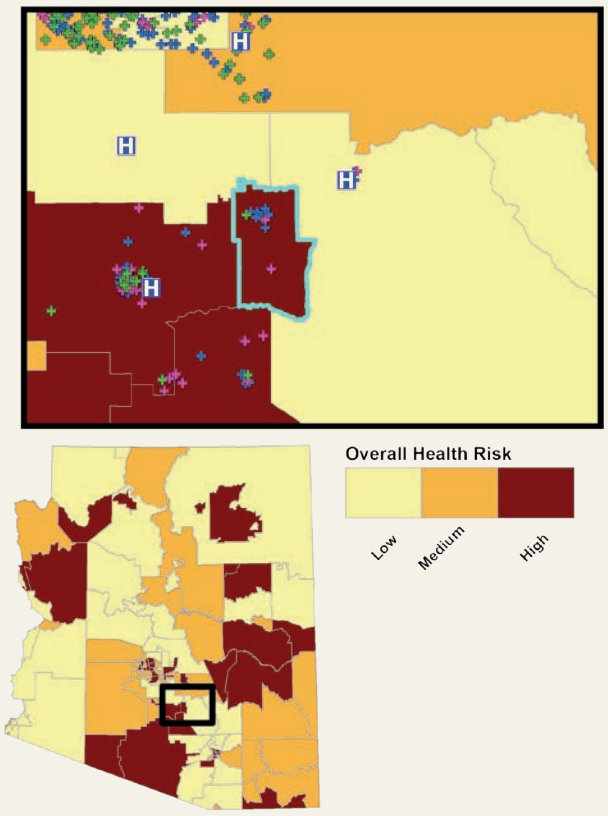
Maternal Child Health (Rate per 1,000)					
Infant Mortality			Pre-term Birth		
Rate	Confidence Interval		Rate	Confidence Interval	
13.51	0.34	75.29	121.62	55.61	230.88
Low Birth Weight			Teen Pregnancy		
Rate	Confidence Interval		Rate	Confidence Interval	
54.05	14.73	138.40	48.78	5.91	176.21
Smoked During Pregnancy			Gestational Diabetes		
Rate	Confidence Interval		Rate	Confidence Interval	
27.03	3.27	97.63	94.59	38.08	194.9
Mortality (Rate per 100,00)					
Heat Related Deaths			Alzheimer's Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
0.00	0.00	443.91	0.00	0.00	443.91
Diabetes Related Deaths			Heart Attack Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
136.78	29.15	869.40	51.02	3.04	670.47
Stroke Related Deaths			Suicide Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
101.90	29.15	869.40	0.00	0.00	443.91
COPD Related Deaths			Cancer Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
0.00	0.00	443.91	51.02	3.04	670.47
Injury Related Deaths			Liver Failure Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
37.52	0.95	209.07	124.86	74.45	1055.03
Unintentional Injury Related Deaths					
Rate	Confidence Interval				
0.00	0.00	443.91			
Hospital Admissions (Rate per 100,000)					
Congestive Heart Failure			Hypertension		
Rate	Confidence Interval		Rate	Confidence Interval	
0.00	0.00	205.97	279.17	90.65	651.50
Adult Asthma Admission			COPD		
Rate	Confidence Interval		Rate	Confidence Interval	
279.17	90.65	651.50	111.67	13.52	403.39
Uncontrolled Diabetes			Short Term Diabetes		
Rate	Confidence Interval		Rate	Confidence Interval	
55.83	1.41	311.09	2177.50	1494.13	2860.80
Lead Poisoning			Food Borne Illness		
Rate	Confidence Interval		Rate	Confidence Interval	
0.00	0.00	138.42	150.09	40.90	384.30
Vaccination					
Rate	Confidence Interval				
0.00	0.00	138.42			

Rates and CIs with counts below 30 used Poisson

**** Indicated No Data Available*

Pinal County

(73.28 sq miles)



Facilities (Per 10,000 Individuals)

- H Hospitals
- \+ Behavioral Health Facilities (0.23)
- \+ Assisted Living Facilities (0.00)
- \+ Child Care Facilities (8.50)

2000 Population:	10,262
2010 Population:	13,822
Three Year Avg:	12,910

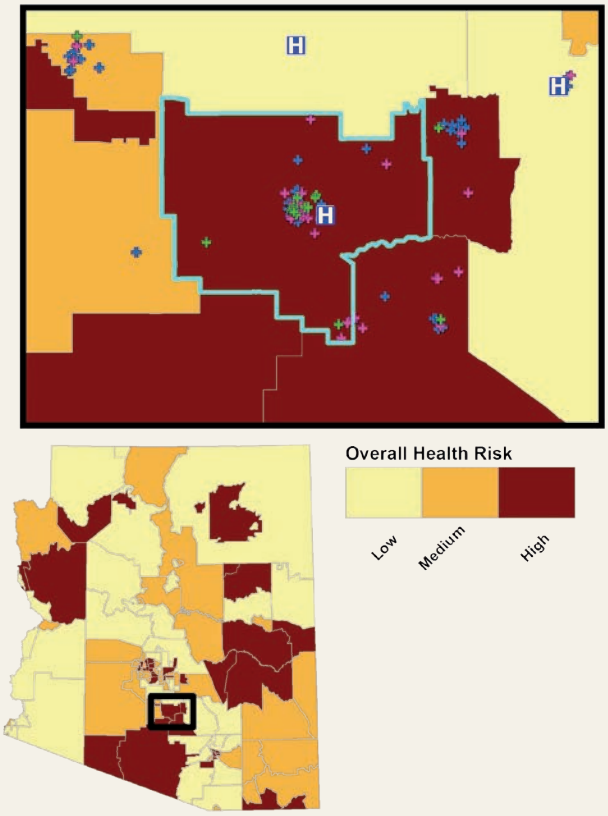
Maternal Child Health (Rate per 1,000)					
Infant Mortality			Pre-term Birth		
Rate	Confidence Interval		Rate	Confidence Interval	
8.79	3.54	18.12	118.09	94.22	141.96
Low Birth Weight			Teen Pregnancy		
Rate	Confidence Interval		Rate	Confidence Interval	
87.94	67.34	108.54	50.66	32.11	76.02
Smoked During Pregnancy			Gestational Diabetes		
Rate	Confidence Interval		Rate	Confidence Interval	
75.38	56.30	94.45	35.18	23.37	50.84
Mortality (Rate per 100,00)					
Heat Related Deaths			Alzheimer's Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
2.63	0.08	17.31	16.15	8.74	44.80
Diabetes Related Deaths			Heart Attack Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
24.90	12.78	53.07	210.61	198.74	222.49
Stroke Related Deaths			Suicide Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
48.33	33.14	88.36	33.19	17.06	61.13
COPD Related Deaths			Cancer Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
82.05	62.87	133.02	194.24	185.00	209.49
Injury Related Deaths			Liver Failure Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
23.24	10.63	44.11	25.58	12.78	53.07
Unintentional Injury Related Deaths					
Rate	Confidence Interval				
58.49	40.38	99.71			
Hospital Admissions (Rate per 100,000)					
Congestive Heart Failure			Hypertension		
Rate	Confidence Interval		Rate	Confidence Interval	
134.09	90.88	177.29	94.22	61.55	138.06
Adult Asthma Admission			COPD		
Rate	Confidence Interval		Rate	Confidence Interval	
239.18	181.48	296.89	340.65	271.79	409.52
Uncontrolled Diabetes			Short Term Diabetes		
Rate	Confidence Interval		Rate	Confidence Interval	
14.50	3.95	37.12	144.96	100.04	189.88
Lead Poisoning			Food Borne Illness		
Rate	Confidence Interval		Rate	Confidence Interval	
0.00	0.00	9.52	54.22	33.56	82.88
Vaccination					
Rate	Confidence Interval				
23.24	10.63	44.11			

Rates and CIs with counts below 30 used Poisson

**** Indicated No Data Available*

Pinal County

(275.99 sq miles)



Facilities (Per 10,000 Individuals)

- Hospitals
- Behavioral Health Facilities (0.50)
- Assisted Living Facilities (2.10)
- Child Care Facilities (3.20)

2000 Population:	38,920
2010 Population:	66,887
Three Year Avg:	62,561

Maternal Child Health (Rate per 1,000)

Infant Mortality			Pre-term Birth		
Rate	Confidence Interval		Rate	Confidence Interval	
8.43	5.45	12.44	88.00	77.32	98.67
Low Birth Weight			**Teen Pregnancy**		
Rate	Confidence Interval		Rate	Confidence Interval	
57.65	49.01	66.29	27.16	20.51	33.82
Smoked During Pregnancy			**Gestational Diabetes**		
Rate	Confidence Interval		Rate	Confidence Interval	
63.05	54.01	72.08	18.88	13.94	23.83

Mortality (Rate per 100,00)

Heat Related Deaths			Alzheimer's Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
0.57	0.01	2.97	25.68	24.49	26.88
Diabetes Related Deaths			**Heart Attack Related Deaths**		
Rate	Confidence Interval		Rate	Confidence Interval	
17.77	16.05	19.49	138.31	134.28	142.35
Stroke Related Deaths			**Suicide Related Deaths**		
Rate	Confidence Interval		Rate	Confidence Interval	
26.75	25.05	28.45	17.08	10.35	22.19
COPD Related Deaths			**Cancer Related Deaths**		
Rate	Confidence Interval		Rate	Confidence Interval	
61.71	59.00	64.42	168.76	163.92	173.61
Injury Related Deaths			**Liver Failure Related Deaths**		
Rate	Confidence Interval		Rate	Confidence Interval	
12.25	7.77	18.39	8.33	4.08	12.52
Unintentional Injury Related Deaths					
Rate	Confidence Interval				
43.54	40.34	46.75			

Hospital Admissions (Rate per 100,000)

Congestive Heart Failure			Hypertension		
Rate	Confidence Interval		Rate	Confidence Interval	
170.06	148.27	191.85	56.69	44.11	69.27
Adult Asthma Admission			**COPD**		
Rate	Confidence Interval		Rate	Confidence Interval	
205.67	181.71	229.63	280.53	252.54	308.51
Uncontrolled Diabetes			**Short Term Diabetes**		
Rate	Confidence Interval		Rate	Confidence Interval	
18.17	11.76	26.82	135.90	116.42	155.38
Lead Poisoning			**Food Borne Illness**		
Rate	Confidence Interval		Rate	Confidence Interval	
1.60	0.33	4.67	35.17	26.68	43.65
Vaccination					
Rate	Confidence Interval				
12.25	7.77	18.39			

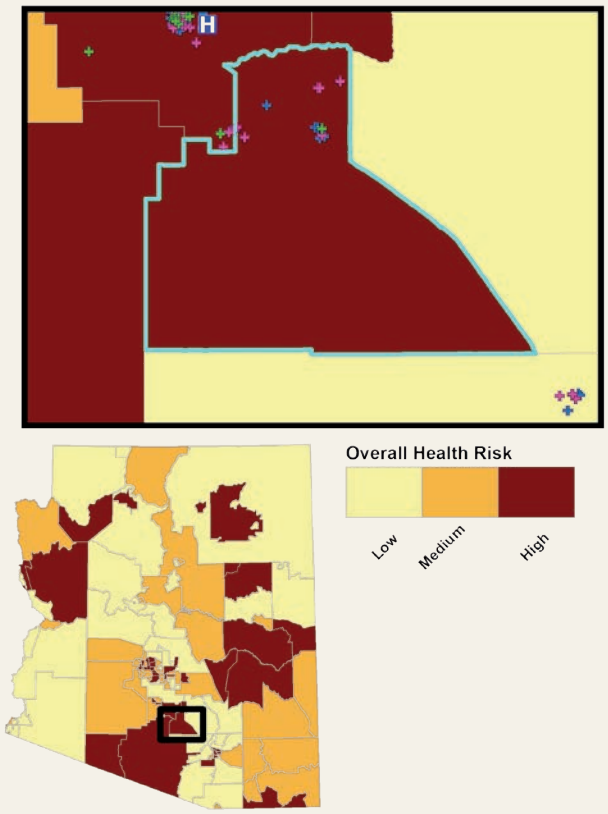
Rates and CIs with counts below 30 used Poisson
**** Indicated No Data Available*

Eloy—CHAA ID 100

C100

Pinal County

(454.27 sq miles)



Facilities (Per 10,000 Individuals)

- H Hospitals
- \+ Behavioral Health Facilities (0.31)
- \+ Assisted Living Facilities (1.00)
- \+ Child Care Facilities (2.60)

2000 Population:	14,665
2010 Population:	25,776
Three Year Avg:	19,154

Maternal Child Health (Rate per 1,000)					
Infant Mortality			Pre-term Birth		
Rate	Confidence Interval		Rate	Confidence Interval	
4.96	1.61	11.56	86.22	68.11	104.34
Low Birth Weight			Teen Pregnancy		
Rate	Confidence Interval		Rate	Confidence Interval	
58.47	43.55	73.39	56.66	38.40	74.92
Smoked During Pregnancy			Gestational Diabetes		
Rate	Confidence Interval		Rate	Confidence Interval	
49.55	35.82	63.29	19.82	12.11	30.61
Mortality (Rate per 100,00)					
Heat Related Deaths			Alzheimer's Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
0.00	0.00	7.69	14.20	4.59	27.22
Diabetes Related Deaths			Heart Attack Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
23.66	10.00	38.33	178.18	168.9	187.47
Stroke Related Deaths			Suicide Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
45.11	23.84	61.84	13.24	4.59	27.22
COPD Related Deaths			Cancer Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
63.61	37.09	81.88	230.11	218.67	241.54
Injury Related Deaths			Liver Failure Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
17.40	8.35	32.00	18.16	7.20	32.86
Unintentional Injury Related Deaths					
Rate	Confidence Interval				
40.42	23.84	61.84			
Hospital Admissions (Rate per 100,000)					
Congestive Heart Failure			Hypertension		
Rate	Confidence Interval		Rate	Confidence Interval	
62.62	40.91	91.75	62.62	40.91	91.75
Adult Asthma Admission			COPD		
Rate	Confidence Interval		Rate	Confidence Interval	
171.00	131.23	210.78	89.11	60.40	117.83
Uncontrolled Diabetes			Short Term Diabetes		
Rate	Confidence Interval		Rate	Confidence Interval	
12.04	3.91	28.10	101.16	70.56	131.75
Lead Poisoning			Food Borne Illness		
Rate	Confidence Interval		Rate	Confidence Interval	
1.74	0.04	9.70	29.58	17.23	47.37
Vaccination					
Rate	Confidence Interval				
24.36	13.32	40.88			

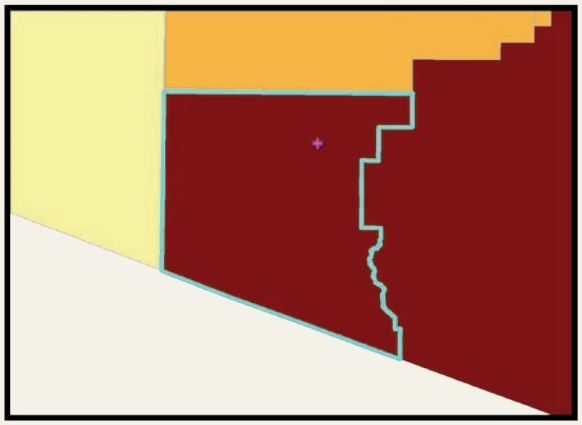
Rates and CIs with counts below 30 used Poisson
**** Indicated No Data Available*

Ajo—CHAA ID 101

C101

Pima County

(1,535.12 sq miles)



Facilities (Per 10,000 Individuals)

- H Hospitals
- \+ Behavioral Health Facilities (0.50)
- \+ Assisted Living Facilities (0.00)
- \+ Child Care Facilities (2.50)

2000 Population:	3,907
2010 Population:	3,523
Three Year Avg:	4,067

Maternal Child Health (Rate per 1,000)

Infant Mortality			Pre-term Birth		
Rate	Confidence Interval		Rate	Confidence Interval	
5.88	0.15	32.77	123.53	76.47	188.83
Low Birth Weight			**Teen Pregnancy**		
Rate	Confidence Interval		Rate	Confidence Interval	
82.35	45.02	138.17	18.87	2.28	68.16
Smoked During Pregnancy			**Gestational Diabetes**		
Rate	Confidence Interval		Rate	Confidence Interval	
64.71	32.30	115.78	76.47	40.72	130.77

Mortality (Rate per 100,00)

Heat Related Deaths			Alzheimer's Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
0.00	0.00	36.13	30.15	33.83	154.39
Diabetes Related Deaths			**Heart Attack Related Deaths**		
Rate	Confidence Interval		Rate	Confidence Interval	
36.41	46.97	180.12	99.20	158.46	361.46
Stroke Related Deaths			**Suicide Related Deaths**		
Rate	Confidence Interval		Rate	Confidence Interval	
26.11	27.57	141.26	6.47	2.37	70.76
COPD Related Deaths			**Cancer Related Deaths**		
Rate	Confidence Interval		Rate	Confidence Interval	
33.47	40.31	167.33	142.18	131.48	152.88
Injury Related Deaths			**Liver Failure Related Deaths**		
Rate	Confidence Interval		Rate	Confidence Interval	
40.98	13.31	95.63	36.18	21.57	127.91

Unintentional Injury Related Deaths		
Rate	Confidence Interval	
60.99	33.83	154.39

Hospital Admissions (Rate per 100,000)

Congestive Heart Failure			Hypertension		
Rate	Confidence Interval		Rate	Confidence Interval	
90.93	41.58	172.61	30.31	6.25	88.58
Adult Asthma Admission			**COPD**		
Rate	Confidence Interval		Rate	Confidence Interval	
121.24	62.64	211.78	232.37	147.30	348.67
Uncontrolled Diabetes			**Short Term Diabetes**		
Rate	Confidence Interval		Rate	Confidence Interval	
20.21	2.45	72.99	252.58	163.45	372.85
Lead Poisoning			**Food Borne Illness**		
Rate	Confidence Interval		Rate	Confidence Interval	
24.59	5.07	71.86	65.57	28.31	129.20

Vaccination		
Rate	Confidence Interval	
16.39	1.99	59.21

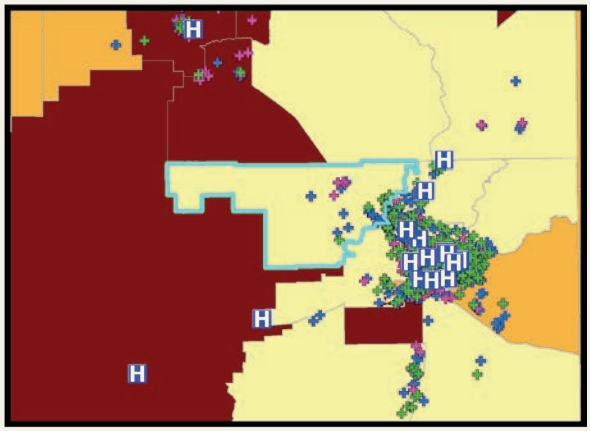
Rates and CIs with counts below 30 used Poisson
**** Indicated No Data Available*

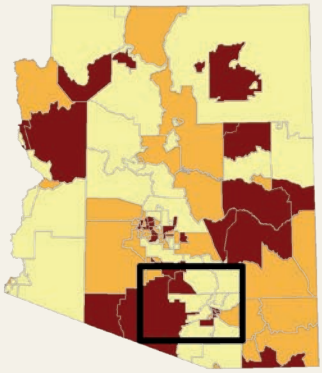
Marana—CHAA ID 102

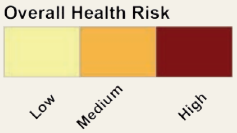
C102

Pima County

(577.17 sq miles)







Facilities (Per 10,000 Individuals)

- H Hospitals
- \+ Behavioral Health Facilities (0.07)
- \+ Assisted Living Facilities (0.53)
- \+ Child Care Facilities (3.90)

2000 Population:	29,287
2010 Population:	52,201
Three Year Avg:	56,373

Maternal Child Health (Rate per 1,000)

Infant Mortality			Pre-term Birth		
Rate	Confidence Interval		Rate	Confidence Interval	
3.46	1.39	7.12	98.72	85.04	112.40
Low Birth Weight			**Teen Pregnancy**		
Rate	Confidence Interval		Rate	Confidence Interval	
72.56	60.83	84.29	6.16	3.52	10.01
Smoked During Pregnancy			**Gestational Diabetes**		
Rate	Confidence Interval		Rate	Confidence Interval	
53.80	43.70	63.90	32.58	24.72	40.44

Mortality (Rate per 100,00)

Heat Related Deaths			Alzheimer's Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
0.00	0.00	2.53	23.19	13.88	29.36
Diabetes Related Deaths			**Heart Attack Related Deaths**		
Rate	Confidence Interval		Rate	Confidence Interval	
14.86	10.54	24.48	108.56	104.99	112.13
Stroke Related Deaths			**Suicide Related Deaths**		
Rate	Confidence Interval		Rate	Confidence Interval	
31.49	29.70	33.28	12.27	10.54	24.48
COPD Related Deaths			**Cancer Related Deaths**		
Rate	Confidence Interval		Rate	Confidence Interval	
55.48	52.92	58.04	145.86	141.53	150.20
Injury Related Deaths			**Liver Failure Related Deaths**		
Rate	Confidence Interval		Rate	Confidence Interval	
10.05	5.86	16.09	6.78	4.25	14.37
Unintentional Injury Related Deaths					
Rate	Confidence Interval				
31.50	28.96	34.03			

Hospital Admissions (Rate per 100,000)

Congestive Heart Failure			Hypertension		
Rate	Confidence Interval		Rate	Confidence Interval	
44.16	32.60	55.73	31.54	21.77	41.32
Adult Asthma Admission			**COPD**		
Rate	Confidence Interval		Rate	Confidence Interval	
166.40	143.94	188.85	161.66	139.53	183.79
Uncontrolled Diabetes			**Short Term Diabetes**		
Rate	Confidence Interval		Rate	Confidence Interval	
0.79	0.02	4.39	77.28	61.98	92.58
Lead Poisoning			**Food Borne Illness**		
Rate	Confidence Interval		Rate	Confidence Interval	
0.00	0.00	2.18	43.76	33.79	53.73
Vaccination					
Rate	Confidence Interval				
17.74	11.97	25.32			

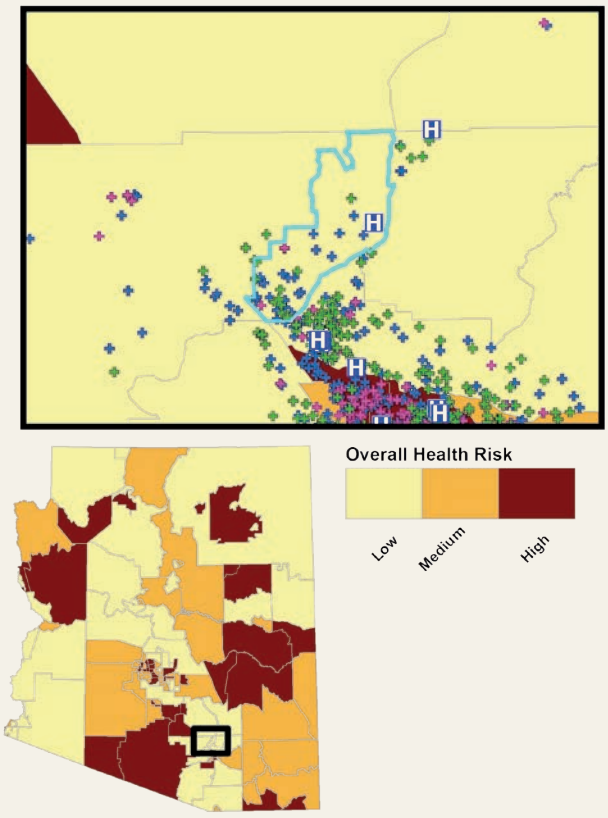
Rates and CIs with counts below 30 used Poisson

**** Indicated No Data Available*

C103

Pima County

(53.53 sq miles)



Facilities (Per 10,000 Individuals)

- Hospitals
- Behavioral Health Facilities (0.06)
- Assisted Living Facilities (1.60)
- Child Care Facilities (3.70)

2000 Population:	56,206
2010 Population:	66,861
Three Year Avg:	70,090

Maternal Child Health (Rate per 1,000)					
Infant Mortality			Pre-term Birth		
Rate	Confidence Interval		Rate	Confidence Interval	
4.62	1.99	9.10	95.84	81.26	110.42
Low Birth Weight			Teen Pregnancy		
Rate	Confidence Interval		Rate	Confidence Interval	
66.97	54.79	79.16	1.56	0.51	3.65
Smoked During Pregnancy			Gestational Diabetes		
Rate	Confidence Interval		Rate	Confidence Interval	
32.33	23.86	40.80	35.80	26.89	44.71
Mortality (Rate per 100,00)					
Heat Related Deaths			Alzheimer's Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
0.00	0.00	1.75	23.68	22.60	24.77
Diabetes Related Deaths			Heart Attack Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
5.89	4.71	12.94	125.23	122.40	128.07
Stroke Related Deaths			Suicide Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
34.62	33.23	36.01	9.03	7.31	16.98
COPD Related Deaths			Cancer Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
32.08	30.67	33.48	144.16	140.81	147.50
Injury Related Deaths			Liver Failure Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
7.61	4.35	12.36	5.49	4.71	12.94
Unintentional Injury Related Deaths					
Rate	Confidence Interval				
24.29	22.40	26.18			
Hospital Admissions (Rate per 100,000)					
Congestive Heart Failure			Hypertension		
Rate	Confidence Interval		Rate	Confidence Interval	
75.44	62.10	88.77	30.05	21.64	38.47
Adult Asthma Admission			COPD		
Rate	Confidence Interval		Rate	Confidence Interval	
105.49	89.72	121.25	113.46	97.11	129.81
Uncontrolled Diabetes			Short Term Diabetes		
Rate	Confidence Interval		Rate	Confidence Interval	
4.91	2.12	9.67	55.81	44.34	67.28
Lead Poisoning			Food Borne Illness		
Rate	Confidence Interval		Rate	Confidence Interval	
1.43	0.29	4.17	30.91	23.40	38.43
Vaccination					
Rate	Confidence Interval				
14.27	9.63	20.37			

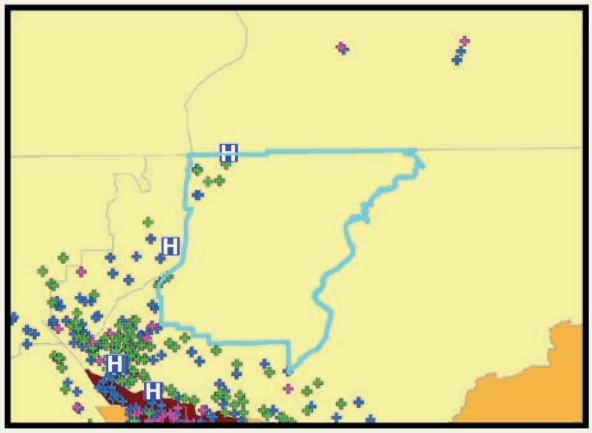
Rates and CIs with counts below 30 used Poisson
**** Indicated No Data Available*

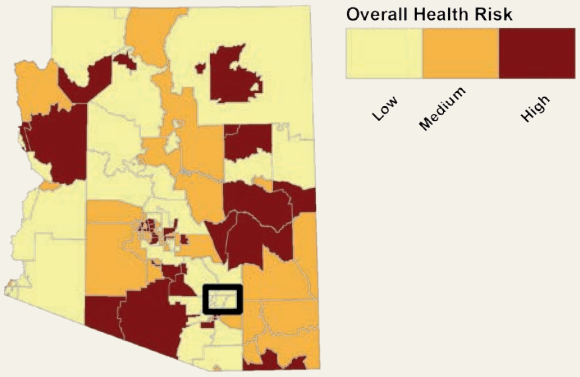
Catalina—CHAA ID 104

C104

Pima County

(135.69 sq miles)





Facilities (Per 10,000 Individuals)

- Hospitals
- Behavioral Health Facilities (0.0)
- Assisted Living Facilities (4.3)
- Child Care Facilities (3.4)

2000 Population:	9,375
2010 Population:	10,182
Three Year Avg:	11,605

Maternal Child Health (Rate per 1,000)

Infant Mortality			Pre-term Birth		
Rate	Confidence Interval		Rate	Confidence Interval	
3.25	0.08	18.09	81.17	52.53	119.82
Low Birth Weight			**Teen Pregnancy**		
Rate	Confidence Interval		Rate	Confidence Interval	
61.69	37.14	96.33	0.00	0.00	8.68
Smoked During Pregnancy			**Gestational Diabetes**		
Rate	Confidence Interval		Rate	Confidence Interval	
45.45	24.85	76.26	29.22	13.36	55.47

Mortality (Rate per 100,00)

Heat Related Deaths			Alzheimer's Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
0.00	0.00	14.66	18.18	21.82	78.21
Diabetes Related Deaths			**Heart Attack Related Deaths**		
Rate	Confidence Interval		Rate	Confidence Interval	
15.01	13.72	62.63	132.72	126.40	139.04
Stroke Related Deaths			**Suicide Related Deaths**		
Rate	Confidence Interval		Rate	Confidence Interval	
16.47	19.05	73.07	14.87	8.75	51.89
COPD Related Deaths			**Cancer Related Deaths**		
Rate	Confidence Interval		Rate	Confidence Interval	
45.09	67.49	151.37	146.39	138.97	153.81
Injury Related Deaths			**Liver Failure Related Deaths**		
Rate	Confidence Interval		Rate	Confidence Interval	
8.62	1.78	25.18	9.75	6.45	46.36
Unintentional Injury Related Deaths					
Rate	Confidence Interval				
41.14	48.54	122.73			

Hospital Admissions (Rate per 100,000)

Congestive Heart Failure			Hypertension		
Rate	Confidence Interval		Rate	Confidence Interval	
117.06	77.12	157.00	35.47	17.01	65.24
Adult Asthma Admission			**COPD**		
Rate	Confidence Interval		Rate	Confidence Interval	
156.08	109.96	202.20	170.27	122.10	218.44
Uncontrolled Diabetes			**Short Term Diabetes**		
Rate	Confidence Interval		Rate	Confidence Interval	
3.55	0.09	19.76	81.59	51.72	122.42
Lead Poisoning			**Food Borne Illness**		
Rate	Confidence Interval		Rate	Confidence Interval	
5.74	0.70	20.75	68.94	44.17	102.57
Vaccination					
Rate	Confidence Interval				
11.49	3.13	29.42			

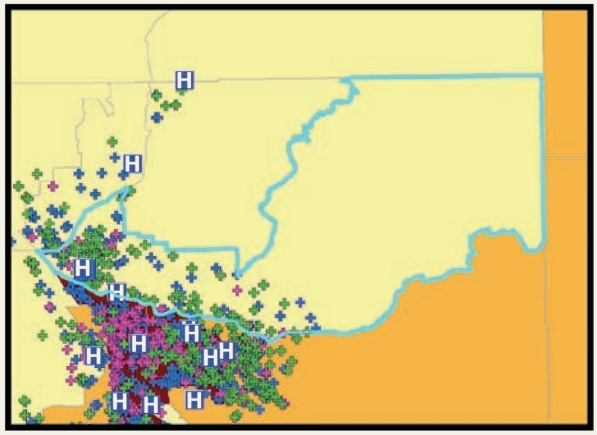
Rates and CIs with counts below 30 used Poisson
**** Indicated No Data Available*

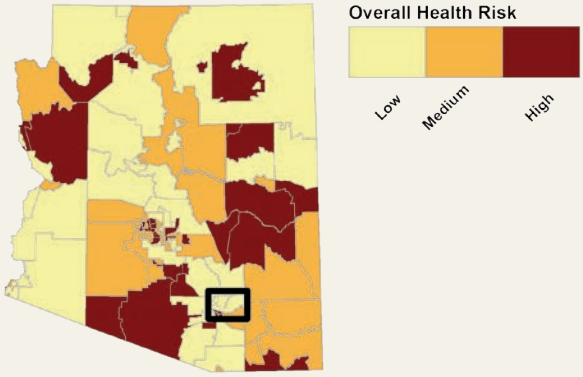
Tucson NE—CHAA ID 105

C105

Pima County

(348.72 sq miles)





Facilities (Per 10,000 Individuals)

- H Hospitals
- \+ Behavioral Health Facilities (0.15)
- \+ Assisted Living Facilities (7.80)
- \+ Child Care Facilities (3.90)

2000 Population:	119,247
2010 Population:	120,444
Three Year Avg:	128,663

Maternal Child Health (Rate per 1,000)					
Infant Mortality			Pre-term Birth		
Rate	Confidence Interval		Rate	Confidence Interval	
5.91	3.44	9.46	89.36	78.43	100.29
Low Birth Weight			Teen Pregnancy		
Rate	Confidence Interval		Rate	Confidence Interval	
64.33	55.06	73.59	3.62	2.11	5.80
Smoked During Pregnancy			Gestational Diabetes		
Rate	Confidence Interval		Rate	Confidence Interval	
37.55	30.47	44.63	40.33	32.99	47.67
Mortality (Rate per 100,00)					
Heat Related Deaths			Alzheimer's Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
0.42	0.01	1.44	22.02	21.38	22.66
Diabetes Related Deaths			Heart Attack Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
12.08	11.45	12.70	123.76	122.01	125.52
Stroke Related Deaths			Suicide Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
29.29	28.47	30.12	13.22	12.05	14.39
COPD Related Deaths			Cancer Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
34.82	33.88	35.75	125.35	123.21	127.49
Injury Related Deaths			Liver Failure Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
5.70	3.57	8.63	6.16	5.58	6.74
Unintentional Injury Related Deaths					
Rate	Confidence Interval				
29.32	27.72	30.93			
Hospital Admissions (Rate per 100,000)					
Congestive Heart Failure			Hypertension		
Rate	Confidence Interval		Rate	Confidence Interval	
77.49	67.90	87.08	32.42	26.22	38.62
Adult Asthma Admission			COPD		
Rate	Confidence Interval		Rate	Confidence Interval	
94.78	84.18	105.38	146.34	133.16	159.51
Uncontrolled Diabetes			Short Term Diabetes		
Rate	Confidence Interval		Rate	Confidence Interval	
4.32	2.36	7.25	77.80	68.19	87.41
Lead Poisoning			Food Borne Illness		
Rate	Confidence Interval		Rate	Confidence Interval	
0.26	0.01	1.44	28.24	22.94	33.54
Vaccination					
Rate	Confidence Interval				
15.03	11.16	18.89			

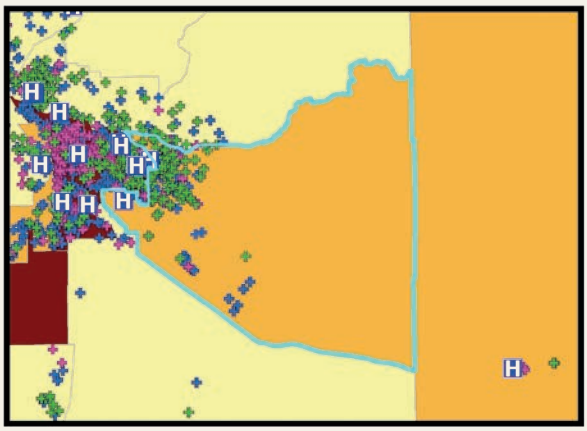
Rates and CIs with counts below 30 used Poisson
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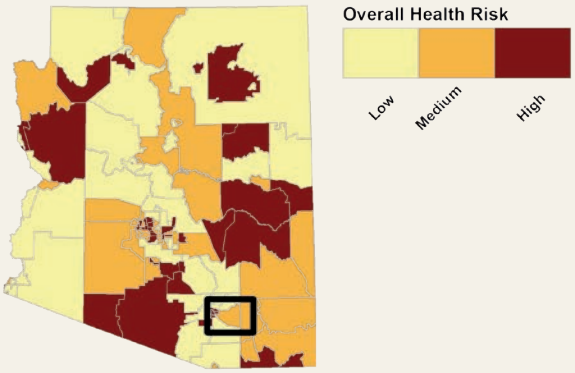
Tanque Verde—CHAA ID 106

C106

Pima County

(447.65 sq miles)





Facilities (Per 10,000 Individuals)

- H Hospitals
- \+ Behavioral Health Facilities (0.11)
- \+ Assisted Living Facilities (5.10)
- \+ Child Care Facilities (4.00)

2000 Population:	126,349
2010 Population:	146,703
Three Year Avg:	154,642

Maternal Child Health (Rate per 1,000)					
Infant Mortality			Pre-term Birth		
Rate	Confidence Interval		Rate	Confidence Interval	
6.82	4.62	9.02	94.95	86.75	103.15
Low Birth Weight			Teen Pregnancy		
Rate	Confidence Interval		Rate	Confidence Interval	
70.43	63.37	77.49	5.32	3.58	7.06
Smoked During Pregnancy			Gestational Diabetes		
Rate	Confidence Interval		Rate	Confidence Interval	
56.05	49.75	62.35	46.64	40.90	52.39
Mortality (Rate per 100,00)					
Heat Related Deaths			Alzheimer's Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
0.68	0.23	2.21	18.44	17.83	19.06
Diabetes Related Deaths			Heart Attack Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
13.79	13.01	14.57	148.85	146.67	151.04
Stroke Related Deaths			Suicide Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
31.20	30.25	32.16	13.92	12.87	14.98
COPD Related Deaths			Cancer Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
53.40	52.05	54.76	162.44	159.87	165.01
Injury Related Deaths			Liver Failure Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
9.92	7.05	12.78	8.65	7.98	9.33
Unintentional Injury Related Deaths					
Rate	Confidence Interval				
37.69	36.00	39.37			
Hospital Admissions (Rate per 100,000)					
Congestive Heart Failure			Hypertension		
Rate	Confidence Interval		Rate	Confidence Interval	
84.27	74.80	93.75	51.56	44.15	58.97
Adult Asthma Admission			COPD		
Rate	Confidence Interval		Rate	Confidence Interval	
117.26	106.09	128.44	156.63	143.71	169.54
Uncontrolled Diabetes			Short Term Diabetes		
Rate	Confidence Interval		Rate	Confidence Interval	
11.92	8.36	15.48	79.56	70.36	88.77
Lead Poisoning			Food Borne Illness		
Rate	Confidence Interval		Rate	Confidence Interval	
0.00	0.00	0.80	27.59	22.81	32.37
Vaccination					
Rate	Confidence Interval				
11.64	8.54	14.74			

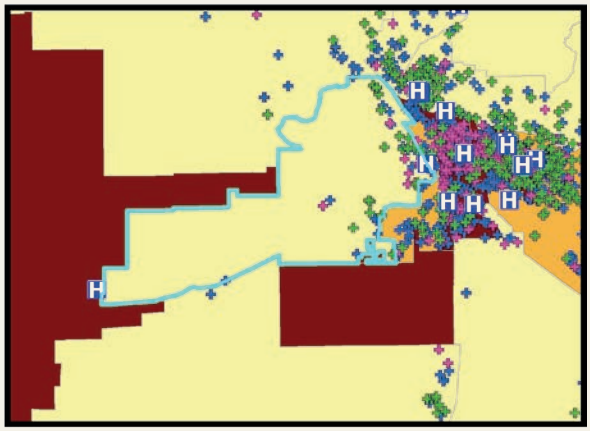
Rates and CIs with counts below 30 used Poisson
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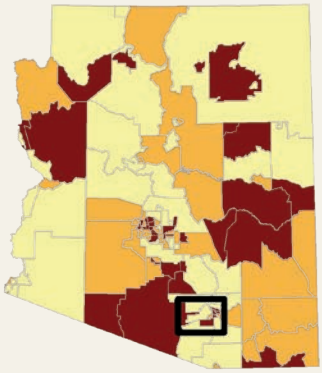
Tucson W—CHAA ID 107

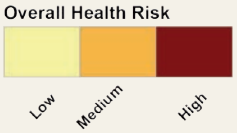
C107

Pima County

(254.03 sq miles)







Facilities (Per 10,000 Individuals)

- H Hospitals
- \+ Behavioral Health Facilities (0.21)
- \+ Assisted Living Facilities (4.10)
- \+ Child Care Facilities (3.30)

2000 Population:	43,983
2010 Population:	61,600
Three Year Avg:	58,085

Maternal Child Health (Rate per 1,000)					
Infant Mortality			Pre-term Birth		
Rate	Confidence Interval		Rate	Confidence Interval	
6.40	3.50	10.73	94.11	81.26	106.96
Low Birth Weight			Teen Pregnancy		
Rate	Confidence Interval		Rate	Confidence Interval	
67.67	56.72	78.50	15.07	9.93	20.21
Smoked During Pregnancy			Gestational Diabetes		
Rate	Confidence Interval		Rate	Confidence Interval	
35.18	27.32	43.03	52.54	42.93	62.14
Mortality (Rate per 100,00)					
Heat Related Deaths			Alzheimer's Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
0.00	0.00	2.12	21.68	20.62	22.74
Diabetes Related Deaths			Heart Attack Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
12.38	10.68	23.22	127.61	124.49	130.74
Stroke Related Deaths			Suicide Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
27.81	26.37	29.25	11.05	8.82	20.49
COPD Related Deaths			Cancer Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
35.36	33.59	37.13	143.27	139.48	147.06
Injury Related Deaths			Liver Failure Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
9.76	5.68	15.62	10.29	8.82	20.49
Unintentional Injury Related Deaths					
Rate	Confidence Interval				
32.26	29.64	34.88			
Hospital Admissions (Rate per 100,000)					
Congestive Heart Failure			Hypertension		
Rate	Confidence Interval		Rate	Confidence Interval	
77.91	63.15	92.67	41.5	30.73	52.28
Adult Asthma Admission			COPD		
Rate	Confidence Interval		Rate	Confidence Interval	
109.95	92.41	127.49	131.79	112.59	151.00
Uncontrolled Diabetes			Short Term Diabetes		
Rate	Confidence Interval		Rate	Confidence Interval	
8.74	4.51	15.26	111.41	93.75	129.06
Lead Poisoning			Food Borne Illness		
Rate	Confidence Interval		Rate	Confidence Interval	
0.00	0.00	2.12	52.80	42.01	63.58
Vaccination					
Rate	Confidence Interval				
10.90	6.56	17.03			

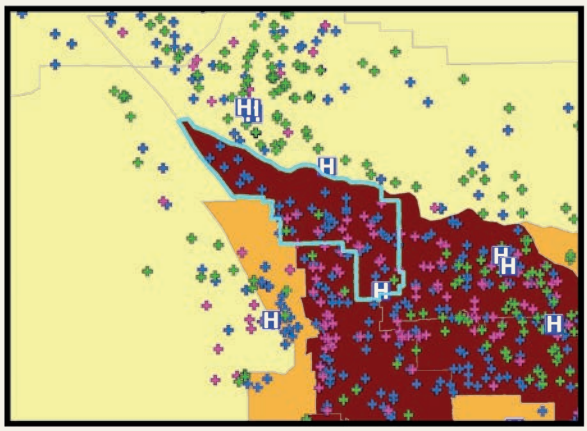
Rates and CIs with counts below 30 used Poisson
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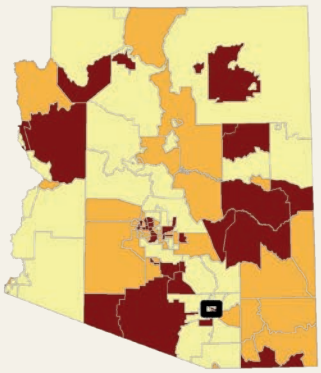
Tucson N Central—CHAA ID 108

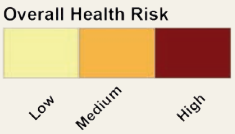
C108

Pima County

(12.06 sq miles)







Facilities (Per 10,000 Individuals)

- H Hospitals
- \+ Behavioral Health Facilities (0.31)
- \+ Assisted Living Facilities (0.85)
- \+ Child Care Facilities (7.00)

2000 Population:	56,893
2010 Population:	58,029
Three Year Avg:	58,661

Maternal Child Health (Rate per 1,000)					
Infant Mortality			Pre-term Birth		
Rate	Confidence Interval		Rate	Confidence Interval	
10.65	7.08	15.39	96.23	84.38	108.09
Low Birth Weight			Teen Pregnancy		
Rate	Confidence Interval		Rate	Confidence Interval	
78.36	67.66	89.06	22.27	15.83	28.70
Smoked During Pregnancy			Gestational Diabetes		
Rate	Confidence Interval		Rate	Confidence Interval	
100.04	87.95	112.13	40.32	32.64	48.00
Mortality (Rate per 100,00)					
Heat Related Deaths			Alzheimer's Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
0.62	0.02	3.76	19.12	17.98	20.26
Diabetes Related Deaths			Heart Attack Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
18.51	16.95	20.07	180.86	176.11	185.60
Stroke Related Deaths			Suicide Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
36.28	34.40	38.16	23.10	20.74	25.47
COPD Related Deaths			Cancer Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
57.53	54.91	60.15	178.24	173.16	183.33
Injury Related Deaths			Liver Failure Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
12.50	7.83	18.93	16.88	13.68	28.94
Unintentional Injury Related Deaths					
Rate	Confidence Interval				
66.75	62.75	70.75			
Hospital Admissions (Rate per 100,000)					
Congestive Heart Failure			Hypertension		
Rate	Confidence Interval		Rate	Confidence Interval	
73.32	59.09	87.55	47.45	36.00	58.89
Adult Asthma Admission			COPD		
Rate	Confidence Interval		Rate	Confidence Interval	
199.84	176.35	223.34	237.94	212.31	263.58
Uncontrolled Diabetes			Short Term Diabetes		
Rate	Confidence Interval		Rate	Confidence Interval	
13.66	8.22	21.33	138.74	119.17	158.32
Lead Poisoning			Food Borne Illness		
Rate	Confidence Interval		Rate	Confidence Interval	
0.57	0.01	3.17	42.62	32.97	52.26
Vaccination					
Rate	Confidence Interval				
30.12	22.01	38.22			

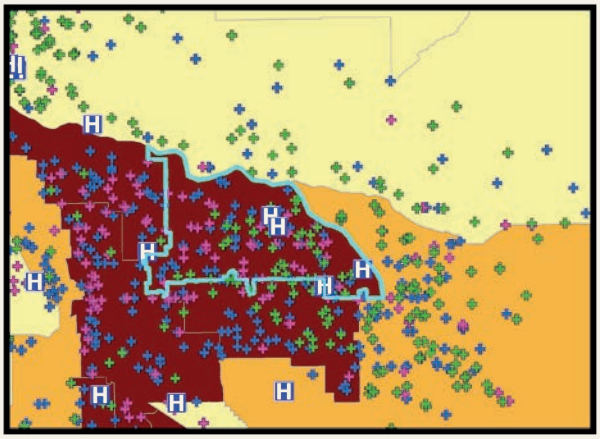
Rates and CIs with counts below 30 used Poisson
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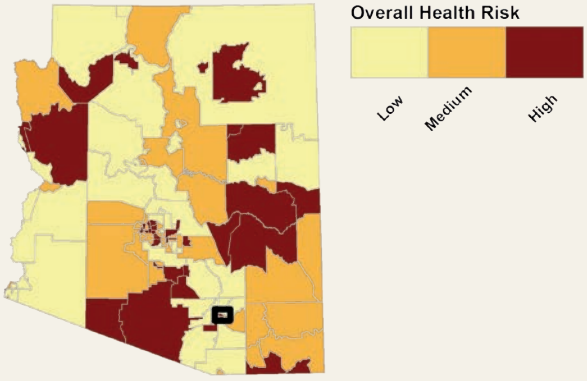
Tucson E Central—CHAA ID 109

C109

Pima County

(16.14 sq miles)





Facilities (Per 10,000 Individuals)

- H Hospitals
- \+ Behavioral Health Facilities (0.47)
- \+ Assisted Living Facilities (5.20)
- \+ Child Care Facilities (5.60)

2000 Population:	76,375
2010 Population:	77,391
Three Year Avg:	80,169

Maternal Child Health (Rate per 1,000)					
Infant Mortality			Pre-term Birth		
Rate	Confidence Interval		Rate	Confidence Interval	
8.24	5.38	12.07	91.57	81.01	102.13
Low Birth Weight			Teen Pregnancy		
Rate	Confidence Interval		Rate	Confidence Interval	
76.36	66.72	86.00	12.72	8.73	16.71
Smoked During Pregnancy			Gestational Diabetes		
Rate	Confidence Interval		Rate	Confidence Interval	
89.04	78.63	99.45	36.76	30.07	43.44
Mortality (Rate per 100,00)					
Heat Related Deaths			Alzheimer's Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
1.47	0.45	4.26	18.11	17.27	18.96
Diabetes Related Deaths			Heart Attack Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
19.19	17.87	20.50	166.51	162.97	170.04
Stroke Related Deaths			Suicide Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
35.10	33.57	36.62	20.43	18.67	22.20
COPD Related Deaths			Cancer Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
61.53	59.32	63.74	165.31	161.44	169.19
Injury Related Deaths			Liver Failure Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
12.89	8.35	17.43	17.69	16.28	19.11
Unintentional Injury Related Deaths					
Rate	Confidence Interval				
51.68	48.87	54.49			
Hospital Admissions (Rate per 100,000)					
Congestive Heart Failure			Hypertension		
Rate	Confidence Interval		Rate	Confidence Interval	
83.52	70.66	96.39	63.93	52.68	75.18
Adult Asthma Admission			COPD		
Rate	Confidence Interval		Rate	Confidence Interval	
141.27	124.54	157.99	232.52	211.06	253.98
Uncontrolled Diabetes			Short Term Diabetes		
Rate	Confidence Interval		Rate	Confidence Interval	
17.53	11.64	23.42	119.10	103.74	134.46
Lead Poisoning			Food Borne Illness		
Rate	Confidence Interval		Rate	Confidence Interval	
2.91	1.17	6.00	29.11	22.29	35.92
Vaccination					
Rate	Confidence Interval				
34.09	26.72	41.47			

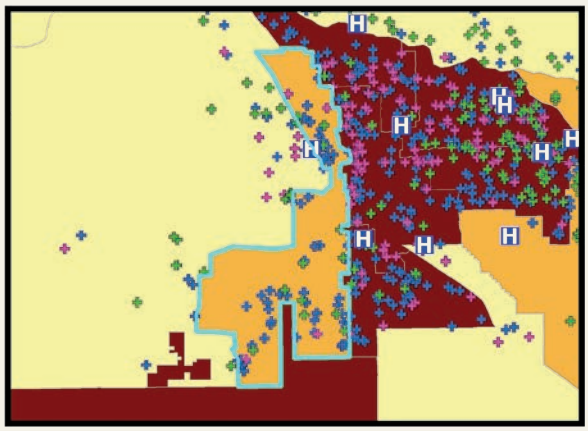
Rates and CIs with counts below 30 used Poisson
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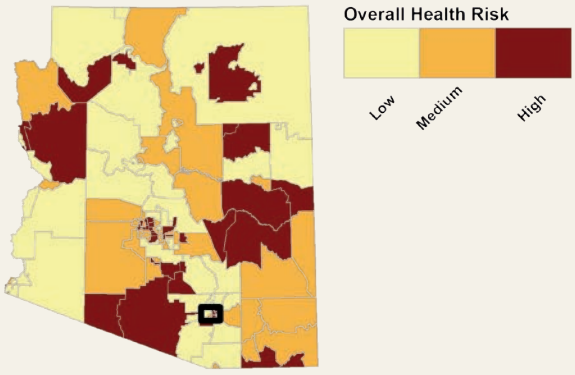
Tucson SW—CHAA ID 110

C110

Pima County

(31.11 sq miles)





Facilities (Per 10,000 Individuals)

- H Hospitals
- \+ Behavioral Health Facilities (0.07)
- \+ Assisted Living Facilities (1.40)
- \+ Child Care Facilities (6.50)

2000 Population:	76,189
2010 Population:	86,367
Three Year Avg:	87,149

Maternal Child Health (Rate per 1,000)					
Infant Mortality			Pre-term Birth		
Rate	Confidence Interval		Rate	Confidence Interval	
7.01	4.54	9.48	94.96	85.88	104.04
Low Birth Weight			Teen Pregnancy		
Rate	Confidence Interval		Rate	Confidence Interval	
73.93	65.92	81.95	32.64	26.65	38.63
Smoked During Pregnancy			Gestational Diabetes		
Rate	Confidence Interval		Rate	Confidence Interval	
36.63	30.99	42.27	49.51	42.96	56.07
Mortality (Rate per 100,00)					
Heat Related Deaths			Alzheimer's Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
0.48	0.01	2.13	16.46	15.54	17.39
Diabetes Related Deaths			Heart Attack Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
31.05	29.18	32.91	155.02	151.40	158.64
Stroke Related Deaths			Suicide Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
29.88	28.25	31.50	13.58	12.08	15.08
COPD Related Deaths			Cancer Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
35.74	33.96	37.53	159.30	155.28	163.32
Injury Related Deaths			Liver Failure Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
11.86	7.68	16.03	15.49	14.08	16.91
Unintentional Injury Related Deaths					
Rate	Confidence Interval				
36.54	34.10	38.99			
Hospital Admissions (Rate per 100,000)					
Congestive Heart Failure			Hypertension		
Rate	Confidence Interval		Rate	Confidence Interval	
83.08	70.09	96.08	59.80	48.77	70.82
Adult Asthma Admission			COPD		
Rate	Confidence Interval		Rate	Confidence Interval	
151.87	134.30	169.45	142.35	125.34	159.36
Uncontrolled Diabetes			Short Term Diabetes		
Rate	Confidence Interval		Rate	Confidence Interval	
12.70	8.14	18.90	187.86	168.32	207.40
Lead Poisoning			Food Borne Illness		
Rate	Confidence Interval		Rate	Confidence Interval	
2.68	1.08	5.52	66.17	56.31	76.03
Vaccination					
Rate	Confidence Interval				
8.41	5.27	12.74			

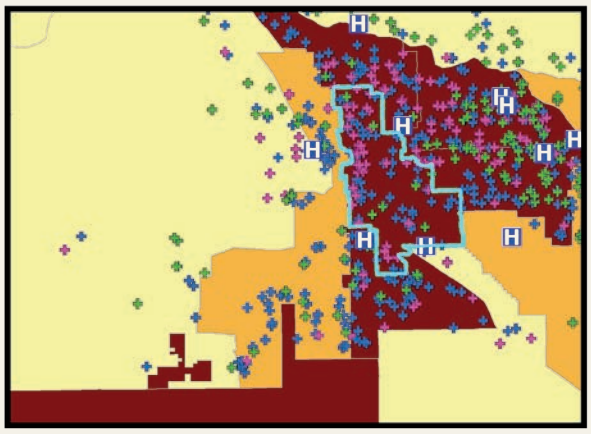
Rates and CIs with counts below 30 used Poisson
**** Indicated No Data Available*

Tucson Central—CHAA ID 111

C111

Pima County

(16.45 sq miles)



Facilities (Per 10,000 Individuals)

- H Hospitals
- \+ Behavioral Health Facilities (0.56)
- \+ Assisted Living Facilities (1.30)
- \+ Child Care Facilities (7.80)

2000 Population:	67,393
2010 Population:	68,745
Three Year Avg:	71,699

Maternal Child Health (Rate per 1,000)

Infant Mortality			Pre-term Birth		
Rate	Confidence Interval		Rate	Confidence Interval	
7.20	4.40	11.11	94.28	82.86	105.69
Low Birth Weight			**Teen Pregnancy**		
Rate	Confidence Interval		Rate	Confidence Interval	
79.88	69.38	90.39	33.66	26.19	41.14
Smoked During Pregnancy			**Gestational Diabetes**		
Rate	Confidence Interval		Rate	Confidence Interval	
63.69	54.31	73.08	52.54	44.01	61.06

Mortality (Rate per 100,00)

Heat Related Deaths			Alzheimer's Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
0.00	0.00	1.72	10.88	5.68	14.36
Diabetes Related Deaths			**Heart Attack Related Deaths**		
Rate	Confidence Interval		Rate	Confidence Interval	
27.57	25.49	29.66	175.05	170.26	179.84
Stroke Related Deaths			**Suicide Related Deaths**		
Rate	Confidence Interval		Rate	Confidence Interval	
37.62	35.44	39.80	21.94	19.57	24.30
COPD Related Deaths			**Cancer Related Deaths**		
Rate	Confidence Interval		Rate	Confidence Interval	
37.71	35.47	39.96	146.37	141.65	151.09
Injury Related Deaths			**Liver Failure Related Deaths**		
Rate	Confidence Interval		Rate	Confidence Interval	
11.62	7.52	17.16	20.19	18.29	22.09
Unintentional Injury Related Deaths					
Rate	Confidence Interval				
58.34	54.87	61.81			

Hospital Admissions (Rate per 100,000)

Congestive Heart Failure			Hypertension		
Rate	Confidence Interval		Rate	Confidence Interval	
80.26	66.77	93.75	63.15	51.18	75.11
Adult Asthma Admission			**COPD**		
Rate	Confidence Interval		Rate	Confidence Interval	
167.02	147.56	186.48	182.36	162.03	202.70
Uncontrolled Diabetes			**Short Term Diabetes**		
Rate	Confidence Interval		Rate	Confidence Interval	
12.98	8.14	19.66	165.84	146.45	185.23
Lead Poisoning			**Food Borne Illness**		
Rate	Confidence Interval		Rate	Confidence Interval	
2.79	1.02	6.07	53.93	44.12	63.74
Vaccination					
Rate	Confidence Interval				
24.18	17.60	30.75			

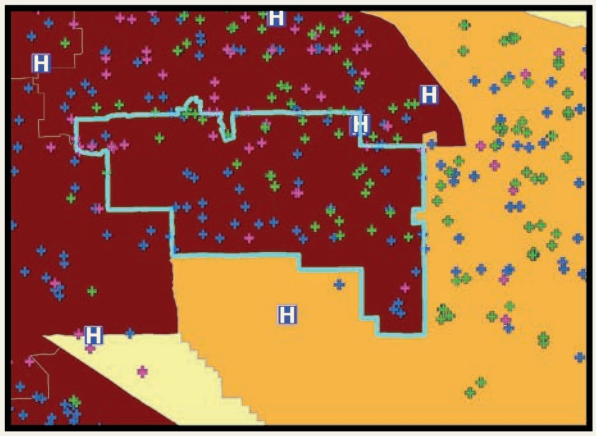
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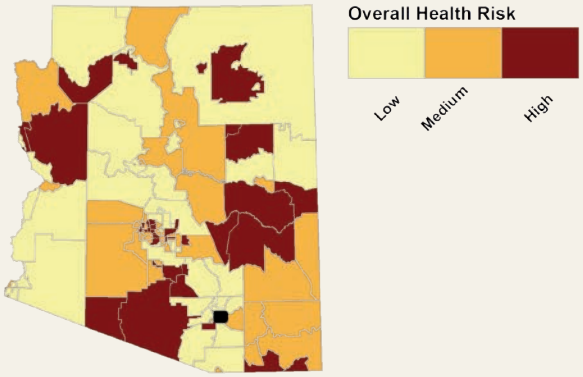
Tucson E—CHAA ID 112

C112

Pima County

(11.73 sq miles)





Facilities (Per 10,000 Individuals)

- H Hospitals
- \+ Behavioral Health Facilities (0.26)
- \+ Assisted Living Facilities (4.80)
- \+ Child Care Facilities (6.90)

2000 Population:	55,338
2010 Population:	52,239
Three Year Avg:	57,990

Maternal Child Health (Rate per 1,000)					
Infant Mortality			Pre-term Birth		
Rate	Confidence Interval		Rate	Confidence Interval	
5.58	2.97	9.55	101.33	88.40	114.26
Low Birth Weight			Teen Pregnancy		
Rate	Confidence Interval		Rate	Confidence Interval	
76.43	65.20	87.66	17.80	12.48	23.12
Smoked During Pregnancy			Gestational Diabetes		
Rate	Confidence Interval		Rate	Confidence Interval	
82.87	71.18	94.56	47.66	38.79	56.53
Mortality (Rate per 100,00)					
Heat Related Deaths			Alzheimer's Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
1.17	0.14	4.15	13.73	12.84	14.63
Diabetes Related Deaths			Heart Attack Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
23.97	22.10	25.84	164.13	159.88	168.37
Stroke Related Deaths			Suicide Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
28.53	26.86	30.19	17.74	15.91	19.58
COPD Related Deaths			Cancer Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
43.99	41.73	46.26	165.10	160.38	169.81
Injury Related Deaths			Liver Failure Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
5.17	2.37	9.82	14.81	10.23	22.58
Unintentional Injury Related Deaths					
Rate	Confidence Interval				
35.62	32.90	38.35			
Hospital Admissions (Rate per 100,000)					
Congestive Heart Failure			Hypertension		
Rate	Confidence Interval		Rate	Confidence Interval	
86.46	70.66	102.27	50.37	38.31	62.44
Adult Asthma Admission			COPD		
Rate	Confidence Interval		Rate	Confidence Interval	
173.68	151.28	196.07	180.44	157.61	203.27
Uncontrolled Diabetes			Short Term Diabetes		
Rate	Confidence Interval		Rate	Confidence Interval	
24.06	15.72	32.40	136.08	116.26	155.91
Lead Poisoning			Food Borne Illness		
Rate	Confidence Interval		Rate	Confidence Interval	
2.87	0.93	6.71	32.76	24.26	41.27
Vaccination					
Rate	Confidence Interval				
24.72	17.33	32.10			

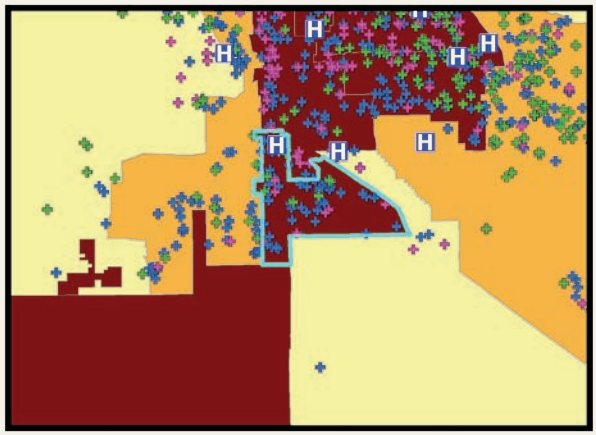
Rates and CIs with counts below 30 used Poisson
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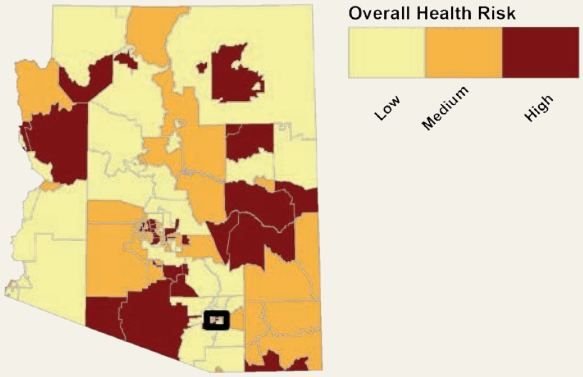
Tucson SE—CHAA ID 113

C113

Pima County

(12.74 sq miles)





Facilities (Per 10,000 Individuals)

- H Hospitals
- \+ Behavioral Health Facilities (0.11)
- \+ Assisted Living Facilities (1.10)
- \+ Child Care Facilities (7.40)

2000 Population:	60,054
2010 Population:	67,983
Three Year Avg:	70,573

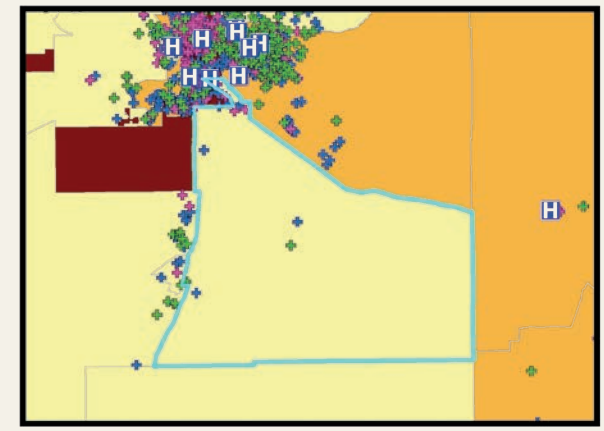
Maternal Child Health (Rate per 1,000)					
Infant Mortality			Pre-term Birth		
Rate	Confidence Interval		Rate	Confidence Interval	
6.30	4.15	9.17	92.65	83.53	101.76
Low Birth Weight			Teen Pregnancy		
Rate	Confidence Interval		Rate	Confidence Interval	
66.04	58.35	73.74	54.27	45.58	62.95
Smoked During Pregnancy			Gestational Diabetes		
Rate	Confidence Interval		Rate	Confidence Interval	
38.27	32.42	44.13	48.54	41.94	55.14
Mortality (Rate per 100,00)					
Heat Related Deaths			Alzheimer's Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
0.59	0.01	2.63	17.40	5.77	14.59
Diabetes Related Deaths			Heart Attack Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
33.12	30.85	35.39	171.21	166.21	176.20
Stroke Related Deaths			Suicide Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
39.36	36.98	41.74	13.35	7.26	16.87
COPD Related Deaths			Cancer Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
34.57	32.23	36.91	173.02	167.70	178.34
Injury Related Deaths			Liver Failure Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
12.28	8.02	17.99	27.49	25.23	29.75
Unintentional Injury Related Deaths					
Rate	Confidence Interval				
41.85	38.77	44.93			
Hospital Admissions (Rate per 100,000)					
Congestive Heart Failure			Hypertension		
Rate	Confidence Interval		Rate	Confidence Interval	
59.31	46.78	71.85	63.45	50.48	76.42
Adult Asthma Admission			COPD		
Rate	Confidence Interval		Rate	Confidence Interval	
177.25	155.58	198.92	166.90	145.87	187.93
Uncontrolled Diabetes			Short Term Diabetes		
Rate	Confidence Interval		Rate	Confidence Interval	
11.03	6.31	17.92	193.11	170.49	215.73
Lead Poisoning			Food Borne Illness		
Rate	Confidence Interval		Rate	Confidence Interval	
2.36	0.77	5.51	68.01	56.91	79.12
Vaccination					
Rate	Confidence Interval				
16.53	11.05	22.01			

Rates and CIs with counts below 30 used Poisson
**** Indicated No Data Available*

C114

Pima County

(670.94 sq miles)



Facilities (Per 10,000 Individuals)

- Hospitals
- Behavioral Health Facilities (0.16)
- Assisted Living Facilities (1.10)
- Child Care Facilities (2.20)

2000 Population:	22,205
2010 Population:	46,660
Three Year Avg:	37,131

Maternal Child Health (Rate per 1,000)					
Infant Mortality			Pre-term Birth		
Rate	Confidence Interval		Rate	Confidence Interval	
3.92	1.58	8.08	98.04	83.51	112.56
Low Birth Weight			Teen Pregnancy		
Rate	Confidence Interval		Rate	Confidence Interval	
72.83	60.31	85.35	18.08	11.33	27.37
Smoked During Pregnancy			Gestational Diabetes		
Rate	Confidence Interval		Rate	Confidence Interval	
36.41	27.56	45.27	44.82	35.00	54.64
Mortality (Rate per 100,00)					
Heat Related Deaths			Alzheimer's Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
0.00	0.00	3.31	16.14	15.20	17.09
Diabetes Related Deaths			Heart Attack Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
10.89	8.89	24.43	112.12	108.25	115.98
Stroke Related Deaths			Suicide Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
30.16	28.48	31.85	9.09	6.21	19.96
COPD Related Deaths			Cancer Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
27.02	25.19	28.85	135.55	130.88	140.22
Injury Related Deaths			Liver Failure Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
14.36	8.21	23.33	3.24	1.46	10.47
Unintentional Injury Related Deaths					
Rate	Confidence Interval				
35.88	32.25	39.52			
Hospital Admissions (Rate per 100,000)					
Congestive Heart Failure			Hypertension		
Rate	Confidence Interval		Rate	Confidence Interval	
85.39	66.32	104.46	48.79	34.38	63.21
Adult Asthma Admission			COPD		
Rate	Confidence Interval		Rate	Confidence Interval	
86.50	67.30	105.69	154.14	128.52	179.77
Uncontrolled Diabetes			Short Term Diabetes		
Rate	Confidence Interval		Rate	Confidence Interval	
11.09	5.32	20.39	97.59	77.20	117.98
Lead Poisoning			Food Borne Illness		
Rate	Confidence Interval		Rate	Confidence Interval	
0.00	0.00	3.31	60.15	45.74	74.55
Vaccination					
Rate	Confidence Interval				
26.03	17.44	37.39			

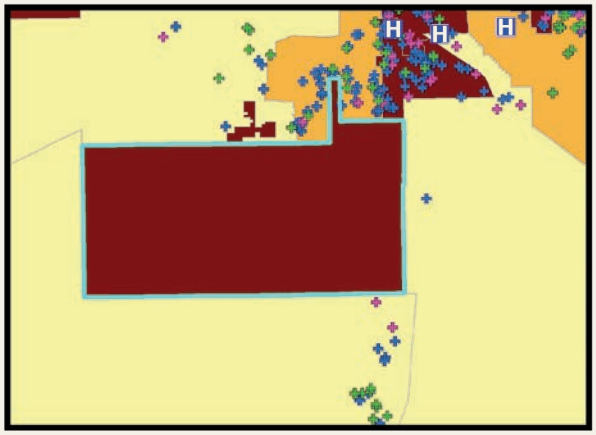
Rates and CIs with counts below 30 used Poisson
**** Indicated No Data Available*

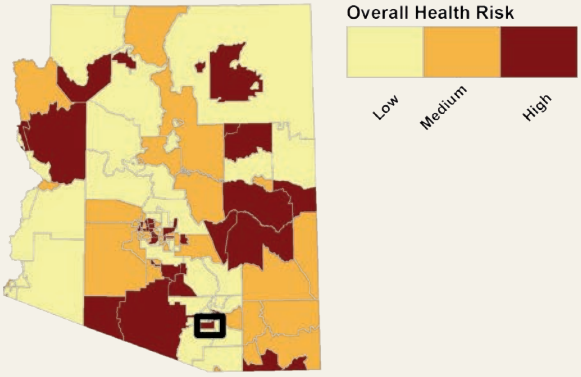
San Xavier District—CHAA ID 115

C115

Pima County

(111.54 sq miles)





Facilities (Per 10,000 Individuals)

- H Hospitals
- \+ Behavioral Health Facilities (***)
- \+ Assisted Living Facilities (***)
- \+ Child Care Facilities (***)

2000 Population:	2,053
2010 Population:	1,888
Three Year Avg:	2,455

Maternal Child Health (Rate per 1,000)

Infant Mortality			Pre-term Birth		
Rate	Confidence Interval		Rate	Confidence Interval	
0.00	0.00	46.69	88.61	35.63	182.57
Low Birth Weight			**Teen Pregnancy**		
Rate	Confidence Interval		Rate	Confidence Interval	
113.92	52.09	216.26	37.04	7.64	108.24
Smoked During Pregnancy			**Gestational Diabetes**		
Rate	Confidence Interval		Rate	Confidence Interval	
50.63	13.80	129.64	63.29	20.55	147.70

Mortality (Rate per 100,00)

Heat Related Deaths			Alzheimer's Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
0.00	0.00	86.98	17.05	0.60	131.37
Diabetes Related Deaths			**Heart Attack Related Deaths**		
Rate	Confidence Interval		Rate	Confidence Interval	
35.52	5.71	170.35	29.72	5.71	170.35
Stroke Related Deaths			**Suicide Related Deaths**		
Rate	Confidence Interval		Rate	Confidence Interval	
29.72	5.71	170.35	52.69	14.59	206.73
COPD Related Deaths			**Cancer Related Deaths**		
Rate	Confidence Interval		Rate	Confidence Interval	
17.05	0.60	131.37	76.62	38.28	275.13
Injury Related Deaths			**Liver Failure Related Deaths**		
Rate	Confidence Interval		Rate	Confidence Interval	
27.16	3.29	98.10	146.82	113.07	433.63
Unintentional Injury Related Deaths					
Rate	Confidence Interval				
81.74	38.28	275.13			

Hospital Admissions (Rate per 100,000)

Congestive Heart Failure			Hypertension		
Rate	Confidence Interval		Rate	Confidence Interval	
57.19	11.79	167.12	0.00	0.00	70.32
Adult Asthma Admission			**COPD**		
Rate	Confidence Interval		Rate	Confidence Interval	
152.5	65.84	300.48	19.06	0.48	106.21
Uncontrolled Diabetes			**Short Term Diabetes**		
Rate	Confidence Interval		Rate	Confidence Interval	
19.06	0.48	106.21	781.55	542.32	1020.78
Lead Poisoning			**Food Borne Illness**		
Rate	Confidence Interval		Rate	Confidence Interval	
0.00	0.00	50.09	81.47	29.90	177.32
Vaccination					
Rate	Confidence Interval				
0.00	0.00	50.09			

Rates and CIs with counts below 30 used Poisson

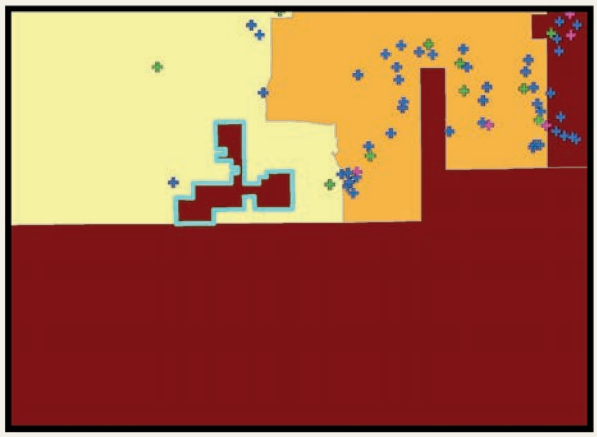
**** Indicated No Data Available*

Pascua Yaqui—CHAA ID 116

C116

Pima County

(1.87 sq miles)



Facilities (Per 10,000 Individuals)

- H Hospitals
- \+ Behavioral Health Facilities (0)
- \+ Assisted Living Facilities (0)
- \+ Child Care Facilities (0)

2000 Population:	3,280
2010 Population:	3,280
Three Year Avg:	3,584

Maternal Child Health (Rate per 1,000)

Infant Mortality			Pre-term Birth		
Rate	Confidence Interval		Rate	Confidence Interval	
16.39	4.47	41.97	98.36	63.02	146.35
Low Birth Weight			**Teen Pregnancy**		
Rate	Confidence Interval		Rate	Confidence Interval	
69.67	40.59	111.55	67.04	34.64	117.10
Smoked During Pregnancy			**Gestational Diabetes**		
Rate	Confidence Interval		Rate	Confidence Interval	
28.69	11.53	59.11	98.36	63.02	146.35

Mortality (Rate per 100,00)

Heat Related Deaths			Alzheimer's Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
0.00	0.00	96.95	55.39	0.66	146.43
Diabetes Related Deaths			**Heart Attack Related Deaths**		
Rate	Confidence Interval		Rate	Confidence Interval	
194.56	144.32	517.27	259.16	90.77	414.28
Stroke Related Deaths			**Suicide Related Deaths**		
Rate	Confidence Interval		Rate	Confidence Interval	
36.16	0.66	146.43	24.78	6.37	189.87
COPD Related Deaths			**Cancer Related Deaths**		
Rate	Confidence Interval		Rate	Confidence Interval	
0.00	0.00	96.95	265.25	162.96	550.90
Injury Related Deaths			**Liver Failure Related Deaths**		
Rate	Confidence Interval		Rate	Confidence Interval	
0.00	0.00	34.31	130.16	126.03	483.32

Unintentional Injury Related Deaths		
Rate	Confidence Interval	
62.24	42.67	306.66

Hospital Admissions (Rate per 100,000)

Congestive Heart Failure			Hypertension		
Rate	Confidence Interval		Rate	Confidence Interval	
76.38	24.80	178.25	61.11	16.65	156.46
Adult Asthma Admission			**COPD**		
Rate	Confidence Interval		Rate	Confidence Interval	
290.25	174.75	453.27	213.87	116.92	358.84
Uncontrolled Diabetes			**Short Term Diabetes**		
Rate	Confidence Interval		Rate	Confidence Interval	
45.83	9.45	133.93	687.44	486.59	888.30
Lead Poisoning			**Food Borne Illness**		
Rate	Confidence Interval		Rate	Confidence Interval	
0.00	0.00	34.31	74.41	32.13	146.62

Vaccination		
Rate	Confidence Interval	
0.00	0.00	34.31

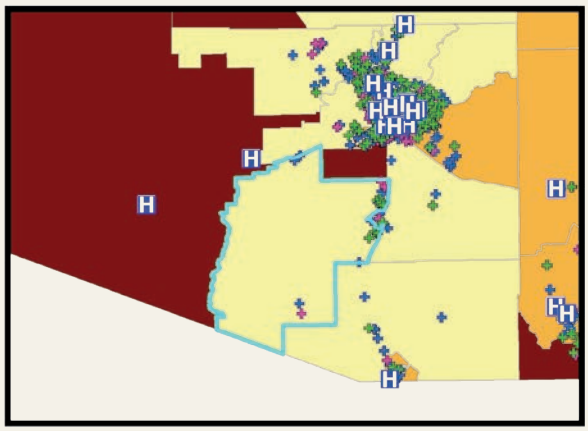
Rates and CIs with counts below 30 used Poisson
**** Indicated No Data Available*

Arivaca—CHAA ID 117

C117

Pima County

(1,168.75 sq miles)



Facilities (Per 10,000 Individuals)

- H Hospitals
- \+ Behavioral Health Facilities (0.06)
- \+ Assisted Living Facilities (4.00)
- \+ Child Care Facilities (2.30)

2000 Population:	18,177
2010 Population:	37,571
Three Year Avg:	34,580

Maternal Child Health (Rate per 1,000)					
Infant Mortality			Pre-term Birth		
Rate	Confidence Interval		Rate	Confidence Interval	
5.99	2.74	11.37	89.88	74.72	105.04
Low Birth Weight			Teen Pregnancy		
Rate	Confidence Interval		Rate	Confidence Interval	
69.91	56.54	83.28	14.46	8.10	23.86
Smoked During Pregnancy			Gestational Diabetes		
Rate	Confidence Interval		Rate	Confidence Interval	
40.61	30.42	50.80	57.26	45.16	69.36
Mortality (Rate per 100,00)					
Heat Related Deaths			Alzheimer's Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
0.00	0.00	3.99	8.23	9.08	26.77
Diabetes Related Deaths			Heart Attack Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
8.94	8.28	25.41	142.13	138.42	145.83
Stroke Related Deaths			Suicide Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
22.20	20.92	23.48	16.17	14.92	36.04
COPD Related Deaths			Cancer Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
30.33	28.79	31.88	132.49	128.42	136.55
Injury Related Deaths			Liver Failure Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
11.57	5.98	20.21	41.04	36.52	45.56
Unintentional Injury Related Deaths					
Rate	Confidence Interval				
5.13	5.19	19.90			
Hospital Admissions (Rate per 100,000)					
Congestive Heart Failure			Hypertension		
Rate	Confidence Interval		Rate	Confidence Interval	
49.89	34.80	64.98	33.26	22.10	48.07
Adult Asthma Admission			COPD		
Rate	Confidence Interval		Rate	Confidence Interval	
65.33	48.06	82.60	87.90	67.87	107.93
Uncontrolled Diabetes			Short Term Diabetes		
Rate	Confidence Interval		Rate	Confidence Interval	
1.19	0.03	6.62	58.20	41.91	74.50
Lead Poisoning			Food Borne Illness		
Rate	Confidence Interval		Rate	Confidence Interval	
0.96	0.02	5.37	53.98	39.84	68.12
Vaccination					
Rate	Confidence Interval				
12.53	6.67	21.43			

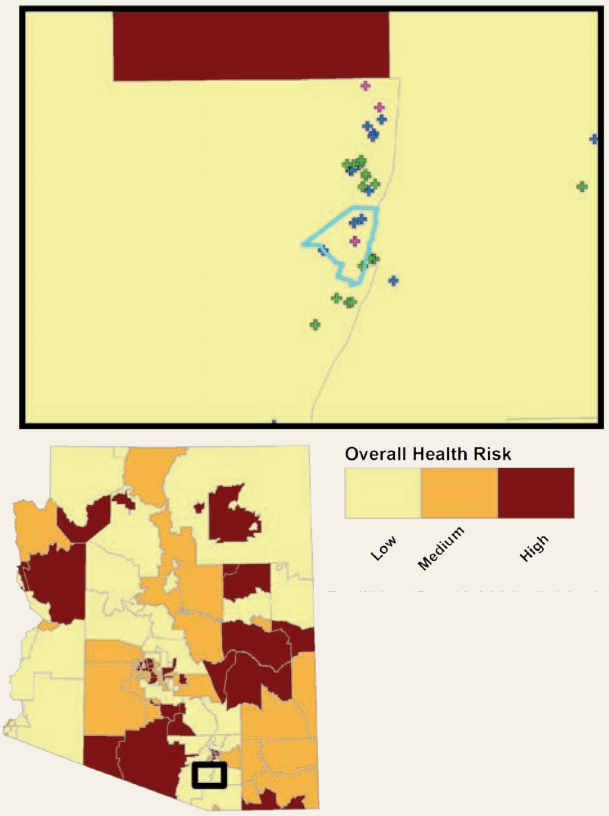
Rates and CIs with counts below 30 used Poisson
**** Indicated No Data Available*

Green Valley—CHAA ID 118

C118

Pima County

(8.55 sq miles)



Facilities (Per 10,000 Individuals)

- H Hospitals
- \+ Behavioral Health Facilities (0.08)
- \+ Assisted Living Facilities (0.81)
- \+ Child Care Facilities (3.20)

2000 Population:	11,119
2010 Population:	12,538
Three Year Avg:	12,372

Maternal Child Health (Rate per 1,000)					
Infant Mortality			Pre-term Birth		
Rate	Confidence Interval		Rate	Confidence Interval	
0.00	0.00	55.06	89.55	32.86	194.92
Low Birth Weight			Teen Pregnancy		
Rate	Confidence Interval		Rate	Confidence Interval	
44.78	9.23	130.86	15.63	0.40	87.06
Smoked During Pregnancy			Gestational Diabetes		
Rate	Confidence Interval		Rate	Confidence Interval	
149.25	71.57	274.48	44.78	9.23	130.86
Mortality (Rate per 100,00)					
Heat Related Deaths			Alzheimer's Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
0.00	0.00	10.71	10.68	54.02	117.49
Diabetes Related Deaths			Heart Attack Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
7.54	24.37	71.83	102.95	98.55	107.36
Stroke Related Deaths			Suicide Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
18.72	16.98	20.45	5.40	6.39	37.91
COPD Related Deaths			Cancer Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
24.91	22.96	26.86	135.16	129.53	140.78
Injury Related Deaths			Liver Failure Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
8.08	1.67	23.62	7.56	15.94	57.14
Unintentional Injury Related Deaths					
Rate	Confidence Interval				
41.00	44.64	103.67			
Hospital Admissions (Rate per 100,000)					
Congestive Heart Failure			Hypertension		
Rate	Confidence Interval		Rate	Confidence Interval	
138.08	99.81	176.36	52.47	31.59	81.94
Adult Asthma Admission			COPD		
Rate	Confidence Interval		Rate	Confidence Interval	
60.76	38.08	91.99	245.79	194.72	296.85
Uncontrolled Diabetes			Short Term Diabetes		
Rate	Confidence Interval		Rate	Confidence Interval	
13.81	4.48	32.22	85.61	55.47	115.75
Lead Poisoning			Food Borne Illness		
Rate	Confidence Interval		Rate	Confidence Interval	
0.00	0.00	9.94	16.17	5.93	35.19
Vaccination					
Rate	Confidence Interval				
5.39	0.65	19.47			

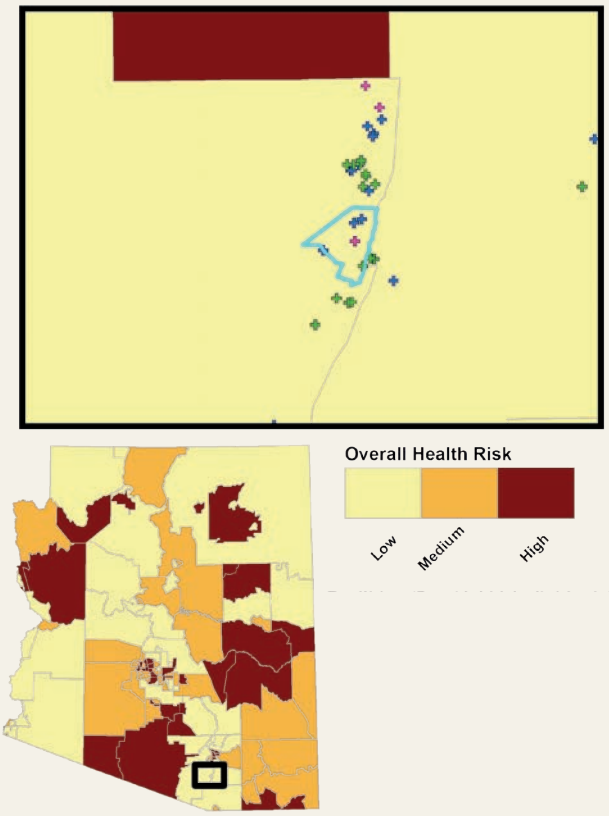
Rates and CIs with counts below 30 used Poisson
**** Indicated No Data Available*

Benson—CHAA ID 119

C119

Cochise County

(922.13 sq miles)



Facilities (Per 10,000 Individuals)

- Hospitals
- Behavioral Health Facilities (0.49)
- Assisted Living Facilities (1.60)
- Child Care Facilities (1.60)

2000 Population:	11,012
2010 Population:	12,520
Three Year Avg:	12,207

Maternal Child Health (Rate per 1,000)

Infant Mortality			Pre-term Birth		
Rate	Confidence Interval		Rate	Confidence Interval	
2.78	0.07	15.48	86.11	55.80	116.42
Low Birth Weight			**Teen Pregnancy**		
Rate	Confidence Interval		Rate	Confidence Interval	
58.33	36.11	89.17	8.52	1.76	24.91
Smoked During Pregnancy			**Gestational Diabetes**		
Rate	Confidence Interval		Rate	Confidence Interval	
119.44	83.74	155.15	16.67	6.12	36.28

Mortality (Rate per 100,00)

Heat Related Deaths			Alzheimer's Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
0.00	0.00	15.86	18.12	29.77	95.60
Diabetes Related Deaths			**Heart Attack Related Deaths**		
Rate	Confidence Interval		Rate	Confidence Interval	
15.57	23.61	84.64	163.06	155.51	170.61
Stroke Related Deaths			**Suicide Related Deaths**		
Rate	Confidence Interval		Rate	Confidence Interval	
24.44	45.88	122.34	22.54	23.61	84.64
COPD Related Deaths			**Cancer Related Deaths**		
Rate	Confidence Interval		Rate	Confidence Interval	
50.56	47.05	54.07	152.59	145.15	160.04
Injury Related Deaths			**Liver Failure Related Deaths**		
Rate	Confidence Interval		Rate	Confidence Interval	
21.85	9.43	43.04	5.88	4.69	44.04
Unintentional Injury Related Deaths					
Rate	Confidence Interval				
48.61	55.90	138.04			

Hospital Admissions (Rate per 100,000)

Congestive Heart Failure			Hypertension		
Rate	Confidence Interval		Rate	Confidence Interval	
177.12	128.98	225.27	20.44	7.50	44.48
Adult Asthma Admission			**COPD**		
Rate	Confidence Interval		Rate	Confidence Interval	
129.44	88.28	170.59	235.03	179.57	290.49
Uncontrolled Diabetes			**Short Term Diabetes**		
Rate	Confidence Interval		Rate	Confidence Interval	
13.62	3.71	34.89	57.91	33.73	92.71
Lead Poisoning			**Food Borne Illness**		
Rate	Confidence Interval		Rate	Confidence Interval	
2.73	0.07	15.21	54.61	33.36	84.35
Vaccination					
Rate	Confidence Interval				
5.46	0.66	19.73			

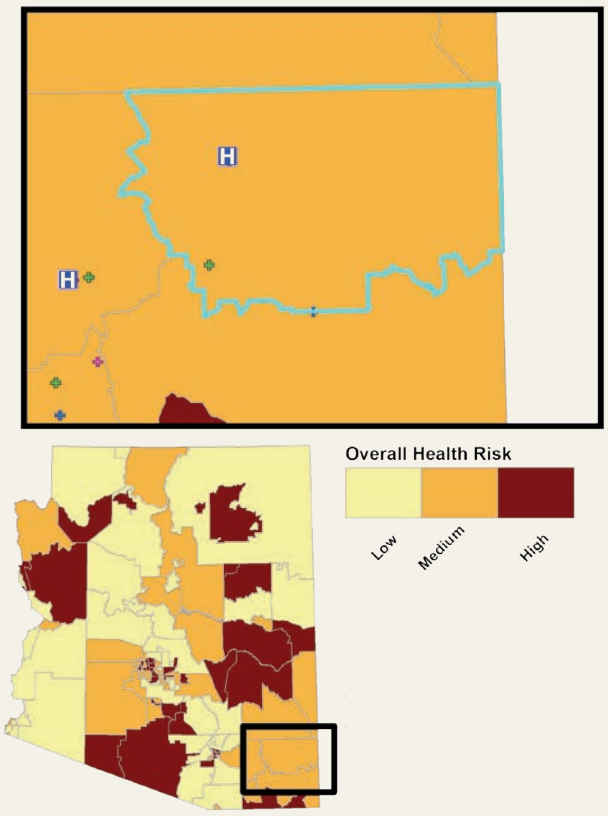
Rates and CIs with counts below 30 used Poisson
**** Indicated No Data Available*

Willcox/Bowie—CHAA ID 120

C120

Cochise County

(2,051.36 sq miles)



Facilities (Per 10,000 Individuals)

- Hospitals
- Behavioral Health Facilities (0.21)
- Assisted Living Facilities (2.10)
- Child Care Facilities (2.80)

2000 Population:	12,190
2010 Population:	12,440
Three Year Avg:	14,095

Maternal Child Health (Rate per 1,000)

Infant Mortality			Pre-term Birth		
Rate	Confidence Interval		Rate	Confidence Interval	
2.24	0.06	12.49	96.41	67.60	125.23
Low Birth Weight			**Teen Pregnancy**		
Rate	Confidence Interval		Rate	Confidence Interval	
69.51	45.04	93.97	26.26	13.98	44.91
Smoked During Pregnancy			**Gestational Diabetes**		
Rate	Confidence Interval		Rate	Confidence Interval	
87.44	60.00	114.89	49.33	30.91	74.68

Mortality (Rate per 100,00)

Heat Related Deaths			Alzheimer's Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
0.00	0.00	8.72	19.19	18.10	55.55
Diabetes Related Deaths			**Heart Attack Related Deaths**		
Rate	Confidence Interval		Rate	Confidence Interval	
16.78	14.66	49.57	182.53	174.44	190.62
Stroke Related Deaths			**Suicide Related Deaths**		
Rate	Confidence Interval		Rate	Confidence Interval	
39.03	44.00	95.70	14.63	9.73	40.40
COPD Related Deaths			**Cancer Related Deaths**		
Rate	Confidence Interval		Rate	Confidence Interval	
27.66	28.89	73.05	129.50	123.25	135.75
Injury Related Deaths			**Liver Failure Related Deaths**		
Rate	Confidence Interval		Rate	Confidence Interval	
30.74	16.37	52.57	7.17	3.84	27.60
Unintentional Injury Related Deaths					
Rate	Confidence Interval				
66.57	58.70	74.43			

Hospital Admissions (Rate per 100,000)

Congestive Heart Failure			Hypertension		
Rate	Confidence Interval		Rate	Confidence Interval	
206.07	157.09	255.05	48.49	27.71	78.74
Adult Asthma Admission			**COPD**		
Rate	Confidence Interval		Rate	Confidence Interval	
51.52	30.01	82.48	224.25	173.16	275.34
Uncontrolled Diabetes			**Short Term Diabetes**		
Rate	Confidence Interval		Rate	Confidence Interval	
18.18	6.67	39.58	148.49	106.91	190.07
Lead Poisoning			**Food Borne Illness**		
Rate	Confidence Interval		Rate	Confidence Interval	
2.36	0.06	13.18	44.93	27.05	70.17
Vaccination					
Rate	Confidence Interval				
9.46	2.58	24.22			

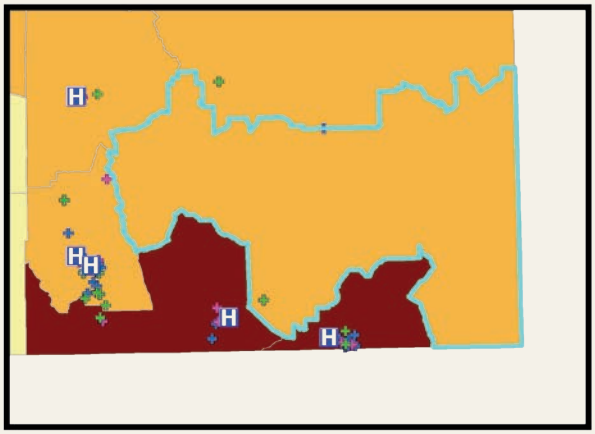
Rates and CIs with counts below 30 used Poisson
**** Indicated No Data Available*

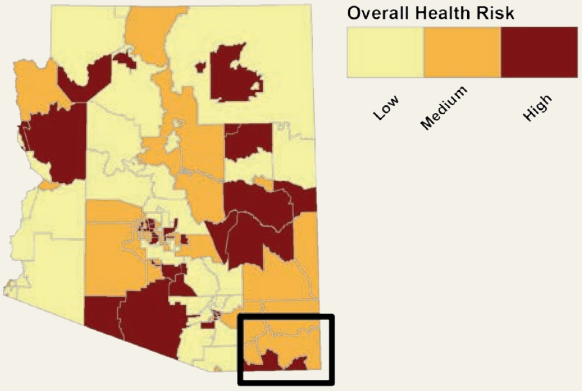
Tombstone/Elfrida—CHAA ID 121

C121

Cochise County

(2,047.50 sq miles)





Facilities (Per 10,000 Individuals)

- H Hospitals
- \+ Behavioral Health Facilities (0.0)
- \+ Assisted Living Facilities (1.3)
- \+ Child Care Facilities (1.3)

2000 Population:	7,429
2010 Population:	7,857
Three Year Avg:	7,761

Maternal Child Health (Rate per 1,000)					
Infant Mortality			Pre-term Birth		
Rate	Confidence Interval		Rate	Confidence Interval	
0.00	0.00	27.53	104.48	57.12	175.30
Low Birth Weight			Teen Pregnancy		
Rate	Confidence Interval		Rate	Confidence Interval	
119.40	68.25	193.90	0.00	0.00	18.26
Smoked During Pregnancy			Gestational Diabetes		
Rate	Confidence Interval		Rate	Confidence Interval	
216.42	144.94	310.81	7.46	0.19	41.58
Mortality (Rate per 100,00)					
Heat Related Deaths			Alzheimer's Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
0.00	0.00	26.20	20.13	15.64	92.76
Diabetes Related Deaths			Heart Attack Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
10.96	7.74	72.74	201.53	191.01	212.05
Stroke Related Deaths			Suicide Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
27.88	29.23	121.35	32.16	34.06	130.62
COPD Related Deaths			Cancer Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
33.91	39.00	139.80	158.50	147.97	169.03
Injury Related Deaths			Liver Failure Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
12.88	2.66	37.66	5.04	1.72	51.32
Unintentional Injury Related Deaths					
Rate	Confidence Interval				
26.91	24.53	111.96			
Hospital Admissions (Rate per 100,000)					
Congestive Heart Failure			Hypertension		
Rate	Confidence Interval		Rate	Confidence Interval	
54.57	27.24	97.65	19.85	5.41	50.81
Adult Asthma Admission			COPD		
Rate	Confidence Interval		Rate	Confidence Interval	
64.50	34.34	110.29	138.92	92.31	200.77
Uncontrolled Diabetes			Short Term Diabetes		
Rate	Confidence Interval		Rate	Confidence Interval	
9.92	1.20	35.84	54.57	27.24	97.65
Lead Poisoning			Food Borne Illness		
Rate	Confidence Interval		Rate	Confidence Interval	
0.00	0.00	15.84	25.77	9.46	56.09
Vaccination					
Rate	Confidence Interval				
4.29	0.11	23.93			

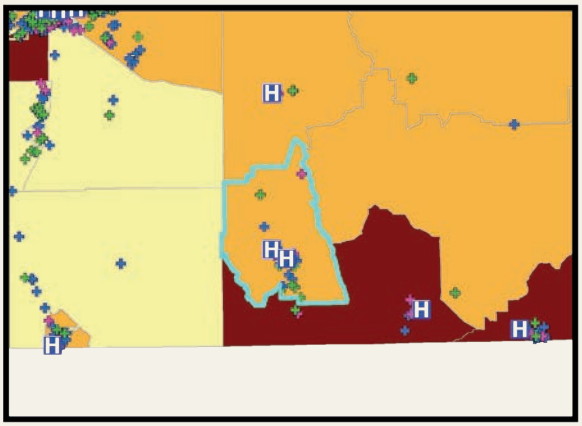
Rates and CIs with counts below 30 used Poisson
**** Indicated No Data Available*

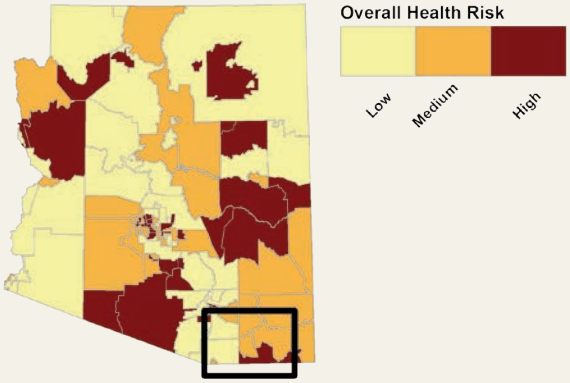
Sierra Vista—CHAA ID 122

C122

Cochise County

(384.62 sq miles)





Facilities (Per 10,000 Individuals)

- H Hospitals
- \+ Behavioral Health Facilities (0.12)
- \+ Assisted Living Facilities (1.50)
- \+ Child Care Facilities (3.00)

2000 Population:	55,769
2010 Population:	65,313
Three Year Avg:	67,111

Maternal Child Health (Rate per 1,000)					
Infant Mortality			Pre-term Birth		
Rate	Confidence Interval		Rate	Confidence Interval	
6.52	3.93	10.19	81.73	71.35	92.11
Low Birth Weight			Teen Pregnancy		
Rate	Confidence Interval		Rate	Confidence Interval	
84.48	73.92	95.03	11.61	7.52	15.69
Smoked During Pregnancy			Gestational Diabetes		
Rate	Confidence Interval		Rate	Confidence Interval	
90.66	79.72	101.60	17.51	12.71	22.32
Mortality (Rate per 100,00)					
Heat Related Deaths			Alzheimer's Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
0.00	0.00	1.83	21.88	20.88	22.87
Diabetes Related Deaths			Heart Attack Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
13.58	12.64	14.52	153.91	150.48	157.35
Stroke Related Deaths			Suicide Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
36.37	34.92	37.81	12.14	9.65	20.69
COPD Related Deaths			Cancer Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
40.00	38.31	41.69	142.19	138.66	145.73
Injury Related Deaths			Liver Failure Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
10.43	6.46	15.94	7.07	5.68	14.74
Unintentional Injury Related Deaths					
Rate	Confidence Interval				
32.14	29.68	34.60			
Hospital Admissions (Rate per 100,000)					
Congestive Heart Failure			Hypertension		
Rate	Confidence Interval		Rate	Confidence Interval	
161.19	141.33	181.05	31.86	23.03	40.69
Adult Asthma Admission			COPD		
Rate	Confidence Interval		Rate	Confidence Interval	
119.78	102.65	136.90	182.21	161.10	203.33
Uncontrolled Diabetes			Short Term Diabetes		
Rate	Confidence Interval		Rate	Confidence Interval	
21.66	14.38	28.94	57.34	45.49	69.19
Lead Poisoning			Food Borne Illness		
Rate	Confidence Interval		Rate	Confidence Interval	
1.99	0.54	5.09	22.35	15.82	28.88
Vaccination					
Rate	Confidence Interval				
13.41	8.84	19.51			

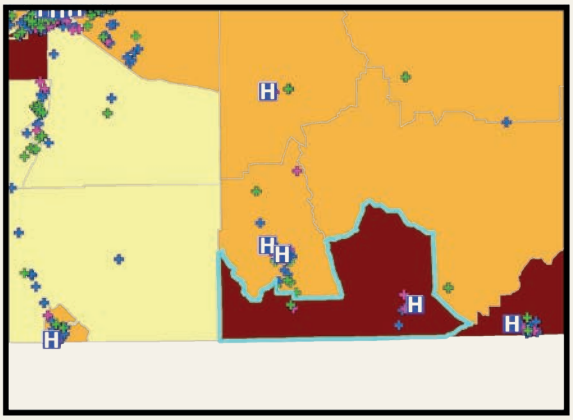
Rates and CIs with counts below 30 used Poisson
**** Indicated No Data Available*

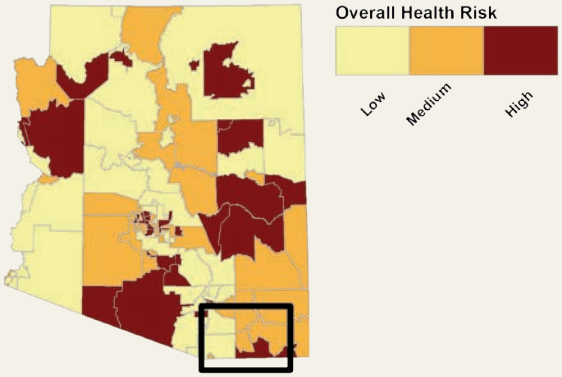
Bisbee—CHAA ID 123

C123

Cochise County

(560.85 sq miles)





Facilities (Per 10,000 Individuals)

- H Hospitals
- \+ Behavioral Health Facilities (0.37)
- \+ Assisted Living Facilities (1.50)
- \+ Child Care Facilities (2.20)

2000 Population:	12,218
2010 Population:	13,444
Three Year Avg:	13,512

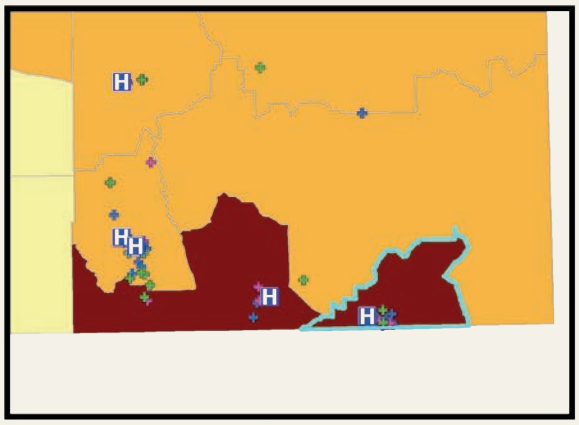
Maternal Child Health (Rate per 1,000)					
Infant Mortality			Pre-term Birth		
Rate	Confidence Interval		Rate	Confidence Interval	
13.16	4.83	28.64	109.65	79.26	140.04
Low Birth Weight			Teen Pregnancy		
Rate	Confidence Interval		Rate	Confidence Interval	
76.75	51.33	102.18	22.60	11.68	39.48
Smoked During Pregnancy			Gestational Diabetes		
Rate	Confidence Interval		Rate	Confidence Interval	
105.26	75.48	135.04	26.32	13.60	45.97
Mortality (Rate per 100,00)					
Heat Related Deaths			Alzheimer's Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
0.00	0.00	10.40	24.74	25.78	73.23
Diabetes Related Deaths			Heart Attack Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
22.13	21.57	66.21	108.44	102.80	114.09
Stroke Related Deaths			Suicide Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
42.69	50.15	110.72	24.16	15.48	55.47
COPD Related Deaths			Cancer Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
31.74	32.24	83.63	162.73	154.56	170.90
Injury Related Deaths			Liver Failure Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
22.20	10.15	42.15	20.33	19.51	62.66
Unintentional Injury Related Deaths					
Rate	Confidence Interval				
44.72	43.34	100.65			
Hospital Admissions (Rate per 100,000)					
Congestive Heart Failure			Hypertension		
Rate	Confidence Interval		Rate	Confidence Interval	
127.65	88.57	166.72	9.34	1.93	27.30
Adult Asthma Admission			COPD		
Rate	Confidence Interval		Rate	Confidence Interval	
68.49	42.92	103.70	183.69	136.81	230.56
Uncontrolled Diabetes			Short Term Diabetes		
Rate	Confidence Interval		Rate	Confidence Interval	
6.23	0.75	22.49	56.04	33.21	88.57
Lead Poisoning			Food Borne Illness		
Rate	Confidence Interval		Rate	Confidence Interval	
9.87	2.69	25.27	44.40	26.32	70.18
Vaccination					
Rate	Confidence Interval				
19.74	8.52	38.89			

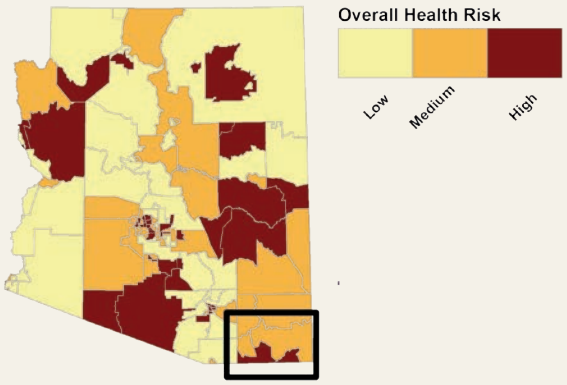
Rates and CIs with counts below 30 used Poisson
**** Indicated No Data Available*

C124

Cochise County

(257.80 sq miles)





Facilities (Per 10,000 Individuals)

- H Hospitals
- \+ Behavioral Health Facilities (0.15)
- \+ Assisted Living Facilities (1.00)
- \+ Child Care Facilities (6.00)

2000 Population:	19,137
2010 Population:	19,772
Three Year Avg:	19,883

Maternal Child Health (Rate per 1,000)					
Infant Mortality			Pre-term Birth		
Rate	Confidence Interval		Rate	Confidence Interval	
9.29	4.46	17.09	92.01	73.88	110.13
Low Birth Weight			Teen Pregnancy		
Rate	Confidence Interval		Rate	Confidence Interval	
77.14	60.54	93.73	33.50	22.08	48.74
Smoked During Pregnancy			Gestational Diabetes		
Rate	Confidence Interval		Rate	Confidence Interval	
31.60	20.98	42.22	22.30	14.29	33.19
Mortality (Rate per 100,00)					
Heat Related Deaths			Alzheimer's Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
0.00	0.00	7.53	3.85	1.26	17.91
Diabetes Related Deaths			Heart Attack Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
22.47	15.63	47.98	190.43	182.33	198.54
Stroke Related Deaths			Suicide Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
44.32	41.34	87.48	14.31	7.05	32.20
COPD Related Deaths			Cancer Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
25.63	21.79	58.11	109.59	103.24	115.94
Injury Related Deaths			Liver Failure Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
15.09	6.90	28.64	20.48	12.66	42.81
Unintentional Injury Related Deaths					
Rate	Confidence Interval				
45.60	34.69	77.81			
Hospital Admissions (Rate per 100,000)					
Congestive Heart Failure			Hypertension		
Rate	Confidence Interval		Rate	Confidence Interval	
140.31	104.20	176.42	60.48	39.14	89.28
Adult Asthma Admission			COPD		
Rate	Confidence Interval		Rate	Confidence Interval	
133.05	97.89	168.22	232.24	185.78	278.69
Uncontrolled Diabetes			Short Term Diabetes		
Rate	Confidence Interval		Rate	Confidence Interval	
31.45	16.75	53.78	179.02	138.23	219.80
Lead Poisoning			Food Borne Illness		
Rate	Confidence Interval		Rate	Confidence Interval	
3.35	0.41	12.11	88.85	64.93	112.77
Vaccination					
Rate	Confidence Interval				
25.15	14.07	41.48			

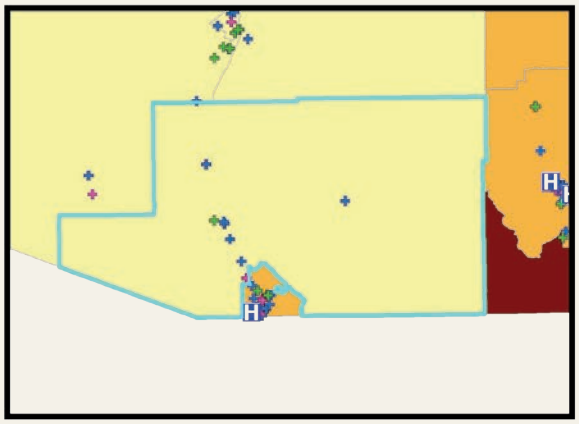
Rates and CIs with counts below 30 used Poisson
**** Indicated No Data Available*

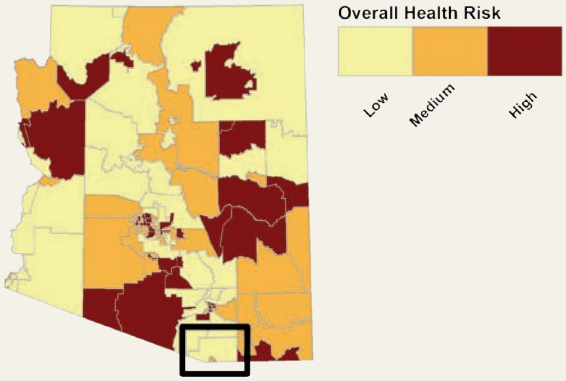
Tubac/Patagonia—CHAA ID 125

C125

Santa Cruz County

(1,202.00 sq miles)





Facilities (Per 10,000 Individuals)

- H Hospitals
- \+ Behavioral Health Facilities (0.04)
- \+ Assisted Living Facilities (4.20)
- \+ Child Care Facilities (2.50)

2000 Population:	16,214
2010 Population:	25,378
Three Year Avg:	23,947

Maternal Child Health (Rate per 1,000)					
Infant Mortality			Pre-term Birth		
Rate	Confidence Interval		Rate	Confidence Interval	
13.43	7.52	22.15	100.27	81.70	118.84
Low Birth Weight			Teen Pregnancy		
Rate	Confidence Interval		Rate	Confidence Interval	
85.05	67.95	102.15	11.72	6.24	20.05
Smoked During Pregnancy			Gestational Diabetes		
Rate	Confidence Interval		Rate	Confidence Interval	
16.11	9.55	25.47	22.38	14.48	33.04
Mortality (Rate per 100,00)					
Heat Related Deaths			Alzheimer's Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
0.00	0.00	8.29	13.78	9.24	38.38
Diabetes Related Deaths			Heart Attack Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
22.72	20.54	58.37	118.77	113.68	123.85
Stroke Related Deaths			Suicide Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
35.40	36.34	82.90	13.79	10.77	41.31
COPD Related Deaths			Cancer Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
30.82	30.97	74.82	135.37	128.91	141.82
Injury Related Deaths			Liver Failure Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
18.10	9.64	30.94	13.10	10.77	41.31
Unintentional Injury Related Deaths					
Rate	Confidence Interval				
32.74	38.15	85.58			
Hospital Admissions (Rate per 100,000)					
Congestive Heart Failure			Hypertension		
Rate	Confidence Interval		Rate	Confidence Interval	
32.78	19.09	52.48	19.28	9.25	35.46
Adult Asthma Admission			COPD		
Rate	Confidence Interval		Rate	Confidence Interval	
55.91	37.45	80.30	34.70	20.57	54.85
Uncontrolled Diabetes			Short Term Diabetes		
Rate	Confidence Interval		Rate	Confidence Interval	
3.86	0.47	13.93	34.70	20.57	54.85
Lead Poisoning			Food Borne Illness		
Rate	Confidence Interval		Rate	Confidence Interval	
0.00	0.00	5.13	89.09	67.26	110.91
Vaccination					
Rate	Confidence Interval				
13.92	6.68	25.60			

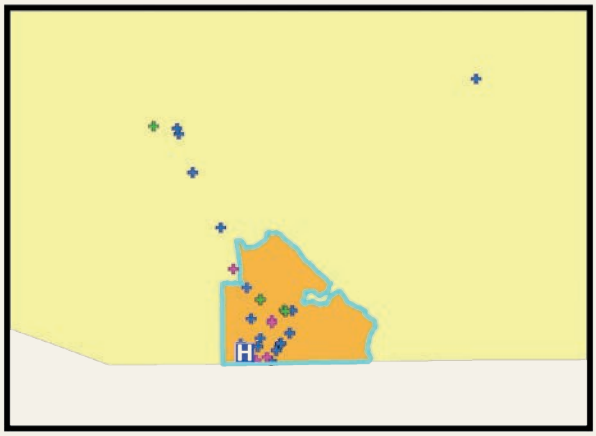
Rates and CIs with counts below 30 used Poisson
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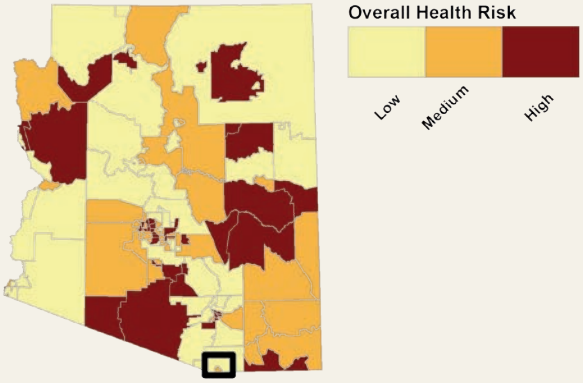
Nogales—CHAA ID 126

C126

Santa Cruz County

(36.20 sq miles)





Facilities (Per 10,000 Individuals)

- H Hospitals
- \+ Behavioral Health Facilities (0.28)
- \+ Assisted Living Facilities (1.40)
- \+ Child Care Facilities (5.50)

2000 Population:	21,838
2010 Population:	21,860
Three Year Avg:	21,705

Maternal Child Health (Rate per 1,000)					
Infant Mortality			Pre-term Birth		
Rate	Confidence Interval		Rate	Confidence Interval	
3.59	0.98	9.19	88.79	71.30	106.28
Low Birth Weight			Teen Pregnancy		
Rate	Confidence Interval		Rate	Confidence Interval	
86.10	68.88	103.32	39.20	29.89	51.50
Smoked During Pregnancy			Gestational Diabetes		
Rate	Confidence Interval		Rate	Confidence Interval	
10.76	5.56	18.80	10.76	5.56	18.80
Mortality (Rate per 100,00)					
Heat Related Deaths			Alzheimer's Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
0.00	0.00	7.49	26.93	23.22	60.23
Diabetes Related Deaths			Heart Attack Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
40.76	37.77	82.14	114.27	108.91	119.63
Stroke Related Deaths			Suicide Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
35.63	31.21	72.49	4.63	1.26	17.80
COPD Related Deaths			Cancer Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
20.48	15.54	47.68	125.33	119.14	131.52
Injury Related Deaths			Liver Failure Related Deaths		
Rate	Confidence Interval		Rate	Confidence Interval	
6.14	1.67	15.73	14.11	9.73	37.33
Unintentional Injury Related Deaths					
Rate	Confidence Interval				
27.76	21.65	57.75			
Hospital Admissions (Rate per 100,000)					
Congestive Heart Failure			Hypertension		
Rate	Confidence Interval		Rate	Confidence Interval	
96.89	68.58	125.20	38.76	22.97	61.25
Adult Asthma Admission			COPD		
Rate	Confidence Interval		Rate	Confidence Interval	
107.66	77.82	137.50	127.04	94.62	159.45
Uncontrolled Diabetes			Short Term Diabetes		
Rate	Confidence Interval		Rate	Confidence Interval	
17.23	7.44	33.94	120.58	89.00	152.16
Lead Poisoning			Food Borne Illness		
Rate	Confidence Interval		Rate	Confidence Interval	
0.00	0.00	5.67	67.57	47.61	87.54
Vaccination					
Rate	Confidence Interval				
21.50	11.75	36.07			

Rates and CIs with counts below 30 used Poisson
**** Indicated No Data Available*

Appendix D

Data Book

Arizona State Health Assessment

2013

Appendix D

Data Tables

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Population Estimates

According to the 2010 Decennial Census, Arizona's population has increased to 6,392,017 residents, with the largest number—more than 3.8 million—residing in Maricopa County. The smallest county by population is Greenlee, with approximately 8,500 residents

July 1, 2012 Population Estimates

County		County	
Apache	73,310	Mohave	203,072
Cochise	130,752	Navajo	107,923
Coconino	134,313	Pima	990,380
Gila	53,626	Pinal	389,192
Graham	37,314	Santa Cruz	48,724
Greenlee	8,599	Yavapai	211,583
La Paz	20,902	Yuma	205,174
Maricopa	3,884,705		

Data Source: Office of Employment, Population Statistics, Arizona Department of Administration.
http://www.workforce.az.gov/pubs/demography/July1-2012PopulationEstimates.pdf

Population Density

Arizona has an average of 56.3 persons per square mile according to the US Census. This compares to a national figure of 87.4 people per square mile. Within Arizona, density varies greatly from county to county. For example, on the high-density side, Maricopa County has 414.9 people per square mile. On the opposite end are Greenlee and La Paz counties, with only 4.6 persons on average per square mile.

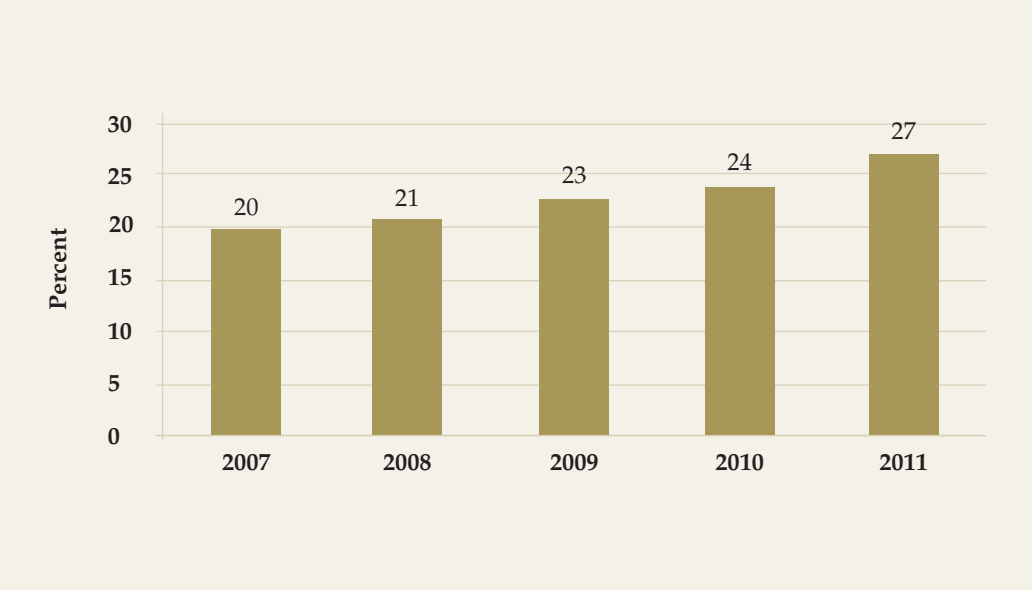
County		County	
Apache	6.4	Mohave	15.0
Cochise	21.3	Navajo	10.8
Coconino	7.2	Pima	106.7
Gila	11.3	Pinal	70.0
Graham	8.1	Santa Cruz	38.3
Greenlee	4.6	Yavapai	26.0
La Paz	4.6	Yuma	35.5
Maricopa	414.9		

Data Source: U.S. Census 2007–2011 ACS 5-Year Estimates. https://www.census.gov/acs/www/

Percentage of Children in Poverty

The Annie E. Casey Foundation National KIDS COUNT Report estimates that in 2011 in Arizona, 435,000 (27%) of children under the age of 18 in Arizona live in poverty. This compares to 23% nationally. This placed Arizona 7th highest in the nation (along with Texas) for the highest rate of poverty for children. Further, KIDS COUNT estimated that 12% (196,000) of Arizona children live in extreme poverty compared with 10% nationally. Extreme poverty refers to families with income less than 50% of the poverty level.

Percentage of Children in Poverty in Arizona

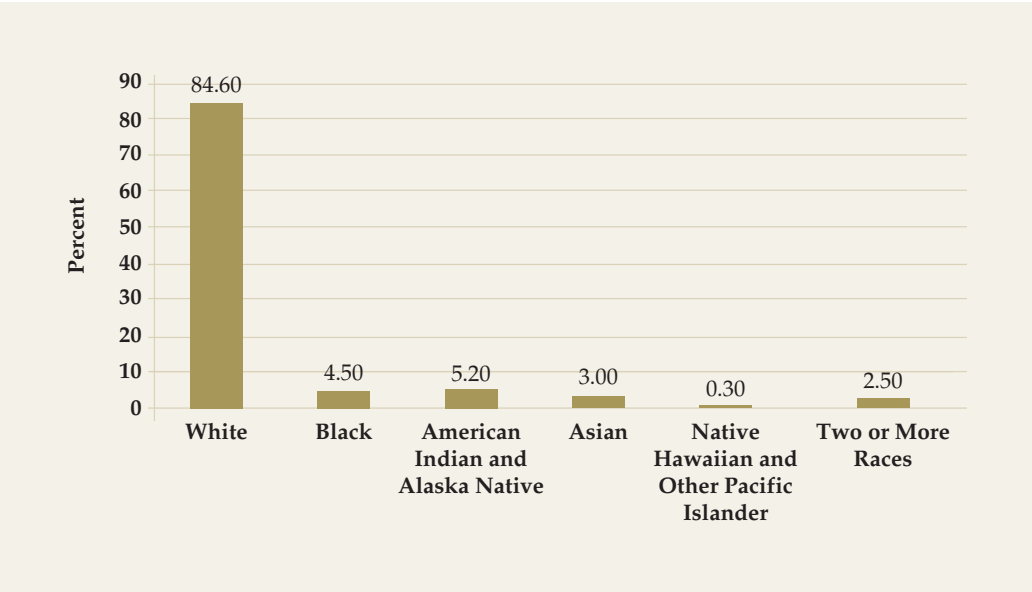


Data Source: Anne E. Casey Foundation National KIDS Count 2011. http://datacenter.kidscount.org/

Population by Race

Arizonans are a racially diverse population. Most Arizonans—more than 4.66 million—identify as White. Nearly 1.9 million people are of Hispanic or Latino origins, a 46% increase from the 2000 population.

Arizona Population by Race



Data Source: 2010 Decennial Census Population Density. http://www.census.gov/2010census/data/

Population by Age and Dependency Ratio

More than 1.6 million (24.6%) are children and youth under the age of 18 and more than 881,000 (13.6%) are 65 or older. The Dependency ratio is essentially the "productive workforce" (i.e. 15–64 year olds). It is expressed as a percentage of: Numerator = 0–14 yrs + 65+ years and Denominator= 15–64 years. The higher percentage of dependency ratio means a larger burden for a state, county, and/or a community to support the "non-productive" population.

Age	Number
Under 18	1,629,014
18 & Over	4,763,003
20–24	442,584
25–34	856,693
35–49	1,249,516
50–64	1,141,752
65 & Over	881,831

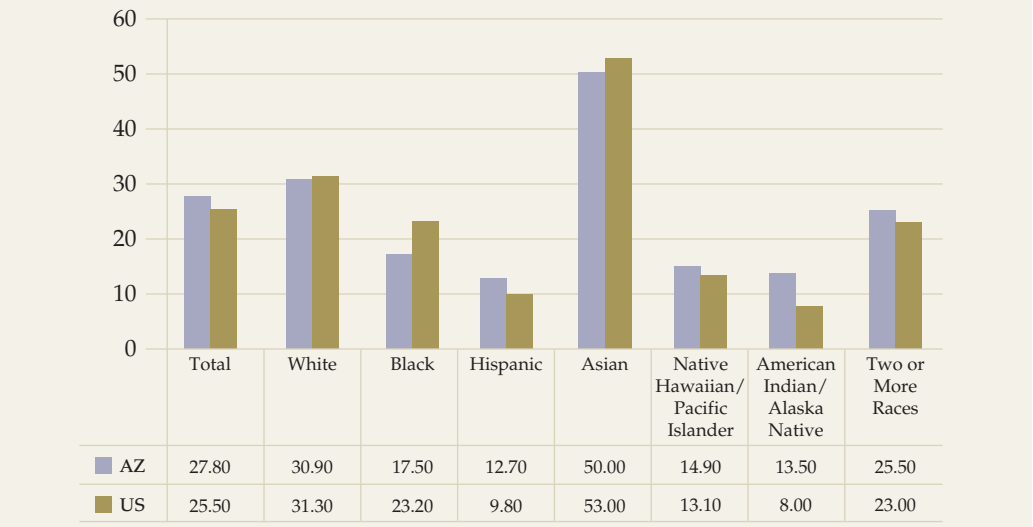
Dependency Ratio: There are 1,358,059 individuals in Arizona who are 14 and younger. There are 881,831 individuals who are 65 and over for a total of 2,239890. There are a total of 4,152,127 individuals who are between the ages of 15 and 64. Thus the dependency ratio is 2,239,890/4,152,127 or 54%.

Data Source 2010 Decennial Census. http://www.census.gov/2010census/data/

Educational Attainment

Over 80% (83.8%) of Arizonans have achieved a high school diploma or higher. For adults over age 25, with high school completion or higher (a bachelor's degree and beyond), those who identify as White, Black, Asian, Native Hawaiian/ Pacific Islander and two or more races, had higher rates of completion in Arizona than the national average. Individuals who identified as Hispanic and American Indian/Native Alaskan had lower rates than the national average.

Percent of Individuals with a High School Completion or Higher



	Total	White	Black	Hispanic	Asian	Native Hawaiian/ Pacific Islander	American Indian/ Alaska Native	Two or More Races
AZ	27.80	30.90	17.50	12.70	50.00	14.90	13.50	25.50
US	25.50	31.30	23.20	9.80	53.00	13.10	8.00	23.00

Data Source: National Center for Education Statistics, Digest of Education Statistics, 2011, Table 12. http://nces.ed.gov/programs/digest/d11/tables/dt11_012.asp

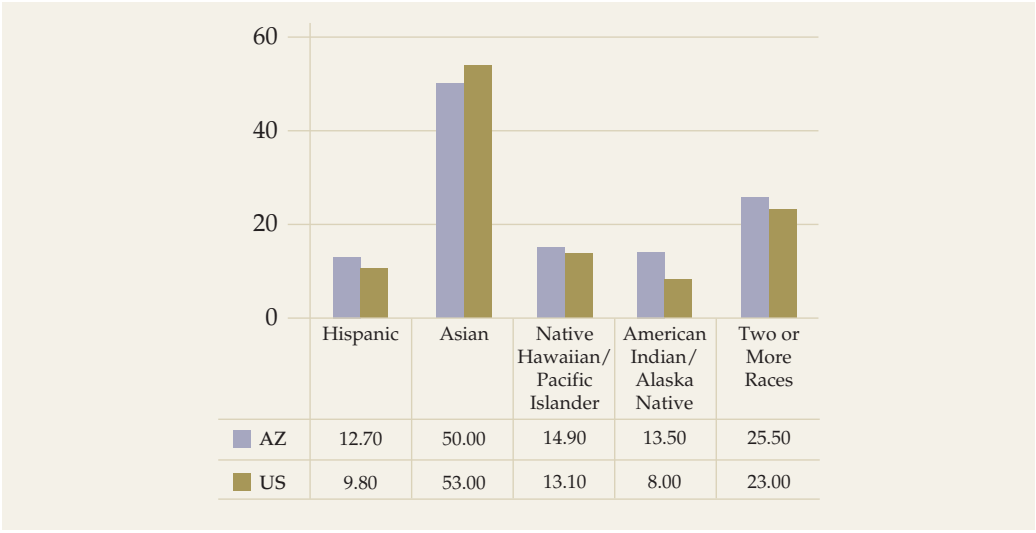
The National estimate of educational attainment is 85%.

Individuals with a Bachelor's Degree or Higher

Among adults over age 25, with a bachelor's degree and beyond, those who identify as White, Black, or Asian had higher rates of completion in Arizona than the national average. Individuals who identified as Hispanic and American Indian/Native Alaskan had lower rates than the national average.

Overall Arizona is below the National rate of 27.8%.

Percent of Individuals with a Bachelor's Degree or Higher



	Hispanic	Asian	Native Hawaiian/ Pacific Islander	American Indian/ Alaska Native	Two or More Races
AZ	12.70	50.00	14.90	13.50	25.50
US	9.80	53.00	13.10	8.00	23.00

Data Source: National Center for Education Statistics, Digest of Education Statistics, 2011, Table 12. http://nces.ed.gov/programs/digest/d11/tables/dt11_012.asp

Home Ownership vs. Rental

Almost 39.2% of Arizona homeowners are considered 'cost-burdened'. Cost burdened indicates the percentage of mortgaged owners spending 30% or more of household income on selected monthly homeowner costs. Expenses such as mortgage payments, property taxes, utility costs and other fees take away money that could be spent on other basic needs such as food and health care. In the US, 36.9% of home owners are considered housing cost burdened. Arizona ranks 40th in the Nation with only 11 States having higher cost burdens.

Data from 2010 showed that 66% of housing units in Arizona were owner-occupied.

Homeownership vs. Rental



Data Source: Home Matters for Arizona 2013, Arizona Housing Alliance. http://www.azhousingalliance.org/Resources/Documents/home-matters2013.pdf

Disabilities

How the term "disability" is defined has changed over time. According to the World Health Organization, "a disability may be physical, cognitive, mental, sensory, emotional, developmental or some combination of these. A disability may be present from birth, or occur during a person's lifetime. Disabilities is an umbrella term, covering impairments, activity limitations, and participation restrictions.

According to the U.S. Census, which utilizes self-reported data, in Arizona, 11.5% of individuals reported they had a disability. The likelihood of having a disability varied by age:

- 5.4% of those under 18 years old reported a disability;
- 9.8% of those 18–64 reported having a disability;
- 33.1% of those 65 and over reported having a disability.

For young children, hearing and vision difficulties are identified as the challenges for this age group while the primary disability for children 5 to 18 is cognitive impairment. For adults, as age increases, the challenges of independent living and ambulatory functioning increase.

Primary Types of Disabilities by Age Group

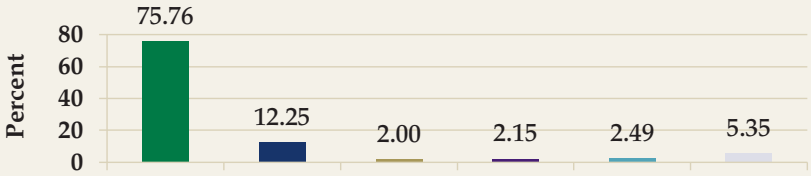
Age Group	Primary Difficulties
Children Under Age 5	Hearing and Vision
Children Age 5–18	Cognitive
Adults Age 18–64	Ambulatory, Cognitive, and Independent Living
Adults Age 65 and Older	Ambulatory, Hearing, Independent Living, Cognitive, and Self-Care

Data Source: US Census: http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml

Mobility

Of the estimated 2,695,734 Arizonans who are employed, most (75.8%) are driving alone to work.

Mobility



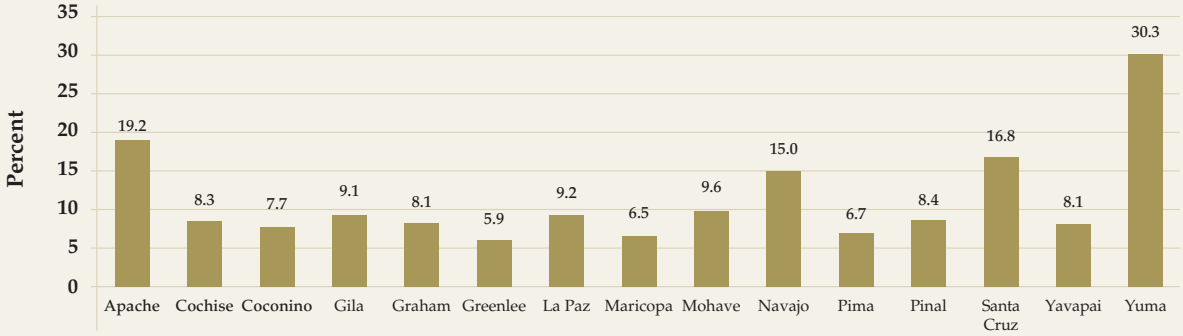
Commute Method	Number of Workers 16 and Over
Car, Truck, Van—Drove alone	2,042,227
Car, Truck, Van—Carpooled	330,353
Public Transportation (excluding taxicab)	53,854
Walked	57,884
Other Means	67,085
Worked at Home	144,331

Data Source: U.S. Census 2007–2011 ACS 5-Year Estimates. https://www.census.gov/acs/www/

Employment Status

Arizona has continued to struggle with unemployment as the national and state economies continue to slowly grow. According to the Bureau of Labor Statistics, in December, 2012 Arizona's unemployment rate was 7.9%, just slightly higher than the national rate of 7.8%.

Unemployment Rate



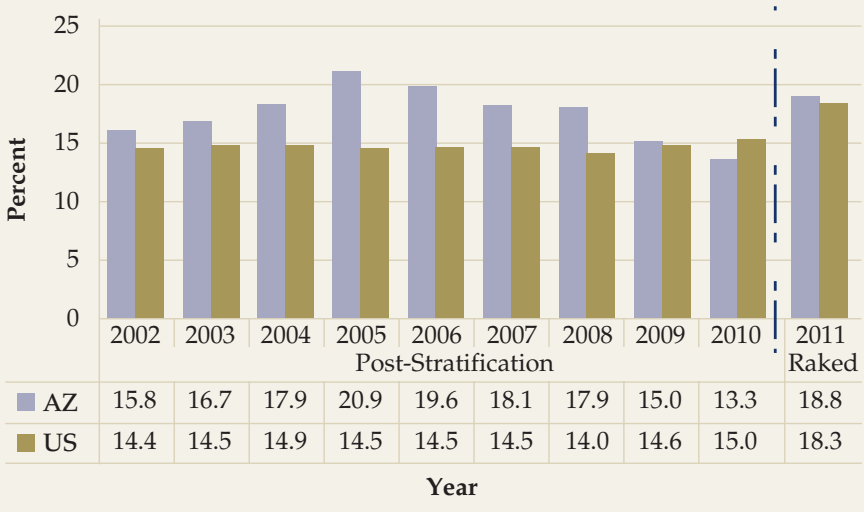
Source: US Department of Labor, Bureau of Labor Statistics, as of April 2013. http://www.bls.gov/sae/home.htm

Percent of Persons Uninsured

Statewide, of all adults under 65, 18.8% have no health insurance coverage. The percentage of persons uninsured ranges from the low of 8% (Coconino County) to a high of 29.8% (Apache County).

Arizona ranks just above the National Rate of 18.3% for adults under age 65 who are Uninsured.

Percent of Respondents who are Uninsured



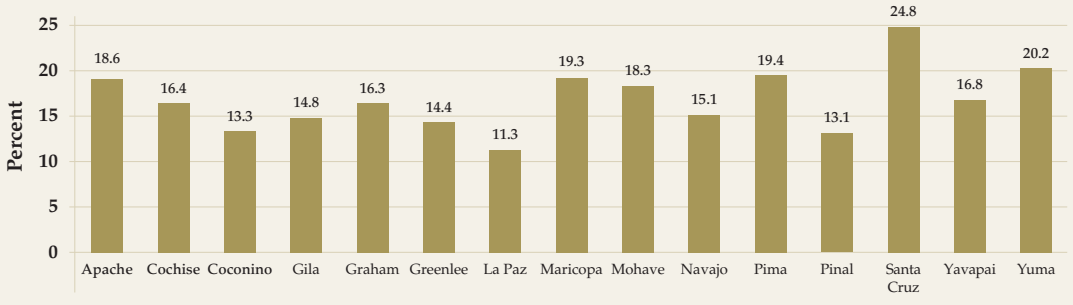
	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011 Raked
AZ	15.8	16.7	17.9	20.9	19.6	18.1	17.9	15.0	13.3	18.8
US	14.4	14.5	14.9	14.5	14.5	14.5	14.0	14.6	15.0	18.3

Data Source: AZ BRFSS 2011, Pg. 166. http://www.azdhs.gov/phs/phstats/brfs/reports/brfss-annual-report2011.pdf

Delayed Care

Santa Cruz County experienced the highest rate of individuals who could not afford needed healthcare followed by Yuma, Apache, Pima and Maricopa Counties.

Percent Who Could Not Afford Needed Health Care by County

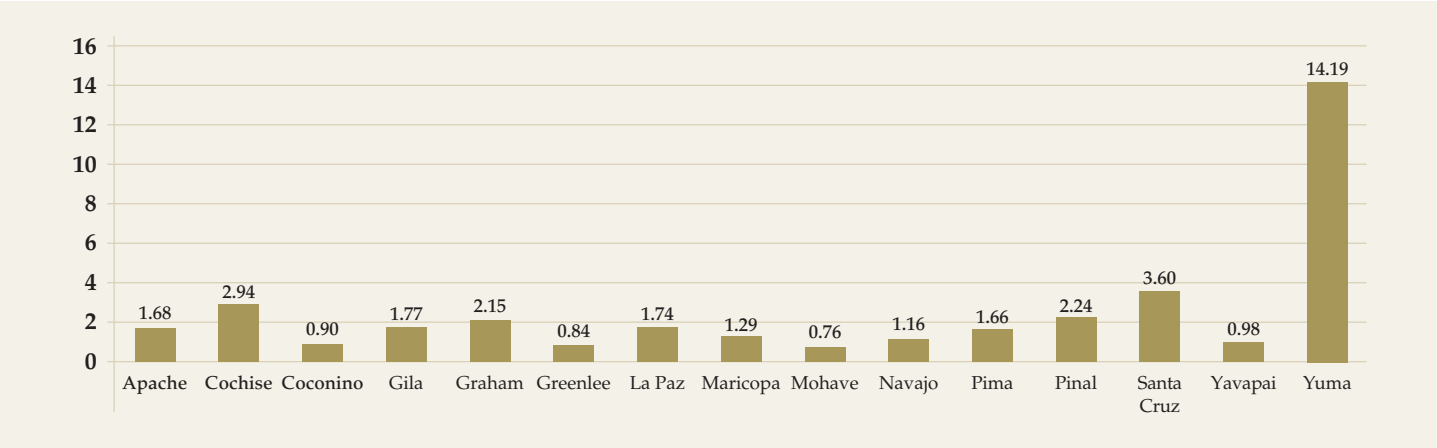


Data Source: AZ BRFSS 2011, Pg. 186. http://www.azdhs.gov/phs/phstats/brfs/reports/brfss-annual-report2011.pdf

No Prenatal Care

The number of women who had no prenatal care ranged from less than one percent (Coconino, Greenlee, Mohave, and Yavapai) to 14.19% (Yuma)

Percentage of Births by County with No Prenatal Care 2011



Data Source: Arizona Health and Vital Statistics Report 2011, Table 5B-11. http://www.azdhs.gov/plan/report/ahs/ahs2011/pdf/5b11.pdf

Arizona 2011 1.58% (1344) of all births (85,190) had no prenatal care

Healthy People 2020

Women receive pre-natal care in the first trimester.

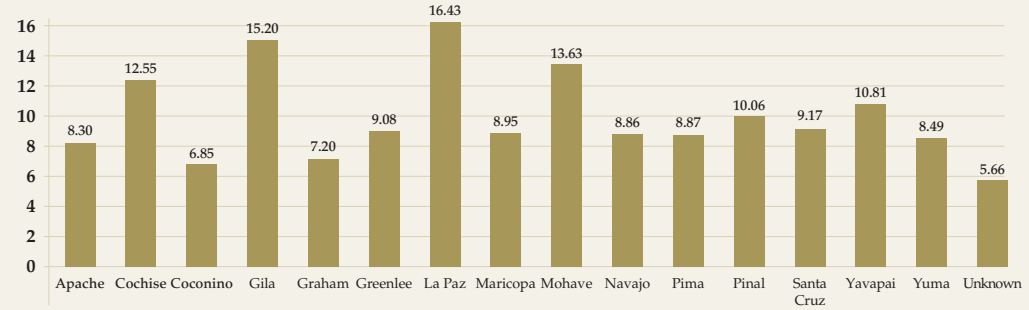
U.S. Baseline Rate:	70.8%
HP 2020 Target:	77.9%
AZ 2010 Rate:	81.9%

Hospital Discharge—Coronary Heart Disease

Coconino County had the lowest percentage (6.85%) of hospital discharges related to coronary heart disease. La Paz County had the highest at 16.43%

Arizona 2010—9.35% (63,546) of all hospital discharges 679,477) were related to heart disease

Hospital Discharge—2010, Coronary Heart Disease

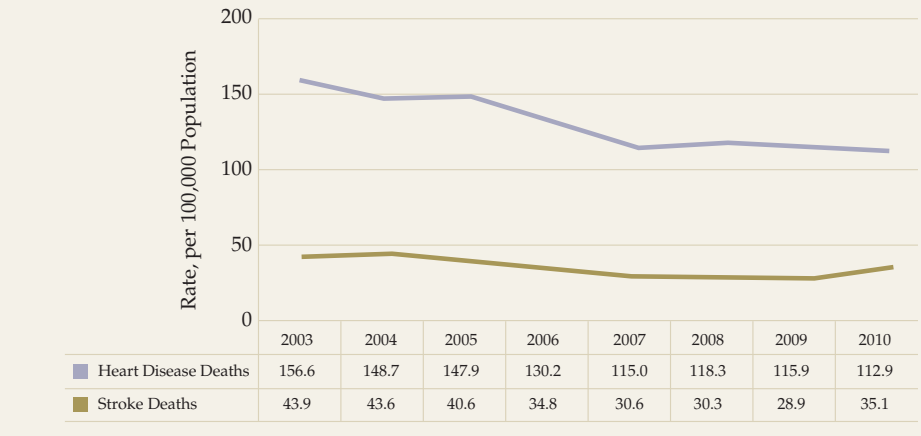


Data Source: Arizona Health Status and Vital Statistics Report 2010 , Table 7A. http://www.azdhs.gov/plan/report/ahs/ahs2010/pdf/7a1.pdf

Death Rate Heart Disease and Stroke 2000–2010

From 2000 to 2009 over 10,000 people died each year in Arizona from heart disease. For the first time in over a decade, the rate per 100,000 population dropped below 10,000 to 9,719 people. The death rate for Heart Disease and Stroke have both declined since 2000; however, in 2010 the death rate for stroke took a slight upward swing.

Death Rate Heart Disease and Stroke 2000–2010



	2003	2004	2005	2006	2007	2008	2009	2010
Heart Disease Deaths	156.6	148.7	147.9	130.2	115.0	118.3	115.9	112.9
Stroke Deaths	43.9	43.6	40.6	34.8	30.6	30.3	28.9	35.1

Data Source: Arizona Health Status and Vital Statistics Report 2010, Table 2B-1. http://www.azdhs.gov/plan/report/ahs/ahs2010/pdf/2b1.pdf

Healthy People 2020

Reduce coronary heart disease death rates (per 100,000):

U.S. Baseline Rate:	126.0
AZ 2010	112.9
HP 2020 Target	100.8

Reduce stroke deaths (per 100,000):

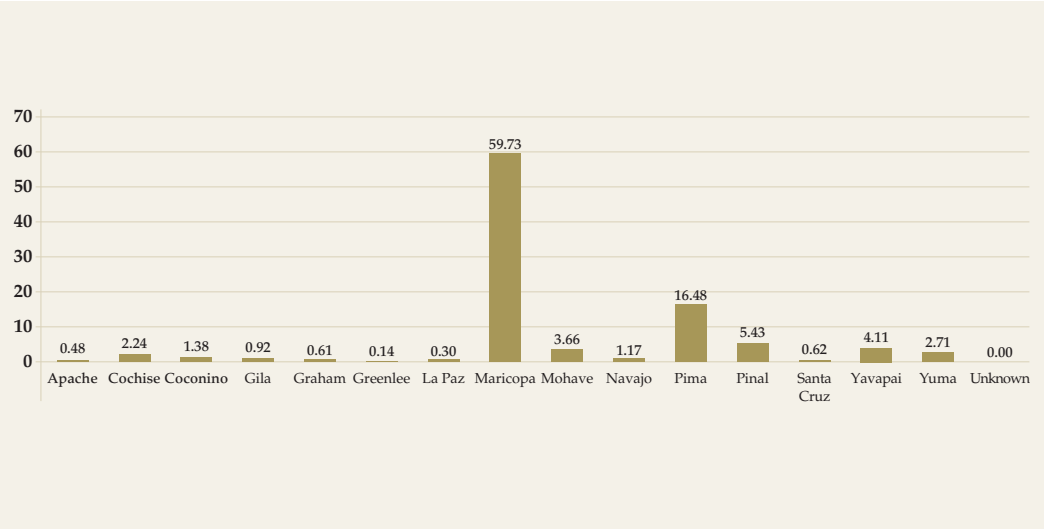
U.S. Baseline Rate:	42.2%
AZ 2010	35.1%
HP 2020 Target	33.8%

Hospital Discharge—Neoplasms (Malignant and Non-malignant)

At the county level, Maricopa County had the highest percentage at 59.73% and Greenlee County had the lowest at 0.14%

Arizona 2010—Malignant and non-malignant neoplasms represented 4.08% (27,341) of first diagnosis for all hospital discharges (679,477) across the state

Hospital Discharge—Neoplasms (Malignant and Non-malignant)



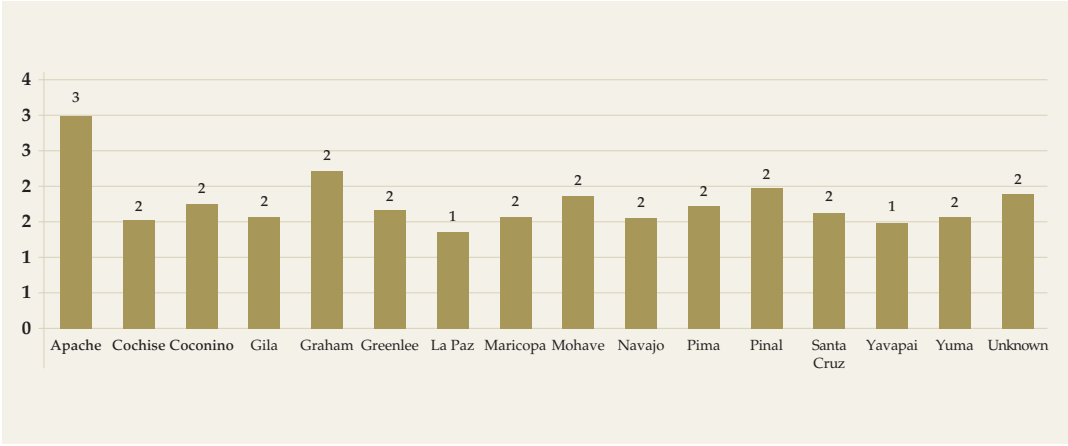
Data Source: Arizona Health Status and Vital Statistics Report 2010, Table 7A. http://www.azdhs.gov/plan/report/ahs/ahs2010/pdf/7a1.pdf

Hospital Discharge—Diabetes

The highest rate of hospital discharges for diabetes was in Apache County at 3% and the lowest rates were 1% in La Paz and Yavapai

Arizona 2010—Diabetes represented 1.64% (11,117) of first diagnosis for all hospital discharges (679,477) across the state.

Hospital Discharge 2010, Diabetes



Data Source: Arizona Health Status and Vital Statistics Report 2010, Table 7A. http://www.azdhs.gov/plan/report/ahs/ahs2010/pdf/7a1.pdf

Arizona Healthy 2020 Objective

Reduction for diabetes related deaths:

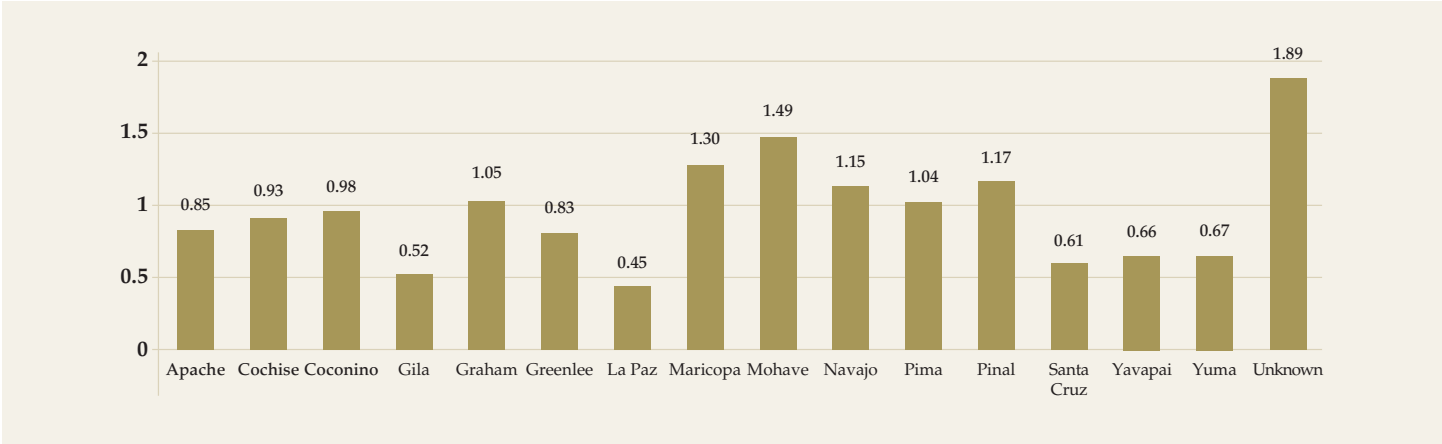
Current Baseline:	73.1
2020 Target Rate:	65.8

Hospital Discharge—Asthma

The highest rate for discharge (without regard to data where the county was unknown), was Mohave County at 1.49%. The lowest rate was La Paz County at 0.45%.

Arizona 2010—Asthma represented 1.18% (8,036) of first diagnosis for all hospital discharges (679,477) across the state.

Hospital Discharge—2010, Asthma



Data Source: Arizona Health Status and Vital Statistics Report 2010, Table 7A. http://www.azdhs.gov/plan/report/ahs/ahs2010/pdf/7a1.pdf

Food-borne Outbreaks

The number of food borne illness reported have steadily declined from 2,546 in 2008 to 2,106 in 2011. The rate per 100,000 people declined from 2008 to 2011 in 9 of the15 counties.

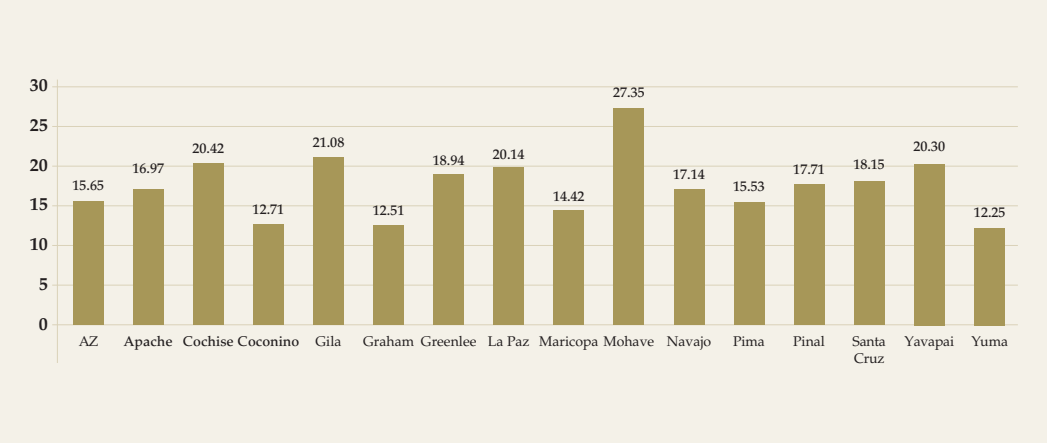
County	2008	2009	2010	2011
Apache	62.9	61.0	106.2	75.8
Cochise	33.7	36.5	49.3	41.8
Coconino	22.2	28.1	23.1	33.7
Gila	18.6	16.6	28.8	19.2
Graham	67.0	96.3	76.0	117.8
Greenlee	61.2	48.7	23.3	36.1
La Paz	38.3	19.1	33.5	9.9
Maricopa	36.8	36.5	28.5	25.1
Mohave	15.9	16.2	10.3	11.3
Navajo	83.0	110.6	69.4	70.7
Pima	47.7	45.2	41.2	47.5
Pinal	44.5	33.9	35.7	33.4
Santa Cruz	90.6	52.5	93.5	104.2
Yavapai	21.5	13.8	19.3	19.8
Yuma	53.5	50.2	40.2	45.9

Data Source: ADHS Epidemiology and Disease Control. http://www.azdhs.gov/phs/edc/

Tobacco Use—Adults

Statewide, the rate for adults who are current smokers is 15.65%. Only five of Arizona's fifteen counties have a rate lower than the statewide average: Coconino, Graham, Maricopa, Pima and Yuma. The lowest rate is found in Yuma County, at 12.25%; the highest found in Mohave County at 27.35%.

Percent of Current Adult Smokers by County 2010



Data Source: AZ BRFSS 2010, Pg. 69. http://www.azdhs.gov/phs/phstats/brfs/reports/BRFSS2010Report.pdf

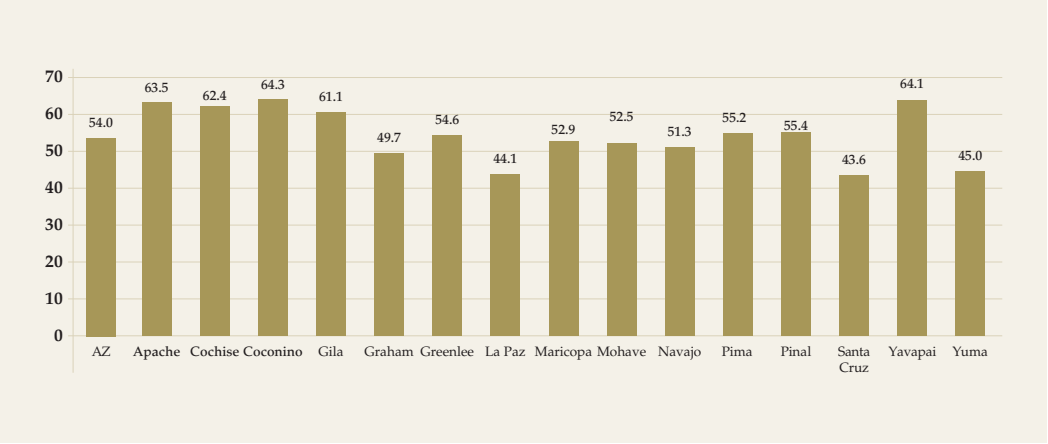
Healthy People 2020

US Baseline:	20.60%
HP 2020 Target	12.00%
Arizona 2010	15.65%

Physical Inactivity

Compared to all of Arizona's fifteen counties, La Paz, Santa Cruz and Yuma report fewer people meeting the physical activity requirements than the State average (54%).

Percent of Arizonans Meeting Physical Activity Requirements, 2010



Data Source: AZ BRFSS 2010, Pg. 85. http://www.azdhs.gov/phs/phstats/brfs/reports/BRFSS2010Report.pdf

Healthy People 2020

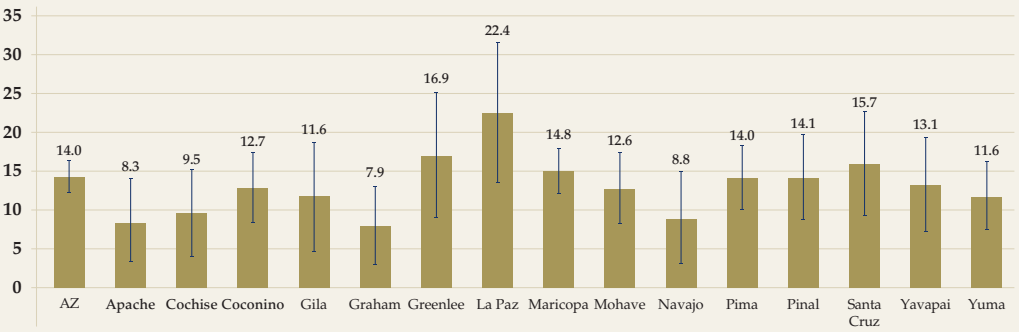
Insufficient Physical Activity

US Baseline:	36.2%
AZ 2010:	46.0% (100%-54%)
2020 Target:	32.6%

Binge Drinking—Adults

The rate of adults who report binge drinking is 14% with a low of 7.9% in Navajo County and a high of 22.4% in La Paz County. Binge drinking is considered five or more drinks on one occasion in the past 30 days.

Percent of Arizonans Reporting Binge Drinking, 2010

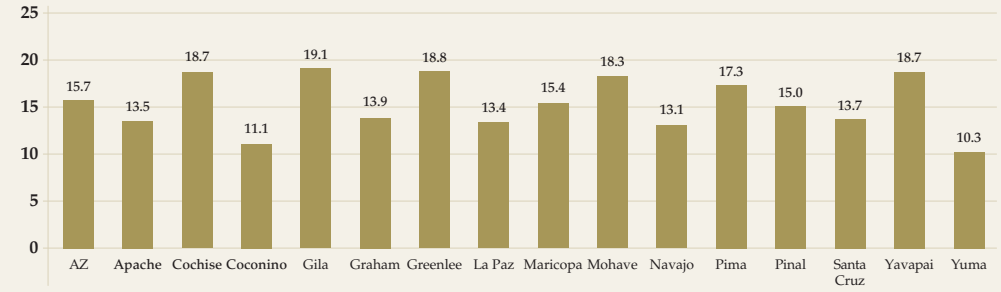


Data Source: AZ BRFSS 2010, Pg. 61. http://www.azdhs.gov/phs/phstats/brfs/reports/BRFSS2010Report.pdf

Binge Drinking—Youth

Youth were asked to report if they had participated in binge drinking in the prior two weeks. All but one of Arizona's fifteen counties—Yavapai—experienced a decrease in 2012. Nine counties had rates lower than the statewide average in 2012. Rates ranged from a low of 10.3% in Yuma County to a high of 19.1% in Gila County.

Rate of Youth Binge Drinking—Past Two Weeks—by County



Data Source: Arizona Youth Survey 2010. http://www.azcjc.gov/ACJC.Web/sac/ays.aspx

Healthy People 2010

AZ 2010:	15.7%
2010 Target:	8.6%

Substance Abuse—Marijuana Use—Youth

According to the 2010 Decennial Census, Arizona's population has increased to 6,392,017 residents, with the largest number—more than 3.8 million—residing in Maricopa County. The smallest county by population is Greenlee, with approximately 8,500 residents

Healthy People 2020

US Baseline:	6.7%
Arizona 2010:	14.3%
2020 Target:	6.0%

Rate of Youth Marijuana Use—Past 30 Days—by County

County	2008	2010	2012
AZ	-	14.8	14.3
Apache	22.0	20.8	17.8
Cochise	11.3	12.8	10.8
Coconino	16.1	16.7	13.9
Gila	14.3	22.2	17.5
Graham	10.5	14.0	10.8
Greenlee	13.4	14.9	15.0
La Paz	14.4	10.6	14.0
Maricopa	11.9	14.3	14.3
Mohave	13.1	16.2	17.9
Navajo	19.3	14.0	13.6
Pima	13.8	18.8	16.3
Pinal	13.9	15.1	12.5
Santa Cruz	10.3	12.6	8.4
Yavapai	12.0	14.3	16.9
Yuma	7.0	10.8	3.8

Data Source: Arizona Youth Survey 2012. http://www.azcjc.gov/ACJC.Web/sac/ays.aspx

Substance Abuse—Youth, Methamphetamine

Methamphetamine was the only substance that saw the rate statewide rate remain unchanged—at 0.4%—between 2010 and 2012 However, eleven counties saw a reduction in their rate between 2010 and 2012; three remained constant; and only one—La Paz—saw an increase from 0% to 0.6%.

Rate of Youth Methamphetamine Use—Past 30 Days—by County

County	2008	2010	2012
AZ	-	0.4	0.4
Apache	1.1	0.9	0.3
Cochise	0.3	0.2	0.2
Coconino	0.4	0.7	0.0
Gila	0.9	0.6	0.4
Graham	0.8	0.6	0.3
Greenlee	0.0	0.8	0.3
La Paz	1.8	0.0	0.6
Maricopa	0.5	0.4	0.4
Mohave	0.6	0.4	0.3
Navajo	0.8	0.5	0.2
Pima	0.4	0.4	0.3
Pinal	0.6	0.5	0.3
Santa Cruz	0.4	0.3	0.2
Yavapai	0.5	0.3	0.3
Yuma	0.9	0.8	0.4

Data Source: Arizona Youth Survey 2012. http://www.azcjc.gov/ACJC.Web/sac/ays.aspx

Substance Abuse—Youth, Hallucinogen Use

Hallucinogen use statewide falls below two percent. In many counties, including Graham, Greenlee, La Paz, Santa Cruz and Yuma, usage rates are actually below one percent.

Rate of Youth Hallucinogen Use

County	2008	2010	2012
AZ	-	1.6	1.4
Apache	0.4	1.0	1.2
Cochise	1.9	1.5	1.2
Coconino	2.2	1.3	1.2
Gila	0.7	0.9	1.0
Graham	0.9	1.3	0.7
Greenlee	1.3	0.4	0.7
La Paz	1.2	1.1	0.3
Maricopa	1.5	1.7	1.4
Mohave	1.8	2.3	1.3
Navajo	1.4	0.8	1.4
Pima	2.0	2.4	1.6
Pinal	1.6	1.2	1.3
Santa Cruz	1.3	1.3	0.4
Yavapai	1.2	1.7	1.3
Yuma	1.1	1.0	0.2

Data Source: Arizona Youth Survey 2012. http://www.azcjc.gov/ACJC.Web/sac/ays.aspx

Substance Abuse—Youth, Cocaine

The 2012 statewide rate was 1.1%, down from 1.4% in 2010. Nine of the 15 counties had a rate below one percent. Additionally, only Yavapai County experienced an increase, from 0.6% to 1% from 2010 to 2012.

Rate of Youth Cocaine Use

County	2008	2010	2012
AZ	-	1.4	1.1
Apache	1.9	1.2	0.6
Cochise	2.9	2.1	1.3
Coconino	2.5	1.5	0.8
Gila	2.4	1.5	0.6
Graham	2.0	0.9	0.3
Greenlee	1.9	2.8	0.7
La Paz	1.5	0.3	0.3
Maricopa	1.8	1.3	1.1
Mohave	1.3	1.0	0.8
Navajo	2.6	1.7	0.5
Pima	2.5	2.7	1.6
Pinal	2.3	2.1	1.5
Santa Cruz	2.6	2.8	1.3
Yavapai	1.2	0.6	1.0
Yuma	1.2	1.2	0.8

Data Source: Arizona Youth Survey 2012. http://www.azcjc.gov/ACJC.Web/sac/ays.aspx

Substance Abuse—Youth, Heroin/Opiate

Every county had a rate below 1%, and four counties—Graham, Greenlee, La Paz and Santa Cruz—all reported a rate of zero. The highest rate reported was 0.6% in Gila County. Gila County was also the only county with a rate higher than the statewide average in 2012.

Rate of Youth Heroin/Opiate Use

County	2008	2010	2012
AZ	-	0.8	0.4
Apache	0.0	0.8	0.1
Cochise	0.7	0.5	0.1
Coconino	0.3	0.4	0.2
Gila	0.5	0.5	0.6
Graham	0.7	1.9	0.0
Greenlee	0.0	0.0	0.0
La Paz	0.0	0.0	0.0
Maricopa	0.6	0.8	0.4
Mohave	0.7	0.9	0.3
Navajo	0.5	0.9	0.3
Pima	0.8	1.2	0.4
Pinal	0.9	0.5	0.3
Santa Cruz	0.3	0.4	0.0
Yavapai	0.7	0.9	0.3
Yuma	0.4	0.4	0.1

Data Source: Arizona Youth Survey 2012. http://www.azcjc.gov/ACJC.Web/sac/ays.aspx

Substance Abuse—Youth, Ecstasy

The statewide reported rate for ecstasy use within the last 30 days fell from 2.5% in 2010 to 1.4% in 2012, a 44% reduction

Rate of Youth Ecstasy Use

County	2008	2010	2012
AZ	-	2.5	1.4
Apache	0.0	0.8	1.5
Cochise	1.9	2.4	1.2
Coconino	1.1	1.7	2.0
Gila	0.4	1.7	1.0
Graham	0.9	1.3	0.7
Greenlee	0.0	0.0	0.3
La Paz	0.0	1.4	0.6
Maricopa	1.3	2.6	1.4
Mohave	1.6	3.5	1.8
Navajo	1.0	1.0	1.4
Pima	1.9	3.2	1.7
Pinal	1.5	2.2	1.2
Santa Cruz	1.3	2.0	0.4
Yavapai	0.8	2.1	1.3
Yuma	0.9	1.7	0.7

Data Source: Arizona Youth Survey 2012. http://www.azcjc.gov/ACJC.Web/sac/ays.aspx

Substance Abuse—Youth, Prescription Drug Abuse

The statewide rate of youth prescription drug abuse within the past 30 days dropped from 10.4% in 2010 to 7.9% in 2012

Rate of Youth Prescription Drug Abuse

County	2008	2010	2012
AZ	-	10.4	7.9
Apache	14.0	9.9	6.3
Cochise	11.9	8.9	9.2
Coconino	10.4	9.2	6.7
Gila	11.8	10.8	6.9
Graham	11.2	11.4	5.2
Greenlee	15.4	12.9	7.9
La Paz	14.3	10.0	7.5
Maricopa	10.4	10.1	7.7
Mohave	12.4	13.5	11.1
Navajo	12.8	9.2	7.7
Pima	10.3	12.0	8.1
Pinal	12.3	10.8	8.2
Santa Cruz	8.2	8.7	6.2
Yavapai	12.1	11.5	8.7
Yuma	8.7	11.0	7.0

Data Source: Arizona Youth Survey 2012. http://www.azcjc.gov/ACJC.Web/sac/ays.aspx

Substance Abuse—Youth, Over the Counter Drug Abuse

The statewide usage rate for over-the-counter drug abuse within the last 30 days decreased between 2010 and 2012 from 5.9% to 4.4%.

Rate of Youth Over the Counter Drug Abuse

County	2008	2010	2012
AZ	-	5.9	4.4
Apache	11.0	7.1	4.1
Cochise	6.8	5.5	4.9
Coconino	5.4	5.5	5.5
Gila	9.4	6.4	4.0
Graham	7.0	6.7	3.3
Greenlee	10.3	9.3	8.4
La Paz	8.0	7.2	7.0
Maricopa	5.5	5.7	4.2
Mohave	7.5	6.9	5.1
Navajo	5.6	4.4	5.0
Pima	6.2	6.3	4.8
Pinal	7.8	7.2	4.8
Santa Cruz	5.6	4.9	3.3
Yavapai	6.0	6.0	4.3
Yuma	4.7	5.8	3.4

Data Source: Arizona Youth Survey 2012. http://www.azcjc.gov/ACJC.Web/sac/ays.aspx

Substance Abuse—Youth, Synthetic Drugs

The statewide rate of use of synthetic drugs was 4.5%. Five counties—Cochise, Gila, Graham, Navajo and Pima—had higher rates. Greenlee had the lowest usage rate of 1.1%.

Rate of Youth Synthetic Drug Use

County	2012	County	2012
AZ	4.5	Maricopa	4.2
Apache	3.2	Mohave	4.4
Cochise	4.6	Navajo	4.8
Coconino	3.3	Pima	7.1
Gila	6.4	Pinal	4.3
Graham	6.4	Santa Cruz	4.0
Greenlee	1.1	Yavapai	4.5
La Paz	1.7	Yuma	3.0

Data Source: Arizona Youth Survey 2012. http://www.azcjc.gov/ACJC.Web/sac/ays.aspx

Note: 2012 is the first year the Youth Survey included this question.

Diphtheria, Tetanus, and Pertussis (DTaP) Vaccine Rate

All counties in Arizona are doing well in vaccinating its citizens against preventable illnesses such as diphtheria, tetanus and pertussis. Many of the vaccine rates are close to 100% in all years from 2008 to 2012. However, the only counties which fell below 90% were Greenlee County at 82% in 2009–2010, 85.2% in 2011–2012 and Yavapai County at 89.6% in 2011–2012

Diphtheria. Tetanus, and Pertussis (DTaP) Vaccine Rate

County	2008–2009	2009–2010	2010–2011	2011–2012
Apache	96.00	97.00	96.80	95.90
Cochise	96.00	96.00	97.00	95.00
Coconino	90.00	94.00	93.40	91.40
Gila	97.00	95.00	97.90	97.20
Graham	95.00	94.00	94.80	94.40
Greenlee	98.00	82.00	91.40	85.20
La Paz	99.00	97.00	95.80	97.40
Maricopa	95.00	95.00	95.20	94.80
Mohave	94.00	94.00	92.50	90.30
Navajo	96.00	94.00	94.30	94.80
Pima	98.00	96.00	96.00	96.20
Pinal	94.00	94.00	93.90	93.90
Santa Cruz	97.00	97.00	97.20	98.20
Yavapai	92.00	92.00	90.60	89.60
Yuma	98.00	98.00	98.30	98.20

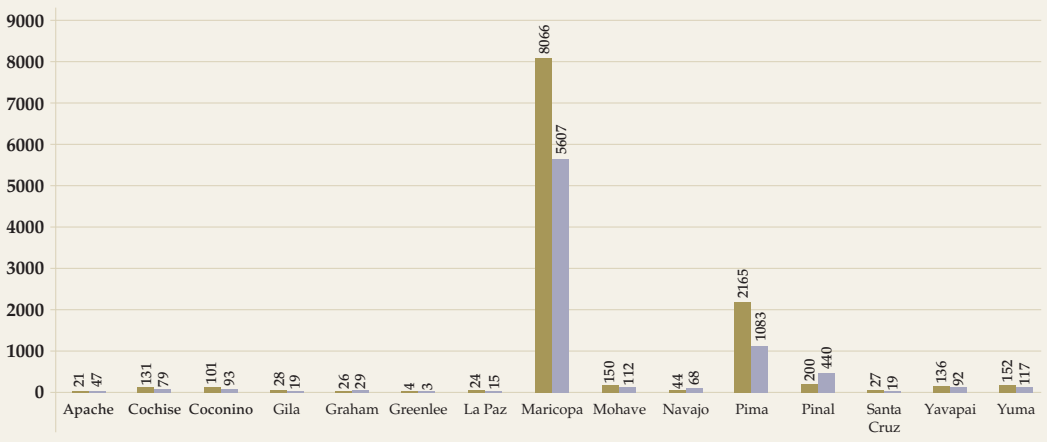
Data Source: EH ID Core Indicators CHAA County 2008–2011. http://www.azdhs.gov/hsd/data/

HIV/AID Cases by Time Period

The majority of new HIV/AID cases occur in Maricopa and Pima Counties.

In the time period from 1981–1999, there were 11,276 new HIV/AIDS cases in Arizona. From 2000–2010 there have been 7,824 new cases.

Reported New HIV/AID Cases by Time Period, 1981–1999 and 2000–2010



Data Source: Arizona Health Status and Vital Statistics Report 2010, Table 5F-3. http://www.azdhs.gov/plan/report/ahs/ahs2010/pdf/5f3.pdf

Healthy People 2020

Reduce the rate of new AIDs cases, per 100,000

US Baseline:	14.4
2020 Target:	13.0

Reduce deaths from HIV disease

US Baseline:	3.7
AZ Target:	3.3

Rates of Reported Sexually Transmitted Diseases 2010

For major sexually transmitted diseases, Apache, Navajo and Coconino Counties have the highest rates of Chlamydia. The highest rates for Gonorrhea were Maricopa, Pima, and Apache Counties.

Arizona 2010—Chlamydia and gonorrhea have higher statewide rates than all other sexually transmitted diseases

Disease	AZ	Apache	Cochise	Cococino	Gila	Graham	Greenlee	La Paz	Maricopa	Mohave	Navajo	Pima	Pinal	Santa Cruz	Yavapai	Yuma
Genital Herpes	29.0	7.0	19.8	21.6	11.2	5.4	0.0	39.0	29.5	17.5	21.4	24.0	36.2	6.3	5.2	28.6
Gonorrhea	50.8	36.4	21.3	14.9	14.9	26.9	0.0	0.0	59.8	5.5	33.5	44.6	14.4	10.5	7.6	33.7
Gonococcal PID	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Resistant Gonorrhea	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Syphilis—Primary and Secondary	3.6	4.2	0.8	0.7	0.0	5.4	11.9	0.0	4.1	0.5	0.9	5.2	1.6	0.0	0.9	0.5
Syphilis—Total	14.1	4.2	6.9	2.2	1.9	10.7	11.9	0.0	16.4	3.0	1.9	16.7	5.1	2.1	2.4	11.2
Chlamydia	420.2	644.6	303.0	550.5	235.1	346.6	189.6	107.4	408.2	144.9	559.3	420.5	253.9	297.3	114.1	416.9

Data Source: Arizona Health Status and Vital Statistics Report 2010, Table 5F-2. http://www.azdhs.gov/plan/report/ahs/ahs2010/pdf/5f2.pdf

Rates for Tuberculosis

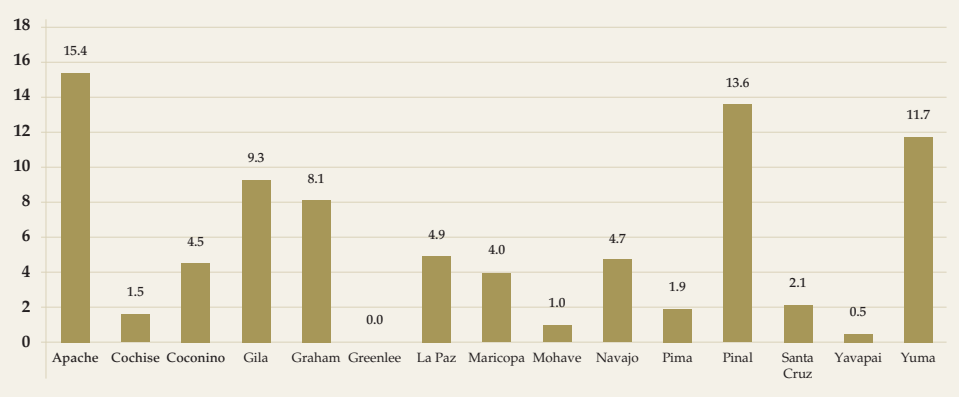
The Arizona Department of Health Services received reports of 282 active tuberculosis cases in 2010 which was 21.6% increase over 2009. Arizona has a higher rate at 4.4 than the United States which is 3.6. Apache, Gila, Graham, Pinal and Yuma Counties have significantly higher rates than the state rate.

Healthy People Arizona 2020

(per 100,000)

AZ 2010:	4.4
AZ 2020 Target:	1.0

Rates of Tuberculosis, 2010



Data Source: Arizona Health Status and Vital Statistics Report 2010, Table 5F-2. http://www.azdhs.gov/plan/report/ahs/ahs2010/pdf/5f2.pdf

Rates of Vaccine Preventable Diseases

Graham (13.4) and Yavapai (15.2) have higher rates of pertussis than that state and all other counties. Coconino (11.2) and Mohave (9.1) have much higher rates of Haemophilus influenza b than the state as a whole.

Disease	AZ	Apache	Cochise	Cococino	Gila	Graham	Greenlee	La Paz	Maricopa	Mohave	Navajo	Pima	Pinal	Santa Cruz	Yavapai	Yuma
Measles	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Mumps	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Pertussis	6.4	1.4	4.6	3.0	1.9	13.4	0.0	0.0	7.6	2.0	4.7	4.7	1.6	4.2	15.2	1.5
Pertussis (confirmed only)	1.2	0.0	0.8	0.7	1.9	0.0	0.0	0.0	1.2	1.0	0.0	1.0	0.8	4.2	3.8	0.5
Rubella	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.5	0.0
Congenital Rubella Syndrome	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Haemophilus influenzae b (invasive disease in children <5 years old)	0.4	0.0	0.0	11.2	0.0	0.0	0.0	0.0	0.0	9.1	0.0	0.0	0.0	0.0	0.0	0.0

Data Source: Arizona Health Status and Vital Statistics Report 2010, Table 5F-2. http://www.azdhs.gov/plan/report/ahs/ahs2010/pdf/5f2.pdf

Healthy People 2020

Congenital Rubella Syndrome

US Baseline Rate:	0
Target Rate:	0

Haemophilus Influenzae b

US Baseline Rate:	0.30
Target Rate:	0.27

Reduce or eliminate measles

US Baseline Rate:	115
Target Rate:	30

Reduce or eliminate mumps

US Baseline Rate:	421
Target Rate:	500

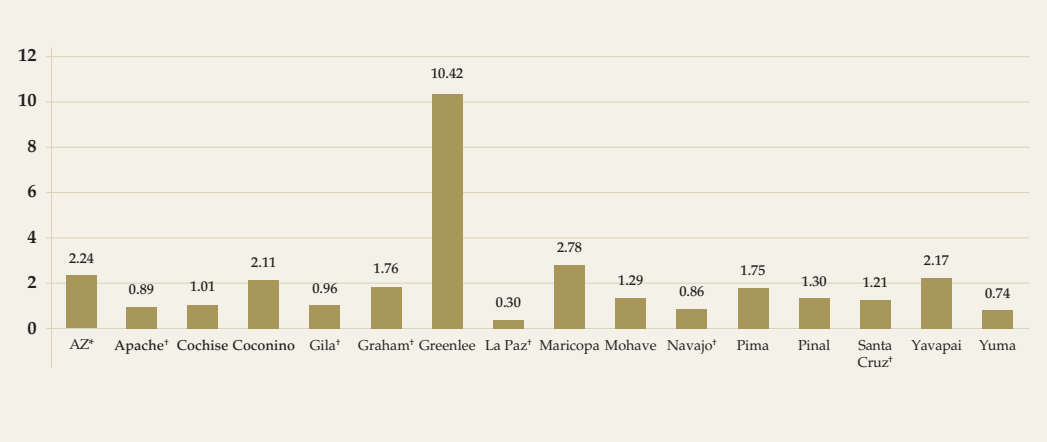
Reduce or eliminate rubella

US Baseline Rate:	10
Target Rate:	10

Deaths Due to Falls Among 65+ Year Olds by County, Arizona, 2008–2010

The rate of deaths per 1,000 due to falls among those 65 years of age and older in Arizona was 2.24 for the years of 2008–2010. The county with the highest rate was Greenlee at 10.42. The next highest rates were Maricopa County at 2.78, Yavapai County at 2.17 and Coconino County at 2.11. The counties with the smallest rates were La Paz County at 0.3, Navajo County at 0.86 and Apache County at 0.89.

Falls Rate, per 1,000**



Data Source: AZ Death Certificate Data 2008–2010, ADHS Bureau of Public Health Statistics.

** Includes cases with unknown county of residence*

***Includes deaths related to unintentional Falls among 65+ year olds*

†Rate based on small counts of events. Interpret with caution.

Healthy People 2010 Objective

US Baseline:	4.7
AZ 2010	11.5
AZ 2010 Target	3.0

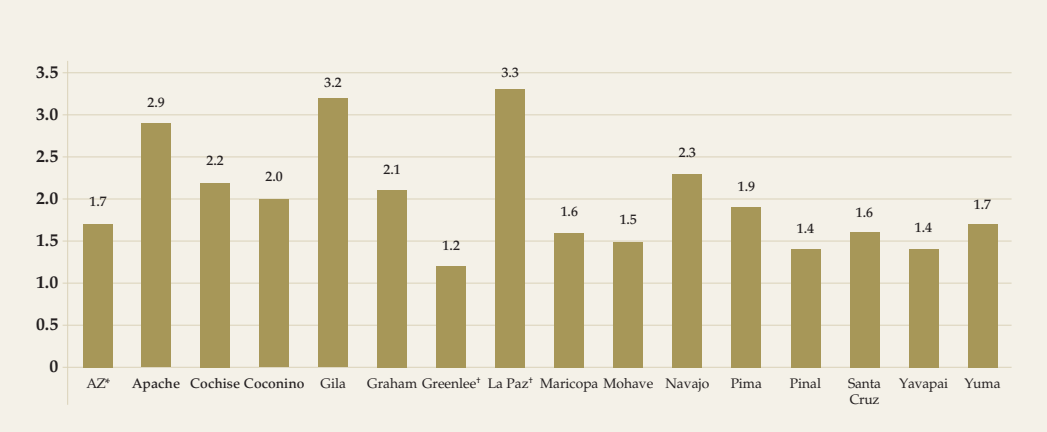
Deaths Due to Motor Vehicle Crashes by County, Arizona, 2008–2010

The death rate per 100,000 of motor vehicle crashes in Arizona from 2008–2010 was 11.0. Rates in rural areas such as Greenlee County were 28.1 and Navajo County at 22.6.

Healthy People 2010 Objective

US Baseline:	13.8
HP 2010 Target:	12.4
AZ 2010:	11.1

Motor Vehicle Collisions Rate, per 100,000



Data Source: AZ Death Certificate Data 2008–2010, ADHS Bureau of Public Health Statistics.

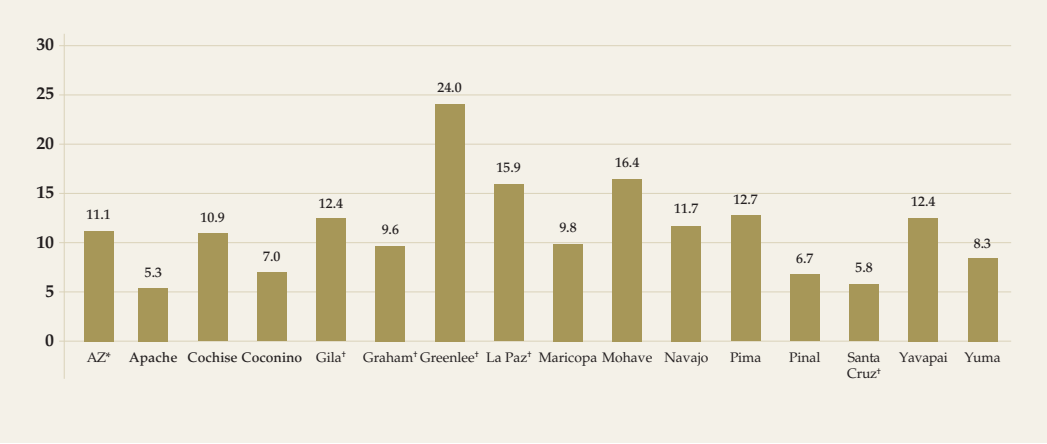
** Includes cases with unknown county of residence*

†Rate based on small counts of events. Interpret with caution.

Child Mortality by County, Arizona, 2008–2010

The child mortality rate per 100,000 in Arizona from 2008–2010 was 1.7. La Paz County's rate of 3.3 is the highest in the state, but it includes small counts of events so it may be skewed. Gila County is the only other county with a rate over three. Five counties (Apache 2.9, Cochise 2.2, Coconino 2.0, Graham 2.1 and Navajo 2.3) had rates over 2.

Child Death, per 100,000**



Data Source: AZ Death Certificate Data 2008–2010, ADHS Bureau of Public Health Statistics.

** Includes cases with unknown county of residence*

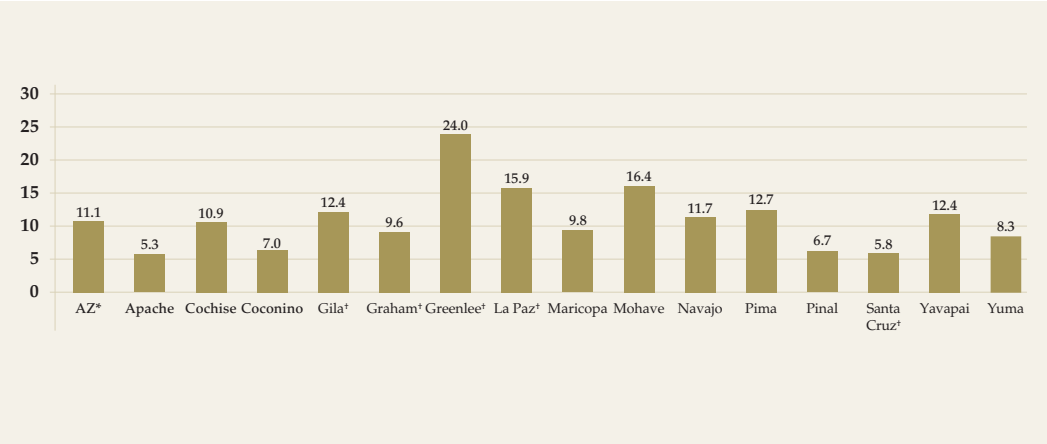
***Includes deaths related to unintentional Falls among 65+ year olds*

†Rate based on small counts of events. Interpret with caution.

Deaths Due to Poisoning by County, Arizona, 2008–2010

The death rate per 100,000 due to poisoning in Arizona for 2008–2010 was 11.1. Greenlee County had a significantly higher rate of 24.0 however the small number of events may contribute to the large number. The next highest rates were Mohave County at 16.4 and La Paz at 15.9.

Poisoning Rate, per 100,000



Data Source: AZ Death Certificate Data 2008–2010, ADHS Bureau of Public Health Statistics.

** Includes cases with unknown county of residence*

†Rate based on small counts of events. Interpret with caution.

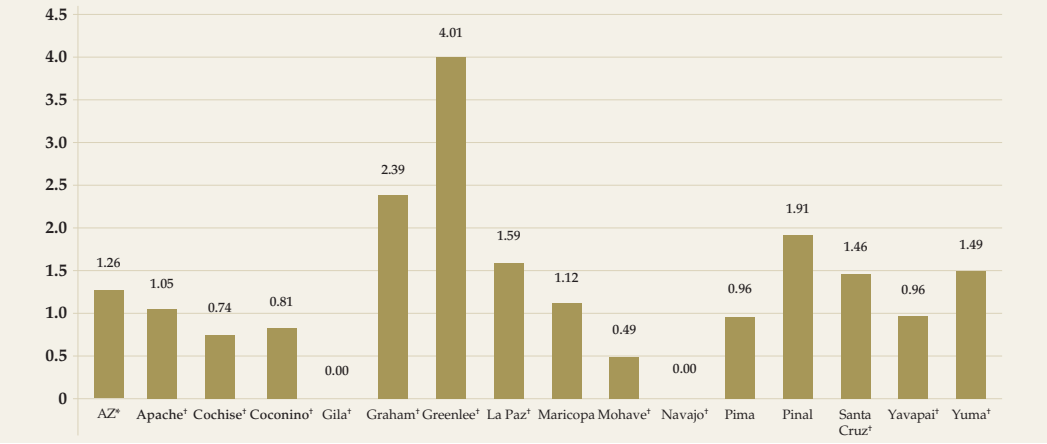
Healthy People 2020

US Baseline:	13.1
HP 2020 Target:	13.1
AZ 2010:	11.1

Deaths Due to Drowning by County, Arizona, 2008–2010

The rate per 100,000 deaths due to drowning in Arizona for 2008–2010 was 1.26. The two highest rates were in Greenlee County at 4.01 with the next rate being Graham County at 2.39 which is much higher than the state rate. Most of the county rates in Arizona were between the low of 0.49 in Mohave County to 1.91 for Pinal County.

Drowning Rate, Number of People, per 100,000



Data Source: AZ Death Certificate Data 2008–2010, ADHS Bureau of Public Health Statistics.

** Includes cases with unknown county of residence*

†Rate based on small counts of events. Interpret with caution.

Healthy People 2020

US Baseline:	1.20
HP 2020 Target:	1.10
AZ 2010:	1.26

Seat Belt Use Among <19 Years Old, per 1,000

In Arizona, only 58.1% of children under 19 years of age use seat belts. This is compared to 52.7% in 2008. The lowest number of children using seat belts was Apache County at 133 (13.3%) in 2008 and usage decreased in 2010 to 125 (12.5%). More children in Yuma County use seat belts (81.4%) than in any other county in the state during 2010. Mohave County was second only to Yuma County by ensuring children use seat belts 73.7% of the time.

County	2008	2009	2010
Apache	133	214	125
Cochise	355	333	607
Coconino	523	621	349
Gila	440	300	308
Graham	*	*	*
Greenlee	*	*	*
La Paz	*	*	462
Maricopa	519	604	541
Mohave	*	333	737
Navajo	462	594	354
Pima	596	730	714
Pinal	333	562	522
Santa Cruz	286	611	571
Yavapai	500	543	550
Yuma	694	691	814
AZ	527	601	581

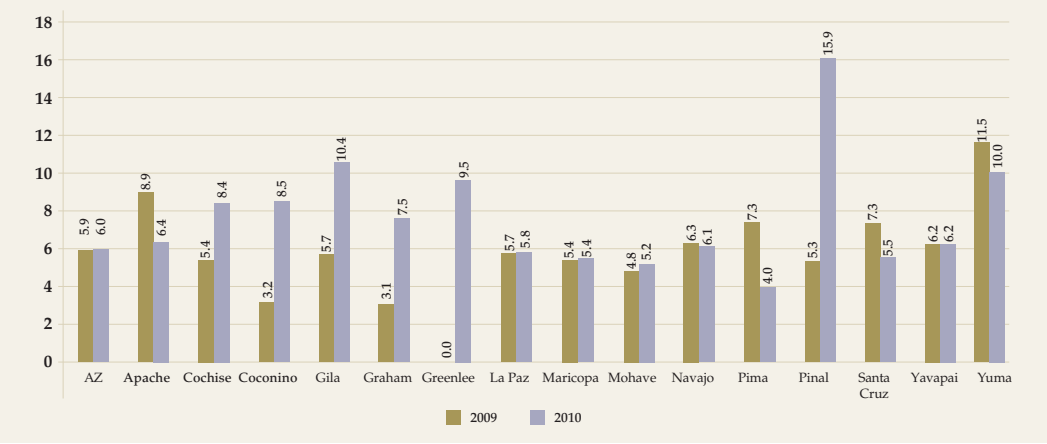
Data Source: INJ County Mortality 2008–2010 Data

** Unreliable*

Infant Mortality, per 1,000 Births

La Paz County had the highest (11.5) rate of infant mortality in 2009. Santa Cruz had the highest (15.9) rate in 2010. Pima and Pinal counties had higher rates than the statewide rate in 2009. In 2010, the majority of counties had a higher rate of infant mortality except for Maricopa, Mohave, Navajo, Pinal and Yuma.

Infant Mortality, per 1,000 Births



Data Source: Arizona Health Status and Vital Statistics Report 2010, Table 5F-3. http://www.azdhs.gov/plan/report/ahs/ahs2010/pdf/5f3.pdf

Healthy People 2020

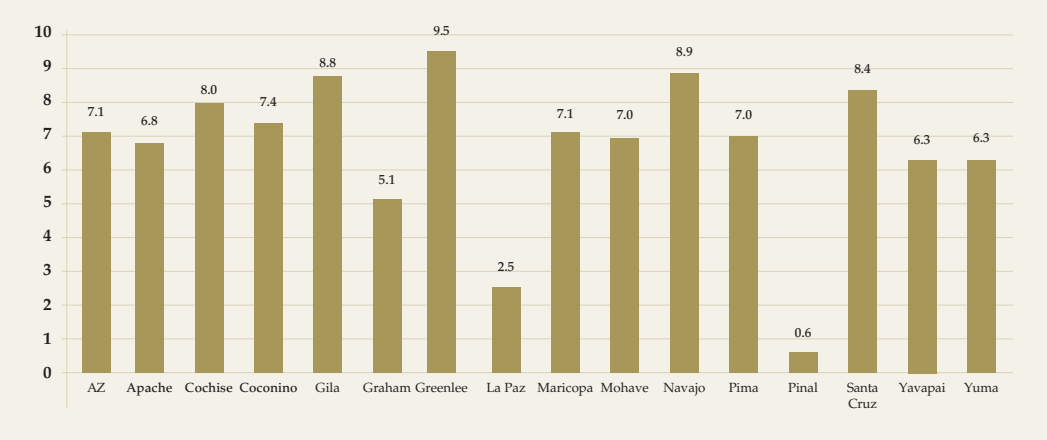
(Deaths per 1,000 live births):

US Baseline:	6.7
HP 2020 Target:	6.0
AZ 2010:	6.0

Low Birth Weight Rates, per 100 Births

Greenlee County has the highest rate (9.5) of low birth weight infants. Pinal County has the lowest at 0.6. A total of 10 counties have rates lower than the state rate of 7.1

Low Birth Rates, per 100 Live Births



Data Source: Healthy Arizona 2020 www.arizonahealth matters.org

Healthy People 2020

AZ Target:	7.8
AZ 2010:	7.1

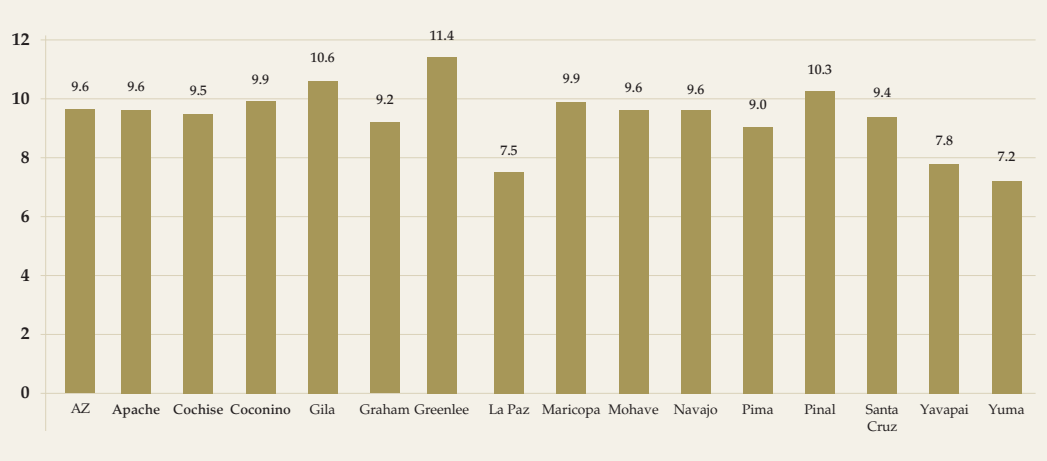
Pre Term Birth Rate, per 100 Live Births

Greenlee County has the highest pre term birth rate at 11.4 and Yuma has the lowest at 7.2. All counties currently meet or exceed the Health Arizona 2020 target rate of 11.4.

Healthy People 2020

US Target:	11.4
AZ 2010:	9.6

Pre Term Birth Rate, per 100 Live Births



Data Source: Healthy Arizona 2020 www.arizonahealthmatters.org

Teen Pregnancy Birthrate

The 2010 teenage birth rate for girls 19 years old and younger was 21.2 per 1,000 births. The rate was lowest for girls age 10 to 14 at 0.5 per 1,000 births and highest for girls age 18–19 years old at 69.2 per 1,000 births.

2010 birth rate for all teen births, per 1,000 births

U.S.	13.0
Arizona	13.7

2010 birth rate for girls age 10 to 14, per 1,000

U.S.	0.4
Arizona	0.5

2010 birth rate for girls age 15 to 19, per 1,000 births

U.S.	34.2
Arizona	41.6

Birth Rates

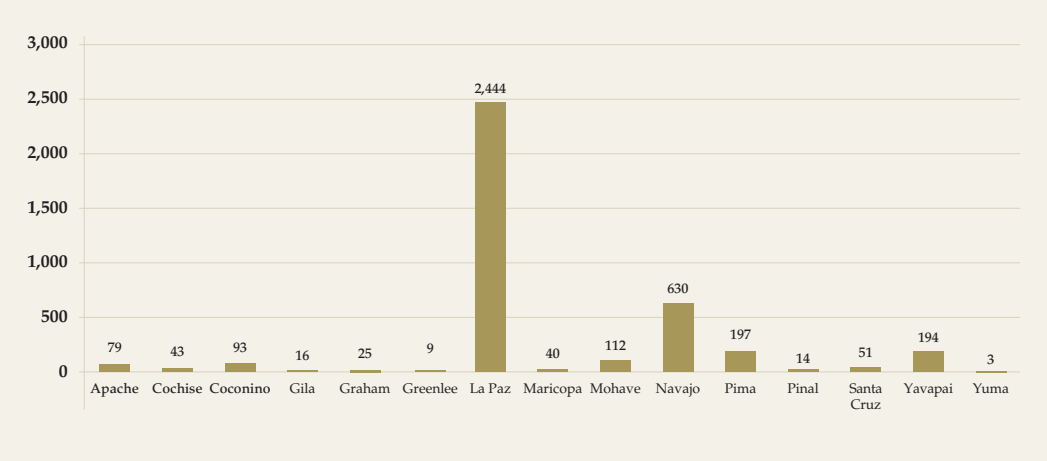
County of Residence	All 19 Years or Younger	10–14 Years	15–19 Years		
			Total 15–19 Years	15–17 Years	18–19 Years
Apache	25.9	0.0	50.7	23.1	94.9
Cochise	24.9	0.0	48.5	24.4	83.7
Coconino	18.2	0.5	29.0	23.4	32.5
Gila	38.8	1.9	74.7	40.7	136.1
Graham	31.9	0.0	60.6	32.5	90.7
Greenlee	27.6	3.0	57.1	44.0	81.6
La Paz	38.1	0.0	73.1	15.3	177.8
Maricopa	19.8	0.5	39.2	20.6	66.8
Mohave	23.9	0.2	47.9	20.1	94.1
Navajo	31.1	0.9	60.9	29.9	114.7
Pima	20.6	0.5	37.9	21.5	57.4
Pinal	21.6	0.5	47.1	22.6	91.8
Santa Cruz	28.5	0.0	57.6	41.6	87.2
Yavapai	18.8	0.0	37.8	15.4	73.7
Yuma	31.8	0.7	62.1	34.2	107.6
AZ	21.2	0.5	41.5	22.1	69.2

Data Source: AZ Health Status and Vital Statistics Report 2010, Table 5B-2. http://www.azdhs.gov/plan/report/ahs/ahs2010/pdf/5b2.pdf

Diabetes As A Medical Risk Factor Related to Birth

Statewide, diabetes was identified in 12.7% (3950) of all births with medical risk factors—30,991.

Diabetes as a Medical Risk Factor Related to Birth

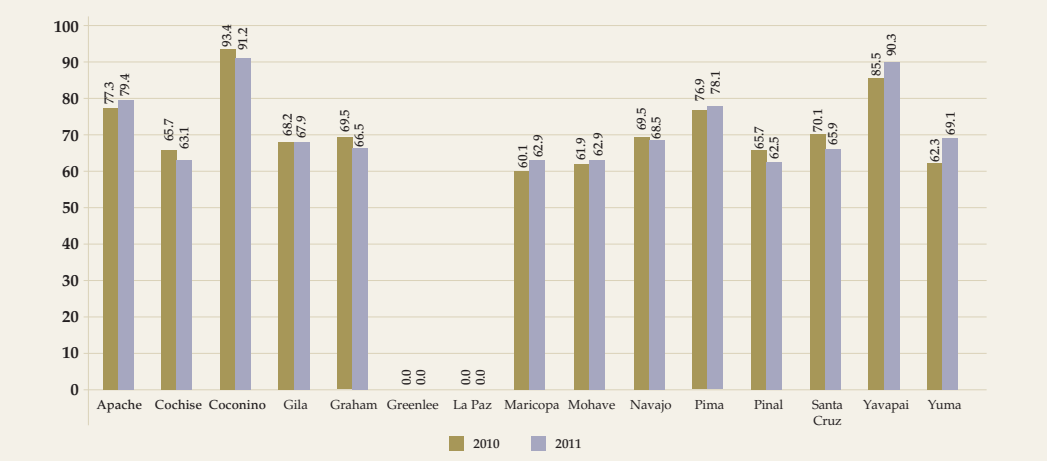


Data Source: AZ Health Status and Vital Statistics Report 2011, Table 5B-2. http://www.azdhs.gov/plan/report/ahs/ahs2011/pdf/5b25.pdf

Percentage of Infants who were ever Breastfed (Data is Based on Families Eligible for WIC Only)

The statewide rate in 2010 was 65% for infants who had ever been breast fed. In 2011 the rate increased slightly to 66.9%. Coconino and Yavapai counties have significantly higher rates. In 2010, Coconino was at 93.4% in 2010 and 91.2% in 2011. Yavapai, in 2010 was 85.5% and in 2011 was 90.3%.

Infants Who Were Ever Breastfed (Based on WIC Data Only)

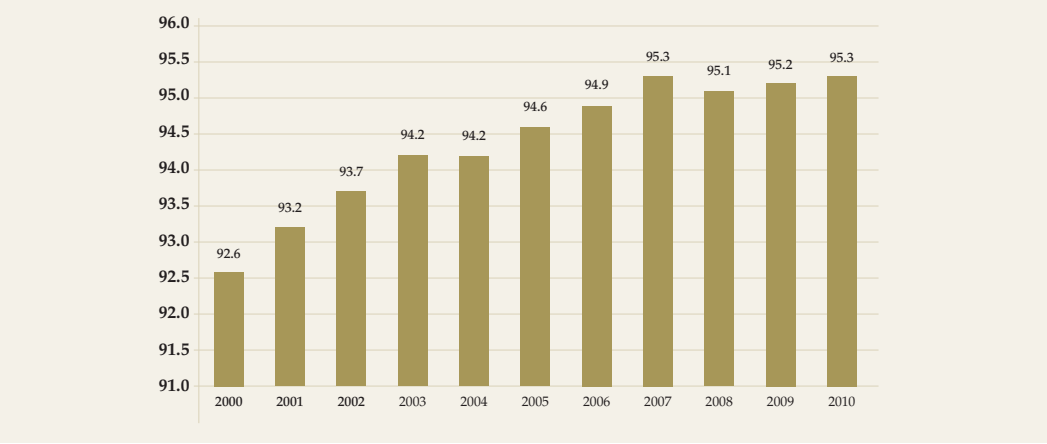


Data Source: Arizona Department of Health Services, Bureau of Nutrition and Physical Activity, WIC Indicators, July 30, 2012.
http://www.azdhs.gov/azwic/documents/local_agencies/reports/wic-indicators-by-county.pdf
Note: Data for Greenlee and La Paz Counties was not available.

Tobacco Use During Pregnancy

Since 2000 Arizona has increased the rate of abstinence from smoking during pregnancy from 92.6 (7.4% smoking) to 95.3% (4.7% smoking).

Arizona Trend—Abstinence from Smoking During Pregnancy Rate



Data Source: Arizona Health Status and Vital Statistics Report 2010, Table 5B-30. http://www.azdhs.gov/plan/report/ahs/ahs2010/pdf/5b30.pdf

Healthy People 2020

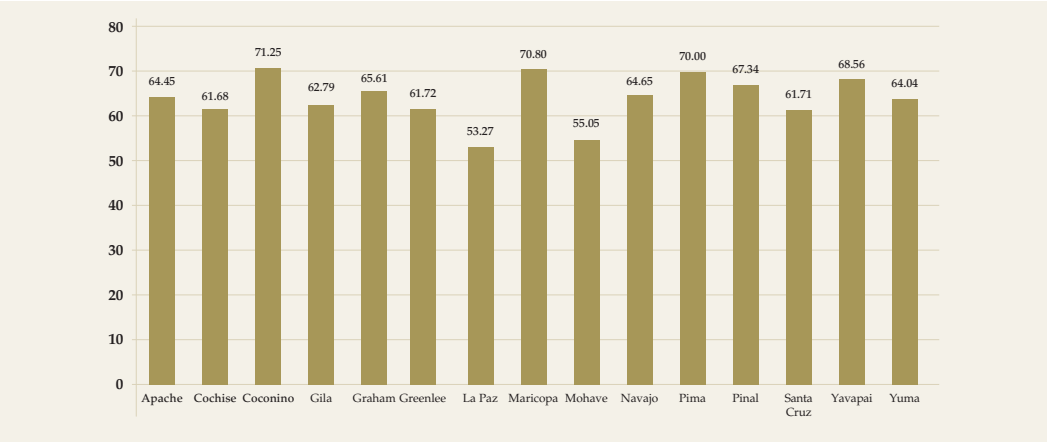
US Baseline:	89.6 (2007)
HP 2020 Target:	98.5
AZ 2010:	95.3

Dental Visits

Coconino County had the highest rates of dental visit at 71.25 and La Paz had the lowest rate of 53.27.

The overall rate for dental visits in Arizona was 69.01

Dental Visits

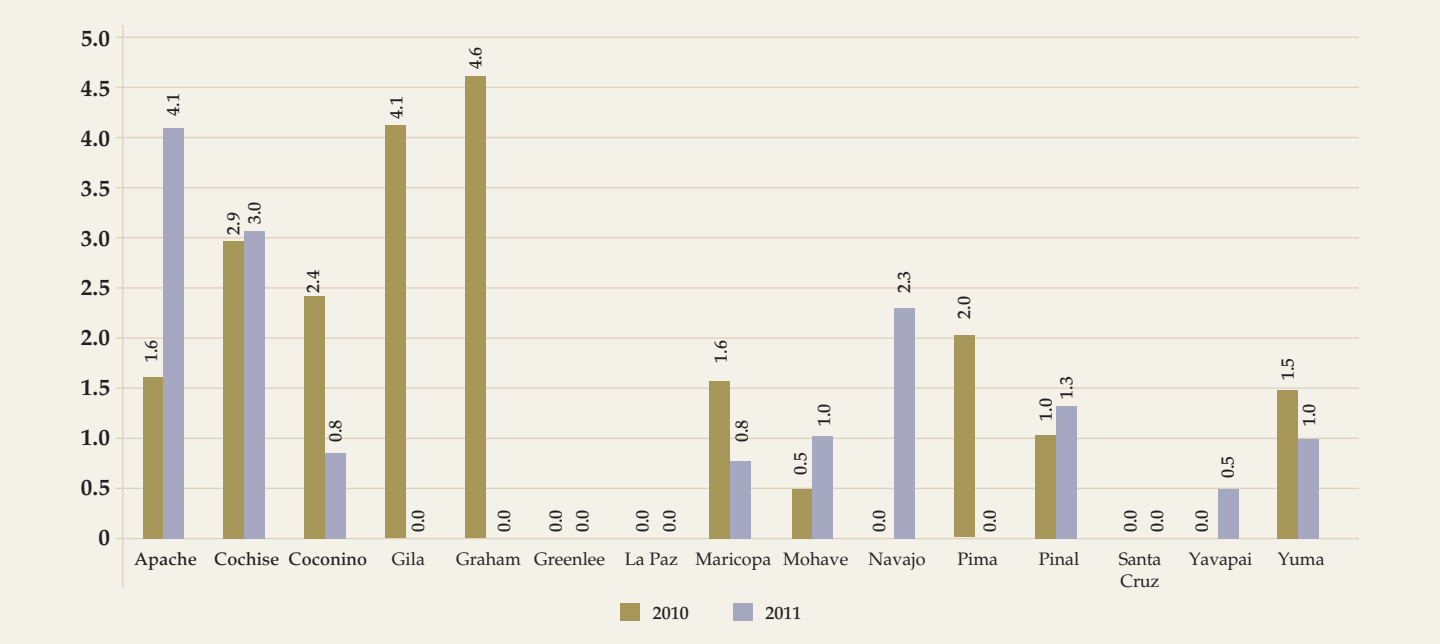


Data Source: AZ BRFSS 2010. http://www.azdhs.gov/phs/phstats/brfs/reports/BRFSS2010Report.pdf

Lead Poisoning Rates, per 100,000

In 2010, Graham County had the highest rate of lead poisoning at 4.6. La Paz, Navajo, Santa Cruz, and Yavapai Counties had no reported lead poisonings in 2010. In 2011 Apache County had the highest rate at 4.1. Gila, Graham, Greenlee, La Paz, Pima, and Santa Cruz Counties had no reported poisonings in 2011.

Lead Poisoning

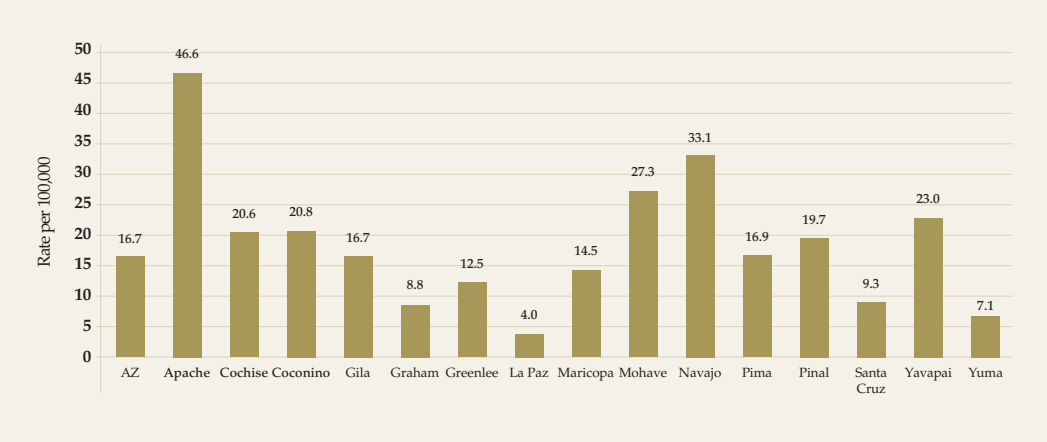


Data Source: ADHS Office of Environmental Health, Environmental Health Indicators, All Years. http://www.azdhs.gov/phs/oeh/

Suicide Rates—Adults

The 2010 rate for intentional self-harm by county indicates the rate varies widely from a low of 4 per 100,000 in La Paz County, to a high of 46.6 per 100,000 in Apache County. Eight counties have a rate higher than the statewide rate of 16.7.

Intentional Self-Harm as a Leading Cause of Death, Rate per 100,000, Population 2010



Data Source: Arizona Health Status and Vital Statistics Report 2010, Chapter 5. http://www.azdhs.gov/plan/report/ahs/ahs2010/chptr5.pdf

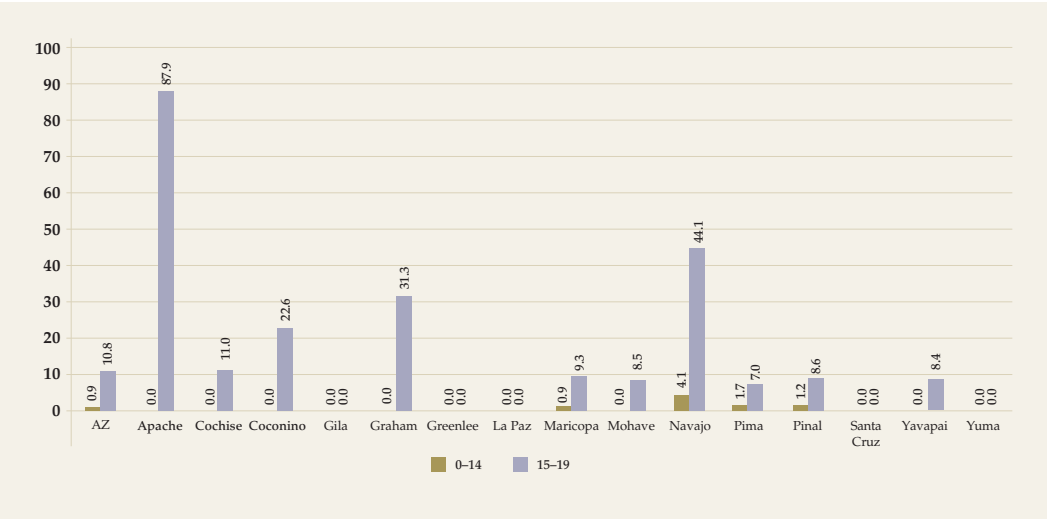
Healthy People 2020

US Baseline:	11.3
HP 2010 Target:	10.2
AZ 2010:	16.7

Suicide Rate—Youth

Navajo County had the highest suicide rate for children 1–14 with a rate of 4.1. For adolescents age 15–19, Apache County had the highest rate of 87.9.

Suicide Rate—Youth



Data Source: Arizona Health Status and Vital Statistics Report 2011, Table 5E-25. http://www.azdhs.gov/plan/report/ahs/ahs2011/pdf/5e25.pdf
Arizona Health Status and Vital Statistics Report 2011, Table 5E-27. http://www.azdhs.gov/plan/report/ahs/ahs2011/pdf/5e27.pdf

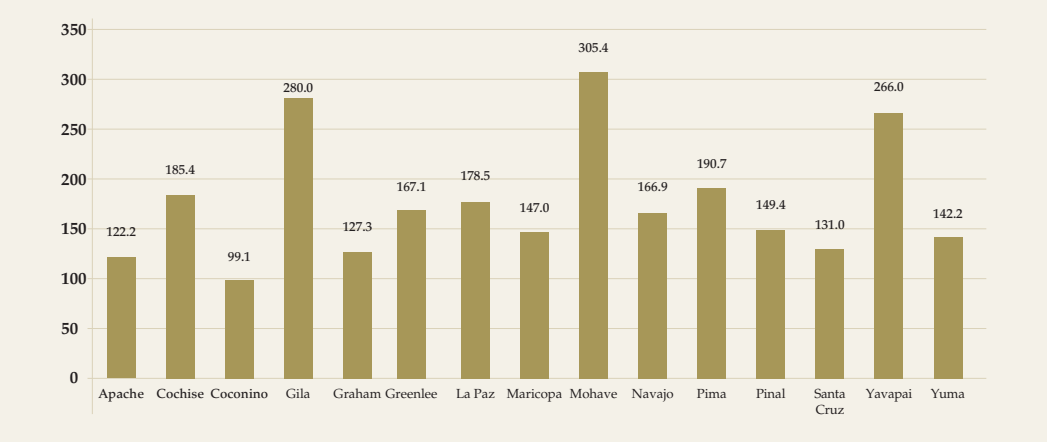
Healthy People 2010

US Baseline:	9.4
HP 2010 Target:	10.0
AZ 2010 Rate:	8.4

Mortality Rates per 100,000, Malignant Neoplasms (Cancer)

Mohave County has the highest rate of deaths related to cancer at 305.4 and Coconino County has the lowest at 99.1. Of all counties, seven have lower rates than the state rate of 163.8.

Mortality Rates per 100,000, Malignant Neoplasms (Cancer)



Data Source: Arizona Health Status and Vital Statistics Report 2011, Table 5E-13. http://www.azdhs.gov/plan/report/ahs/ahs2011/pdf/5e13.pdf

Healthy People 2020

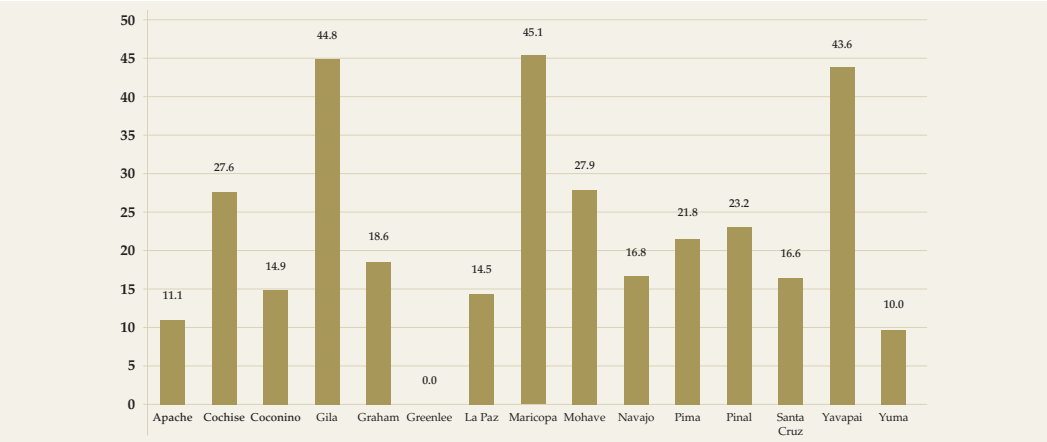
US Baseline:	178.4
HP 2020 Target:	160.6
AZ 2010:	163.8

Mortality Rates per 100,000, Alzheimer's Disease

Maricopa County has the highest rate of mortality related to Alzheimer's Disease at 45.1 and the lowest was Greenlee 0.0. All counties had lower rates than the state rate with the exception of Gila, Maricopa, and Yavapai.

The Arizona mortality rate related to Alzheimer's Disease is 36.3

Alzheimer's Disease

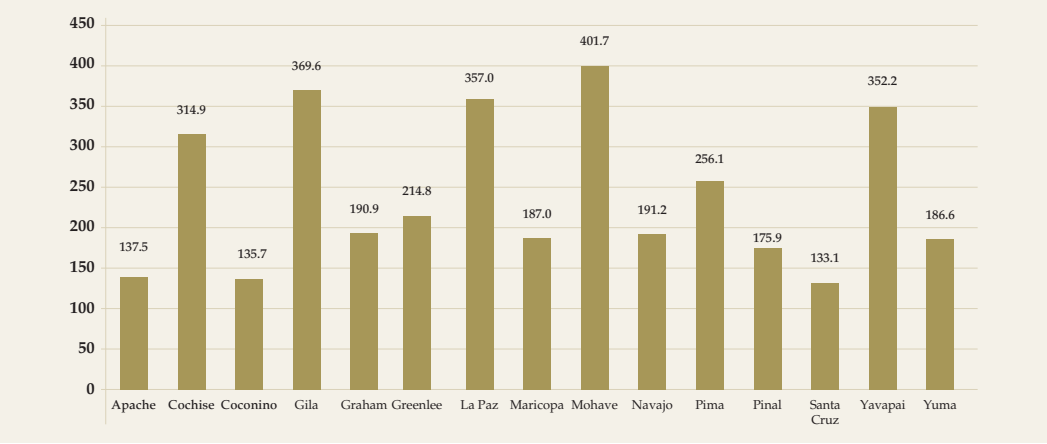


Data Source: Arizona Health Status and Vital Statistics Report 2011, Table 5E-13. http://www.azdhs.gov/plan/report/ahs/ahs2011/5e.htm

Major Cardiovascular Diseases

The overall rate of death due to cardiovascular disease for Arizona is 212.6 per 100,000 population. Seven counties—Cochise (314.9), Gila (369.6), Greenlee (214.8), La Paz (357), Mohave (401.7), Pima (256.1) and Yavapai (352.2) had higher rates.

Rates of Death due to Cardiovascular Disease



Data Source: Arizona Health Status and Vital Statistics Report 2011, Table 5E-13. http://www.azdhs.gov/plan/report/ahs/ahs2011/pdf/5e13.pdf

Healthy People 2020

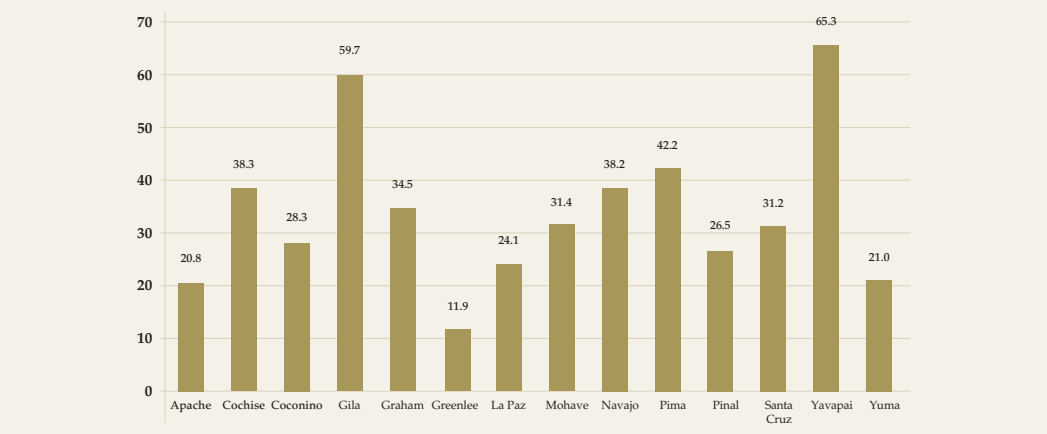
Reduce coronary heart disease death rates, per 100,000:

US Baseline:	126.0
AZ 2010:	112.9
AZ 2020 Target:	100.8

Cerebrovascular Disease (Stroke)

The overall death rate due to cerebrovascular disease (stroke) is 32.1. Greenlee had the lowest rate at 11.9 and Yavapai, the highest at 65.3.

Death by Cerebrovascular Disease (Stroke)



Data Source: Arizona Health Status and Vital Statistics Report 2011, Table 5E-13. http://www.azdhs.gov/plan/report/ahs/ahs2011/pdf/5e13.pdf

Healthy People 2020

Reduce stroke deaths, per 100,000:

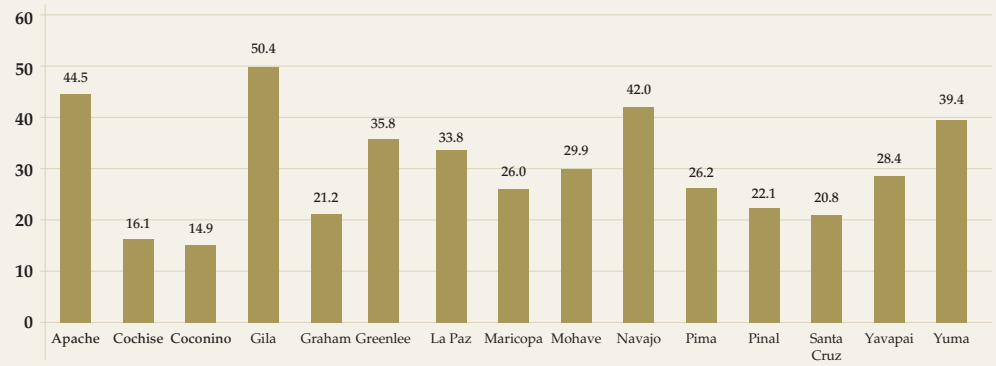
US Baseline:	42.2%
AZ 2010:	35.1%
AZ 2020 Target:	33.8%

Source: HP2020 Arizona Progress Tracking Table 6A7

Deaths Due to Diabetes

The overall death rate for Arizona due to diabetes was 26.7. Seven counties had lower rates than the state. They include: Cochise (16.1), Coconino (14.9), Graham (21.2), Maricopa (26), and Pima (26.2). Pinal (22.1), and Santa Cruz (20.8)

Rates of Death Due to Diabetes

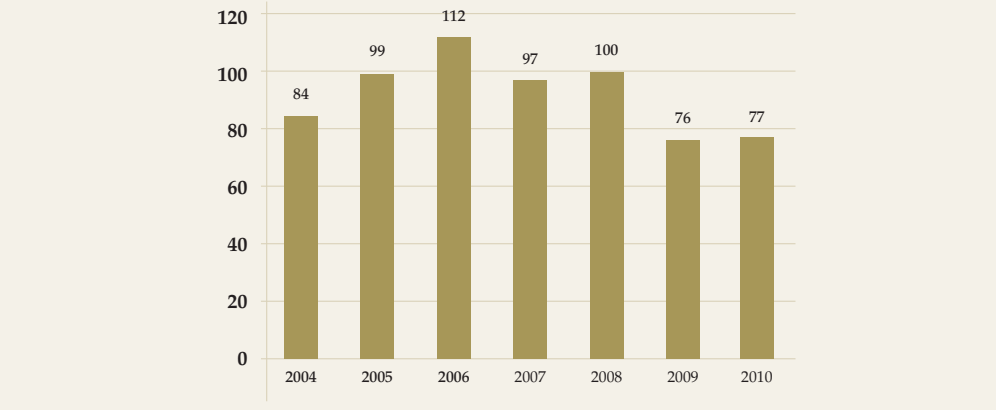


Data Source: Arizona Health Status and Vital Statistics Report 2011, Table 5E-13. http://www.azdhs.gov/plan/report/ahs/ahs2011/pdf/5e13.pdf

Occupational Deaths

Since 2008, there was a reduction in occupational deaths. In 2008, there were 100, in 2009 there were 76, and in 2010 there were 77.

Total Occupational Fatalities—Arizona



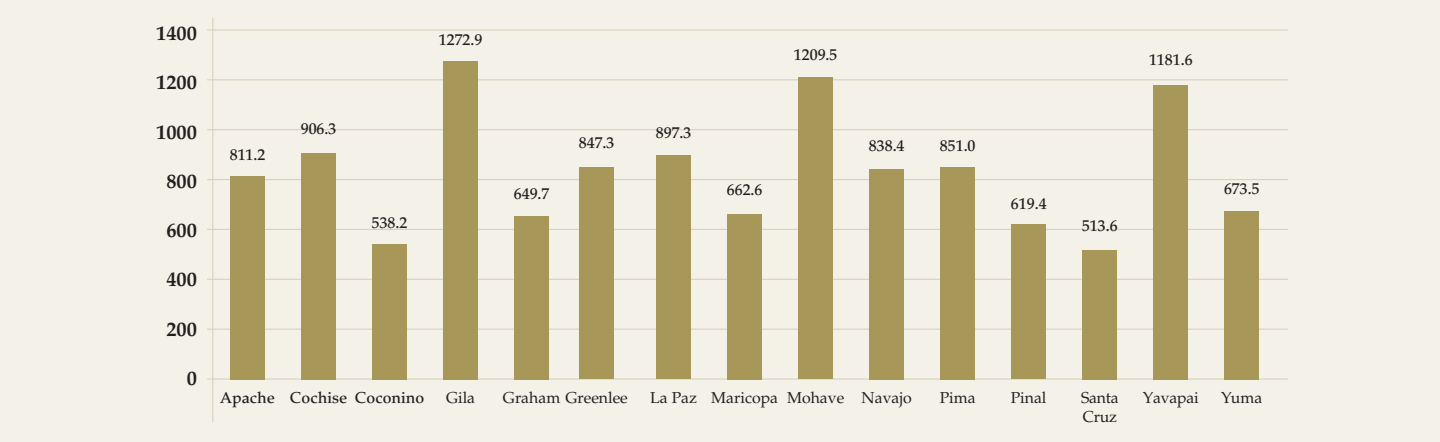
Data Source: Industrial Commission of Arizona, 2011 Census of Fatal Occupational Injuries Report. www.ica.state.az.us

Total Mortality Rate from All Causes, per 100,000

Gila County had the highest overall mortality rate for all causes at 1272.9; Santa Cruz county had the lowest at 513.6. Only six counties—Coconino, Graham, Maricopa, Pinal, Santa Cruz and Yuma had lower rates than the state rate of 738.5.

The Arizona statewide rate of death for all causes is 738.5 per 100,000.

Total Mortality from All Causes

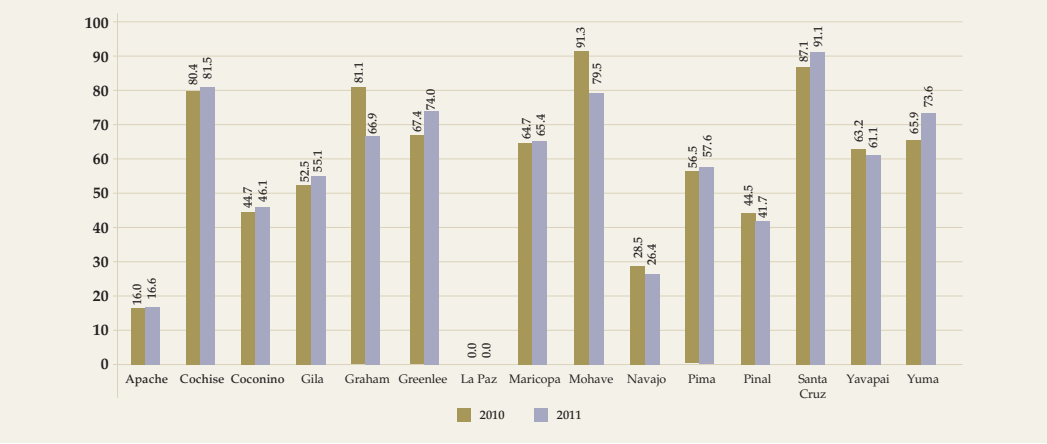


Data Source: Arizona Health Status and Vital Statistics Report 2011, Table 5E-13. http://www.azdhs.gov/plan/report/ahs/ahs2011/pdf/5e13.pdf

WIC Penetration, Percentage of WIC Eligible Population that are Served by WIC

In 2010 Mohave County had the highest WIC penetration at 91.3. In 2011, Santa Cruz had the highest penetration at 91.1.

Penetration of WIC Services into Eligible Population

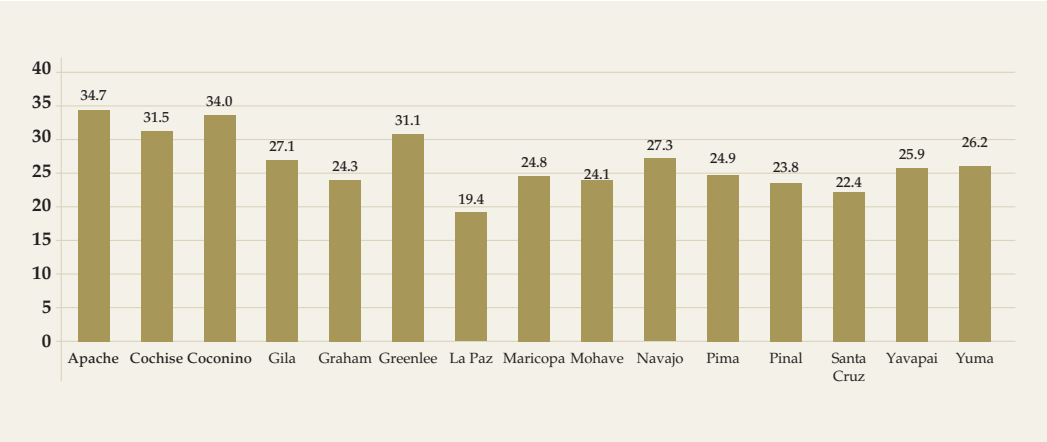


Data Source: ADHS WIC Needs Assessment 2013. http://www.azdhs.gov/azwic/documents/local_agencies/reports/wic-needs-assessment-02-22-13.pdf

Percent of Arizonans Consuming 5 or More Fruits and Vegetables

Arizona percentages for 2011 shows that 38.1% of the adults eat less than one serving of fruits and 21.6% eat less than one serving of vegetables a day.

Percent of Arizonans Consuming 5 or More Fruits and Vegetables, 2010

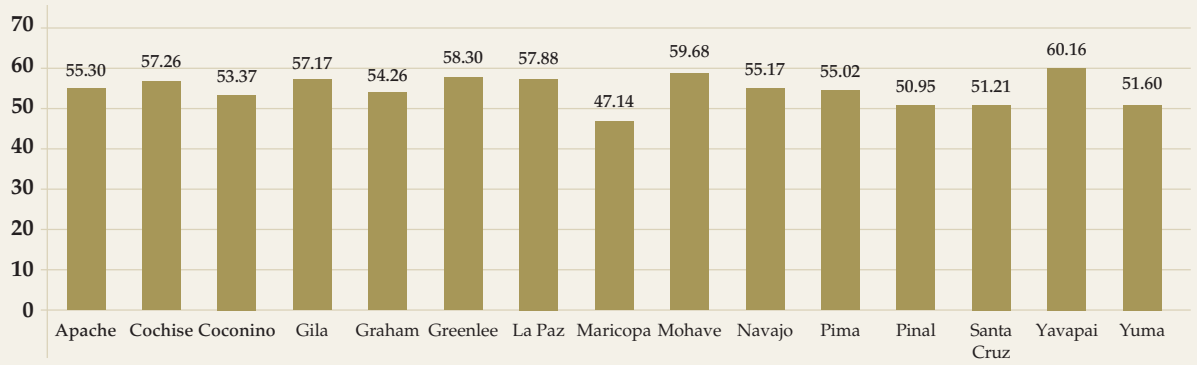


Data Source: AZ BRFSS 2010, Pg. 73. http://www.azdhs.gov/phs/phstats/brfs/reports/BRFSS2010Report.pdf
***Note:** The National data for 2004, 2006, 2008 and 2010 were not available for questions in this category.*

Percentage of Adults Receiving SNAP Benefits

50.68% of all SNAP recipients are adults.

Percent of Adult SNAP Recipients

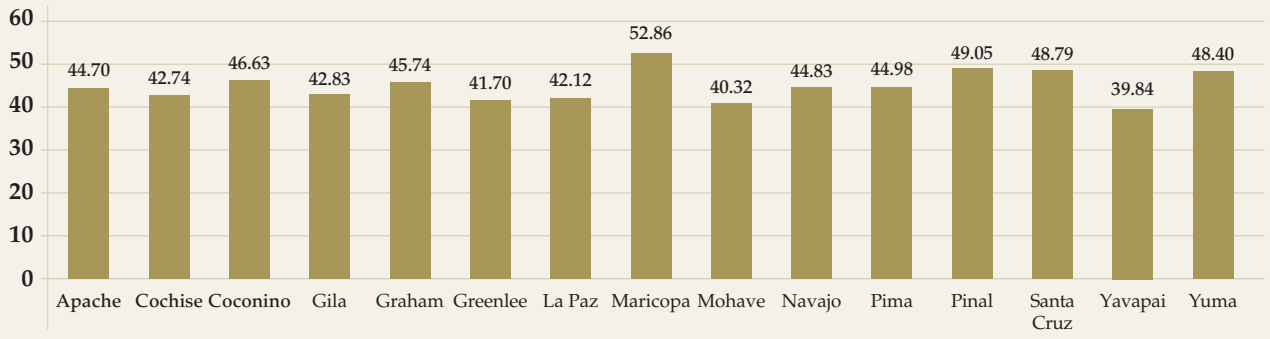


Data Source: Arizona Department of Economic Security, May 2013 Statistical Bulletin. https://www.azdes.gov/InternetFiles/Reports/pdf/dbme_statistical_bulletin_5_2013.pdf

Percentage of Children Receiving SNAP Benefits

49.32% of all SNAP recipients are children.

Percent of Children SNAP Recipients

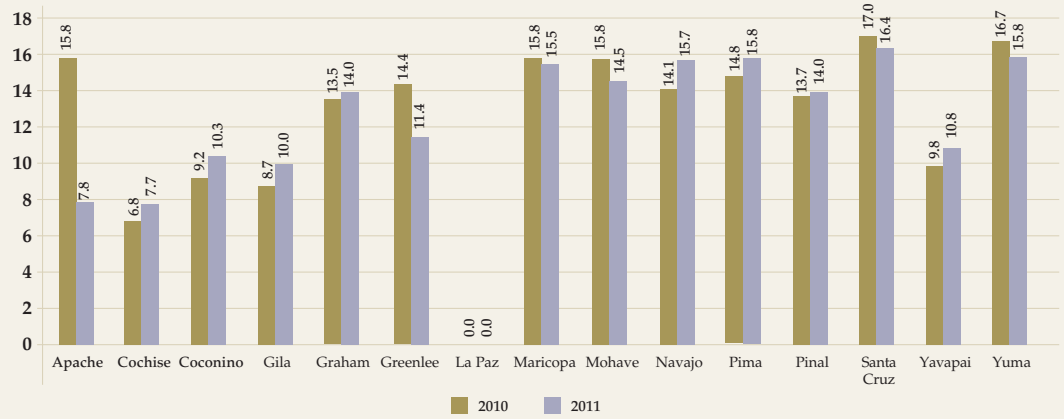


Data Source: Arizona Department of Economic Security, May 2013 Statistical Bulletin. https://www.azdes.gov/InternetFiles/Reports/pdf/dbme_statistical_bulletin_5_2013.pdf

Obesity in Children 2–5 (≥95th Percentile)

In 2010, Santa Cruz County had the highest rate of obesity in children 2–5 and Cochise had the lowest at 6.8. In 2011, Santa Cruz still had the highest rate at 16.4 and Cochise had the lowest at 7.7. La Paz County had no data reported.

Obesity in Children Age 2–5

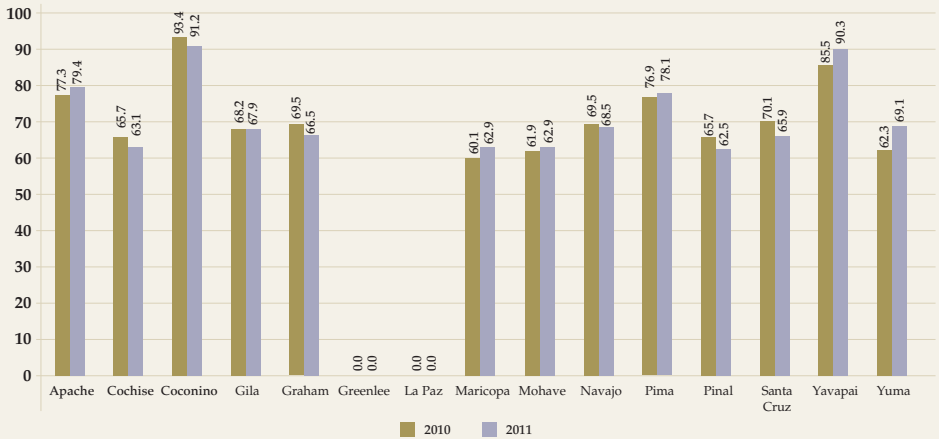


Data Source: ADHS WIC Needs Assessment 2013. http://www.azdhs.gov/azwic/documents/local_agencies/reports/wic-needs-assessment-02-22-13.pdf

Percentage of Infants Enrolled in WIC that are Exclusively Breastfed for at least 3 Months

Coconino County had the highest rate of exclusive breast feeding for at least three months in both 2010 and 2011. Pima County had the lowest rate in 2010 at 7.5 and Santa Cruz had the lowest rate in 2011 at 2.1. Apache, Greenlee, and La Paz had no data reported for 2010 or 2011. Graham had no data reported for 2010.

Infants who were ever Breastfed (Based on WIC Data Only)



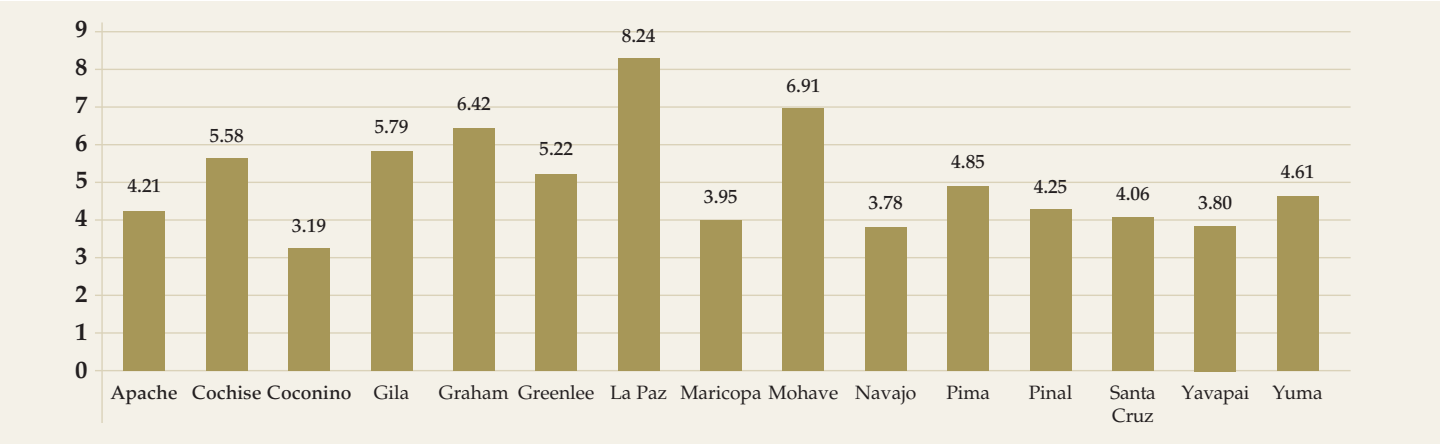
Data Source: ADHS WIC Needs Assessment 2013. http://www.azdhs.gov/azwic/documents/local_agencies/reports/wic-needs-assessment-02-22-13.pdf

Self-Reported Poor Physical Health (BRFSS)

La Paz County respondents reported the highest rate of poor health at 8.24%. Coconino County reported the lowest at 3.19%.

For Arizona as a whole, 4.30 or all respondents indicated poor physical status.

Self Reported Poor Physical Health



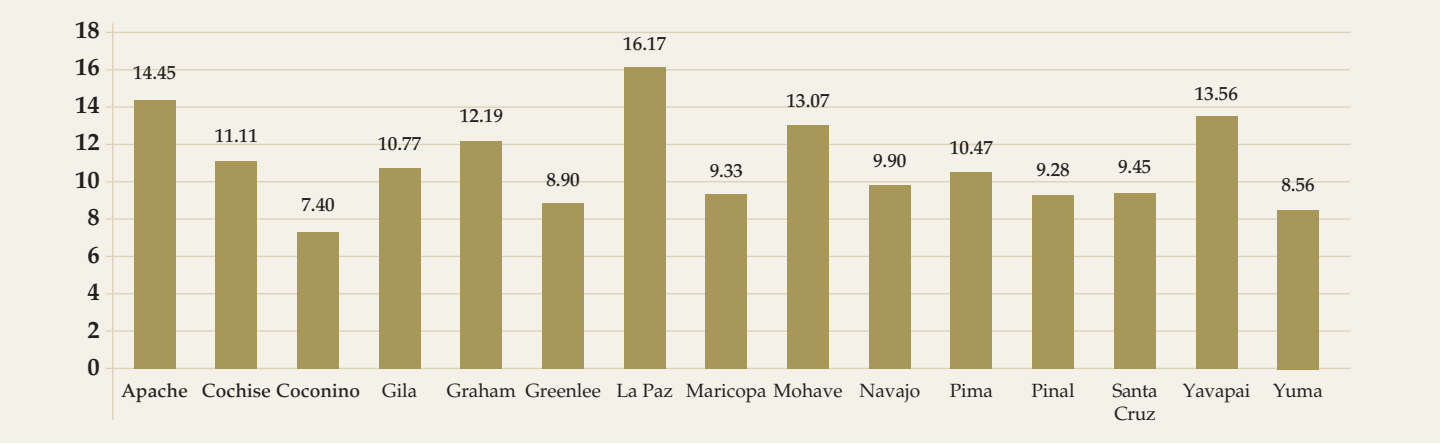
Data Source: Combined independent analysis completed by ADHS Bureau of Public Health Statistic.

Self-Reported Poor Mental Health (BRFSS)

La Paz County respondents reported the highest rate of mental distress at 16.17%. Coconino County reported the lowest at 7.4%.

For Arizona as a whole, 9.88% or all respondents indicated mental distress.

Self Reported Poor Mental Health



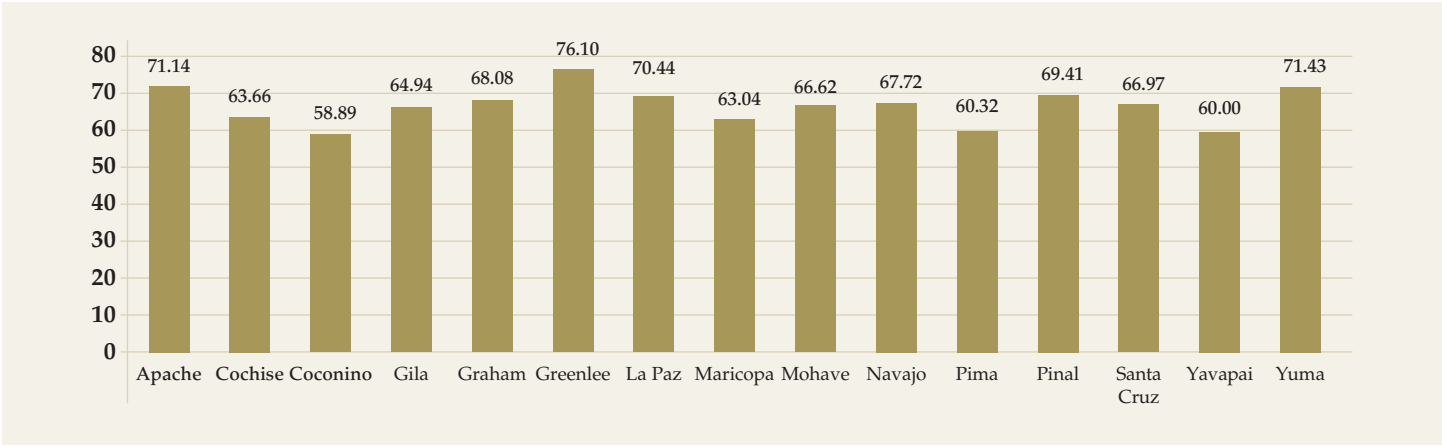
Data Source: Data Source: Combined independent analysis completed by ADHS Bureau of Public Health Statistic.

Obesity (BRFSS)—Adults

Greenlee County had the highest rate of obesity or overweight at 76.1 and Coconino County has the lowest at 58.89.

In Arizona 63.45% of all respondents indicated they are overweight or obese.

Overweight or Obese



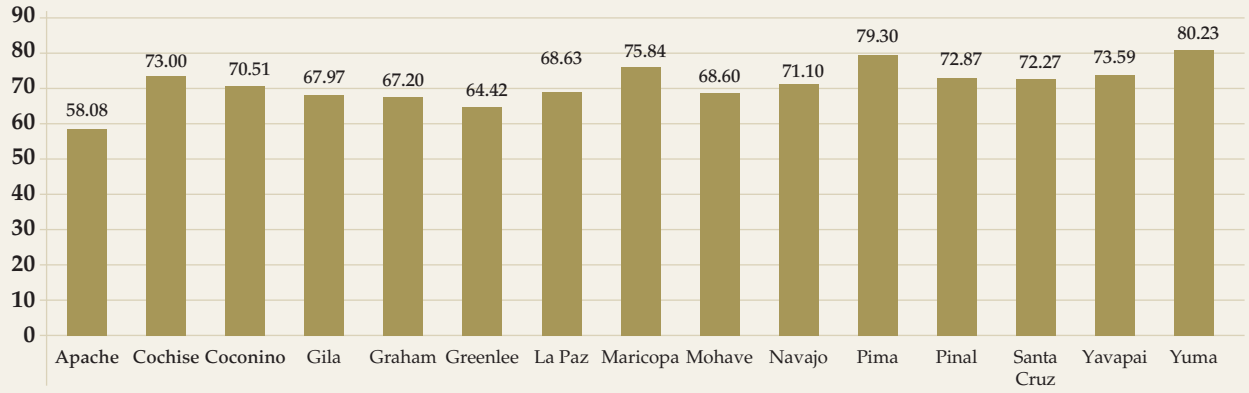
Data Source: Combined independent analysis completed by ADHS Bureau of Public Health Statistics.

Women 40+ Mammogram Past Year

Yuma County has the highest rate of women 40+ getting mammograms at 80.23. The lowest rate was in Apache County at 58.08.

The overall rate in Arizona for Women 40+ getting mammograms in the past year is 75.44

Women 40+ Mammogram Past Year



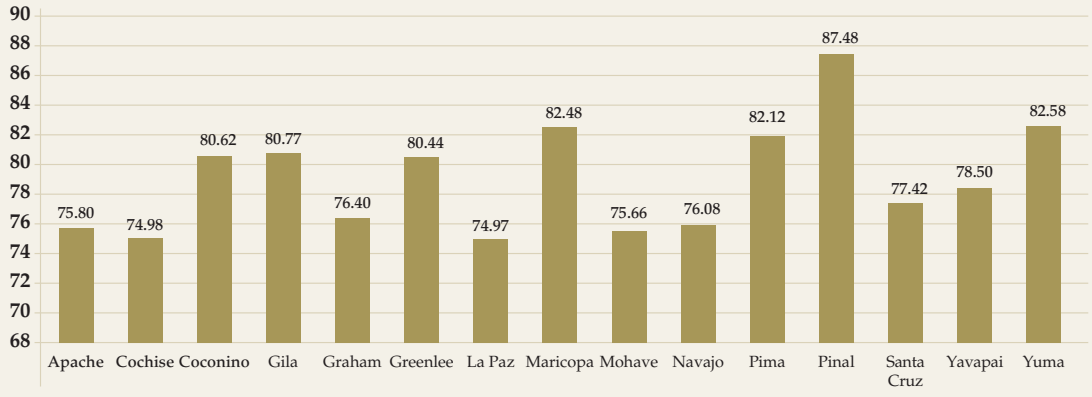
Data Source: AZ BRFSS 2010, Pg. 103. http://www.azdhs.gov/phs/phstats/brfs/reports/BRFSS2010Report.pdf

Women 18+ Pap Test 3 Year

Pinal County had the highest rate of women 18+ who had a pap test is 87.48. The lowest rate was La Paz County at 74.97.

The overall rate in Arizona of women 18+ who had a pat test is 81.84%.

Women 18+ Pap Test 3 Year



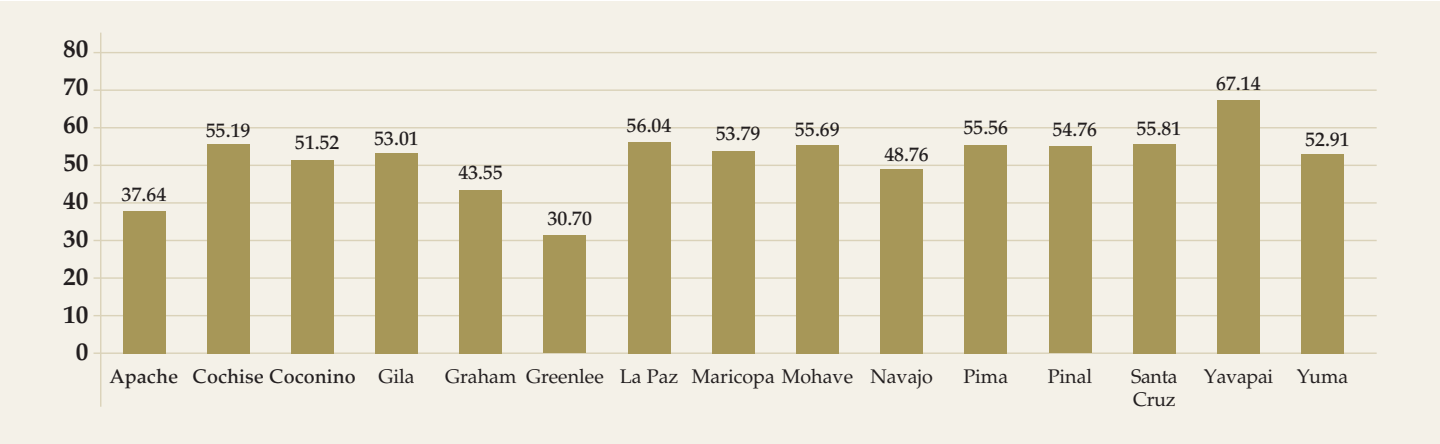
Data Source: AZ BRFSS 2010, Pg. 107. http://www.azdhs.gov/phs/phstats/brfs/reports/BRFSS2010Report.pdf

Men 40+ PSA Test Past 2 Years

Yavapai County had the highest rate of men 40+ who received a PSA test at 67.14. Greenlee County had the lowest rate at 30.70.

The overall rate in Arizona of men 40+ who had a PSA test was 54.38%.

Men 40+ PSA Test Past 2 Years



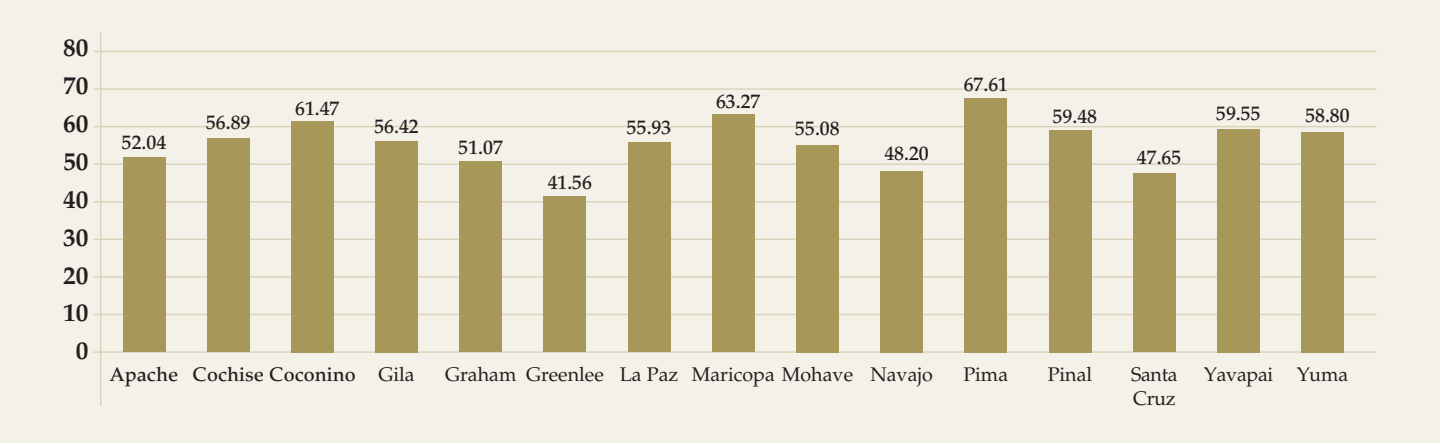
Data Source: AZ BRFSS 2010, Pg. 107. http://www.azdhs.gov/phs/phstats/brfs/reports/BRFSS2010Report.pdf

Adults 50+ Sigmoidoscopy or Colonoscopy

Pima County had the highest rate of Adults 50+ who received a Sigmoidoscopy or Colonoscopy at 67.61. Greenlee County had the lowest rate at 41.56.

The rate in Arizona for all adults 50+ who received a Sigmoidoscopy or Colonoscopy was 60.09%

Adults 50+ Sigmoidoscopy or Colonoscopy



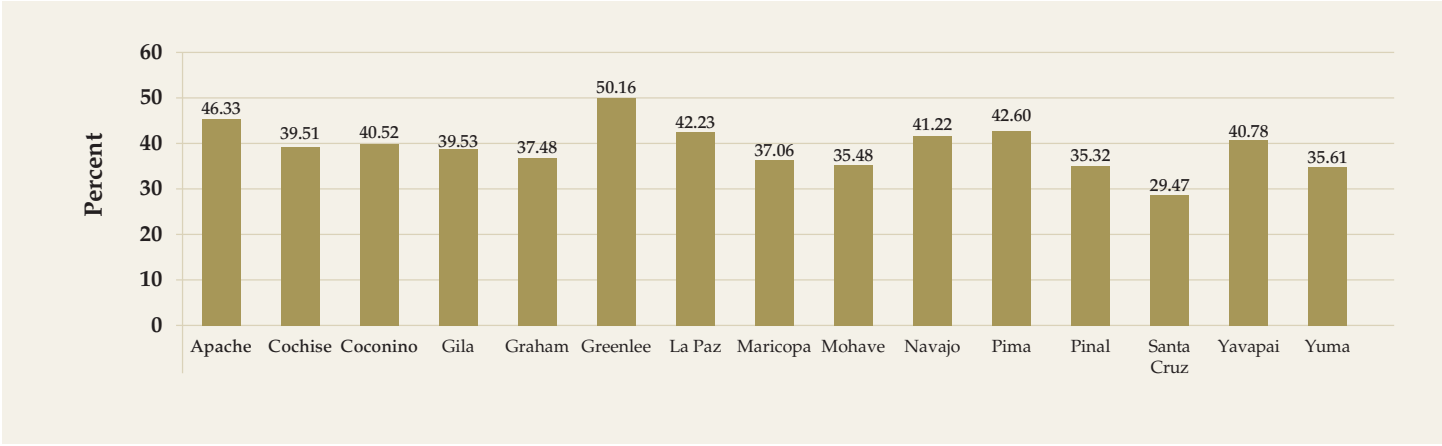
Data Source: AZ BRFSS 2010, Pg. 95. http://www.azdhs.gov/phs/phstats/brfs/reports/BRFSS2010Report.pdf

Adult Flu Shot or Spray Past 12 Months

Greenlee County had the highest rate of adults getting flu shots or spray in the past twelve months at 50.16. Santa Cruz County had the lowest rate at 29.47.

The overall Arizona rate for adults who received a flu shot or spray in the past 12 months was 38.16%

Adult Flu Shot or Spray Past 12 Months



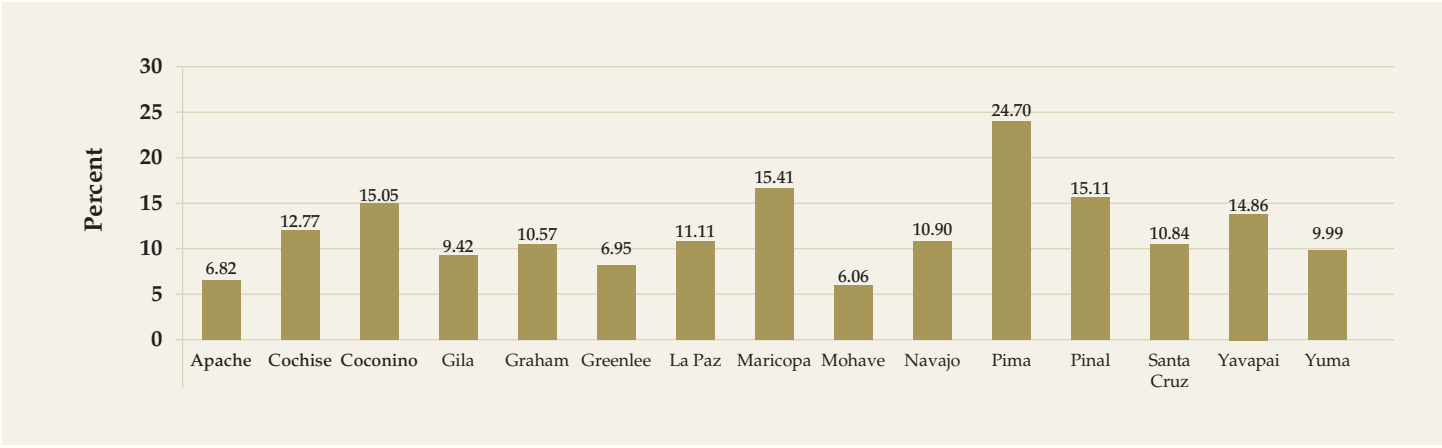
Data Source: Combined independent analysis completed by ADHS Bureau of Public Health Statistic.

Adult 60+ Shingles Vaccine Ever

Pima County has the highest rate of adults 60+ to have ever had a shingles vaccine at 27.70%. Mohave County had the lowest rate at 6.06.

The overall Arizona rate for adults 60+ to ever have had a shingles vaccine is 15.91%.

Adult 60+ Shingles Vaccine Ever



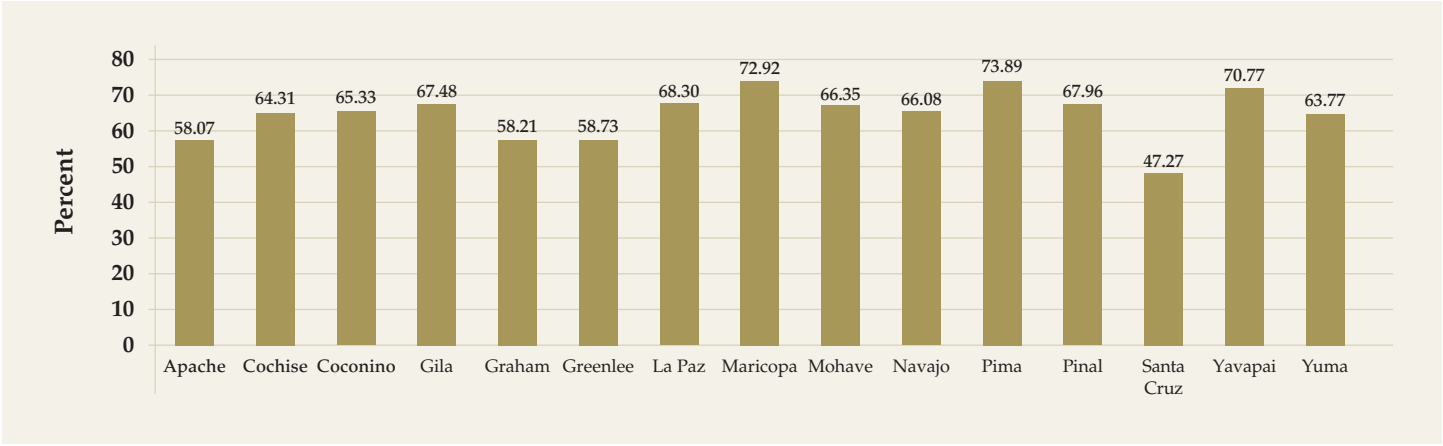
Data Source: AZ BRFSS 2010, Pg. 89. http://www.azdhs.gov/phs/phstats/brfs/reports/BRFSS2010Report.pdf

Adult 65+ Pneumonia Shot Ever

Pima County had the highest rate of adults 65+ who have ever had a pneumonia shot at 73.89. Santa Cruz had the lowest rate at 47.27.

The statewide rate for adults 65+ who have ever had a pneumonia shot is 71.02%

Adult 65+ Pneumonia Shot Ever



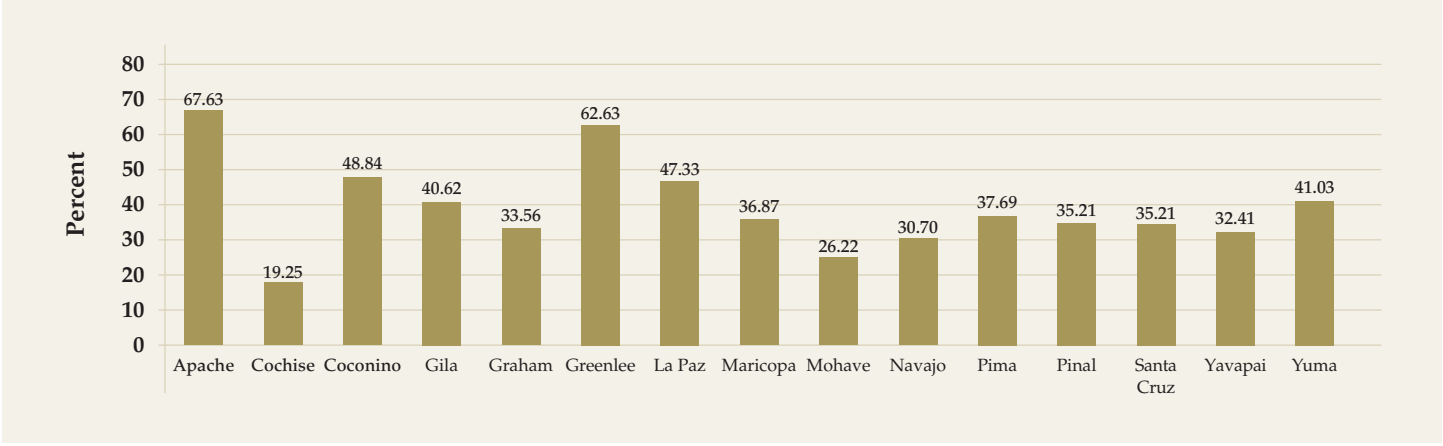
Data Source: AZ BRFSS 2010, Pg. 81. http://www.azdhs.gov/phs/phstats/brfs/reports/BRFSS2010Report.pdf

Child Flu Shot Past 12 Months

Apache County had the highest rate of children receiving a flu shot in the past 12 months at 67.63%. Cochise County had the lowest rate at 19.25%.

The statewide rate for children receiving flu shots in the past 12 months is 36.89%

Child Flu Shot Past 12 Months



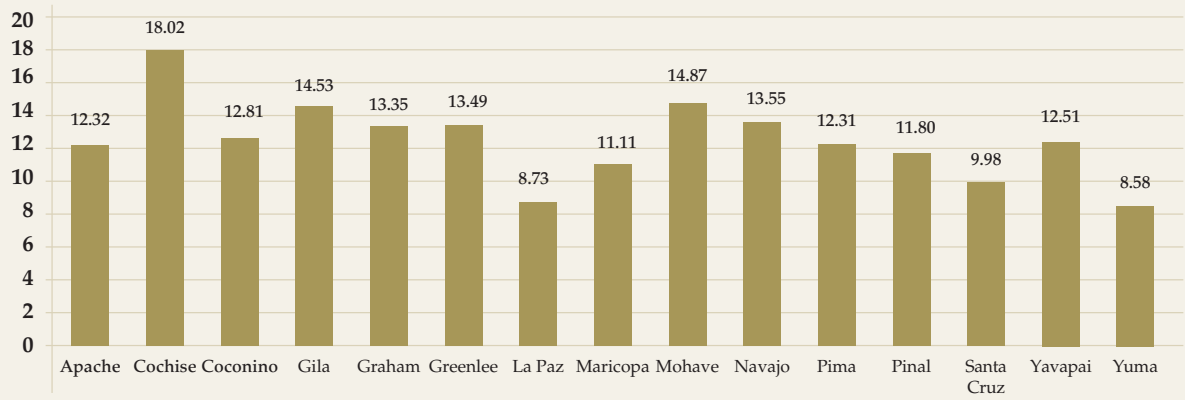
Data Source: Combined independent analysis completed by ADHS Bureau of Public Health Statistic.

Domestic Violence

Cochise County had the highest rate at 18.02 of respondents who indicated that an intimate partner had physically harmed them. Yuma County had the lowest at 8.58.

For Arizona as a whole 11.72 of all respondents indicated that an intimate partner had physically harmed them.

Domestic Violence



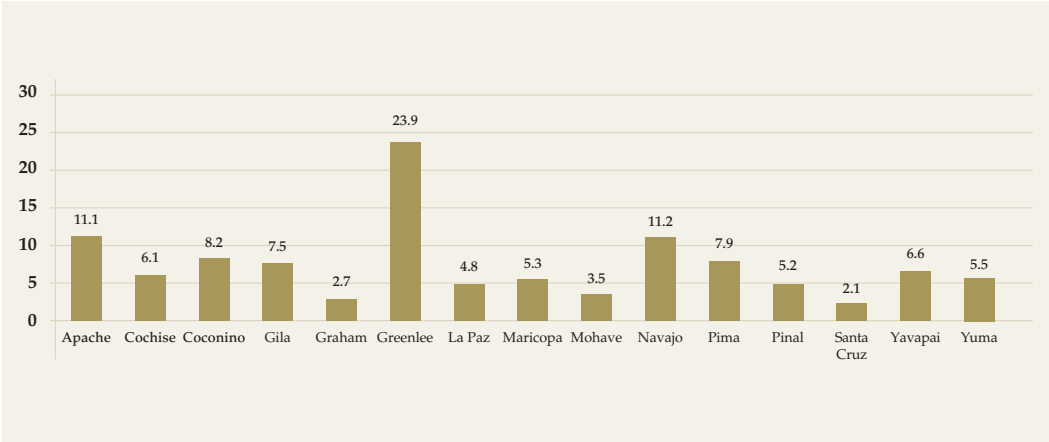
Data Source: Combined independent analysis completed by ADHS Bureau of Public Health Statistic.

The data represents the percentage of respondents within the specific county. The specific question asked was –Has an intimate partner ever hit, slapped or hurt you in anyway.

Homicide Rate, per 100,000

Greenlee County had the highest homicide rate at 23.9 while Santa Cruz had the lowest rate at 2.1

Homicide Rate, per 100,000



Data Source: Arizona Health Status and Vital Statistics Report 2011, Table 5E-13. http://www.azdhs.gov/plan/report/ahs/ahs2011/pdf/5e13.pdf

Healthy People 2020

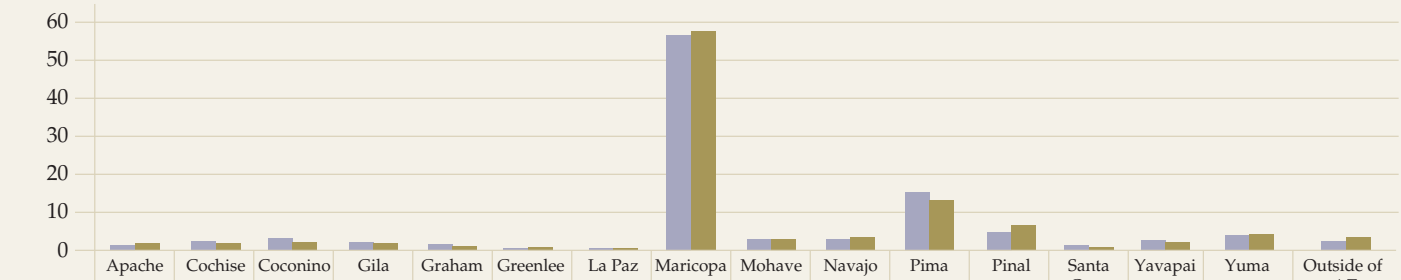
US Baseline:	6.1
HP 2020 Target:	5.0
AZ 2010:	7.4

Child Fatality

Seven of 15 counties experienced a reduction in child fatalities from 2010 to 2011. The counties included Cochise, Coconino, Gila, Graham, Pima, Santa Cruz, and Yavapai.

There were 862 child fatalities in 2010 and 837 in 2011.

Percentages of Child Fatalities.



	Apache	Cochise	Coconino	Gila	Graham	Greenlee	La Paz	Maricopa	Mohave	Navajo	Pima	Pinal	Santa Cruz	Yavapai	Yuma	Outside of AZ
2010	1.39	2.32	3.02	1.39	0.70	0.23	0.23	56.38	2.55	2.67	15.08	4.64	1.04	2.32	3.60	2.44
2011	1.79	1.79	2.27	1.08	0.48	0.60	0.36	57.11	2.75	3.11	13.02	6.09	0.48	1.67	3.94	3.46

Data Source: AZ Child Fatality Review Team 19th Annual Report 2012, Pg. 26, Table 4. http://www.azdhs.gov/phs/owch/pdf/cfr/19th-annual-child-fatality-review-report-nov-2012.pdf

Appendix E

Evidence-Based and Best Practices

Arizona State Health Assessment

2013

Appendix E

Evidence-Based and Best Practices

Nationally recognized evidence-based practices have been identified for each of the leading health issues identified in the State Health Assessment 2013. Each represents an opportunity to expand current efforts to positively impact the trends in these health issues. Many of these practices are currently being implemented in Arizona. See Appendix F for State and Local Program Assets.

OBESITY

Behavioral Interventions to Reduce Screen Time:

- Skill-building and goal-setting tips and reinforcement techniques
- Parent or family support through provision of information on environmental strategies to reduce access to television, video games, and computers
- A "TV turn-off challenge" in which participants are encouraged not to watch TV for a specified number of days

Community-Scale Urban Design and Land Use Policies

- Design elements that address: proximity of residential areas to stores, jobs, schools, and recreation areas; continuity and connectivity of sidewalks and streets; and aesthetic and safety aspects of the physical environment
  - o Institute policy instruments such as zoning regulations, building codes, other governmental policies, and builders' practices
  - o Highlight associated benefits, which include: improvements in green space, increased sense of community and decreased isolation, increased consumer choice for places to live, and reduced crime and stress
- Address mechanisms to improve safety since increased walking and bicycling on urban streets, although beneficial, also pose the risk of increased injuries to pedestrians or cyclists, because of increased exposure to motor vehicles

Community-Wide Interventions

- Involve many community sectors
- Include highly visible, broad-based, multi-component strategies (e.g. social support, risk factor screening, or health education)
- May also address other cardiovascular disease risk factors, particularly diet and smoking

Creation of or Enhanced Access to Places for Physical Activity Combined with Informational Outreach Activities

- Involve worksites, coalitions, agencies, and communities as they attempt to change the local environment to create opportunities for physical activity
- Suggest changes such as creating walking trails, building exercise facilities, or providing access to existing nearby facilities

Enhanced School-Based Physical Education

- Increase the length of, or activity levels in, school-based physical education classes

Individually Adapted Health Behavior Change Programs

- Teach behavioral skills (e.g. goal-setting and self-monitoring of progress toward those goals, building social support for new behaviors, behavioral reinforcement through self-reward and positive self-talk, structured problem-solving to maintain the behavior change, and prevention of relapse into sedentary behavior) to help participants incorporate physical activity into their daily routines
- Tailor programs to each individual's specific interests, preferences, and readiness for change

Point of Decision Prompts to Encourage Use of Stairs

- Place motivational signs in or near stairwells or at the base of elevators and escalators to encourage individuals to increase stair use

- Ensure these signs:
  - o Inform people about health or weight loss benefits from taking the stairs, and/or
  - o Remind people already predisposed to becoming more active, for health or other reasons, about an opportunity at hand to do so

Social Support Interventions in Community Settings

- Focus on changing physical activity behavior through building, strengthening, and maintaining social networks that provide supportive relationships for behavior change
- Suggest support mechanisms such as: setting up a buddy system, making contracts with others to complete specified levels of physical activity, or setting up walking groups or other groups to provide friendship and support

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

(*uses technology to facilitate or mediate interactions between a coach or counselor and an individual or group, with a goal of influencing weight-related behaviors or weight-related outcomes*):

- Technology-supported components may include use of the following:
  - o Computers (e.g. Internet, CD-ROM, e-mail, kiosk, computer program)
  - o Video conferencing
  - o Personal digital assistants
  - o Pagers
  - o Pedometers with computer interaction
  - o Computerized telephone system interventions that target physical activity, nutrition, or weight
- Non-technological components may include use of the following:
  - o In-person counseling
  - o Manual tracking
  - o Printed lessons
  - o Written feedback

Worksite Programs:

- Informational and educational strategies aimed at increasing knowledge about a healthy diet and physical activity. Examples include: Lectures, written materials (provided in print or online), and educational software
- Behavioral and social strategies targeting the thoughts (e.g. awareness, self-efficacy) and social factors that affect behavior changes. Examples include: individual or group behavioral counseling; skill-building activities such as cue control, rewards, or reinforcement; and the inclusion of co-workers or family members to build support systems
- Policy and environmental approaches aimed at making healthy choices easier and targeting the entire workforce by changing physical or organizational structures. Examples of this include:
  - o Improving access to healthy foods (e.g. changing cafeteria options, vending machine content)
  - o Providing more opportunities to be physically active (e.g. providing on-site facilities for exercise)
  - o Instituting policy strategies to change rules and procedures affecting employees (such as health insurance benefits or costs or providing stipends for health club membership)
- Worksite weight control strategies established separately or as part of a comprehensive worksite wellness program that addresses several health issues (e.g. smoking cessation, stress management, cholesterol reduction)

TOBACCO USE

Community Mobilization with Additional Interventions

- Focus public attention on the issue of youth access to tobacco products and mobilizing community support for additional efforts to reduce that access
- Combine with additional interventions—such as stronger local laws directed at retailers, active enforcement of retailer sales laws, and retailer education with reinforcement—on the basis of sufficient evidence of effectiveness in reducing youth tobacco use and access to tobacco products from commercial sources

Increasing the Unit Price of Tobacco Products

- Findings from ten aggregated studies suggested that a 10% increase in product price would result in a 4.1% decrease in consumption

Mass Media Campaigns when Combined with Other Interventions, Smoking Bans, and Restrictions

- Institute policies, regulations, and laws that limit smoking in workplaces and other public areas; prohibit smoking in geographically defined areas

Provider Reminders when Used Alone

- Include efforts to identify clients who use tobacco products and to prompt providers to discuss and/or to advise clients about quitting. Providers may receive these reminders through chart stickers, vital sign stamps, medical record flow sheets, and checklists

Provider Reminders with Provider Education

- Include efforts to educate and to prompt providers to identify and intervene with tobacco-using clients, as well as to provide additional educational materials

Quitline Interventions:

- Use mass-reach health communication interventions that combine cessation messages with a quitline number
- Provide evidence-based tobacco cessation medications for clients interested in quitting
- Encourage quitline referrals by health care systems and providers

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

- Institute policy or program changes that make evidence-based treatments, including medication, counseling or both, more affordable
- Provide new benefits or change the level of benefits offered that reduce costs or co-payments

SUBSTANCE ABUSE

12-Step Facilitation Therapy

- A brief, structured, and manual-driven approach to facilitating early recovery from alcohol abuse, alcoholism, and other drug abuse and addiction problems;
- Implemented with individual clients over 12 to 15 sessions. The intervention is based on the behavioral, spiritual, and cognitive principles of 12-step fellowships, such as Alcoholics Anonymous (AA) and Narcotics Anonymous (NA)

Anger Management for Substance Abuse and Mental Health Clients: Cognitive Behavioral Therapy

- Four types of Cognitive Behavioral Therapy (CBT) interventions, theoretically unified by principles of social learning theory:
  - o Relaxation interventions, which target emotional and physiological components of anger
  - o Cognitive interventions, which target cognitive processes such as hostile appraisals and attributions, irrational beliefs, and inflammatory thinking
  - o Communication skills interventions, which target deficits in assertiveness and conflict resolution skills
  - o Combined interventions, which integrate two or more CBT interventions and target multiple response domains

Behavioral Couples (Marital) Therapy

- A substance abuse treatment approach based on the assumptions that (1) intimate partners can reward abstinence and (2) reducing relationship distress lessens risk for relapse

Behavioral Self-Control Training

- A treatment approach used to pursue either a goal of abstinence or a goal of moderate or non-problematic drinking
- It consists of behavioral techniques of goal setting, self-monitoring, managing consumption, rewarding goal attainment, functionally analyzing drinking situations, and learning alternate coping skills

Behavioral Therapy for Adolescents

- Incorporates the principle that unwanted behavior can be changed by clear demonstration of the desired behavior and consistent reward of incremental steps toward achieving it
- Therapeutic activities include fulfilling specific assignments, rehearsing desired behaviors, and recording and reviewing progress, with praise and privileges given for meeting assigned goals
- The therapy aims to equip the patient to gain three types of control:
  - o Stimulus Control helps patients avoid situations associated with drug use and learn to spend more time in activities incompatible with drug use
  - o Urge Control helps patients recognize and change thoughts, feelings, and plans that lead to drug use
  - o Social Control involves family members and other people important in helping patients avoid drugs. A parent or significant other attends treatment sessions when possible and assists with therapy assignments and reinforcing desired behavior

Brief Alcohol Screening and Intervention for College Students (BASICS): A Harm Reduction Approach

- A prevention program for college students who drink alcohol heavily and have experienced or are at risk for alcohol-related problems

Brief Cognitive Behavioral Intervention for Amphetamine Users

- Consists of four weekly sessions focused on developing skills to reduce amphetamine use
- Each session is conducted individually and lasts 45–60 minutes. Following an initial assessment, the sessions are conducted in the following order:
  - o Motivational interviewing
  - o Coping with cravings and lapses
  - o Controlling thoughts about amphetamine use and pleasurable activities
  - o Amphetamine refusal skills and preparation for future high-risk situations

Brief Interventions

- Aim of the intervention is to convince the drinker that they are drinking at levels that could be harmful to their health and encourage them to reduce consumption to sensible limits in order to reduce the risk of future health problems
- Designed to be conducted by health professionals who do not specialize in addictions treatment; generally restricted to four or fewer sessions, each session lasting from a few minutes to one hour
- Consists of six elements summarized by the acronym FRAMES: feedback, responsibility, advice, menu of strategies, empathy, and self-efficacy

Brief Marijuana Dependence Counseling (BMDC)

- A 12-week intervention designed to treat adults with a diagnosis of cannabis dependence. Using a client-centered approach, BMDC targets a reduction in the frequency of marijuana use, thereby reducing marijuana-related problems and symptoms

Brief Strategic Family Therapy (BSFT)

- Designed to:
  - o Prevent, reduce, and/or treat adolescent behavior problems such as drug use, conduct problems, delinquency, sexually risky behavior, aggressive/violent behavior, and association with antisocial peers;
  - o Improve pro-social behaviors such as school attendance and performance; and
  - o Improve family functioning, including effective parental leadership and management, positive parenting, and parental involvement with the child and his or her peers and school

Brief Strengths-Based Case Management (SBCM) for Substance Abuse

- A one-on-one social service intervention for adults with substance use disorders that is designed to reduce the barriers and time to treatment entry and improve overall client functioning

Broad Spectrum Treatment (BST) and Naltrexone for Alcohol Dependence

- A 3-to 6-month program that uses manual-guided cognitive behavioral therapy in combination with naltrexone pharmacotherapy (50 mg daily) to treat adults with alcohol dependence

Cocaine-Specific Coping Skills Training

- Teaches cocaine users how to identify high-risk situations associated with past episodes of cocaine use and modify their behavior to avoid or counteract those influences in the future
- An adaptation of a treatment approach used for alcoholism

Cognitive Behavioral Coping Skills Therapy

- An intervention that improves the patient's cognitive and behavioral skills for changing his/her problematic drinking behavior
- Based on the principles of social learning theory and views drinking behavior as functionally related to major problems in a person's life

Combined Behavioral & Nicotine Replacement Therapy

- Combines two main components: a behavioral treatment and a pharmacological treatment consisting of nicotine replacement therapy
- Three types of counseling and behavioral therapies were found to be especially effective:
  - o Provision of practical counseling (problem solving/skills training);
  - o Provision of social support as part of treatment (intra-treatment social support); and
  - o Help in securing social support outside of treatment (extra-treatment social support)

Combined Scheduled Reduced Smoking & Cognitive Behavioral Therapy

Community Reinforcement Approach (CRA) with Vouchers

- A behavioral intervention that seeks to replace environmental contingencies that have supported alcohol or drug use with pro-social activities and behaviors that support recovery

Contingency Management (Without CRA) Day Treatment with Abstinence Contingencies and Vouchers

- A manualized program for adults who are homeless and have co-occurring substance use and non-psychotic mental disorders
- The program, which is based on therapeutic goals management, helps participants to stop using substances and provides them with housing and work training

Dialectical Behavior Therapy

- A cognitive-behavioral treatment approach with two key characteristics: a behavioral, problem-solving focus blended with acceptance-based strategies, and an emphasis on dialectical processes

"Downward Spiral" Board Game

- Clients in substance abuse treatment often have difficulty associating behavior with consequences, complicating both treatment and recovery
- This board game was developed to assist that process and to encourage motivation and openness to treatment; stimulates realistic examinations of past, present, and future situations which hold consequences for treatment clients

Family Support Network (FSN) for Adolescent Cannabis Users

- An outpatient substance abuse treatment program targeting youth ages 10–18 years. FSN includes a family component along with a 12-session, adolescent-focused cognitive behavioral therapy—called Motivational Enhancement Therapy/Cognitive Behavioral Therapy (MET/CBT12)—and case management

Group Drug Counseling for Cocaine Addiction: The Collaborative Cocaine Treatment Study Model

- Includes an initial stabilization/detoxification period and 24 group therapy sessions during a six-month period
- Group treatment is provided in two phases, coinciding approximately with clients' needs in recovery, although individuals progress at their own pace
- The treatment groups have a rolling admissions policy

Holistic Harm Reduction Program (HHRP+)

- A 12-session, manual-guided, group level program to reduce harm, promote health, and improve quality of life of HIV-positive intravenous drug users
- The primary goal of HHRP+ is to provide group members with the resources (e.g. knowledge, motivation, and skills) they need to make choices that reduce harm to themselves and others

Individual Cognitive-Behavioral Therapy

- Emphasizes collaborative empiricism, the importance of socializing patients to the cognitive therapy model, and the monitoring and modification of automatic thoughts, assumptions, and beliefs

Individual Drug Counseling to Treat Cocaine Addiction

- 12-step drug counseling focuses on the symptoms of drug addiction and related areas of impaired functioning and the content and structure of the patient's ongoing recovery program
- This model of counseling is time-limited and emphasizes behavioral change. It gives the patient coping strategies and tools for recovery and promotes 12-step ideology and participation
  - o The primary goal of addiction counseling is to assist the addict in achieving and maintaining abstinence from addictive chemicals and behaviors
  - o The secondary goal is to help the addict recover from the damage the addiction has caused in his or her life

Low-Cost Contingency Management

- Patients assigned to the incentive condition remained in treatment longer and submitted a greater percentage of substance-free urine samples compared to those in usual care
- Prizes cost on average $203 per patient, or $2.42 per patient per day, showing that low-cost abstinence-based procedures can be very effective in enhancing retention and abstinence outcomes

Matrix Intensive Outpatient Program for the Treatment of Stimulant Abuse

- A framework for engaging stimulant abusers in treatment and helping them achieve abstinence
- Patients learn about issues critical to addiction and relapse, receive direction and support from a trained therapist, become familiar with self-help programs, and are monitored for drug use by urine testing
- The program includes education for family members affected by the addiction

Motivational Enhancement Therapy (MET)

- A systematic intervention approach for evoking change. It is based on principles of motivational psychology and is designed to produce rapid, internally motivated change
- Individuals move through a series of stages of change as they progress in modifying problem behaviors. The stages are:
  - o PRECONTEMPLATION (people not considering changing their problem behavior);
  - o CONTEMPLATION (the individuals are beginning to consider both that they have a problem and the feasibility and costs of changing that behavior);
  - o DETERMINATION (the decision is made to take action and change);
  - o ACTION (the individual begins to modify the problem behavior; this stage normally continues for 3–6 months);
  - o MAINTENANCE (sustained change);
  - o If these efforts fail, a RELAPSE occurs, after which the individual begins another cycle

Motivational Enhancement Therapy and Cognitive Behavioral Therapy for Adolescent Cannabis Users

Multidimensional Family Therapy (MDFT)

- A comprehensive and multi-systemic family-based outpatient or partial hospitalization (day treatment) program for substance-abusing adolescents, adolescents with co-occurring substance use and mental disorders, and those at high risk for continued substance abuse and other problem behaviors such as conduct disorder and delinquency

Multi-systemic Therapy (MST)

- Designed to treat youth who are at risk for out-of-home placement (in some cases, psychiatric hospitalization) due to serious behavioral problems and co-occurring mental health symptoms such as: thought disorder, bipolar affective disorder, depression, anxiety, and impulsivity
- Addresses the factors associated with serious antisocial behavior in children and adolescents who abuse drugs. These factors include characteristics of the adolescent (for example, favorable attitudes toward drug use), the family (poor discipline, family conflict, parental drug abuse), peers (positive attitudes toward drug use), school (dropout, poor performance), and neighborhood (criminal subculture)

Node-Link Mapping: Mapping New Roads to Recovery: Cognitive Enhancements to Counseling

- This strategy involves counselor and client in the development of visual representations, or maps, of issues that emerge in substance abuse treatment
- Drawing a map or diagram can help clients see and understand relationships between their actions and consequences and can help them express complex relationships and parallel ideas that are difficult to verbalize

Relapse Prevention Therapy

- A behavioral self-control program that teaches individuals with substance addiction how to anticipate and cope with the potential for relapse

Seeking Safety: A Psychotherapy for Trauma/PTSD and Substance Abuse

- A present-focused treatment for clients with a history of trauma and substance abuse
- Focuses on coping skills and psycho-education and has five key principles:
  - Safety as the overarching goal (helping clients attain safety in their relationships, thinking, behavior, and emotions);
  - Integrated treatment (working on both posttraumatic stress disorder (PTSD) and substance abuse at the same time);
  - A focus on ideals to counteract the loss of ideals in both PTSD and substance abuse;
  - Four content areas: cognitive, behavioral, interpersonal, and case management; and
  - Attention to clinician processes (helping clinicians work on counter transference, self-care, and other issues)

Supportive-Expressive Psychotherapy

- An analytically oriented, time-limited form of focal psychotherapy that has been adapted for use with individuals with heroin and cocaine addiction
- Particular emphasis is given to themes related to drug dependence, the role of drugs in relation to problem feelings and behaviors, and alternative, drug-free means of resolving problems

TEEN PREGNANCY

17 Days (formerly What Could You Do?)

- A theory-based interactive DVD designed to educate young women about contraception and sexually transmitted diseases (STDs). The DVD presents different scenarios involving decisions that young women face in relationships, identifies choice points, suggests risk-reduction strategies, and allows viewers to practice what they would do in a similar situation

Aban Aya Youth Project (AAYP)

- A program designed to reduce rates of risky behaviors among African-American children in 5th through 8th grades. AAYP is an Afro-centric social development curriculum instructed over a four-year period, beginning in the fifth grade. The number of lessons varies each year

Adult Identity Mentoring (Project AIM)

- A group-level youth development intervention to reduce sexual risk behaviors among low-income youth between the ages of 11 and 14 by providing them with the motivation to make safe choices and to address deeper barriers to sexual risk prevention (e.g. hopelessness, poverty, risk opportunities in low-income environments)

All4You!

- Reduce the number of students who have unprotected sexual intercourse, which is associated with increased risk of HIV, other sexually transmitted diseases (STDs), and unplanned pregnancy
- Change key determinants related to sexual risk taking, such as attitudes, beliefs, and perceived norms. The target audience is students in alternative high school settings who are between the ages of 14 and 18. The intervention is designed to be delivered by health educators or classroom teachers during classroom sessions and service-learning visits in the community

Assisting in Rehabilitating Kids (ARK)

- An intervention designed to increase abstinence, increase safer sex practices, and reduce risky sex behaviors in substance-dependent youth
- The intervention is delivered in small groups after the participants' initial detoxification in drug treatment facilities

Be Proud! Be Responsible!

- Geared toward behavior modification and building knowledge, understanding, and a sense of responsibility regarding STD/HIV risk in vulnerable youth
- The intervention is designed to affect knowledge, beliefs, and intentions related to condom use and sexual behaviors, such as initiation and frequency of intercourse

Be Proud! Be Responsible! Be Protective!

- An adaptation of the Be Proud! Be Responsible! program targeting adolescent mothers or pregnant girls

Becoming a Responsible Team (BART)

- An HIV prevention curriculum primarily for African-American adolescents, ages 14–18, in non-school, community-based settings
- It consists of eight sessions, 1.5 to 2 hours each, and includes interactive group discussions and role-plays that have been created by teens

Children's Aid Society (CAS)—Carrera Programs

- A long-term, holistic approach to empower youth, to help them develop personal goals and the desire for a productive future, in addition to developing their sexual literacy and educating them about the consequences of sexual activity

Comprehensive Risk Reduction Interventions

- Intervention types include: in-school health education courses, community outreach programs geared toward sexual health education, community runaway centers with sexual health education, community center health education programs, neighborhood peer counseling pregnancy intervention programs, juvenile detention center prevention programs

¡Cuídate!

- A culturally tailored teen pregnancy prevention program designed specifically for Latino youth

Draw the Line/Respect the Line

- This comprehensive, research-evaluated curriculum promotes abstinence by providing students in grades 6, 7, and 8 with the knowledge and skills to prevent HIV, other STDs, and pregnancy. Using a fun, interactive approach, Draw the Line/Respect the Line shows students how to set personal limits and meet challenges to those limits

FOCUS

- Provides a curriculum-based intervention to educate young people on issues, such as responsible behavior, relationships, and pregnancy and STD prevention, and to promote healthy behavior and responsible decision-making in the lives of young women

Heritage Keepers Abstinence Education

- A classroom-based curriculum that teaches students the benefits of remaining abstinent until marriage and the risks associated with premarital sexual activity. It aims to teach students resistance skills and tactics to help them practice abstinence and build relationships without having sex

Horizons

- A culturally tailored STD/HIV intervention for African-American adolescent females seeking sexual health services. The intervention aims to reduce STDs by improving STD/HIV risk-reduction knowledge and condom use skills, facilitating communication with male partners about safer sex practices and STDs, facilitating male sex partners' access to STD screening and treatment, and reducing female adolescents' frequency of douching

Interventions Coordinated with Community Services

- Youth-development behavioral interventions include: social, emotional, or cognitive competence training that promotes pro-social norms; improves decision-making, self-determination, and communication skills; and promotes positive bonding experiences between youth and their peers or non-parental role models
- Community service may involve scheduled activities in one or more community settings, such as nursing homes, hospitals, and homeless shelters. This experience provides extended opportunities for adolescents to interact with adults in the community and have a sense of membership in a group with explicit rules and responsibilities

It's Your Game: Keep it Real

- A classroom- and computer-based HIV, Sexually Transmitted Infection (STI), and pregnancy prevention program for 7th and 8th grade students (referred to as Level 1 and Level 2)

Making a Difference!

- Teach correct information about puberty and adolescent sexual development
- Teach correct information about strategies to prevent HIV, STDs, and pregnancy
- Foster more positive attitudes and beliefs about abstinence
- Build negotiation skills and problem solving skills regarding abstinence
- Build self-efficacy in adolescents and a desire to practice abstinence
- Strengthen sense of pride and responsibility in making a difference

Making Proud Choices! (MPC!)

- Knowledge about HIV and STDs, unintended pregnancy and its consequences, condom use, problem-solving and negotiation skills, and contraceptive methods
- Behavioral beliefs about goals and dreams; using condoms to prevent HIV, STDs, and pregnancy; and achieving positive results from talking with a partner about condom use
- Attitudes about contraception, safer sex, and condom use
- Perception of risk related to susceptibility to HIV, STDs, and unintended pregnancy, and severity of HIV, STDs, and unintended pregnancy
- Skills and self-efficacy related to using condoms correctly and negotiating about condom use

Project TALC

- The intervention, based on social learning theory
- Designed to provide coping skills to parents living with HIV and their adolescent children

Promoting Health Among Teens! Abstinence-Only Intervention (formerly known as 'Promoting Health Among Teens!')

- Teach correct information about puberty and strategies to prevent HIV, STDs, and pregnancy
- Address behavioral attitudes and outcome expectancies of risky sexual behavior
- Build negotiation skills and problem-solving skills
- Build self-efficacy in adolescents and a desire to practice abstinence

Promoting Health Among Teens! Comprehensive Abstinence and Safer Sex Intervention (formerly known as 'Comprehensive Abstinence and Safer Sex Intervention!')

- This comprehensive abstinence and safe sex intervention provides youth with information about abstinence, safer sex practices, pregnancy prevention, and the prevention of HIV and STIs

Raising Healthy Children (formerly known as the Seattle Social Development Project)

- A social development approach to positive youth development

Reducing the Risk

- The development of attitudes and skills that will help teens prevent pregnancy and the transmission of STDs, including HIV
- This approach addresses skills such as risk assessment, communication, decision-making, planning, refusal strategies, and delay tactics

Respeto/Proteger

- A six-session, 12-hour HIV prevention program for young Latino parents with children who are at least three months of age
- The program builds on feelings of parental protectiveness and the emotional attachment between a parent and a child to positively affect parental behavior

Rikers Health Advocacy Program (RHAP)

- Designed to produce problem-solving skills for HIV/AIDS prevention among high-risk youth, particularly drug users and youth in correctional facilities
- The program features a "Problem-Solving Therapy" approach, which focuses on problem orientation, defining and formulating a problem, generating alternative solutions, decision-making, and implementing a solution

Safer Choices

- A multi-component STD, HIV, and teen pregnancy prevention program for high school students

Safer Sex

- This program is a clinic-based intervention intended to reduce the incidence of STDs and improve condom use among high-risk female adolescents

Sisters, Informing, Healing, Living, Empowering (SiHLE)

- A peer-led, group-level, social-skills training intervention designed to reduce sexual risk behaviors among African-American female teenagers who are at high risk of HIV

Sexual Health and Adolescent Risk Prevention (SHARP) (formerly known as HIV Risk Reduction Among Detained Adolescents)

- This single-session, group-based intervention is designed to reduce sexual risk behaviors among high-risk adolescents in juvenile detention facilities

Sisters Saving Sisters

- Aims to address the higher risk of HIV/STDs in Latina and African-American female adolescent populations
- The program is designed to reduce the frequency of unprotected sexual intercourse (with and without drug and alcohol use), number of sexual partners, and incidence of sexually transmitted infections

Teen Health Project

- A community-level intervention that helps adolescents develop skills to enact change, and provides continued modeling, peer norm, and social reinforcement for maintaining the prevention of HIV risk behavior

Teen Outreach Program (TOP)

- Grounded in a youth development framework
- TOP is built on a belief system that youth should be valued and given opportunities to grow
- The development of supportive relationships with adult facilitators is a crucial part of the model, as are relationships with other peers in the program

CREATING HEALTHY COMMUNITIES AND LIFESTYLES

Comprehensive, Center-Based Programs for Children of Low-Income Families; Tenant-Based Rental Assistance Programs; Healthy Community Design Policies

- Land Use
  - o A provision for mixed-use development
  - o Increases in residential densities in targeted areas (Transit Oriented Development (TOD) and infill development)
  - o Connectivity of neighborhoods and diverse land uses
  - o Walkability and pedestrian infrastructure and amenities
  - o Bikeability and bicycle infrastructure and amenities
  - o Consideration for the provision of opportunities for community gardens, farmers' markets, and urban agriculture
  - o Accessibility to healthy food
  - o Inclusion of design standards that encourage walkable neighborhoods
  - o Consideration of the use of Health Impact Assessments (HIA) as a tool for measuring the health impacts of policies, programs, and projects
- Neighborhood Preservation and Redevelopment
  - o Neighborhood connectivity for access to both internal and external uses
  - o Neighborhood walkability and bikeability
  - o Provisioning of public spaces available to every neighborhood
  - o Joint-use of neighborhood amenities such as schools and parks
  - o Consideration of incentives for the provision of healthy food in underserved neighborhoods
  - o Provision of safe and healthy housing for all residents
  - o Provision of a diverse mix of housing units/types throughout the community
- Circulation
  - o Adoption of a Complete Streets Policy
  - o Safe Routes to School Programs
  - o Transit Oriented Development (TOD)
  - o Transportation infrastructure that provides for an interconnected system throughout the community/region that serves all residents and minimizes/mitigates impacts on neighborhoods
  - o Action Plan for Bicycle Friendly Communities
- Recreation
  - o Preparation of a Healthy Lifestyle Plan that includes a parks and open space master plan, trails master plan, and other components that contribute to a healthy lifestyle
  - o Walkability standards for access to parks/recreational areas
  - o Recreational programs that address the needs and cultures of community residents
- Environmental Planning
  - o Mitigation of the Urban Heat Island Effect (UHI)
  - o Preparation of a climate adaptation plan

- o Strategies for improving air quality
- o Considerations of green building strategies and regulations
- o Incorporation of LEED building standards for public buildings and for private buildings over a specific size

- Energy
  - o Facilitating the development of distributive energy generation
  - o Developing a plan for reducing the community carbon footprint
  - o Developing green infrastructure standards for new and retrofit street projects
  - o Consideration of providing incentives for Net Zero Development (NZD)
- Safety
  - o Neighborhood policing to reduce demand for police services and encourage interaction among the residents of contiguous neighborhoods
- Water Resources
  - o Consideration of green infrastructure standards to reduce storm water runoff and recharge the aquifer
  - o Encourage use of grey water and on-site harvesting of storm water runoff
- Public Buildings and Services
  - o Investment in Public Facilities
  - o Green Infrastructure
  - o Joint-use agreements with private and non-profit entities when appropriate
  - o Promote the use of community facilities as neighborhood centers.
- Healthy Eating
  - o Limitations on fast food restaurants
  - o Consideration of incentives for retailers providing access to healthy food
  - o Zoning regulations that accommodate community gardens, farmers' markets, and urban agriculture
  - o Walkability standards for access to healthy food
  - o Programs to identify opportunities for establishing community gardens and farmers markets
  - o Programs that address food security by establishing a comprehensive food program that focuses on a local system for growing, transporting, and delivering healthy food
  - o Consideration of the use of Health Impact Assessments (HIA) as a tool for measuring the healthy impacts of policies, programs, and projects

HEALTHCARE ASSOCIATED INFECTIONS (HAI)

All HAIs:

- Hand hygiene

Catheter-associated urinary tract infection:

- Reduction in unnecessary catheter use
- Adherence to aseptic catheter insertion and catheter care
- Maintain a closed drainage system and maintain unobstructed urine flow ; do not disconnect unless irrigation needed

Central line-associated bloodstream infection:

- Adherence to maximal sterile-barrier precautions
- Use of chlorhexidine for skin antisepsis; or, if there is a contraindication to chlorhexidine, tincture of iodine, an iodophor, or 70% alcohol used as alternatives
- Avoidance of femoral catheterization
- Decontaminate hands before donning sterile gloves when inserting a central intravascular catheter
- Do not use arterial or venous cut-down procedures during insertion
- Do not use organic solvents on skin
- Clean injection ports with 70% alcohol before accessing
- Prepare admixtures using sterile technique
- Do not use in-line filters for infection-control purposes
- Do not administer systemic antimicrobial prophylaxis routinely prior to catheter insertion
- After insertion, remove nonessential catheters, and promptly remove any intravascular catheter that is no longer essential
- After insertion, change dressings and perform site care every 5–7 days and change gauze every 2 days; Replace dressings used on short-term CVC sites at least every 7 days for transparent dressings, except in those pediatric patients in which the risk for dislodging the catheter may outweigh the benefit of changing the dressing
- After insertion, use antimicrobial ointments; Do not use topical antibiotic ointment or creams on insertion sites, except for dialysis catheters, because of their potential to promote fungal infections and antimicrobial resistance
- Weigh the risks and benefits of placing a central venous device at a recommended site to reduce infectious complications against the risk for mechanical complications (e.g. pneumothorax, subclavian artery puncture, subclavian vein laceration, subclavian vein stenosis, hemothorax, thrombosis, air embolism, and catheter misplacement)
- Avoid the subclavian site in hemodialysis patients and patients with advanced kidney disease, to avoid subclavian vein stenosis
- Use a fistula or graft in patients with chronic renal failure instead of a central venous catheter (CVC) for permanent access for dialysis
- Use ultrasound guidance to place CVCs (if this technology is available) to reduce the number of cannulation attempts and mechanical complications. Ultrasound guidance should only be used by those fully trained in its technique
- Use a CVC with the minimum number of ports or lumens essential for the management of the patient
- When adherence to aseptic technique cannot be ensured (e.g. catheters inserted during a medical emergency), replace the catheter as soon as possible, that is, within 48 hours
- Maintain aseptic technique for the insertion and care of intravascular catheters
- Antiseptics should be allowed to dry according to the manufacturer's recommendation prior to placing the catheter
- Use either sterile gauze or sterile, transparent, semipermeable dressing to cover the catheter site
- Replace catheter site dressing if the dressing becomes damp, loosened, or visibly soiled
- Do not submerge the catheter or catheter site in water. Showering should be permitted if precautions can be taken to reduce the likelihood of introducing organisms into the catheter (e.g. if the catheter and connecting device are protected with an impermeable cover during the shower)
- Ensure that catheter site care is compatible with the catheter material

- Monitor the catheter sites visually when changing the dressing or by palpation through an intact dressing on a regular basis, depending on the clinical situation of the individual patient. If patients have tenderness at the insertion site, fever without obvious source, or other manifestations suggesting local or bloodstream infection, remove the dressing to allow thorough examination of the site
- Do not routinely replace CVCs, Peripherally Inserted Central Catheters (PICCs), hemodialysis catheters, or pulmonary artery catheters to prevent catheter-related infections
- Do not use guidewire exchanges routinely for non-tunneled catheters to prevent infection
- Do not use guidewire exchanges to replace a non-tunneled catheter suspected of infection. Use a guidewire exchange to replace a malfunctioning non-tunneled catheter if no evidence of infection is present

Surgical site infection:

- Appropriate perioperative antibiotic prophylaxis (including appropriate antibiotic selection, timing, and duration)
- Perioperative glucose control
- Decreasing shaving [or hair removal] of the operative site
- Specific technique for clinicians when washing hands prior to surgery
- Treat infections prior to surgery
- Encouraging tobacco cessation
- Bathing and prepare skin with antiseptic agent
- Developing policies to manage infected surgical team
- Maintain positive pressure ventilation and minimal 15 air changes per hour during surgery
- Disinfect environmental surfaces
- Sterile instruments and surgical wear
- After surgery, protect incision with sterile dressing
- Normothermia (normal body temperature)
- Intraoperative administration of oxygen (FIO2), for abdominal or colorectal cases

Ventilator-associated pneumonia:

- Use semi-recumbent patient positioning
- Assess the patient daily for readiness for ventilator weaning
- Perform antiseptic oral care

SUICIDE

American Indian Life Skills Development/Zuni Life Skills Development

- A school-based curriculum that has demonstrated increased suicide prevention skills and decreased hopelessness, among other positive outcomes, in American Indian youth

Brief Psychological Intervention after Deliberate Self-Poisoning

- Demonstrated decreased suicidal ideation in those who received the four 50-minute treatments compared to those who received regular treatment

CARE (Care, Assess, Respond, Empower)

- A school-based and community-based computerized assessment and counseling program that has demonstrated decreased suicide risk factors for at-risk adolescents and young adults. The four-hour program (two hours for assessment, two hours for counseling) is for use by mental healthcare providers, including psychologists, counselors, and social workers

CAST (Coping and Support Training)

- A school-based small group counseling program for at-risk youth that has demonstrated decreased suicide risk factors, among other positive outcomes, in adolescents. CAST is conducted over twelve, 55-minute sessions. It can be delivered by trained teachers, counselors, social workers, or others with similar experience

Collaborative Care for the Management of Depressive Disorders

- A multi-component, healthcare system-level intervention that uses case managers to link primary care providers, patients, and mental health specialists. This collaboration is designed to:
  - o Improve the routine screening and diagnosis of depressive disorders
  - o Increase provider use of evidence-based protocols (e.g. supportive case managers, routine screening for and diagnosing of depressive disorders, initiating treatment for depression, referring patients to mental health specialists as needed) for the proactive management of diagnosed depressive disorders
  - o Improve clinical and community support for active patient engagement in treatment goal-setting and self-management

Dialectical Behavior Therapy

- A psychological treatment program that has demonstrated decreased suicide attempts and other positive outcomes in young adults. Generally, mental health professionals will need additional training to implement

Dynamic Deconstructive Psychotherapy (DDP)

- A 12- to 18-month, manual-driven treatment for adults with borderline personality disorder and other complex behavior problems, such as alcohol or drug dependence, self-harm, eating disorders, and recurrent suicide attempts. DDP combines elements of translational neuroscience, object relations theory, and deconstruction philosophy in an effort to help clients heal from a negative self-image and maladaptive processing of emotionally charged experiences
- Helps clients connect with their experiences and develop authentic and fulfilling connections with others. During weekly, 1-hour individually adapted sessions, clients discuss recent interpersonal experiences and label their emotions, while also reflecting upon their experiences in increasingly complex and realistic ways, to start the longer-term process of self-acceptance

Emergency Department Means Restriction Education

- Increased emphasis on the safe storage of firearms in homes of adolescent suicide attempters

Emergency Room Intervention for Adolescent Females

- An emergency room-based intervention for female suicide attempters and adult caregivers that has demonstrated decreased suicidal ideation, among other positive outcomes, for adolescent female suicide attempters and their adult caregivers

Interventions to Reduce Depression Among Older Adults (60+ yo):

- Home-Based Depression Case Management—Involves active screening for depression, measurement-based outcomes, trained depression care managers, case management, patient education, and a supervising psychiatrist

- Clinic-Based Depression Case Management—Includes antidepressant treatment and/or psychotherapy, active screening for depression, measurement-based outcomes, trained depression care managers providing case management, primary care provider and patient education, and a supervising psychiatrist

LEADS: For Youth (Linking Education and Awareness of Depression and Suicide)

- A curriculum for high school students in grades 9–12 that is designed to increase knowledge of depression and suicide, modify perceptions of depression and suicide, increase knowledge of suicide prevention resources, and improve intentions to engage in help-seeking behaviors

Lifelines Curriculum

- A school-based curriculum that has demonstrated increased positive attitudes about preventing suicide, among other positive outcomes, in adolescents. Lifelines can be taught in four 45-minute lessons

Mental Health Benefits Legislation

- Involves changing regulations for mental health insurance coverage to improve financial protection (e.g. decrease financial burden) and to increase access to, and use of, mental health services
- Such legislation can be enacted at the federal or state level

Model Adolescent Suicide Prevention Program (MASPP)

- Reduce the incidence of adolescent suicides and suicide attempts through community education about suicide and related behavioral issues, such as child abuse and neglect, family violence, trauma, and alcohol and substance abuse

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

- A psychological treatment program for children and adolescents that has demonstrated reductions in suicide attempts, among other positive outcomes, in children and adolescents

PROSPECT (Prevention of Suicide in Primary Care Elderly: Collaborative Trial)

- A multi-faceted primary care intervention that has demonstrated reductions in suicidal ideation and depression in older adults

QPR Gatekeeper Training for Suicide Prevention

- A one- to two-hour educational program designed to teach "gatekeepers"—those who are strategically positioned to recognize and refer someone at risk of suicide (e.g. parents, friends, neighbors, teachers, coaches, caseworkers, police officers)—the warning signs of a suicide crisis and how to respond

Reconnecting Youth

- A classroom-based intervention that has demonstrated decreased suicidal behaviors in at-risk adolescents

Reduced Analgesic Packaging

- Decreased self-poisoning deaths, among other positive outcomes, in citizens of selected communities in Great Britain

SOS: Signs of Suicide

- A school-based curriculum and screening program that has demonstrated decreased suicide attempts, among other positive outcomes, in adolescents

Sources of Strength

- A universal suicide prevention program designed to build socio-ecological protective influences among youth to reduce the likelihood that vulnerable high school students will become suicidal. The program trains students as peer leaders and connects them with adult advisors at school and in the community

United States Air Force Suicide Prevention Program

- A multi-faceted program that demonstrated decreased suicide deaths in young adults and adults

DIABETES

Case Management Interventions to Improve Glycemic Control

- Healthcare providers monitoring of GHb levels alone
- Additional physiologic outcomes examined along with GHb levels (e.g. Lipid concentrations, Body mass index, Blood pressure, Weight)
- Case management including, but not limited to: diabetes self-management education, telemedicine support, insulin-adjustment algorithms, group support, visit reminders, and hospital discharge assessment and follow-up

Disease Management Programs Self-Management Education

- Occurring at various locations: community gathering places, in homes of children and adolescents with Type 1 diabetes, homes of people with Type 2 diabetes, recreational camps, worksites, and school settings

HEART DISEASE

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

- Involves program and policy changes that make cardiovascular disease preventive services more affordable
- These services include medications, behavioral counseling (e.g. nutrition counseling), and behavioral support (e.g. community-based weight management programs, gym membership)
- Costs for these services can be reduced by providing new or expanded treatment coverage and lowering or eliminating patient out-of-pocket expenses (e.g. copayments, coinsurances, deductibles)
- Often implemented with additional interventions intended to improve patient-provider interaction and patient knowledge, such as team-based care with medication counseling and patient education

Team-Based Care to Improve Blood Pressure Control

- A health systems-level, organizational intervention that incorporates a multidisciplinary team to improve the quality of hypertension care for patients
- Team members provide process support and share responsibilities of hypertension care to complement the activities of the primary care provider; these responsibilities include medication management, patient follow-up, and adherence and self-management support
- Include activities to:
  - o Facilitate communication and coordination-of-care support among various team members
  - o Enhance use of evidence-based guidelines by team members
  - o Establish regular, structured follow-up mechanisms to monitor patients' progress and schedule additional visits as needed

- Actively engage patients in their own care by providing them with education about hypertension medication, adherence support (for medication and other treatments), and tools and resources for self-management (including health behavior change)

OTHER CHRONIC DISEASES

Asthma & Respiratory Disease

Home-Based Multi-Trigger, Multi-component Environmental Interventions

- Aim to reduce exposure to multiple triggers (allergens and irritants) for indoor asthma & respiratory disease; these interventions involve home visits by trained personnel to conduct two or more activities.
  - Assessment of the home environment
  - Changing the indoor home environment to reduce exposure to asthma triggers
  - Education about the home environment
- Most programs also included one or more of the following additional non-environmental activities:
  - Training and education to improve asthma self-management
  - General asthma education
  - Social services and support
  - Coordinated care for the asthma client

Cancer

Client Reminders

- May include patient reminders for:
  - Breast cancer screening by mammography
  - Cervical cancer screening by Pap test
  - Colorectal cancer screening by fecal occult blood test (FOBT)

Group Education for Breast Cancer Reducing Structural Barriers for Breast Cancer

- Structural barriers are non-economic burdens or obstacles that make it difficult for people to access cancer screening. Interventions designed to reduce these barriers may facilitate access to cancer screening services by:
  - Reducing time or distance between service delivery settings and target populations
  - Modifying hours of service to meet client needs
  - Offering services in alternative or non-clinical settings (e.g. mobile mammography vans at worksites or in residential communities)

One-on-One Education

- Delivers information to individuals about indications for, benefits of, and ways to overcome barriers to cancer screening with the goal of informing, encouraging, and motivating them to seek recommended screening
- These messages are delivered by healthcare workers or other health professionals, lay health advisors, or volunteers, and are conducted by telephone or in person in medical, community, worksite, or household settings
  - Eliminating or simplifying administrative procedures and other obstacles (e.g. scheduling assistance, patient navigators, transportation, dependent care, translation services, limiting the number of clinic visits)

- Interventions often include one or more secondary supporting measures, such as:
  - o Printed or telephone reminders
  - o Education about cancer screening
  - o Information about screening availability (e.g. group education, pamphlets, or brochures)

Provider Reminder & Recall Systems

- Reminders inform health care providers it is time for a client's cancer screening test (called a "reminder") or that the client is overdue for screening (called a "recall")
- The reminders can be provided in different ways, such as in client charts or by e-mail

Reducing Client Out-of-Pocket Costs for Breast Cancer Provider Assessment & Feedback

- Provider assessment and feedback interventions both evaluate provider performance in delivering or offering screening to clients (assessment) and present providers with information about their performance in providing screening services (feedback)
- Feedback may describe the performance of a group of providers (e.g. mean performance for a practice) or an individual provider, and may be compared with a goal or standard

Small Media

- Includes videos and printed materials such as letters, brochures, and newsletters. These materials can be used to inform and motivate people to be screened for cancer. They can provide information tailored to specific individuals or targeted to general audiences

ORAL HEALTH

Community Water Fluoridation

- Community water fluoridation (CWF) is the controlled adjustment of fluoride in a public water supply to optimal concentration in order to prevent caries (tooth decay) among members of the community. Fluoride acts to impede demineralization and to enhance the re-mineralization of dental enamel, both of which prevent dental caries. While fluoride occurs naturally in water across the U.S., it is usually lower than the optimal concentration needed to prevent caries

School-Based Dental Sealant Delivery Program

- Dental (pit and fissure) sealants are clear or opaque plastic resinous materials applied to the chewing surfaces of the back teeth to prevent dental caries. School-based dental sealant delivery programs provide dental sealants to students either onsite at schools (using portable dental equipment) or offsite in dental clinics
- These programs often target schools in low socioeconomic status (SES) neighborhoods, often identified based on the percentage of children eligible for the federal free or reduced-price meal programs. Some programs may target individuals within a school, based on their risk for caries

Application demands meticulous technique, and licensed dental health professionals should consult manufacturer's instructions for specific sealant products

UNINTENTIONAL INJURY

Accidental Poisoning Prevention

Motor Vehicle Injury Prevention

- Use of child safety seats and safety belts and deterrence of alcohol-impaired driving are among the most important preventive measures to reduce motor vehicle-related injuries and deaths

ACCESS TO HEALTH INSURANCE COVERAGE

Designing Services Around Integrated Care Delivery Systems to Better Coordinate Eligibility and Enrollment Processes

- For example: patient information is shared among providers

Innovation Opportunities to Identify and Test New Care Delivery and Payment Models

- Center for Medicare and Medicaid Innovations (CMMI) permits CMS to use rapid cycle improvement approaches to bring success from pilots to mainstream quickly

Insurance Exchanges

- Sell direct to the consumer
- Early reports indicate that low premium price will be critical to attracting enrollment

ACCESS TO WELL-CARE

Replicating Best Practices to Improve Access to Health Care Services and to Reduce Rural Health Disparities for Children

- The project used mid-level practitioners to provide care in a freestanding clinic model, based on research supported by Johns Hopkins University. The project also used nurse case managers to help reduce specific health disparities and used community health outreach workers to increase the number of eligible children enrolled in public-sector insurance programs

BEHAVIORAL HEALTH SERVICES

Integration of Physical Medicine and Behavioral/Mental Health

- Johns A . Hartford Foundation: IMPACT Program
- MacArthur Initiative on Depression and Primary Care: RESPECT study & 3MCM Model
- REACH NOLA
- California Endowment: Integrated Behavioral Health Project

Sources:

American Planning Association—Arizona Chapter: Healthy Community Design Toolkit: http://www.azplanning.org/2012/HealthyCommunityDesignToolkit090112.pdf

Colorado State Office of Interagency Prevention Systems: Directory of Best Practices: http://www.colorado.gov/cs/Satellite/Best-Practices-V2/BPV/1216289070799

Department of Health & Human Services, Office of Adolescent Health: http://www.hhs.gov/ash/oah/oah-initiatives/tpp/programs.html

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Rural Assistance Center: http://www.raconline.org/success/details.php?success_id=593

SAMHSA's National Registry of Evidence-Based Programs and Practices: http://www.nrepp.samhsa.gov/

The Community Guide: http://www.thecommunityguide.org/index.html

University of Washington, Alcohol and Substance Abuse Institute: http://adai.washington.edu/ebp/matrix.pdf

Appendix F

State and Local Program Assets

Arizona State Health Assessment

2013

Appendix F

State and Local Program Assets

A preliminary listing of state and local resources has been compiled to begin asset mapping around the leading health issues. Through the SHIP process, the asset maps will be fully developed as priority areas are defined and a targeted plan for intervention is formulated.

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)

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

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)

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.

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

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 (formerly known as 'Promoting Health Among Teens!')

Promoting Health Among Teens! Comprehensive Abstinence and Safer Sex Intervention (formerly known as '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

CREATING HEALTHY COMMUNITIES & LIFESTYLES

Evidence-based and Best Practices—ADHS-Led Initiatives

Healthy Community Design Policies

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

Community Initiatives

Initiative	Community Organization(s)
Association on the Rural Community Health Center Domestic and Sexual Violence Program	Chiricahua Community Health Center (Douglas); 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 Initiative
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

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

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

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))

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

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

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

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

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, 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)

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 (ACADV)
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/ installations; Crossing Guard of the Year Award; Crossing Guard Vest Donations Event; Booster Seat Giveaway Events	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

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; Seatbelt use promotion activities; Media use (billboards, radio, newspaper, theatre, promotion 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

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