

# Arizona Health Improvement Plan

## Healthy People, Healthy Communities

2016-2020

### Summary



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## Introduction

The 2016-2020 Arizona Health Improvement Plan (AzHIP) was the first state plan and launched in June 2015.

Informed by the State Health Assessment, the plan grew over time to ultimately address 4 Cross-Cutting and 13 Health Priority issues affecting Arizonans.

This document serves as a summary document as we transition from the 2016-2020 to the 2021-2025 Arizona Health Improvement Plan. In the following pages, you will read summary narratives and highlights of the impacts for each priority during its five-year span.

It is important to note that while these priorities will no longer be driven directly by the AzHIP, many gained momentum through the Plan and will continue to exist. In many cases, formal programs and/or partnerships have been established which will ensure these important priorities will be addressed now and in the future.

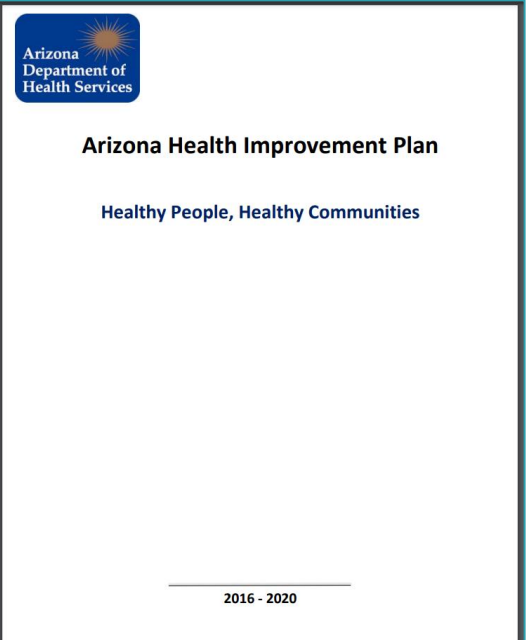
### Cross-Cutting Issues

Access to Care  
Built Environment  
School Health  
Worksite Wellness

### Health Priority Issues

Cancer  
Chronic Lower Respiratory Disease & Asthma  
Diabetes  
Healthcare-Associated Infections  
Heart Disease & Stroke  
Maternal & Child Health  
Mental Health  
Obesity  
Oral Health  
Substance Use Disorder  
Suicide  
Tobacco  
Unintentional Injury

Thank you to the individuals and organizations who contributed to the 2016-2020 AzHIP priorities!



## AzHIP CROSS-CUTTING ISSUES



## Access to Care

### Access to Care Highlights

- › **SB 1089 passed** on May 2019 allowing any healthcare service covered in-person by a commercial insurer to be covered when provided through telemedicine.
- › On October 1, 2019, the State Medicaid Program, AHCCCS, began **fully reimbursing for telemedicine services** for its members.
- › State funding of State Loan Repayment Program **increased** from \$650K to **\$1 million** annually. Total state and federal annual increased to \$2 million (\$1 million state and \$1 million federal).
- › **350% increase** in the number of SLRP awards since 2015 in State FY 2020 - 153 providers were obligated in SLRP up from 97 in FY 2019.
- › Graduate Medical Education for primary care residency opportunities expanded in Arizona. GME funding increase to **\$12.5M** for Graduate Medical Education (\$7M rural and \$4.5M urban) and **\$750,000** for North Country Health Care Family Residency Program in FY 2020.

### Access to Care Summary

ADHS established the Arizona Health Improvement Plan (AzHIP) Access to Care Workgroup in 2016 to understand gaps and causes and assist ADHS in developing strategies and action items to collectively address access to care issues statewide. Workgroup members either self-enrolled or were ADHS-identified entities with deep understanding of access to care issues.

The Access to Care Workgroup met regularly from 2016-2020 to discuss and monitor progress in accomplishing a variety of high-impact strategies that include:

- › Improving outreach to uninsured populations and enrollment to health insurance coverage
- › Assessing payment and reimbursement models
- › Identifying workforce shortages and supporting loan repayment incentives to improve recruitment and retention in areas with limited or no access to providers
- › Supporting the expansion of Patient Centered Medical Home models of care
- › Supporting the state Medicaid Program in maintaining or improving health care coverage among members
- › Assessing provider and insurance adequacy in rural underserved areas through ongoing HPSA and MUA/P designations.

For outreach and enrollment strategies, the Cover AZ coalition has been designated as the lead entity for outreach to populations who struggle with access to care due to having no insurance or inadequate health literacy. Cover Arizona (CoverAZ) is a coalition with over 900 members statewide that is committed to increase health coverage through outreach. CoverAZ builds awareness about resources available through the Health Insurance Marketplace and the State Medicaid Program, the Arizona Health Care Cost Containment System (AHCCCS). Using U.S. Census data, CoverAZ identifies gaps in insurance coverage in the State and among racial/ethnic or population groups to prioritize outreach efforts.

CoverAZ also targets populations who are less likely to be uninsured such as youth, American Indians, Hispanics and Latinos, individuals with less than a High School diploma, those with inadequate employer-based coverage, and those with household incomes of less than or equal to 400% of the poverty line who may be eligible for coverage through the marketplace. Outreach efforts include assistance in navigating health benefits and enrollment to the Health Insurance Marketplace or Medicaid with the help of trained navigators.

In addition to navigators, Community Health Workers (CHW) play an important role in outreach and enrollment. Arizona has long recognized the important role of CHWs in reducing health disparities and improving health outcomes among underserved and hard to reach populations. The ADHS' Community Health Worker Program under the Bureau of Chronic Disease & Health Promotion supports the CHW model and any initiatives that expand CHW services in the State. In



promoting and facilitating the expanded role of Community Health Workers, ADHS has engaged a diverse group of stakeholders to help promote and support CHWs and bring awareness of their roles in improving access to care among residents statewide. ADHS oversees the Community Health Workers Voluntary Certification which was legislatively authorized and approved through HB 2424 in May 2018. The law establishes ADHS as the authority to establish the minimum education, training and credentials for CHWs in Arizona. Through this effort, ADHS created an advisory council that provides recommendations to the ADHS Director on specific core competencies, education, skills and continuing education courses that CHWs must have in order to be certified CHWs or certified CHW educators. The advisory council consists of nine members that include representatives from the CHW workforce, CHW employers, county, university and non-profit entities. ADHS capitalizes on available resources for CHW trainings and core competencies through the AZ Community Health Outreach Workers Association (AzCHOW). AzCHOW is a statewide organization of community-based advocates that provides CHWs an opportunity to engage in advocacy, education, trainings, health promotion and disease prevention strategies. AzCHOW and ADHS work collaboratively to develop and strengthen the curriculum for CHW core competencies for the voluntary certification process which is deemed as a promising approach to facilitate reimbursement of services delivered by alternative providers such as CHWs in the future.

ADHS has ongoing partnerships with entities that are passionate about improving health in rural and underserved areas in Arizona. Those entities include the Arizona Alliance for Community Health Centers (AACHC), the University of Arizona Center for Rural Health (CRH), the Vitalyst Health Foundation, and the Arizona Association of Health Plans. AACHC is the Primary Care Association (PCA) for the State of Arizona and their mission is to promote and facilitate the development and delivery of affordable and accessible community-oriented, high quality, culturally effective primary healthcare for everyone in the state of Arizona through advocacy, education, and technical assistance. AACHC helps advance the expansion of Federally Qualified Health Centers (FQHCs) and advocate for the health care interests and needs of the medically underserved and uninsured. With 23 FQHC members operating in over 180 sites statewide, AACHC is an organic partner for ADHS in access to care efforts. AACHC leads strategies related to the expansion of Patient Centered Medical Home.

The University of Arizona CRH leads rural healthcare initiatives in the State and leads the AzHIP access to care strategy related to support for the expansion of Graduate Medical Education and other pipeline programs. The Vitalyst Health Foundation is a major player in the Access to Care Workgroup. Vitalyst focuses on specific access to care issues such as health coverage, healthcare workforce, and health care transformation.

The Arizona Association of Health Plans is dedicated to working with elected officials, the State Medicaid Program, health care plans, providers and consumers to keep quality healthcare available and affordable for all Arizonans. Through ADHS' partnerships with these entities, ADHS was able to support new payment and delivery models for health care services, support reforms that maintain and expand coverage for Medicaid and SCHIP eligible individuals, as well as implement strategies that address workforce shortages in AZ.

Examples of accomplishments related to access to care are:

- 1) SB 1089 passed on May 2019 allowing any healthcare service covered in-person by a commercial insurer to be covered when provided through telemedicine. Previously, reimbursement for telemedicine was limited to specific medical services. On October 1, 2019, the State Medicaid Program, AHCCCS, began fully reimbursing for telemedicine services for its members. Through the work of the Access to Care Workgroup, there were support efforts around KidsCare reauthorization, eliminating the risk for any future enrollment freezes, and preserving coverage for more than 30,000 Arizona children. Children's Action Alliance Network (CAA) is a non-profit organization that has been a voice for children and their families in Arizona for over 30 years. CAA helped advocate for KidsCare reauthorization to ensure coverage for children at risk of losing health coverage;
- 2) Health Professional Shortage Area (HPSA) designation updates were completed in 2017. Updates in 2020 did not occur due to COVID-19 pandemic and HRSA postponed the National Shortage Designation Update to September 2021. HPSA designations are updated every three years to ensure that we are using current data on where gaps in services are in AZ and using this information to prioritize services in those areas. The State Loan Repayment Program (SLRP) utilizes the HPSA designations to identify areas of greatest need to prioritize SLRP applicants. In preparation for the 2021 update, all dentists (1,931) and psychiatrists (289) have been surveyed. ADHS has obtained updated Medicaid claims data from AHCCCS, and will be conducting primary care physician surveys April - June 2021 (2,327);
- 3) ADHS was successful in expanding the State Loan Repayment Program through increased state funding in May 2017 to \$1 million yearly from \$650K. This allowed ADHS to apply for the full federal match of \$1 million from HRSA which ADHS was

granted starting on September 1, 2018 bringing the total annual funding for SLRP to \$2 million (\$1 million state and \$1 million federal). The number of SLRP providers has increased by 350% since 2015. In FY2015, there were 34 obligated providers and in FY2020 there were 153. The largest increase can be seen in FY2018 after the funding both at the state and federal level increased, the number of SLRP providers increased 61.4% from FY2017 to FY2018, then has continuously increased each year from 2018 to 2020. The increased funding supports additional providers to be recruited in medically underserved areas. In State FY 2020, 154 providers were obligated in SLRP from 97 in FY 2019. ADHS continues to leverage other available federal loan repayment and incentives programs to recruit and retain providers in high need areas such as the National Health Service Corps, Nurse Corps, J1 and National Interest Waiver Programs. ADHS continues to be involved in site development technical assistance in order for sites to meet the eligibility requirements for these programs;

- 4) As part of the AzHIP access to care strategies, ADHS supported efforts in expanding Graduate Medical Education for primary care residency in Arizona. Specifically, the State Office of Rural Health led efforts in obtaining GME funding resulting in a \$12.5M appropriation for Graduate Medical Education (\$7M rural and \$4.5M urban) and \$750,000 for North Country Health Care Family Residency Program in FY 2020; and
- 5) ADHS leads the development of the workforce data repositories for healthcare professionals in Arizona that aim to improve data collection and accounting of primary care health care professionals serving in the State. This strategy will benefit the State in accurately assessing provider to population ratios needed to designate health professional shortage areas. This effort involves working with the University of Arizona CRH, Arizona State University, Arizona Nurses Association and the Vitalyst Health Foundation.

In the Spring of 2020, the COVID-19 pandemic forced creative and innovative ways to deliver public health services. To assist patients in accessing health care services, ADHS created the Telehealth Task Force in response to the Governor's Executive Order to expand telemedicine services during the COVID-19 public health emergency. The Telehealth Taskforce engaged with stakeholders to include the Arizona Telemedicine Program, Arizona Medical Association, Arizona Alliance for Community Health Centers, Marana Health Center, Vitalyst Health Foundation, AHCCCS, AT Still University School of Dental Health, Bureau of Women's and Children's Health (BWCH) Office of Oral Health, Arizona Council of Human Service Providers, Arizona Commerce Authority, GlobalMed, and the Arizona Academy of Pediatrics. Through stakeholders' input, ADHS learned many residents in rural and underserved areas were not accessing health care services in person for fear of exposure to COVID-19 yet there's general lack of awareness of where to seek care via telemedicine. As part of its immediate strategies, the Telehealth Task Force conducted a telehealth survey to identify what the current landscape of telemedicine service availability in Arizona. Through the survey, we identified sites that offer telemedicine services, many of which are community health centers offer sliding fee scale discounts. The Telehealth Task Force, in its efforts to assist patients identify sites where they could receive services via telemedicine, mapped out the telemedicine sites in Arizona using the ADHS Sliding Fee Scale (SFS) mapper tool which is available on the Primary Care Office (PCO) website. The mapper allows patients to identify the nearest telemedicine site by entering their zip code.

The ADHS Telehealth Task Force compiled the short-term and long-term proposed strategies based on stakeholders' input and submitted to the ADHS Health Emergency Operations Center for consideration. The Telehealth Task Force also shared the information to the stakeholders on May 8, 2020 and separately with AHCCCS and the AHCCCS health plan medical directors on May 15, 2020. Some of the short-term strategies identified during this process include overall education and technical assistance needs in setting up and operating a telemedicine program as well as understanding telemedicine regulations and requirements for reimbursements. The long-term strategies identified were primarily focused on policy development and legislation efforts.

### **Participating Organizations:**

*American Cancer Society Cancer Action Network  
Arizona Alliance for Community Health Centers (AACHC)  
Arizona Association of Health Plans (AZ AHP)  
Arizona Community Health Workers Association (AzCHOW)  
Arizona Department of Health Services (ADHS)  
Arizona Medical Association  
Arizona Nurses Association  
Arizona Public Health Association (AzPHA)  
Arizona State University/Edson College of Nursing and Health  
Innovation (CONHI)*

*ASU Center for Health Information and Research  
Children's Action Alliance Network (CAA)  
County Health Departments  
CoverAZ  
Health Literacy Coalition  
Indian Health Service/tribal 638  
Komen AZ  
The Arizona Partnership for Immunization (TAPI)  
University of Arizona Center for Rural Health  
Vitalyst Health Foundation*

### Built Environment Summary and Highlights

Informing the AzHIP 2019 Update, the Built Environment Work Group commissioned the [Built Environment Report of Accomplishments for 2018](#). This report provides a progress update for accomplishments in each of the four tactical areas. A few highlights of partner accomplishments through 2020 are identified below. This is by no means a complete nor comprehensive picture of all the activities through Arizona communities to enhance the physical and built environment.

Tactic 1: Promote **“Health in All Policies”** to integrated health considerations throughout public policy making processes

- › Maricopa County Department of Public Health and the Arizona Alliance for Livable Communities worked with Apache Junction, Buckeye, Chandler, El Mirage, Gilbert, Peoria and Queen Creek to incorporate health into general plans.
- › Vitalyst Health Foundation and Arizona Partnership for Healthy Communities launched **2017 as the “Year of Healthy Communities.”**
- › The Arizona Department of Health Services has funded county health departments to implement the Health in Arizona Policies Initiative.
- › The Arizona Department of Transportation (ADOT) is publishing a dedicated Health in Transportation webpage.

Tactic 2: Support and promote affordable housing development and rehabilitation of existing housing to promote healthy choices and lifestyles

- › The Arizona Department of Housing’s main vehicles for accomplishing these goals are by and through the Low-Income Housing Tax Credit (LIHTC) Program and its governing document the annual Qualified Allocation Plan; and the 5 Year Consolidated Plan.
- › In 2020, the Arizona Department of Housing (ADOH) reserved \$20,593,205 in federal tax credits, with an investment value of nearly \$206 million from the federal government, for thirteen projects comprised of 1,022 units in the 2020 Low Income Housing Tax Credit round. This is a nearly **11% increase** (101 Units) over the number of units achieved in 2019.
- › The 2020 Qualified Allocation Plan (QAP) **achieved ADOH’s goal to increase the number of units as well as number of people who will be served with attainable housing** in the 9% competitive LIHTC Round. It achieved this goal while maintaining options for Arizonans to live in apartments ranging from efficiencies designed for single persons to 5-bedroom homes intended for larger, multigenerational families. The 2020 awards increased the number of imputed people who may be housed by nearly 6% (184 people), when compared to 2019 awards. Projects will be built statewide, with 8 in Maricopa County, 2 in Pima County (where one will be located within the Pascua Yaqui community), and 1 project each in Cochise, Coconino, and Yuma Counties.
- › In addition, Arizona’s Low-Income Housing Tax Credit Program: - Prioritizes senior housing - Prioritizes homeless veterans - Prioritizes new construction to add more housing - Offers incentives for smoke free housing - Set-aside for tribal projects - Set-aside for permanent supportive housing.
- › With respect to the Consolidated Plan, ADOH issued its Federal FY 2019 Consolidated Annual Performance Evaluation Report (CAPER), which covers the period of July 1, 2019 to June 30, 2020. The CAPER discusses the progress the State has made in meeting its goals for the following federal programs of the U.S. Department of Housing and Urban Development (HUD), which are administered by the State: Community Development Block Grant (CDBG); HOME Investment Partnership Program; Housing Opportunities for Persons With AIDS (HOPWA); Emergency Solutions Grant (ESG); and National Housing Trust Fund (HTF), as well as other state and federal programs relating to housing development. The ESG funds are administered by the Arizona Department of Economic Security. These materials are posted on the ADOH’s website, [www.azhousing.gov](http://www.azhousing.gov).

Tactic 3: Ensure impacts on community health are considered during land use and transportation planning

- › Complete Streets ordinance for the City of Tucson passed Feb. 5<sup>th</sup>, 2019.
- › ADOT has entered a 5-yr partnership with Texas A&M Transportation Institute Center for Advancing Research in Transportation Emissions, Energy, and Health (CARTEEH) to assist with developing performance measures, indicators, and metrics for the Sustainable Transportation Program to begin moving from adoption to quantitative analysis of the Agency’s activities in this area. Advancing Health in Transportation is one such area.
- › FHWA and ADOT will be finalizing three Tier 1 Environmental Impact Statements (EIS) within the year. A Tier 1 EIS provides a programmatic approach for identifying existing and future conditions and evaluating the comprehensive



effects of large corridor transportation facilities. Considering how transportation facilities (built environment) interact with the human and natural environments is a key component of these studies.

- › The Maricopa Association of Governments (MAG) **Regional Active Transportation Plan was completed**. The plans provide a regional, systems-level approach to active transportation that prioritized safe, comfortable, and connected routes for all ages and abilities.
- › Partnered with MAG's cities, counties and Native nations to complete local or sub regional transit studies. Together with cities and transit partners, completing a regional Bus Rapid Transit study for the potential expansion of this new high capacity mode in the Phoenix metropolitan area.
- › MAG is currently developing the next long-range, regional transportation plan that will outline transit and active transportation programs for the next 20 years and beyond.

Tactic 4: Promote, expand, and connect open space and recreational facilities to create opportunities to be physically active

- › The Mohave County program was successfully able to have an expression swing installed at Metcafe Park. The expression swing is for children in wheelchairs. The expression swing allows for adults and children to interact and ride together on the swing.
- › Several infrastructure projects were implemented near or on "The Loop", 129 miles of paved multi-use path circumnavigating Pima County.
- › *Park Rx* program encourages health care providers to prescribe outdoor physical activity and park visits to patients.

#### **Participating Organizations:**

*Arizona Alliance for Livable Communities*  
*Arizona Department of Health Services (ADHS)*  
*Arizona Department of Housing*  
*Arizona Department of Transportation (ADOT)*  
*Arizona Housing Coalition*  
*Arizona State Parks & Trails*  
*County health departments*  
*Living Streets Alliance*  
*Local communities/cities*  
*Maricopa Association of Governments (MAG)*  
*PLAN\*ET Communities*  
*Vitalyst Health Foundation*

## School Health

### School Health Highlights

- › In 2017, the Az Health Zone Supplemental Nutrition Assistance Program Education (SNAP-Ed) adopted the Smarter Lunchrooms Movement to assist schools in making behavioral-based changes to their cafeterias. By 2020, **68%** of SNAP-Ed Eligible Schools were **utilizing Smarter Lunchrooms strategies**.
- › The Arizona School Health & Wellness Coalition was formed from the core AzHIP School Health Workgroup and saw **membership increase from 30 to 120** between 2016 and 2020.
- › **Over 75 community members** have participated the Arizona School Health and Wellness Coalition's community engagement events which solicited needs information during the COVID-19 pandemic.

### School Health Summary

The primary focus of this group has been the transition from the AzHIP Work Group to the development of a statewide Coalition. The Arizona School Health and Wellness Coalition has grown to over 120 members that meet quarterly as a large group and has 3 action teams that meet monthly to work on activities that support school health initiatives as identified by the membership utilizing the Whole School, Whole Child, Whole Community Framework and has representation from all sectors of the school health community.

The Advocacy Action Team is working to improve Local Wellness Policies through engagement with families, the Resource Action Team connects the school community to the resources that are identified as needed and the Data Action Team works to ensure that all initiatives of the Coalition are data-driven.

The pandemic has in many ways provided the equity of access that workgroups in the past have lacked. Coalition leadership has been able to provide the infrastructure through virtual platforms to hold large and interactive meetings with stakeholders statewide and is currently moving into a deeper understanding of team building and cohesion. This new platform of statewide representation will ensure that a community feedback loop is created and needs answered through professional development opportunities to increase the knowledge and proficiency for critical school health topics.

Because Arizona has lacked infrastructure for a statewide school health advisory board in the past, this development should make lasting impacts on the school health landscape and the Coalition is ready to tackle the myriad of issues that affect student health and wellness.

The Arizona School Health & Wellness Coalition is supported by the CDC 1801 Healthy Schools Grant, which is held by the Arizona Department of Education with support from the Arizona Department of Health Services.

### Participating Organizations:

*Arizona Department of Education (ADE)*  
*Arizona Department of Environmental Quality (ADEQ)*  
*Arizona Dairy Council*  
*Arizona Department of Health Services (ADHS)*  
*Az Health Zone*  
*Governor's Office of Youth, Faith, and Family (GOYFF)*  
*Healthy Future AZ*

### Worksite Wellness Highlights

- › **1902** of Statewide worksites trained in HAWP 101 (as of May 13, 2021).
- › **357** Statewide worksites that have completed the CDC Scorecard (as of May 13, 2021).
- › **249** Statewide worksites that have been received the HAWP award (as of May 13, 2021).
- › **121** state employers **honored** by the Arizona Department of Health Services (ADHS) and Maricopa County Department of Public Health for excellence in worksite wellness strategies.

### Worksite Wellness Summary

Evidence-based healthy worksite initiatives have been shown to reduce costs associated with health care, absenteeism and presenteeism. In addition, worksite initiatives have been linked to increased productivity as healthy employees have been shown to be more productive.

The Healthy Arizona Worksites Program (HAWP) is a public health initiative offered by the Arizona Department of Health Services (ADHS) and the Maricopa County Department of Public Health (MCDPH). HAWP's mission is to help employers learn how to successfully implement worksite wellness initiatives to improve the health of their employees and businesses.

Annually, the HAWP recognizes employers that are making evidence-based efforts to support the health and well-being of their employees and their families. In 2019, one hundred forty-one (141) worksites from across the state were recognized with Copper, Silver, Gold, and Platinum awards for their worksite wellness program strategies. The first step in applying for the HAWP award is to attend a HAWP 101 training. The HAWP training has been developed to help worksites learn how to implement evidence-based worksite health initiatives that can improve business and employee health. Upon completing the HAWP 101 training, worksites complete the program's evidenced-based worksite wellness tool known as the CDC Workplace Health Scorecard. The Scorecard helps worksites benchmark their own success annually, compare scores with worksites of comparable size, and develop a plan to prioritize worksite needs and health outcomes. In addition, HAWP relies on several state-wide partnerships to sustain its fully funded training, technical assistance, tools, and resources offered to Arizona worksites.

For more information on HAWP, visit the website at <https://healthyazworksites.org/>.

#### Participating Organizations:

*American Heart Association*

*Arizona Cancer Coalition*

*Arizona Department of Health Services (ADHS)*

*Arizona Smokers Help Line (ASHLine)*

*County health departments*

*Employers*

*Maricopa County Department of Public Health*

*The Arizona Partnership for Immunization (TAPI)*

## AzHIP HEALTH PRIORITY ISSUES

## Health Priorities At A Glance

Priority	5 Year Goal	Baseline (year) / Last Published Metric (year)	% Change
<b>Cancer</b>	Reduce the rate of cancer deaths by 5% (per 100,000, Vital Records)	144.0 (2015) 134.7 (2019)	6.5% reduction
<b>Chronic Lower Respiratory Disease &amp; Asthma</b>	Reduce the chronic lower respiratory disease mortality rate by 10% (per 100,000, Vital Records)	45.1 (2015) 39.2 (2019)	14.2% reduction
<b>Diabetes</b>	Reduce deaths attributable to diabetes by 10% (per 100,000, Vital Records)	25.7 (2015) 23.9 (2019)	7% reduction
<b>Healthcare-Associated Infections</b>	Reduce number of healthcare associated infections by 10% (per 100,000, CDC HAI Progress Report)	Years <u>2015 / 2019</u>	
	Central line bloodstream infection (CLABSI):	0.849 / 0.522	39% reduction
	Catheter-associated Urinary Tract Infections (CAUTI):	0.89 / 0.518	42% reduction
	Methicillin-resistant Staphylococcus aureus (MRSA):	1.031 / 0.595	42% reduction
	Clostridioides difficile (CDIFF):	0.984 / 0.579	41% reduction
	Surgical site infection following colon surgery (SSICOLOR):	1.336 / 0.786	41% reduction
	Surgical site infection following hysterectomy (SSIHYST):	1.015 / 1.099	8.3% increase
<b>Heart Disease &amp; Stroke</b>	Reduce deaths and events related to heart disease and stroke by 10% (per 100,000, Vital Records)		
	Heart disease:	143 (2013) / 137.3 (2019)	3.9% increase
	Cerebrovascular disease	28.2 (2013) / 31.0 (2019)	9.9% reduction
<b>Maternal &amp; Child Health</b>	Reduce maternal* and infant+ mortality by 5% (*Maternal Mortality Report, +Vital Records)	Maternal - 59 (2016) Infant - 473 (2015)	Maternal - 27% increase Infant - 9% reduction
		Maternal - 75 (2017) Infant - 430 (2019)	
<b>Mental Health</b>	Reduce the percent of adults who reported frequent mental distress in the past month (BRFSS)	11.2% (2015) 14.4% (2019)	28.6% increase
<b>Obesity</b>	Increase the proportion of adults and children who are at a healthy weight by 5% (BRFSS adults, YRBSS youth)	BRFSS - 32.6% (2015) YRBS - 72.7% (2013)	BRFSS - 1.8% decrease YRBS - 4.7% decrease
		BRFSS - 31.9% (2019) YRBS - 69.3% (2019)	
<b>Oral Health</b>	Improve the oral health status of Arizonans by 5%.	Adults - 59.0 (2014) Children - 75.2% (2011/12)	Adults - 5.6% increase Children - 3.7% increase
		Adults - 62.3% (2018) Children - 78.0% (2018)	
<b>Substance Use Disorder</b>	Reduce the number of opioid deaths by 10% (Vital Records)	800 (2016) 1,980 (2020)	147.5% increase
<b>Suicide</b>	Reduce the number of suicides by 10% (Vital Records)	1,233 (2016) 1,411 (2019)	14.4% increase
<b>Tobacco</b>	Reduce the percent of youth and adults that smoke cigarettes by 25% (YRBSS youth, BRFSS adults)	Youth - 14.1% (2013) Adults - 14.0% (2015)	Youth - 62% decrease Adults - 4.3% decrease
		Youth - 5.3% (2019) Adults - 13.4% (2019)	
<b>Unintentional Injury</b>	Reduce the unintentional injury death rate by 5% (per 100,000, Vital Records)	48.1 (2015) 59.2 (2019)	23.1% increase

Data sources: ADHS Bureau of Vital Records, Behavioral Risk Factor Surveillance System (BRFSS), Youth Behavioral Risk Surveillance System (YRBSS), National Survey of Children's Health (NSCH)



## Cancer

**2020 Goal:** Reduce the rate of cancer deaths by 5% (per 100,000, Vital Records)

**Baseline:** 144.0 (2015)

**Last published metric:** 134.7 (2019)

**Actual Impact:** 6.5% Reduction

### Cancer Workgroup Highlights

- › Led efforts to sustain support for existing cancer screening and treatment programs. The Well Woman HealthCheck Program (WWHP) operates breast and cervical cancer screening in **47 clinical locations across 12 Federally Qualified Health Centers (FHQCs)** and Local Health Departments across 13 counties.
- › To reduce exposure to risk factors for skin cancer, the Arizona Comprehensive Cancer Control Program (AzCCCP) worked alongside the SunWise Program to develop a completely **virtual, self-guided sun safety and skin cancer prevention module** that was launched in the fall of 2020 for students, educators, and local businesses throughout Arizona.
- › Increased the number of Arizonans receiving breast, cervical, lung and colorectal cancer screening and associated diagnostics. Since the Well Woman HealthCheck Program (WWHP) inception, **64,903 unique women have received services through the program**. Up from 4,528 in 2019-2020.
- › Increased the proportion of people with a family history of breast, colorectal, and/or ovarian cancer who receive genetic counseling and testing, when appropriate. Efforts are on-going in working with community partners to engage the larger healthcare system to provide these screenings.

### Cancer Summary Narrative

The Office of Cancer Prevention and Control is home to the National Breast and Cervical Cancer Early Detection Program (NBCCEDP) and the Arizona Comprehensive Cancer Control Program, which are funded by the CDC's DP17-1701 - Cancer Prevention and Control Programs for State, Territorial and Tribal Organization. The Office of Cancer Prevention and Control is housed in the Bureau of Chronic Disease and Health Promotion and works collaboratively with its sister offices to achieve early detection and prevention of the top leading disease causes of death in Arizona, including breast and cervical cancer.

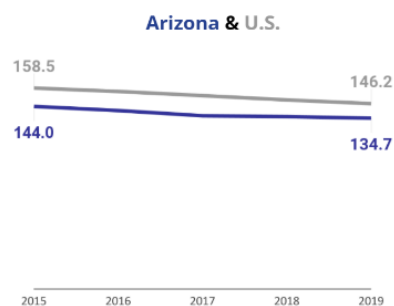
#### Comprehensive Cancer Control Program:

The Arizona Comprehensive Cancer Control Program (AzCCCP) is focused on meeting the national priorities of primary prevention, early detection and treatment, survivorship, and health equity through community-based outreach and engagement. This is largely accomplished by working across different offices within ADHS and by convening the Arizona Cancer Coalition (ACC). This dynamic group of clinical, community and civic partners work together to develop evidence-based strategies geared towards reducing the overall cancer burden in the state of Arizona.

The Cancer Office saw much growth and invigoration during 2020, and new energy was injected into the once dormant coalition. With the hiring of a new program manager, epidemiologist and office chief, the AzCCCP and ACC have ascended to new heights and have engaged a variety of new and diverse stakeholders--while accomplishing some pretty amazing feats. HPV efforts have reengaged across the state to include more engagement with QI support from the Alliance of Community Health Centers. Additionally, efforts are underway for community engagement and education utilizing age appropriate collateral and methods of reaching the primary population.

Additionally, the Cancer Office developed and published the new five-year Arizona Cancer Control Plan in the summer of 2020. The [2020 - 2024 Arizona Cancer Control Plan](#) is a compilation of goals, objectives, and strategies aimed at increasing

Cancer Mortality Rate, Arizona & U.S., 2015 - 2019



ADHS Bureau of Vital Records

awareness of cancer prevention and control tactics; highlighting cancer trends across regions, counties and communities within the state; and laying the foundation in which we can create a cancer-free Arizona through policy, systems and environmental change. In addition to the release of the plan, the AzCCCP has also been working with the agency's SunWise Program to develop a completely virtual, self-guided sun safety and skin cancer prevention module that will be launched later this fall for students, educators, and local businesses throughout Arizona. Finally, the program has worked with its community partners on the coalition to highlight several causes such as childhood and ovarian cancer awareness month through governor proclamations and small, socially distant survivor ceremonies. The work of the Comprehensive Cancer Control Office includes genomics and genetic counseling in cancer survivors and those at higher risk. This is a collaborative effort with the Cancer Support Community Az. The office also works in tandem to develop material and content to enhance the University of Arizona Cancer Center; Community Outreach and Engagement activities that focus on survivorship and quality of life.

**Well Woman HealthCheck Program:**

The [Well Woman HealthCheck Program](#) (WWHP) is facilitated at 47 locations, representing 12 FQHC and county health departments across Arizona. The WWHP helps low-income, uninsured, and underinsured women gain access to breast and cervical cancer screening and diagnostic services, including: clinical breast exams, mammograms, pap tests, and pelvic exams. Diagnostic testing includes ultrasounds, biopsies, other tests are also available as necessary to rule out or positively diagnose cancer. Since the program's inception, 64,903 unique women have received services through WWHP, 4,528 just last year (2019-2020). Referrals are facilitated for eligible women for treatment of breast and cervical cancer through the [Breast and Cervical Treatment Program](#) (BCCTP), which is a collaborative effort between the WWHP and AHCCCS.

**Participating Organizations:**

*American Cancer Society  
American Cancer Society Cancer Action Network  
Arizona Alliance of Community Health Centers  
Arizona Cancer Coalition  
Arizona Department of Health Services (ADHS)  
Greater Valley Area Health Education Center  
Komen Foundation  
Maricopa County Department of Public Health (MCDPH)  
The Arizona Partnership for Immunization (TAPI)*

## Chronic Lower Respiratory Disease & Asthma

**2020 Goal:** Reduce the chronic lower respiratory disease mortality rate by 10% (per 100,000, Vital Records)

**Baseline:** 45.1 (2015)

**Last published metric:** 39.2 (2019)

**Actual Impact:** 14.2% Reduction

### Chronic Lower Respiratory Disease & Asthma Workgroup Highlights

- › Over a two-year period, **over 1,600 statewide Health Start** staff increased their knowledge of home based, multi-trigger, multicomponent interventions with training provided by the Arizona Smoke Free Living Coalition.
- › During the last 3 years, the University of Arizona has worked to **train, educate, and implement an asthma stock inhaler program** by partnering with local health departments and schools. Maricopa County Local Health Department supports the statewide effort by providing training and the database that tracks stock inhaler policy and use.

### Chronic Lower Respiratory Disease & Asthma Summary Narrative

Chronic Lower Respiratory Disease (CLRD) is an umbrella term used to describe a group of diseases affecting the lungs which include chronic bronchitis, emphysema, Chronic Obstructive Pulmonary Disease (COPD), and asthma. It is estimated that 50% of lung disorders go undiagnosed, and therefore untreated. CLRD is the 4th leading cause of death in Arizona (2019).

While it has decreased over the past few years, Arizona's asthma prevalence rate for adults (14.5%) remains higher than the national rate of 14.2%. This trend is seen among youth as well, with 25.2% of high school youth in Arizona reporting they've been told by a doctor or nurse that they have asthma, compared to 21.8% nationally (YBRSS, 2019).

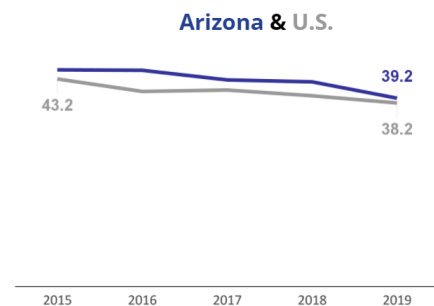
On a local and state level, the impact of CLRD and its group of diseases can be lessened through the implementation of clean air policies, increasing resources and support for home and school-based interventions, disease management programs, and professional development of healthcare professionals.

Two county health departments have elected to implement a school inhaler program through their Health in Arizona Policy Initiative (HAPI) work. A 2017 state law and Arizona State Board of Education regulation made it possible for schools to administer emergency inhaler treatments to students experiencing respiratory distress. This can reduce emergency calls and transports, and thus health care costs, as well as improve health outcomes of children with asthma. During FY 2019-2020, Pima County Health Department (PCHD) initiated transition of Pima County's School Inhaler Program to PCHD's Chronic Disease Prevention Program, and Pinal County enrolled nine schools within Maricopa Unified School District into the School Inhaler Program.

#### Participating Organizations:

*American Lung Association*  
*Arizona Department of Health Services (ADHS)*  
*Arizona Multi-Housing Association*  
*Arizona Smoke Free Living Coalition*  
*Asthma Coalition*

### Chronic Lower Respiratory Disease Mortality Rate, Arizona & U.S., 2015 - 2019



AZ Bureau of Vital Records

## Diabetes

**2020 Goal:** Reduce deaths attributable to diabetes by 10% (per 100,000, Vital Records)

**Baseline:** 25.7 (2015)

**Last published metric:** 23.9 (2019)

**Actual Impact:** 7% Reduction

### Diabetes Workgroup Highlights

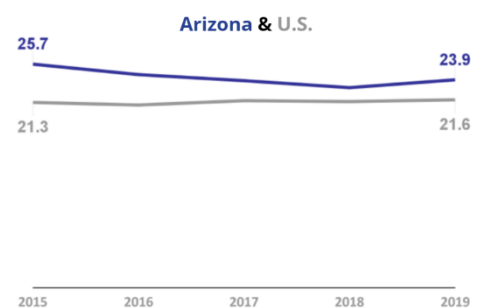
- › ADHS and the Arizona Diabetes Coalition have engaged in a multi-year marketing campaign, focusing on **increasing awareness of prediabetes and establishing a network of primary care providers** that refer their eligible patients to a Nationally Recognized Diabetes Prevention Program located within Arizona.
  - Agents of Change (Chronic Disease Provider) Toolkit developed and in-use.
  - 23 CDC-recognized National DPP programs in Arizona.
  - Online Diabetes Risk Test linked on [ADHS' Diabetes Program](#) Webpage.
  - ADHS/Coalition branded, free resource information refreshed and hosted on Diabetes Program Webpage.
- › **Increased the utilization** of an integrated, team-based approach to the care and treatment of diabetes and promoted the use of established diabetes clinical guidelines and self-management education.
  - A collaborative partnership with the CDC, National Association of Chronic Disease Directors, and Arizona Diabetes Coalition to implement the State Engagement (StEM) Work Plan to help sustain and implement the National DPP in Arizona began in 2019.
  - StEM Work Plan 2019-2021 was developed to align with AzHIP Diabetes strategies, tactics, and action items.
  - The Diabetes Burden Report was published by ADHS in 2018.
  - The Diabetes Action Plan 2019 and [Diabetes Action Plan 2021](#) were published.
- › **Increased awareness** of prevention and management practices for diabetes and prediabetes.
  - Prediabetes Media Campaign with outdoor billboards, print ads, and online ads
  - HB2258 was passed in March 2018 through the efforts of the Coalition and diabetes stakeholders, mandating a diabetes report be submitted to the Office of the Governor detailing recommendations and actions. Through HB2258, two editions of the Diabetes Action Plan and Report have been released by ADHS (2019 and 2021)

### Diabetes Summary Narrative

Diabetes continues to be the 7th leading cause of premature death in Arizona and affects the diverse communities of the State. Nearly 600,000 Arizonan adults have diabetes with another 2 million estimated to have prediabetes. This amounts to 1 in 3 Arizonan adults who may eventually be affected by this chronic condition which highlights the dangerous fact that 90% of those with prediabetes are unaware. Without action, the burden of diabetes will continue to increase and negatively affect the health systems and communities of Arizona.

The burden of diabetes in Arizona is felt on many levels: the direct and indirect cost of care, management, and prevention of diabetes in Arizona totals an incredible amount estimated to be \$6.8 billion dollars a year. The higher costs of treatment and care are

**Diabetes Mortality Rate, Arizona & U.S., 2015 - 2019**



ADHS Bureau of Vital Records

increasingly compounded by other socioeconomic disparities typically seen in the most affected populations of Arizona making adequate diabetes care and management even more inaccessible.

The AzHIP Diabetes Workgroup found its participants mostly from the core Arizona Diabetes Coalition membership. The Workgroup's strategies, tactics, and action items were identified collaboratively with ADHS, the Arizona Diabetes Coalition and Leadership Council, as well as Arizona Living Well Institute. The three large strategies were centered around educating, engaging, and improving. The activities are meant to help reduce deaths attributable to diabetes by 10% and to help improve the lives of Arizonans affected by diabetes by increasing the utilization of an integrated, team-based approach to the care and treatment of diabetes; promoting the use of established diabetes clinical guidelines and increasing participation in diabetes self-management education; and also expanding awareness of prevention and management practices for diabetes and prediabetes. The AzHIP Diabetes Workgroup developed the activities and strategies to align with the work of the Arizona Diabetes Coalition. The following State Engagement (StEM) Work Plan was also developed during this time period to scale Arizona's efforts to sustain the National Diabetes Prevention Program. The StEM Work Plan was developed with the AzHIP priorities and Coalition work in mind to help provide continuity in the efforts. This was beneficial as the AzHIP Diabetes Workgroup discontinued meeting after October 2018 and did not reconvene as a workgroup. The workgroup's external chairs decided that because the AzHIP strategies have informed the StEM Work Plan and helped establish the Diabetes Action Plan and Report, that the workgroup would not continue meeting although that the work continues in the current charter work and activities of the Arizona Diabetes Coalition.

A large effort over the years was made to direct attention to self-management and prevention of diabetes. The Prediabetes media campaign was developed with the input of the Coalition and diabetes stakeholders and approved in 2019. Although there was a break in the media running (due to COVID), the Prediabetes media is currently running and can be seen in bilingual and Tribal publications, and even online through targeted ads. Through the support of the Coalition partners, ADHS has created the [Agents of Change Toolkit](#), which were developed to educate providers and community members on how to create referral networks to recognized/accredited prevention or management programs. Another large success that is the culmination and encompasses the three large strategies was the passing of HB2258 in March 2018 which mandates ADHS to compile a report depicting the burden and prevalence of diabetes, but also recommendations on how to address this chronic disease. In a concerted effort, the Coalition stakeholders helped bring this legislation to life to require ADHS to publish the [Diabetes Action Plan and Report](#) every two years. The first iteration was submitted to the Office of the Governor in 2019 and as recently as 2021. Because of the AzHIP priorities, there now exists a biennial report that is the guiding document of the Arizona Diabetes Coalition and Leadership Council. The strategies and tactics have informed the current active StEM Work Plan and will also live on in the Coalition's workgroup's charters. The lives of many Arizonans will improve with the continued efforts to reduce the burden of diabetes and to decrease the deaths attributable to diabetes. These efforts will always advance due to the great work of the many great Coalition partners and diabetes stakeholders who partner and collaborate with ADHS.

**Participating Organizations:**

*Arizona Diabetes Coalition  
Arizona Department of Health Services (ADHS)  
Arizona Living Well Institute*



## Healthcare-Associated Infection

**2020 Goal:** Reduce number of healthcare associated infections by 10% (per 100,000, CDC HAI Progress Report)

<b>Baseline:</b>	<u>2015 / 2019</u> (last published metric)
– Central line bloodstream infection (CLABSI):	0.849 / 0.522 - 39% reduction
– Catheter-associated Urinary Tract Infections (CAUTI):	0.89 / 0.518 - 42% reduction
– Methicillin-resistant Staphylococcus aureus (MRSA):	1.031 / 0.595 - 42% reduction
– Clostridioides difficile (CDIFF):	0.984 / 0.579 - 41% reduction
– Surgical site infection following colon surgery (SSICOLO):	1.336 / 0.786 - 41% reduction
– Surgical site infection following hysterectomy (SSIHYST):	1.015 / 1.099 - 8.3% increase

### Healthcare-Associated Infection Workgroup Highlights

- › Improve knowledge and implementation of infection prevention and control.
  - Implementation of **evidence-based infection prevention and control strategies**, including infection prevention bundles, resulted in reductions in HAIs across multiple healthcare facility types. From 2015 to 2019, the standardized infection ratios (SIRs) for Arizona acute care facilities decreased for most HAIs.
  - Education and training events were conducted to improve knowledge of infection prevention and control.
    - ADVICE Collaborative – **150-200** attendees each year
    - Dental Collaborative – **50-125** attendees each year
    - HAI/HAC Prevention Summit - Long Term Care – **150-200** attendees each year
    - Arizona Infectious Disease Conference – **380** attendees each year
  - An online library of available resources for health care settings was created. This document contains over 80+ HAI materials and was posted to our webpage.
  - 18 Arizona hospitals participated in the Hospital Improvement Innovation Network (HIIN), resulting in **1,058 total harms prevented** and **\$16,486,430 total cost savings**.
- › Improve knowledge and implementation of safe injection practices
  - The Injection Safety Toolkit was posted on our website; advertised and distributed at conferences and trainings such as the ADVICE Collaborative, Arizona Infectious Disease Conference, Dental Collaborative, and HAI/HAC Prevention Summit for Long Term Care (approximately **4,000 attendees** attended these events during 2015 to 2019)
- › Improve knowledge and implementation of appropriate antimicrobial use and stewardship.
  - In 2019, **91% of acute care facilities** met all 7 Core Elements of Antimicrobial Stewardship, whereas in 2015, only 63% of facilities met all 7 core elements.
  - Each year, ADHS actively participates in **US Antibiotic Awareness Week** to raise awareness of the importance of appropriate antibiotic use to reduce the spread of antibiotic-resistant bacteria. This includes posting on our webpage, social media messaging, posting an ADHS Director's Blog, posting on our infectious diseases phone app, and even a Governor's proclamation to declare the week as AZ Antibiotic Awareness Week. In 2020, in addition to these activities, approximately 4,700 physicians and physician assistants were contacted and sent information highlighting the importance of appropriate antibiotic use/antimicrobial stewardship and resources available to them to guide their antibiotic prescribing practices.
  - Data on the top 10% of antibiotic prescribers in the state were used to target 62 urgent care facilities. These healthcare providers were contacted and resources were provided with the goal to improve antibiotic prescribing and promote appropriate antibiotic use.
  - Long term care facilities were targeted to get a better understanding of antimicrobial use within these settings and **promote stewardship programs**. 11 long term care facilities across Pima and Maricopa counties will be receiving individualized reports of their facility's antibiotic use and antibiogram data.

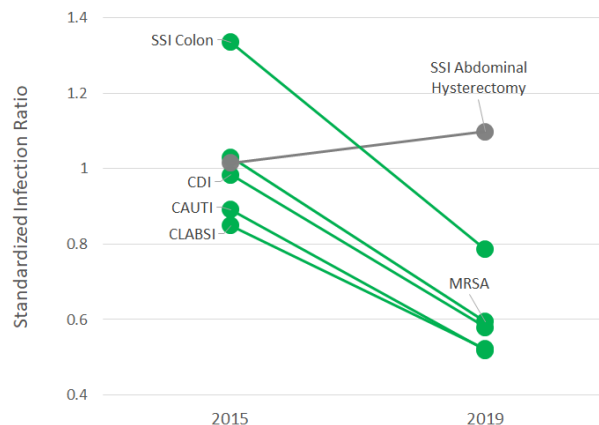
- › Improve healthcare worker influenza vaccination rates
  - In 2020, **53% of facilities** had  $\geq 91\%$  compliance with influenza vaccination of healthcare personnel, whereas in 2015, only 35% had  $\geq 91\%$  compliance.
  - The Healthcare Worker Influenza Vaccination Toolkit was posted on our website and presented at the HAI Advisory Committee (75 members) and Subcommittee meetings (around 60 members in each of the 4 subcommittees), with attendees including members of healthcare associations and coalitions that helped to widely distribute the toolkit.

## Healthcare-Associated Infection Summary Narrative

Healthcare-Associated Infections (HAIs) are infections that patients contract while receiving healthcare. As is the case for many other patient safety issues, HAIs create additional suffering and come at a high cost for patients and their families. Infections prolong hospital stays, represent a massive additional financial burden for health systems, generate high costs for patients and their families, and cause unnecessary deaths.

Over the course of the 2016-2020 priority period, the [Arizona HAI Advisory Committee](#) & Arizona Department of Health Services (ADHS) worked towards the targeted overall goal of a 10% reduction of HAIs in Arizona. Some of the actions taken to meet this goal were to improve knowledge and implementation of infection prevention and control, improve knowledge and implementation of safe injection practices, improve knowledge and implementation of appropriate antimicrobial use and stewardship and improve healthcare worker influenza vaccination rates.

From 2015 to 2019, the Standardized Infection Ratios (SIRs) for Arizona facilities decreased for most HAIs. The 10% reduction goal was met for CLABSI (39%), CAUTI (42%), C. diff (CDI) (41%), MRSA (42%) and Surgical Site Infections following Colon Surgery (SSI Colon) (41%).



Strategies to improve knowledge and implementation of infection prevention and control included [conferences and educational training events](#). ADHS and the HAI Advisory Committee supported events such as the HAI/HAC Prevention Summit for Long-term Care Facilities, the Dental Infection Prevention Collaborative, the ADVICE Collaborative for dialysis providers, and the Arizona Infectious Diseases (AZID) Conference. The HAI/HAC Prevention Summit was held annually from 2015-2019 with an average of 175 attendees each year. The Dental Infection Prevention Collaborative was held in 2015 with 47 attendees, in 2016 with 90 attendees and in 2019 with 127 attendees. AZID was held annually from 2015-2019 with around 380 attendees each year. The ADVICE collaborative was held annually from 2015-2019 with 150-200 attendees each year. An online library of resources which lists 80+ educational materials for health care settings was created and posted on the ADHS HAI webpage. Additionally, during this time period, eighteen Arizona hospitals participated in the Hospital Improvement Innovation Network (HIIN) to receive technical assistance and coaching on quality improvement, culture change, patient and family engagement, and data analysis; resources on clinical topics; peer to peer networking and sharing at training events; and information on best practices and lessons learned. This resulted in 1,058 total harms prevented and \$16,486,430 in total cost savings.

Strategies to improve knowledge and implementation of safe injection practices included promoting the use of the Injection Safety Toolkit. The toolkit was posted on our website to be made more widely available to healthcare providers and other partners. It was also promoted and distributed at conferences and educational training events including the HAI/HAC Prevention Summit, the Dental Infection Prevention Collaborative, the ADVICE Collaborative, and AZID. There were approximately 4000 overall attendees at these events from 2015 to 2019.

Strategies to improve knowledge and implementation of appropriate antimicrobial use and stewardship included educating providers on appropriate antimicrobial use and providing support for facilities to develop stewardship programs. In 2019, ADHS targeted long term care facilities to get a better understanding of antimicrobial use within these settings and promote stewardship programs. Eleven long term care facilities across Pima and Maricopa counties participated and will be receiving individualized reports of their facility's antibiotic use and antibiogram data. In 2020, ADHS analyzed data on the top 10% of antibiotic prescribers in the state and used this to target 62 urgent care facilities. These healthcare providers were contacted and resources were provided with the goal to improve antibiotic prescribing and promote appropriate antibiotic use. Each year, ADHS actively participated in US Antibiotic Awareness Week to raise awareness of the importance of appropriate

antibiotic use to reduce the spread of antibiotic-resistant bacteria. This included posting on our webpage, social media messaging, posting an ADHS Director's Blog, posting on our infectious diseases phone app (IDAZ), and even a Governor's proclamation to declare the week as AZ Antibiotic Awareness Week. In 2020, in addition to these activities, approximately 4,700 physicians and physician assistants were contacted and sent information highlighting the importance of appropriate antibiotic use/antimicrobial stewardship and resources available to them to guide their antibiotic prescribing practices. CDC's Core Elements of Antimicrobial Stewardship offer healthcare providers and facilities a set of key principles to guide efforts to improve antibiotic use. The Core Elements form the foundation for antimicrobial stewardship and the data shows that acute care facilities are making considerable progress toward implementation of the Core Elements. In 2019, 91% of acute care facilities met all 7 Core Elements of Antimicrobial Stewardship, compared to 2015, where only 63% of acute care facilities met all 7 Core Elements.

Strategies to improve healthcare worker influenza vaccination rates included encouraging the use of the Healthcare Worker Influenza Vaccination Toolkit. This toolkit was posted on our website to be made more widely available to healthcare workers and other partners. It was also promoted at the HAI Advisory Committee and Subcommittee meetings that have attendees that are members of healthcare associations and coalitions that helped to widely distribute the toolkit. The Advisory Committee has around 75 members and each of the 4 Subcommittees have around 60 members each. Data shows that vaccination amongst healthcare personnel did increase between 2015 to 2020. In 2020, 53% of facilities reported  $\geq 91\%$  compliance with influenza vaccination of healthcare personnel, which was a 43% increase compared to 2015 where 35% of facilities reported  $\geq 91\%$  compliance.

Arizona has made considerable progress towards reducing HAIs. HAIs are tracked through the use of standardized infection ratios (SIRs), which is a summary measure used to track HAI prevention progress over time. SIR compares the actual number of HAIs reported to the number that would be predicted, given the standard population, and adjusting for several risk factors. An SIR greater than 1.0 indicates that more HAIs were observed than predicted and an SIR less than 1.0 indicates that fewer HAIs were observed than predicted. The most recent available data (2019) shows that the SIRs for Arizona acute care facilities decreased for most of the targeted HAIs when compared to baseline data (2015). The 2020 goal to reduce the number of HAIs by 10% was achieved for CLABSI (39% reduction), CAUTI (42% reduction), C. diff (CDI) (41% reduction), MRSA (42% reduction) and SSI Colon (41% reduction).

The partnerships and collaborations established during this period will benefit the community as the effort to reduce HAIs and promote antimicrobial stewardship continues with the goal to improve and protect patients' lives. ADHS maintains strong partnerships with organizations and healthcare facilities across the state to prevent HAIs and supports HAI prevention work through the HAI Advisory Committee. The HAI Program at ADHS will continue to work closely with the multidisciplinary HAI Advisory Committee and Subcommittees to identify and address HAI priority areas for Arizona.

**Participating Organizations:**

*Arizona Department of Health Services (ADHS)*

*Arizona HAI Advisory Committee*

*Local Health Departments*

## Heart Disease & Stroke

**2020 Goal:** Reduce deaths and events related to heart disease and stroke by 10% (per 100,000, Vital Records)

**Baseline:** Heart Disease - 143 (2013)  
Stroke - 28.2 (2013)

**Last published metric:** Heart Disease - 137.3 (2019)  
Stroke - 31.0 (2019)

**Actual Impact:** Heart Disease – 3.9% reduction  
Stroke – 9.9% increase

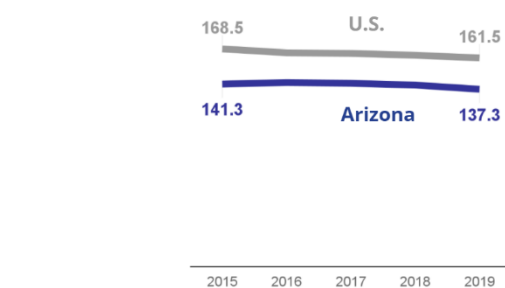
### Heart Disease & Stroke Workgroup Highlights

- › Increased the number of people who perform Hands Only by training **270 individuals**.
- › Increased the number of health professionals who are properly trained in heart health, screening, and prevention. To date, **4 health centers** implemented a team-based care approach to include Community Health Worker (CHWs) in the Heart disease QI project with 5 additional who have been recruited to continue.
- › **Enhanced 3** health systems Electronic Health Record (EHR) and Health Information Technology (HIT) to **improve provider outcomes and patient health outcomes** related to identification of individuals with undiagnosed hypertension and management of adults with hypertension.
- › American Heart Association (AHA) developed media campaign called “Don’t Die of Doubt”.
- › Held a Chronic Disease QI virtual symposium titled “Returning to Usual Patient Care in Unusual Times: A Workshop on adjusting care to achieve optimal patient outcomes” which provided education to FQHCs statewide on best practices to manage patients with chronic disease amidst COVID. The symposium had a total attendance of **103 participants**.

### Heart Disease & Stroke Summary Narrative

Heart disease is the leading cause of death, and Cerebrovascular disease (stroke) is the 6th leading cause of death in Arizona. Cardiovascular Disease (CVD), including heart disease, stroke, and other vascular diseases, accounts for >800,000 or about 1 in 3, deaths/year nationally, and around 1 in 5 who die from CVD are younger than 65 years. CVD is costly, with an estimated 1 in 7 health care dollars spent on CVD (about 15%). In Arizona, the prevalence of heart disease is 6.9% with a mortality rate of 140.5 per 100,000 people by county. Mohave, La Paz, and Gila counties have the highest CVD mortality rates while Coconino and Santa Cruz have the lowest mortality rates in Arizona. In 2016, the heart disease and stroke workgroup set a target goal of reducing heart disease mortality rate by 10% from the actual rate of 142.5 per 100,000 population.

Heart Disease Mortality Rate, Arizona & U.S., 2015 - 2019



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The workgroup identified three evidence-based high impact strategies: 1. Increase public awareness of risk prevention and treatment measures 2. Increase the number of Arizonans who are trained to perform Hands-Only CPR 3. Increase the number of quality improvement health systems participating in Cardiovascular Systems of Care. Under these strategies the workgroup accomplished the following: Developed an integrated and comprehensive communication plan by identifying

innovative partners, strategies and approaches to reach target audiences. This allowed for collaboration with various groups allowing a broader voice and larger variety of partners. The workgroup also engaged in training dispatchers to provide telephone CPR and measure performance. Finally, through the established workplan, the workgroup members and partner organizations saw and enhanced utilization for telehealth especially for rural health providers amidst COVID. One of the successes of the workgroup during this period is the expansion of [Get With The Guidelines®](#) in-hospital program for stroke care in southern Arizona. This focuses on the strategy of increasing the number of stroke care centers in Arizona and improving the door-in/door out time for stroke care centers. These are now being tracked and reported through Get With The Guideline (GWTG/ASA) stroke database. COVID-19 has significantly impacted these efforts as most patients are not seen in person but are utilizing zoom creating a barrier to continuous tracking and reporting of these measures into the stroke database for quality improvement.

Looking forward, the workgroup will continue to provide education and information to the public on heart attacks and strokes risk factors, warning signs and share prevention strategies. Don't Die of Doubt, a campaign launched by our partners at the American Heart Association (AHA) has been crucial in spreading the word to the public during times of COVID as health systems saw a decline in stroke admission at hospitals. The workgroup will continue to have a focus on increasing education at all levels including AED outreach programs, Hands-only CPR & telephonic CPR, AED in schools, provider and community education on heart disease and stroke by various partners. Other workgroup members will explore avenues for training new dispatchers on telephonic CPR. Lastly, under the CDC 1815 grant (Improving the Health of Americans Through Prevention and Management of Diabetes and Heart Disease and Stroke) the ADHS through a contractual agreement with Arizona Alliance for Community Health Centers (AACHC) implemented the Heart Disease QI project. This project entails working with 4-5 health centers per cohort serving high burden populations for the adaption of evidence- based quality measure at the provider level (e.g. use of dashboard) for increased reporting, monitoring, and tracking of clinical data for improved identification, management, and treatment of patients with hypertension/prehypertension, diabetes/pre-diabetes and high blood cholesterol. Including the current cohort, 8 health centers have participated in this Heart Disease QI project and continue to engage in heart disease QI initiatives through quarterly learning collaborative workshops encouraging peer learning. In addition to these workshops, AACHC in conjunction with ADHS and AHA host an annual Quality Improvement symposium for health centers to learn performance-based quality goals for shifting to virtual care in chronic disease management, optimizing health systems EHR to streamline population health and understanding COVID impact on QI initiatives for improved patient outcomes.

**Participating Organizations:**

*Alliance for Community Health Centers (AACHC)*  
*American Heart Association*  
*Arizona Department of Health Services (ADHS)*  
*Arizona Stroke Collaborative*



## Maternal & Child Health

**2020 Goal:** Reduce maternal\* and infant+ mortality by 5% (\*Maternal Mortality Report, +Vital Records)

**Baseline: Maternal - 59 (2016)**

**Infant – 473 (2015)**

**Last published metric: Maternal - 75 (2017)**

**Infant - 430 (2019)**

**Actual Impact: Maternal – 27% increase**

**Infant - 9% Reduction**

### Maternal & Child Health Workgroup Highlights

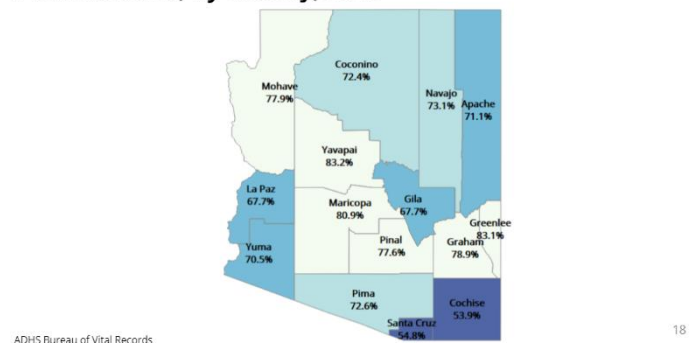
- › Rate of teen births **decreased from 20.1 to 18.5.**
- › Percent of children in Arizona Kindergartens that have 2 doses of measles, mumps, and rubella (MMR) vaccine **increased .5%.**

### Maternal & Child Health Summary Narrative

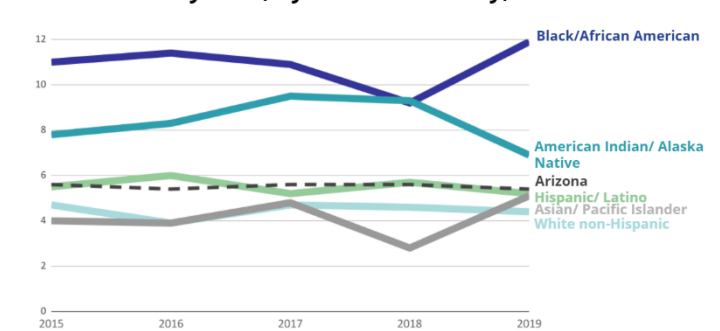
Maternal and child health were impacted at the onset of the COVID-19 pandemic. Providers, home visitors and other maternal and child health professionals adjusted their service delivery models. Social and economic disruptions occurred. Early on, families were advised to leave home only to access essential services. Closure of schools and community settings impacted the ability to provide preventive services in class or community settings immensely. Social distancing influenced every aspect of family life, leading to significant changes in how providers and early childhood home visiting programs work with families.

Home visits were transitioned to virtual and/or phone visits immediately. This transition was smooth and has allowed home visitors to continue to serve and support families even through a pandemic. This continued support has been a lifeline for families who otherwise would be isolated, confused and fearful. A decline in home visits was anticipated however; instead home visitors continued to reach out to families in creative ways such as FaceTime, Zoom, texting, phone calls, and other alternatives to in-person visits. Home Visiting programs continued to provide young families with the support and resources to: prevent child abuse and neglect; support positive parenting; improve maternal and child health outcomes; and promote child development and school readiness. In addition, it responded to the needs of families by purchasing and delivering handwashing stations to remote tribal areas, conducting local food and diaper drives, holding COVID-19 classes online, and delivering many more creative responses across the state. In 2020, BWCH funded home visiting programs provided 45,815 home visits.

**Percent of Women Receiving Intermediate or Adequate Prenatal Care, by County, 2019**



**Infant Mortality Rate, by Race & Ethnicity, 2015 - 2019**



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Additional projects supported by BWCH in 2019/2020 that contribute to outcomes include:

- › Twenty-one (21) candidates that were vetted for eligibility to pursue International Board of Lactation Consultant (IBCLC) certification and nine (9) candidates who qualified and were able to sit for the test. Test scores are still pending and have not yet been released for the participants.
- › To address the early identification and treatment of developmental delays through developmental screening, new home visitors hired during the federal reporting period of October 1, 2018-September 30, 2020 all received Ages and Stages Questionnaire (ASQ) training to be able to provide the screening to families. Forty-four percent (44%) of families enrolled in the program received a timely ASQ screening. The completed screening percentage ranges between 31%-90% across home visiting programs.
- › Office of Injury Prevention (OIP) provided support to the 5 (five) local Safe Kids coalitions that are located around the state; additionally, OIP serves as the liaison between the Safe Kids Worldwide and the local coalitions. Each coalition works to help families and communities keep kids safe from unintentional injuries, including but not limited to reducing traffic injuries, drownings, falls, burns, poisoning and more.

Adolescent health services continued in 2019/2020. Teen pregnancy prevention programming for youth is delivered with a positive youth development approach ensuring educators provide safe spaces and supportive relationships. School closures due to the pandemic impacted programming greatly. The 2020 goal for the number of prevention services provided was 22,281 however; due to school closures, the actual number of prevention services provided was 16,902. Contractors adjusted plans and transitioned programming to virtual classes. The continuation of the programming supports youth and teaches them how to build emotional and social skills, make positive relationships, and make informed decisions that affect important aspects of their lives. Bullying prevention efforts also continued and marketing campaigns have promoted bystander intervention to youth and adults, encouraging them to intervene safely when they see someone being bullied.

- › During 2020, the maternal and child health programs reached out to internal and external stakeholders to create strategies that would continue to build awareness, educate and equip individuals and families, health professionals, and schools with the resources to recognize the importance of continuing preventative medical visits. Some projects include:
  - Distribution of materials and education on Postpartum warning signs to all prenatal and postnatal clients through home visiting programs. We know of at least one success story where a mother was experiencing symptoms and after reviewing the magnet given, called her doctor who did not seem to be worried at the time. The client continued to have symptoms and knew the warning signs and was persistent until she received the treatment she needed.
  - ADHS has supported the Arizona Chapter of the American Academy of Pediatrics (AZAAP) [Back to the Office Campaign](#) to help get patients and families Back to the Office during the pandemic. The purpose was to maintain the messaging of preventative care and vaccinations in keeping children healthy during this challenging time. AZAAP developed targeted materials and a social media toolkit with easy to use resources that MCH can integrate into programs.

Recent collaboration between ADHS and the Arizona Chapter of the American Academy of Pediatrics includes funding towards the Arizona Pediatric COVID-19 Training Center. AZAAP established the training center in direct response to the urgent public health crisis; to support members as they navigate the pandemic and provide care to patients and families. The training center provides access to many resources, webinars, podcasts, and toolkits.

#### **Participating Organizations:**

*Arizona Chapter of the American Academy of Pediatrics  
Arizona Department of Education (ADE)  
Arizona Department of Health Services - BWCH Office of Women's Health  
Arizona Family Health Partnership  
First Things First  
Maricopa Community Advisory Board*

*Postpartum Support International, Arizona Chapter  
Safe Kids Arizona  
Safe Sleep Task Force  
State Child Fatality Review Team  
Strong Families Arizona  
Teen Outreach Pregnancy Services  
The Arizona Partnership for Immunizations (TAPI)*

## Mental Health

**2020 Goal:** Reduce the percent of adults who reported frequent mental distress in the past month (BRFSS)

**Baseline:** 11.2% (2015)

**Last published metric:** 14.4% (2019)

**Actual Impact:** 28.6% increase

### Mental Health Workgroup Highlights

- › In 2018, AHCCCS transitioned **1.5 million members** to AHCCCS Complete Care integrated health care plans.
- › Both in Arizona and nationally, reported frequent mental distress among adults has increased. For the Arizona adults, there was a 28.6% increase and nationally there was a 23.2% increase.

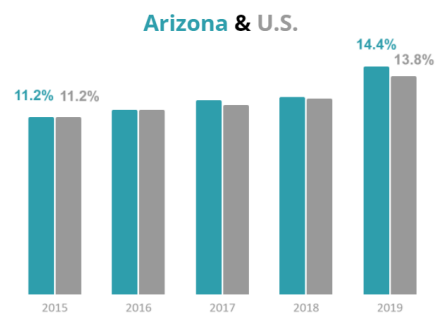
### Mental Health Summary Narrative

#### Integrating Behavioral Health in Arizona Today

Evidence-based research demonstrates the interdependent relationship between mental and physical health and how optimal care reflects their inextricable link. Studies also demonstrate how integrated care significantly reduces health care costs. From its inception, Arizona Health Care Cost Containment System (AHCCCS) recognized these benefits. In 1989, the agency developed the Arizona Long Term Care System (ALTCS) as an integrated health plan for members who are elderly and/or have a physical disability.

AHCCCS then integrated care for members with a serious mental illness designation and children who had qualifying Children's Rehabilitative Services (CRS) conditions. Finally, AHCCCS made its largest step toward integration in 2018 when it transitioned 1.5 million members to [AHCCCS Complete Care](#) (ACC) integrated health care plans. By joining physical and behavioral health services under single health care plans, with their own networks of providers who treat all aspects of health care needs, the Medicaid delivery system became better able to facilitate care coordination and achieve improved health outcomes. AHCCCS continued to move toward whole-person health care by integrating physical and behavioral health services for members with developmental disabilities, including those with Children's Rehabilitation Services' (CRS) qualifying conditions, in October 2019, and integrating health care services for children in Arizona's foster care system as of April 1, 2021.

#### Percent of Arizona Adults Who Reported Frequent Mental Distress, 2015 - 2020



BRFSS

79

**Between 2010 and 2017**, the number of children in the foster care system increased from 9,000 to 19,000. AHCCCS understands that this increase highlighted the need for trauma informed and responsive services. Consequently, AHCCCS has moved to require all MCOs to ensure the use of trauma screenings for all children and adults in order to appropriately identify and treat individuals in need of services to address trauma. AHCCCS MCOs are steadily increasing their network of providers with expertise to meet this demand.

The Arizona State Legislature approved funds for FY2019 for behavioral health services in the schools, which includes funding for mental health awareness training for teachers and staff. Family support partners are peers with lived experience who help families learn to navigate the systems. Through State Fiscal Year 2020, nearly \$13 million dollars were dedicated to

the provision of behavioral health services to students either on a school campus, or by a referral for behavioral health services from an educational entity. This represents a 300 percent increase in the number of Medicaid eligible students receiving behavioral health services in a school setting since 2017.

## **Stigma**

The stigma around mental illness continues to present barriers to accessing needed services.

This is especially true among immigrant populations. Media coverage and advocacy by actors and sports figures helps to mitigate the effects of stigma, especially among youth, but more work is needed. Arizona continues work to [end the stigma](#) and increase awareness of mental health issues. The Office of Individual and Family Affairs (OIFA) promotes recovery, resiliency, and wellness for individuals with mental health and substance use challenges. OIFA builds partnerships with individuals, families of choice, youth, communities, and organizations, and collaborates with key leadership and community members in the decision-making process at all levels of the behavioral health system. In partnership with the community, OIFA:

- › Works to [end the stigma](#) that prevents people from openly seeking treatment for mental illness,
- › Advocates for the development of culturally inclusive environments that are welcoming to individuals and families,
- › Establishes structures to promote diverse youth, family and individual voices in leadership positions throughout Arizona,
- › Delivers training, technical assistance and instructional materials for individuals and their families,
- › Ensures peer support and family support are available to all persons receiving services and their families,
- › Monitors contractor performance and measures outcomes, and
- › Through the Foster Care Community Liaison, supports the [foster care/kinship/adoptive family community](#) with access to health care-related information.

## **Participating Organizations:**

*Arizona Council of Human Service Providers*  
*Arizona Health Care Cost Containment System (AHCCCS)*  
*Community-Based Mental Health Providers*  
*Health Plans*

## Obesity

**2020 Goal:** Increase the proportion of adults and children who are at a healthy weight by 5% (BRFSS adults, NSCH children)

**Baseline: Adults – 32.6% (2015)**

**Youth – 72.7% (2013)**

**Last published metric: Adults – 31.9% (2019)**

**Youth – 69.3% (2019)**

**Actual Impact: Adults – 1.8% decrease**

**Youth – 4.7% decrease**

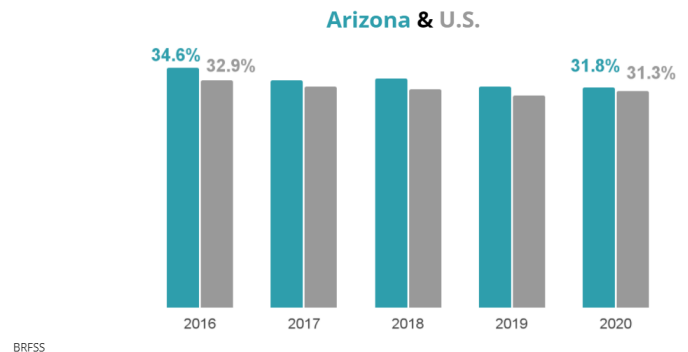
### Obesity Workgroup Highlights

- › **Increased awareness and promotion** of the Double Up Food Bucks program to increase access to fruits and vegetables for SNAP households.
- › Arizona had the **second lowest percentage (10.2%) in the nation** of children ages 10-17 with obesity as reported by Robert Wood Johnson Foundation's State of Childhood Obesity (<https://stateofchildhoodobesity.org/states/>)

### Obesity Summary Narrative

Since implementation of this plan began, the national narrative around weight and obesity in public health nutrition has been shifting to a more weight-inclusive model, and continues to this day. Evidence demonstrates that individuals can experience health at various sizes and health cannot be measured by weight alone as there are inherent differences in body shapes and sizes. Many factors influence health other than weight and a focus on low/reducing body weight can lead to weight stigma, disordered eating, and negative health outcomes. Much of the work included in the 2016-2020 plan prioritized improving access to food and safe physical activity. These types of activities should continue but the primary indicator will evolve from the “proportion of adults and children who are at a healthy weight” to other health promoting behaviors or environmental factors.

#### Percent of Arizona Adults Who Reported a Healthy Weight, Arizona & U.S., 2016 - 2020



Through the work completed in the 2016-2020 AzHIP, Arizonans in low-resourced communities now have improved access to fruits and vegetables. The program has doubled the purchasing power of SNAP households when buying fruits and vegetables at farmers markets and limited retail settings. Additionally, supporting the installation and maintenance of community and school gardens brings self-grown produce into homes and school cafeterias. Research shows the simple act of growing one's own food can lead to higher intake.

Messaging in support of active lifestyles focused on supporting all forms of movement - even those not traditionally identified as activity. Active transportation (e.g. walking/biking to work), playing with your family, and cleaning your home were all promoted as well as supporting recess in schools, and free play or teacher led activity in child care settings.

Neither of these could have been done without the incredible coordination with county health departments, community-based organizations, and other state agencies. Nutrition and Physical activity priorities have been integrated into plans within the



Arizona Department of Economic Security and First Things First leading to sustained focus on supporting health promoting behaviors.

### **Impacts of COVID-19**

When the COVID-19 pandemic hit Arizona, the implications were far reaching. Food systems were severely disrupted and unable to adjust quickly enough, leading to food shortages throughout communities and large-scale food waste in some industries (i.e. dairy). In response to the crisis, the national conversation quickly shifted to one of food security rather than nutrition security. Increased stress, disrupted sleep patterns, and changes in economic standing were experienced by many during the pandemic; these changes can all lead to changes in an individual's weight but more importantly their overall health status.

### **Participating Organizations:**

*Arizona Chapter of the American Academy of Pediatrics*

*Arizona Chapter of the American Academy of Pediatrics & Arizona Department of Education*

*Arizona Department of Health Services (ADHS)*

*Arizona Food Market Association*

*Edgenuity*

*First Things First*

*Food System Coalitions*

*Maricopa County Department of Public Health (MCDPH)*

*Mercy Care Plan & Arizona Department of Health Services*

*Pinnacle Prevention*

*University of Arizona Western Region Public Health Training Center*

*Vitalyst Health Foundation*

## Oral Health

**2020 Goal:** Improve the oral health status of Arizonans by 5% (BRFSS adults, NSCH children)

**Baseline: Adults – 59.0 (2014)**

**Children – 75.2% (2011/12)**

**Last published metric: Adults – 62.3% (2018)**

**Children – 78.0% (2018)**

**Actual Impact: Adults – 5.6% increase**

**Children – 3.7% increase**

### Oral Health Workgroup Highlights

- › **35 % increase** in the proportion of local health departments and Federally Qualified Health Centers (FQHCs) that have an oral health program.
- › **48% decrease** in the number of elementary schools that have a school-based or school-linked sealant program. Mainly due to COVID-19 and school closures.
- › **77% decrease** in the number of children receiving fluoride varnish. Mainly due to COVID-19 and closing of programs.
- › **2% decrease** in the percent of Medicaid children who received preventive dental services. (Percent of children enrolled in Medicaid for >= 90 days who received preventive dental services).
- › **79% decrease** in individuals completing pregnancy and infant oral health training for home visitors.
- › **6% decrease** in percent of population receiving optimally fluoridated water.

### Oral Health Summary Narrative

Access to oral health services were greatly impacted at the onset of the COVID-19 pandemic. Realizing the severity of outcomes associated with this disease and its high rate of transmission, dentists were instructed by regulatory authorities, such as the American Dental Association, to stop providing treatment to dental patients except those who had emergency complaints. This was mainly for protection of dental healthcare personnel, their families, contacts, and their patients from the transmission of virus, and also to preserve the much-needed supplies of personal protective equipment (PPE).

Initially, non-emergent oral health care was limited and dental providers experienced lack of access to sufficient supplies of PPE. This along with the closure of schools and community settings impacted the ability to provide preventive oral health care across the state.

As these issues were emerging, the [Arizona State Oral Health Coalition](#) (AZOHC) and its regional partners from across the state convened an executive leadership committee in early 2020. The Coalition brought together a large group of diverse leaders in the oral health community to discuss timely and relevant topics highlighting the changing environment around the pandemic, tele-dentistry, legislative policy priorities, increasing oral health literacy and an introduction to the Oral Health Progress and Equity Network (OPEN).

The AZOHC membership-partner participation has been consistent, showing growth in numbers as they adapted to sustain meeting attendance by going virtual. The coalition's Leadership Council has been active in planning for ongoing membership engagement, meetings and long-range sustainability.

During 2020, the AZOHC sought to build awareness, educate and equip individuals and families, health professionals, and schools with the resources to recognize the importance of oral health and how it impacts overall health. This began with a survey of oral health stakeholders across Arizona and identification of oral health priority areas.

After Governor Ducey issued a public health state of emergency on March 11<sup>th</sup> the AZOHC and its stakeholders immediately began communicating with leaders in the oral health community. The Arizona School-based Sealant Program began revision of its policies and procedures for implementing preventive services and hosted a webinar to engage and inform partners on the delivery of dental services.

AZOHC and its partners are dedicated to monitoring the latest updates and recommendations related to COVID-19. As information becomes available, they will continue to share updates and engage the oral health community.

Another achievement realized in Arizona was that between 2016-2019 FQHC dental patient volume in Arizona grew by 24%. Part of this increase is attributed to the expansion of federal programs supporting expansion efforts for FQHCs.

A collaboration between ADHS and the Arizona School of Dental and Oral Health (ASDOH) has been instrumental in addressing the original AzHIP priority areas in oral health including: enhancement of interprofessional collaboration and improving oral health literacy.

**Participating Organizations:**

*A.T. Still University*

*Arizona Academy of Pediatric Dentistry*

*Arizona Alliance for Community Health Centers*

*Arizona American Indian Oral Health Initiative*

*Arizona Dental Association*

*Arizona Department of Economic Security*

*Arizona Department of Health Services (ADHS)*

*Arizona Health Care Cost Containment System (AHCCCS)*

*First Things First*

*Oral Health Coalition*

*Strong Families Arizona*

## Substance Use Disorder

**2020 Goal:** Reduce the number of opioid deaths by 10% by the end of 2019 and 25% by end of 2021 (Vital Records)

**Baseline:** Opioid deaths: 800 (2017)

**Last published metric:** 1980 (2020)

**Actual Impact:** 147.5% increase

Source: [2019-2021 Arizona Opioid Action Plan](#)

### Substance Use Disorder Workgroup Highlights

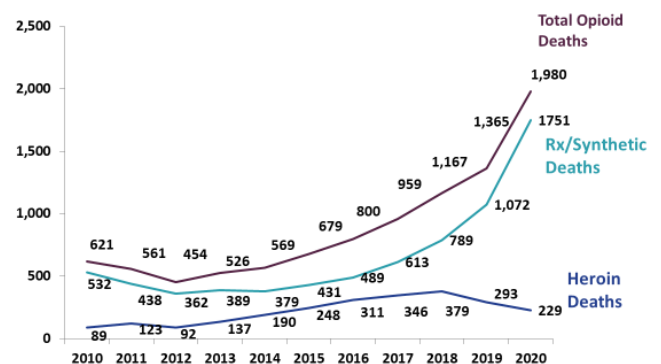
- › The percentage of prescribers who prescribe an opioid or benzodiazepine and checked the Arizona Controlled Substances Prescription Monitoring Program (CSPMP) at least once in the past month **increased from 43% in January 2019 to 50% by end of 2020.**
- › **31% decrease** in the number of opioid pills dispensed from 2017 and 2020
- › **39% decrease** in average morphine milligram equivalents (MME) prescribed from July 2017 to July 2020 (62 MME to 44 MME).
- › **44% increase** in the number of people with an opioid use disorder receiving Medication Assisted Treatment from 2018 to 2020 (More than 30,000 people with an opioid use disorder received Medication Assisted Treatment in 2020).

### Substance Use Disorder Summary Narrative

#### Current Challenges

- › Opioid overdose deaths have continued to increase, reaching a high of 1,980 opioid deaths in 2020. This was a 45% increase from 2019. The increase has been largely driven by fentanyl.
- › Counterfeit M-30 pills with fentanyl are widely available throughout Arizona; one pill can contain a lethal dose. Law enforcement entities continue to see a dramatic increase in the amount of fentanyl seized in Arizona.
- › Fentanyl is the most commonly identified substance in the verified opioid overdoses (non-fatal & fatal). More than half of all verified opioid overdoses involved fentanyl in 2021.
- › Ongoing, cumulative stress of the pandemic may leave people more vulnerable to developing substance use disorder. Access to treatment during part of 2020 may have been impacted by temporary closures of facilities along with hesitancy of people to go to facilities for fear of COVID.

More than 5 Arizonans a day died from opioids last year



## Actions

Since Governor Doug Ducey [declared a public health emergency](#) on June 5, 2017, to address the increase in opioid deaths in Arizona, substantial action has occurred:

- › The opioid surveillance system continues to track reported overdoses, neonatal abstinence syndrome cases, naloxone dispensed by pharmacists, and naloxone administered by first responders within 5 days of the event.
- › New rules were put in place for licensed health care facilities, pain management clinics, and sober living homes.
- › Updated guidelines are available to educate healthcare providers on responsible prescribing practices and are available at [www.azhealth.gov/opioidprescribing](http://www.azhealth.gov/opioidprescribing).
- › ADHS submitted the [Opioid Action Plan](#) to Governor Ducey on September 5, 2017 resulting in more than 50 actions completed by June 30, 2018. An [Arizona Opioid Action Plan Version 2.0](#) was published with actions planned through June 2021.
- › On January 26, 2018, Governor Doug Ducey signed the Arizona Opioid Epidemic Act, [Senate Bill 1001](#), the first bill to become law in 2018, following a four-day Special Session and unanimous passage in the House and Senate.
- › The [OARLine](#) Opioid Assistance + Referral Line was launched in March 2018 in partnership with Arizona's Poison and Drug Information Centers. The [OARLine](#) (1-888-688-4222) is available for health care clinicians to call for free consultation on patients with complex pain or opioid use disorder, provides information and referrals to the public, and conducts follow-up with people experiencing overdoses.
- › The Arizona Department of Health Services worked with 17 undergraduate health professional schools to develop the **Arizona Pain and Addiction Curriculum**, a statewide curriculum on the modern approach to pain and addiction. Find more information at [www.azhealth.gov/curriculum](http://www.azhealth.gov/curriculum).
- › On May 7, 2019 Governor Ducey signed SB 2019, allowing medical and osteopathic schools to graduate students as automatically eligible for the waiver to treat opioid use disorder with buprenorphine. The medical and osteopathic licensing boards approved the use of the Arizona Pain and Addiction Curriculum for schools to meet the requirement.
- › 24/7 Access Points for treatment were established and standards for designating centers of excellence were put in place
- › The number of AHCCCS members receiving treatment continues to increase. More than 30,000 people with an opioid use disorder received Medication Assisted Treatment in 2020, a 44% increase from 2018 to 2020.
- › The Substance Use Disorder Fund offered options for direct service access including treatment, rehabilitation, medical services, medication-assisted treatment (MAT), peer and family supports, case management, crisis intervention, inpatient services, detoxification, residential services, day program services, transportation, and assistance with high co-pays or deductibles, which often serve as a barrier to accessing treatment and other support services. Between February 1, 2018 and May 31, 2021, the \$10 million SUDS fund appropriation supplied 62,766 services to 35,241 under and uninsured distinct, unduplicated individuals with opioid use disorder (OUD) in Arizona.
- › The Governor's Office of Youth Family and Family provided training on Triple-P Positive Parenting Program and trauma-informed approaches
- › Protocols for EMS Naloxone Leave Behinds programs were established.
- › Federal grants, such as the State Opioid Response and Substance Abuse Prevention and Treatment Block Grant administered by AHCCCS, and the Opioid Data to Action Grant administered by ADHS have provided valuable resources to multiple community organizations to carry out the work vital to preventing and reducing substance use disorder in Arizona. Funds have helped to expand medication-assisted treatment, distribution of naloxone, and substance abuse prevention coalitions.
- › In May 2017, HB 2493 was signed into law establishing a state drug overdose fatality review team. In 2018, federal funds were made available to establish local teams. The first state Overdose Fatality Review Team report was published in 2019.
- › As of 2020, the adult criminal justice component of the AHCCCS Targeted Investment Program has partnered with 13 integrated clinics which are co-located with parole/probation offices and has initiated a Quality Improvement Collaborative aimed at expanding the number of justice-involved members assigned to these clinics.
- › As of October 2020, all AHCCCS MCO contractors are required to establish written collaboration protocols with justice partners (e.g. Law Enforcement, First Responders, Jails, Sheriff's Offices, Correctional Health Services, Arizona Department of Corrections, including Community Supervision, Probation, Courts), to identify justice-involved members with physical and/or behavioral health chronic and/or complex care needs prior to the member's release from incarceration. This includes members with substance use disorder and/or meets medical necessity criteria to receive MAT.
- › The [Arizona Substance Abuse Partnership](#) (ASAP) continued its work to serve as the single statewide council on substance abuse prevention, treatment, and recovery efforts. collaboratively address substance abuse related issues in Arizona.

## Current & Future Initiatives

- › Addressing chronic loneliness and improving social connectedness: [azhealth.gov/StartAConversation](https://azhealth.gov/StartAConversation)
- › Reducing stigma experienced by people with substance use disorder. The Hope Heals campaign raises awareness and reduces stigma among pregnant and postpartum women with substance use disorder: [azhealth.gov/HopeHeals](https://azhealth.gov/HopeHeals)
- › AHCCCS launched a web-based, real-time [Opioid Services Locator](#) on 10/1/21.
- › The [Arizona Health Improvement Plan](#) prioritizes [mental well-being](#) strategies, including actions related to reducing overdoses over the next two years.
- › [Talknowaz.com](https://talknowaz.com) and [naloxoneaz.com](https://naloxoneaz.com) are prevention initiatives developed by the Substance Abuse Coalition Leaders of Arizona. The work of the substance abuse coalitions has been supported through State Opioid Response II funding provided by AHCCCS.

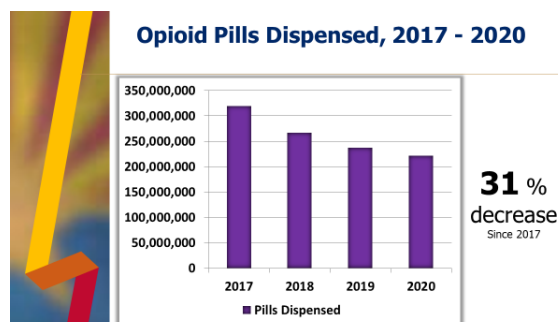
## Data Trends

### Overdoses

- › The highest number of opioid deaths by month occurred in July 2020, with 226 Arizonans losing their lives. The monthly number of deaths has decreased since then, but it's still too early to tell if deaths will continue to increase in 2021.
- › The number of heroin deaths has decreased 40% between 2018 and 2020 (from 379 in 2018 to 229 in 2020).

### Dispensing Trends

- › The number of opioid pills dispensed decreased by 31% between 2017 and 2020
- › Average MME dispensed decreased from 62 MME in July 2017 to 44 MME in July 2020
- › The statute requiring prescribers of opioids to prescribe electronically was effective January 2020. As of July 2021, nearly 79% of prescribers were enabled to prescribe opioids electronically - the 4th highest percentage in the country.



Provided by Arizona Board of Pharmacy

### Naloxone

- › In 2018, an average of 2,155 naloxone prescriptions per month were dispensed by pharmacists. In 2020, this had increased by more than 50% to 3,257 per month
- › AHCCCS funded more than 200,000 doses of naloxone in the last year
- › Law enforcement officers report administering naloxone to more than 100 people each month

### Treatment

- › More than 30,000 people with an opioid use disorder received Medication Assisted Treatment in 2020, a 44% increase from 2018 to 2020.
- › Between February 1, 2018 and May 31, 2021, the \$10 million state appropriated Substance Use Disorder Fund supplied 62,766 services to 35,241 under and uninsured distinct, unduplicated individuals with OUD in Arizona. Services include treatment, rehabilitation, medical services, medication-assisted treatment (MAT), peer and family support, case management, crisis intervention, inpatient services, detoxification, residential services, day program services, transportation, and assistance with high co-pays or deductibles.

## Participating Organizations:

Arizona Board of Osteopathic Examiners  
Arizona Board of Pharmacy  
Arizona Department of Health Services (ADHS)  
Arizona Health Care Cost Containment System (AHCCCS)  
Arizona Medical Board  
Arizona State Board of Nursing  
Arizona Substance Abuse Partnership  
County health departments

EMS Agencies  
Governor's Office of Youth, Faith, and Family  
Health Current - Contexture  
Law Enforcement Agencies  
Poison Control Centers  
Prevention Coalitions  
Professional Associations  
Treatment Providers  
University of Arizona - Center for Rural Health



## Suicide

**2020 Goal:** Reduce the number of suicides by 10% (Vital Records)

**Baseline:** 1,233 (2016)

**Last published metric:** 1,411 (2019)

**Actual Impact:** 14.4% increase

Source: [Suicide Prevention Action Plan](#)

### Suicide Workgroup Highlights

- › In 2019, the Arizona Suicide Prevention Stakeholder Meeting was convened by ADHS and AHCCCS to develop the [Suicide Prevention Action Plan](#) as a state breakthrough project.
- › The Project AWARE partnership has directly supported three school districts with resources developed to **support and increase access to suicide prevention training statewide**.

### Suicide Summary Narrative

In Arizona, as in the United States, suicide rates have been rising from 16.1 per 100,000 population in 2009 to 18.9 per 100,000 in 2019. In 2019, the suicide rate among Arizona residents was 36 percent higher than the national rate (13.9 per 100,000).

American Indians and White non-Hispanics have consistently experienced the highest age-adjusted suicide death rates compared to the other racial/ethnic groups in Arizona. The rate of suicide among Arizona resident veterans, when compared to the rate among Arizona resident non-veterans, demonstrates a sustained pattern of elevated risk. Among Arizona youth, the relative risk of suicide was 6.6 times greater for Arizonans aged 20-24 years compared to their counterparts aged 10-15 years.

Priority populations for prevention efforts include:

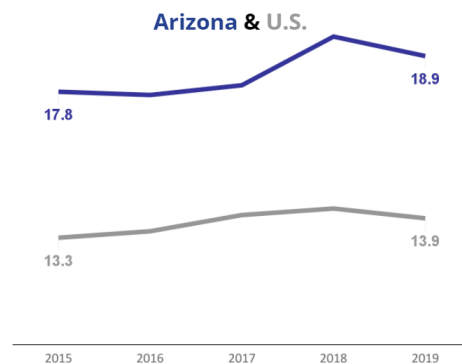
- › Those aged 65 and older, specifically White non-Hispanic males who are gun owners,
- › American Indians,
- › Veterans, and
- › Teens.

The [Suicide Prevention Action Plan](#) provides strategic direction to prevent suicides across Arizona's unique landscape that includes a large rural and frontier population and 22 federally recognized tribal nations, both of which are statistically at higher risk for suicide.

Major milestones in addressing suicide since 2018 have included:

- › Continued progress in [Project AWARE](#), a federal initiative funded by SAMHSA, building a partnership between the Arizona Department of Education, AHCCCS, and three local school districts. Project AWARE provides support and access to suicide prevention training. As of September 2020, more than 6,000 Arizonans have taken online Question Persuade Refer (QPR) with Project AWARE funding.

**Suicide Age-Adjusted Mortality Rate, Arizona & U.S., 2015 - 2019**



ADHS Bureau of Vital Records

50

- › In 2018, the Arizona State Legislature funded a full-time position to address suicide prevention in Arizona. This position is housed at the Arizona Health Care Cost Containment System (AHCCCS), and is responsible for the creation of a state plan to address suicide.
- › In 2019, ADHS and AHCCCS convened a summit to develop to new state [Suicide Prevention Action Plan](#).
- › In 2019, the Arizona State Legislature passed Senate Bill 1468 mandating all public school staff be trained in an evidence-based, best practice suicide training at least once every three years. Eight evidence-based best practice suicide prevention trainings have been selected, including online and free options.
- › In 2020, ADHS launched a suicide dashboard, [azhealth.gov/suicide](http://azhealth.gov/suicide) to provide a more real-time picture of suicide in the state.
- › In March 2020, the Arizona state legislature passed Senate Bill 1523, establishing a new suicide mortality review program within the Arizona Department of Health Services. Passage of voter Proposition 207 in November 2020 included funding to be used for the suicide fatality review program. The development of local and state teams is underway and teams are expected to launch in 2022.
- › In 2021, SB 1847 allocates \$2.5 million in medical marijuana funding to suicide prevention efforts.
- › AHCCCS provided more than 80 community training sessions on preventing suicide and related behaviors reaching more than 2,500 Arizonans.
- › AHCCCS holds an interagency service agreement with ADE's Exceptional Student Services department. The agreement provided \$300,000 in SFY2020 to coordinate and provide behavioral health training to educators. ADE trained 62 individuals in the train-the-trainer model for Youth Mental Health First AID in SFY2020; each of these trainers will train an average of 90 Arizonans each annually, resulting in an estimated 5,580 Arizonans trained each year in Youth Mental Health First AID.
- › AHCCCS received a federal FEMA grant to fund [www.resilientarizona.org](http://www.resilientarizona.org), which provides crisis counseling to individuals during COVID-19.

### Looking Forward

Preventing suicide remains a top priority for Arizona and is included in the new Mental Well-being priority in the Arizona Health Improvement Plan 2021-25. Recently, the lead state agency for suicide prevention was transitioned from AHCCCS to ADHS. As ADHS grows its expertise and capacity in this area, it will work with partners to continue this vital mission and utilize new resources available to support suicide prevention actions in Arizona.

### Related resources:

Vital Statistics [Suicide and Self-Inflicted Injury Reports](#)  
[Suicide Dashboard](#)

### Participating Organizations:

*Arizona Department of Health Services (ADHS)*  
*Arizona Department of Insurance and Financial Institutions*  
*Arizona Department of Public Safety*  
*Arizona Department of Veteran Services*  
*Arizona Health Care Cost Containment System (AHCCCS)*  
*Arizona Nurses Association*  
*Arizona State University*  
*AZ Adverse Childhood Experiences (ACEs) Consortium*  
*Blue Cross Blue Shield of Arizona*  
*Crisis Response Network (Solari, Inc.)*  
*Governor's Office of Youth, Faith, and Family*

*Local County and Tribal Health Departments*  
*National Alliance on Mental Illness (NAMI) Arizona*  
*Northern Arizona Regional Behavioral Health Authority (NARBHA) Institute*  
*University of Arizona*  
*Various Arizona School District Leaders*  
*La Frontera - Empact Suicide Prevention Center*  
*Dignity Health*  
*AZ Complete Health*  
*Help & Hope for YOUth Alliance*  
*Mercy Care AZ*  
*JEM Foundation*

## Tobacco

**2020 Goal:** Reduce the percent of youth\* and adults+ that smoke cigarettes by 25% (YRBSS youth, BRFSS adults)

**Baseline: Youth** – 14.1% (2013)

**Adult** – 14.0% (2015)

**Last published metric: Youth** – 5.3% (2019)

**Adult** – 13.4% (2019)

**Actual Impact: Youth** – 62% decrease

**Adult** – 4.3% decrease

### Tobacco Workgroup Highlights

- ⇒ Reduced smoking prevalence for both **youth (5.3%)** and **adults (13.4%)** in Arizona.
- ⇒ Decreased the mortality rates of cancer and chronic lower respiratory disease (CLRD).
  - **Cancer mortality rates were reduced** from 144 Arizonans in 2015 to **134.7 in 2019** (per 100,000).
  - **Chronic Lung and Respiratory Disease (CLRD) mortality rates also decreased** from 45.1 Arizonans in 2015 to **39.2 in 2019** (per 100,000).
- ⇒ Built the Center for Tobacco Cessation which is housed at the University of Arizona. In FY20, the Training Institute (TI) within the Center for Tobacco Cessation continued to provide training and technical assistance to healthcare providers across the state to increase referrals to ASHLine. **During FY20, the TI delivered 40 pieces of training to 566 providers representing 23 organizations.**
- ⇒ Removed the barrier to access nicotine replacement therapy (NRT) and behavioral counseling for AHCCCS patients who call the Arizona Smokers' HelpLine (ASHLine).
  - In FY20, **5,910 clients enrolled in ASHLine services.**
  - **80% of clients** received at least one behavioral coaching session. On average, clients received **3.4 coaching sessions**. When interviewed at a 7-month follow up survey, **55% of ASHLine clients** reported using cessation medication during their quit attempt.
- ⇒ Completed the third Justice Involved pilot with the Department of Corrections. A total of **39 individuals** attended a DIMENSIONS class across three groups. Across all three groups of classes at the Eagle Point Second Chance Center (SCC), the **average quit rate was 24%.**

## Tobacco Summary Narrative

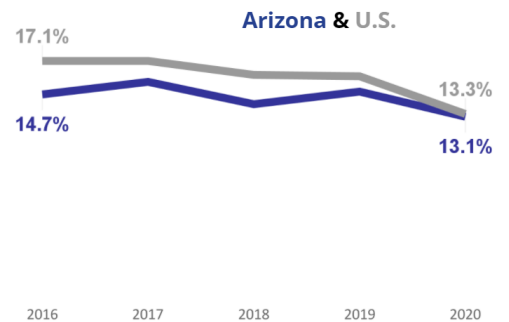
### Reduced Smoking Prevalence

Among adults in Arizona, 13.4% of adults reported smoking cigarettes in 2019 compared to 14.0% of adults in 2015, according to the Behavioral Risk Factor Surveillance System (BRFSS), reflecting a 4% decrease in cigarette use.

Cigarette use among Arizona youth is at an all-time low. According to the Youth Risk Behavior Survey (YRBSS), the smoking prevalence among youth decreased from 14.1% in 2013 to 5.3% in 2019, surpassing the AzHIP goal of 8.0% prevalence. This represents a 62% decrease in cigarette use among Arizona youth.

However, the rise in use of e-cigarettes, commonly known as "vaping," has mirrored the national trends with over 50% of youth having vaped at least once, and a growing number of youths who vape daily. As such, ending the "vape epidemic," as described by the Centers for Disease Control and Prevention and U.S. Surgeon General, has become our top priority.

**Percent of Adults Who Reported Current Smoking, Arizona & U.S., 2016 - 2020**



### Decreased Mortality Rates of Tobacco-related Diseases

Tobacco continues to be the greatest contributor to mortality rates in Arizona and the United States. The continued reduction of tobacco use will translate to a decline in disease morbidities and mortalities and the financial burdens that accompany them.

In our efforts to help Arizonans prevent, detect, and manage the leading causes of death, our goals and actions have centered on those multi-agency collaborations afforded through the AZHIP. Notably, at the mid-point of a five-year plan, cancer-related deaths were reported well below the 2020 goal.

### Center for Tobacco Cessation and the Arizona Smokers' HelpLine (ASHLine)

In November 2018, the [Center for Tobacco Cessation](#) was established at the University of Arizona. The Center has three primary objectives: (a) expand reach to promote systematic utilization of evidence-based cessation services, (b) decrease tobacco prevalence rates among disparate populations, and (c) create a sustainable integrated tobacco cessation program. The Center houses the Training Institute (TI) and the Arizona Smokers' HelpLine (ASHLine).

The TI aims to reach employers, county health departments, and health systems with tobacco cessation education. In FY20, the TI revised and developed new training materials to build local county health department and healthcare provider systems' capacity to reduce tobacco use among Arizonans in general and priority populations, specifically.

In FY20, the ASHLine adjusted enrollment eligibility criteria to focus on underserved communities in an effort to focus on individuals with the most significant barriers to health services. Previous to April 2019, anyone living in Arizona was eligible for ASHLine services regardless of insurance status.

This change has allowed ASHLine to direct more of the annual budget towards serving those at higher risk of smoking. ASHLine reduces barriers for privately insured clients that call in by connecting them to their private insurance's cessation services and providing information for other free cessation resources.

In FY20, the ASHLine received 10,379 total calls, 68% of which occurred during regular business hours (7 am – 8 pm) and were answered by ASHLine staff. The overall tobacco quit rate for FY20, which is self-reported by clients during a 7-month follow-up survey, was 32%.

### Pilot Project for the Justice Involved

Tobacco use prevalence among incarcerated individuals is approximately 60-70%, three times that of the general population. The Arizona Justice-Involved Cessation Pilot Project was launched to serve Second Chance Centers (SCC) - pre-release

programs in which selected inmates are equipped with skills and resources they will need to successfully reenter society. Partners were connected to begin planning the project, including ADHS, Arizona Department of Corrections (ADC), Arizona Smokers' Helpline (ASHLine), American Lung Association (ALA), and later the University of Colorado Anschutz Medical Campus' Behavioral Health and Wellness Program (BHWP).

Evaluation of the Initial Pilot identified a need for a more flexible and sustainable curriculum to meet the ongoing demand for tobacco cessation programming in the SCC. An Extended Pilot was launched in Fall 2019 to test a second tobacco cessation curriculum - the DIMENSIONS: Tobacco-Free Program, developed by the University of Colorado Anschutz Medical Campus BWHP.

The Eagle Point SCC Peer Support Specialists were trained to become DIMENSIONS facilitators, and delivered three cessation classes between December 2019 and March 2020. NRT was available to participants throughout the program. A total of 39 individuals attended a DIMENSIONS class across the three groups. More than three-quarters of the individuals completed all six sessions in their group. Across all three groups of classes at the Eagle Point SCC, the average quit rate was 24%. However, that rate jumped significantly, to 38%, from the first through the third group - likely as facilitators became more comfortable with the curriculum.

Feedback for this program continues to be very positive. The peer-facilitator model offers several sustainable benefits for this project. This model creates an opportunity for peer facilitators to develop valuable and transferable skills that can be applied professionally post-release, thus improving their opportunities for meaningful employment.

**Participating Organizations:**

*American Lung Association*

*Arizona Department of Corrections*

*Arizona Department of Health Services (ADHS)*

*Arizona Multi-Housing Association*

*Arizona SmokeFree Living*

*ASHLine*

*Attorney General's Office*

*Local Health Departments*

*Pima Prevention Partnership*

*Students Taking a New Direction*

*University of Arizona*

## Unintentional Injury

**2020 Goal:** Reduce the Unintentional Injury Death Rate by 5% (per 100,000, Vital Records)

**Baseline:** 48.1 (2015)

**Last published metric:** 59.2 (2019)

**Actual Impact:** BRFSS – 23.1% increase

### Unintentional Injury Workgroup Highlights

- › Developed falls prevention education toolbox which **increased awareness by 30%**.
- › Realized a **40% improvement** in coding and reporting of falls-related injury and mortality through the HDD. (*Regional health systems collaboration*).
- › **20% increase** in awareness of evidence-based assessment tools and hospital/office-based implementation (*Education of health systems (healthcare providers, ED's, and EMS First Responders) in CDC's STEADI*).
- › **10% growth** in statewide coalition/community organization-partnerships membership which coalesce to address falls prevention.

### Unintentional Injury Summary Narrative

During the COVID pandemic, the [Arizona Falls Prevention Coalition](#) (AFPC), hereafter referred to as “the Coalition” has successfully delivered outreach and education. In fact, the member-partner participation has been consistent, showing growth in numbers as we have sustained our meetings virtually without operational disruption. Furthermore, the Coalition’s Leadership Council has been active in planning for autonomous operation and long-range sustainability.

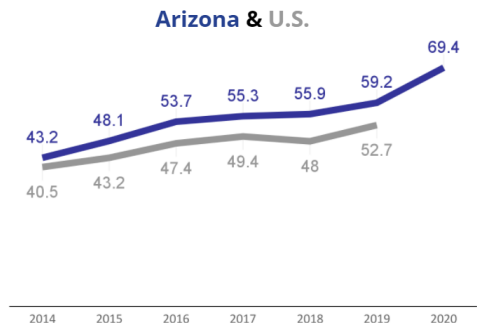
The Coalition successfully overcame the barrier experienced by limitations of participant access by implementing a virtual platform and planning for seamless continued operability.

Recruitment efforts to fill key Committee leadership positions were fruitful. The Coalition gained traction in engaging the Indian Health Service with an increasing level of participation, ergo our efforts to gain momentum in tribal partnerships with our aim to forge a robust participation through the AFPC AI Partnership Alliance Committee vis-à-vis ITCA representative and aim.

The 2020 statewide Coalition’s aim objectives, including our three regional Chapters (Northern, Western and Southern AFPC) was on target.

The 911 Task Force was created as a result of the AGO Health & Safety Committee’s collaboration with joint EMS Fire Chiefs. Through such partnerships, the RightCare Foundation spearheaded two bills (HB2627 and SB1373) in this legislative session that addressed falls and its socioeconomic impact. HB2627 was a virtual mirror of SB1373 and did not receive a hearing. SB1373, titled "health facilities; duty of care," passed the Senate with bipartisan support 25-5 and will be heard in

### Unintentional Injury Mortality Rate, Arizona & U.S., 2014 - 2020



ADHS Bureau of Vital Records

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the House Health and Human Services Committee on March 22nd. The proposed bill establishes “an affirmative duty of care for specified health care institutions and their employees, agents and assignees”. It will essentially require professional caregivers to deliver life-saving CPR and First Aid in accordance with individual advance directives to older Arizonans during the course of their care.

**Participating Organizations:**

*Arizona Department of Health Services (ADHS)*

*Arizona Department of Transportation*

*Arizona Falls Prevention Coalition*

*Arizona Game & Fish*

*Arizona Injury Prevention Advisory Council*



ARIZONA DEPARTMENT  
OF HEALTH SERVICES

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