Arizona Health Improvement Plan

Summary Document

2021-2025

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Acknowledgements

The Arizona Health Improvement Plan (AzHIP) was developed collaboratively with input from partners and stakeholders across the state.

The plan received input from:

- The AzHIP Steering Committee, comprised of multi-sector leaders engaged in the public health system;
- Core and Work Team members;
- Community partner and stakeholder forum participants;
- Attendees of the annual AzHIP summits; and
- On-line survey responses from subject matter experts.

The Arizona Department of Health Services (ADHS) thanks everyone who contributed their time, ideas, and expertise to building the AzHIP and the vision of Healthy People, Healthy Communities.

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Letter from the Director

Dear Arizonans,

I am honored to share the 2021-2025 Arizona Health Improvement Plan (AzHIP) with you. The AzHIP is a plan for the entire state, which was developed by, and reflects the commitment of, public health, community partners, and dedicated stakeholders at the state and local levels to improving health in our communities.

In 2016, we shared the first AzHIP providing a five-year roadmap with 13 health priorities and four cross-cutting issues, including Access to Care, Built Environment, School Health, and Worksite Wellness. Over 350 unique action items were completed as a part of these priority areas to address key public health issues in Arizona. This work would not have been possible without the numerous partners who contributed to the development of the plan and especially those who took action across the state to support the various strategies.

The 2021-2025 AzHIP continues our dedication to improving the health and wellness of all Arizonans. The plan was developed using a process to bring together a network of partners to align resources and efforts. As progress of the first plan continues, this iteration focuses on a smaller number of priorities which underlie multiple health issues and disparities. The vision of each of the priorities reflect collective action taken by multiple partner organizations to achieve the goals and actions set forth.

Thank you to everyone who helped develop this plan and to all who will contribute to its implementation.

Cara M. Christ, M.D.
Director
Arizona Department of Health Services

Summary & Background

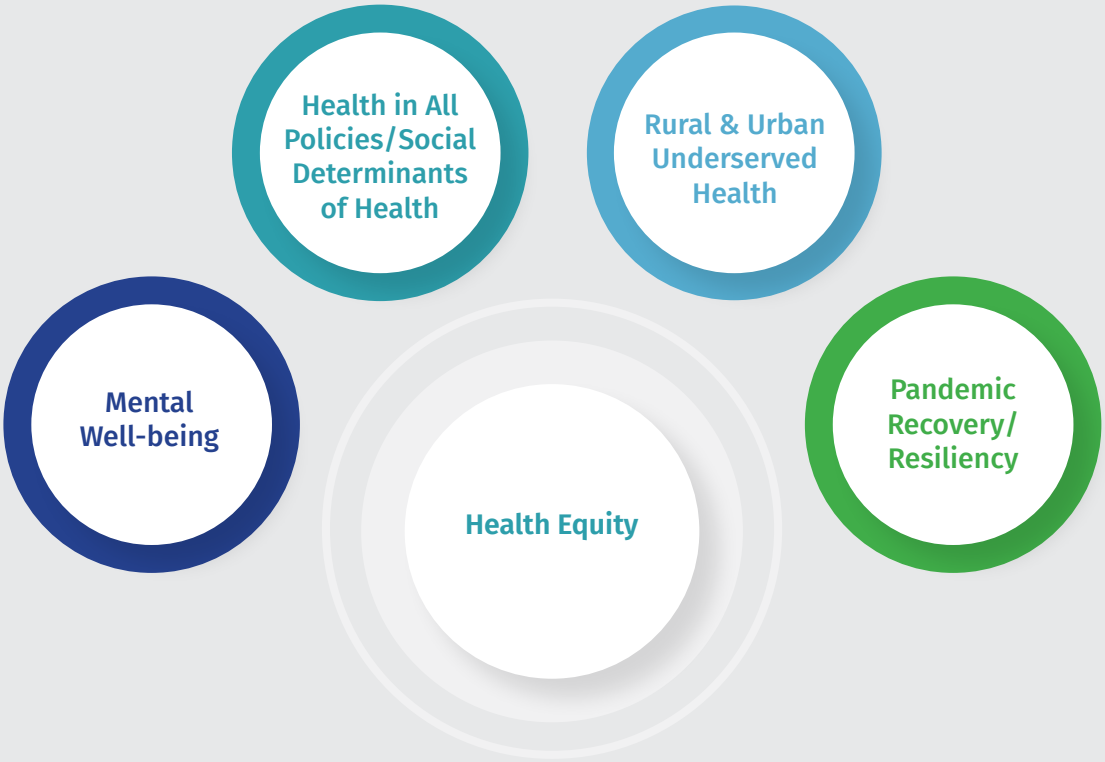
The AzHIP provides a structure and a venue bringing together a networked system of partners to improve the health of communities and individuals across Arizona. Driven by data and community participation, the AzHIP includes input from individuals and organizations who comprise the public health system. The plan aligns the state on common goals by enhancing non-traditional partnerships, focusing work on priority areas, breaking silos, and leveraging community health improvement plans (CHIPs) statewide. By identifying priorities specific to Arizona's needs, the plan can make the greatest impact on health promotion and disease prevention.

The first plan spanned 2016-2020 and described how ADHS and community partners and stakeholders worked together to address four cross-cutting issues and 13 health priority issues to significantly impact large numbers of Arizonans.

The 2021-2025 AzHIP builds on the progress of the 2016-2020 AzHIP and consists of five strategic priorities which focus on underlying health issues and significant overarching health disparities faced by Arizonans, including impacts of the COVID-19 pandemic.

The process to set the new priorities for 2021-2025 included a collaborative approach informed by the State Health Assessment, which provides a snapshot of health and wellbeing in Arizona, presentations to stakeholders, a partner survey, and Summit participation. Centered on Health Equity, the AzHIP provides a unique opportunity to transform the health of our communities through strong, innovative partnerships.

AzHIP 2021 - 2025 Priorities



With the guidance of the AZHIP Steering Committee, a Core Team of subject matter experts and community leaders for each priority team drafted the vision, goals, and overarching strategies of this plan.

To ensure the **5-year plan** is flexible and can account for emerging health issues, the initial action plans focus on **18-24 months** of work. Work on the Pandemic Recovery & Resiliency priority is in progress and will be an update to the plan when complete.

The teams referenced relevant literature, evidence based and promising practices, and the 10 Essential Public Health Services and Healthy People 2030 frameworks as guides in their approach to, and development of, tactics and actions.

Where appropriate, the priority teams leveraged additional subject matter experts as subgroups to bring a detailed focus to proposed actions. Key in the development of each priority were statewide forums to capture and incorporate community input. **Over 380 attendees** participated in the four Forums providing valuable feedback, including suggestions of tactics, incorporating existing efforts, and volunteering to lead actions.

Additionally, priority teams considered the following:

As part of the integration of health equity, attention to cultural humility is embedded in all of the 2021-2025 priorities. Cultural humility acknowledges that someone's culture can only be appreciated by learning from that person. Attributing traits or attitudes to members of a certain group may not be accurate or helpful in understanding them[1].

The AzHIP will be implemented by a wide range of public and private partners, including:

- **State agencies**
- **Local health departments**
- **Community-based organizations**
- **Employers and private organizations**
- **Universities**
- **Local non-profits**
- **Other local agencies and organizations**

[1]National Association of Chronic Disease Directors, https://chronicdisease.org/state-health-department-organizational-self-assessment-for-achieving-health/

Priorities

Health Equity

Arizona has a rich and diverse culture with unique communities, populations, and geography. From urban Phoenix to the bottom of the Grand Canyon, from the United States/Mexico Border Region to tribal lands, the health of Arizona's residents is a priority, not only for the Arizona Department of Health Services, but for our entire community (ADHS SHA, 2019). The development of the AzHIP Health Equity Action Plan strategies and action steps was guided by the 2019 ADHS State Health Assessment , which highlighted many high-priority issues and inequities.

Addressing health equity is more than just a written commitment, it is a commitment to action. Within the Health Equity Action Plan, the action steps identified are focused on how health equity can become operationalized within communities, organizations/agencies, and systems with a focus on data infrastructure, capacity, and sharing; enhanced community partnership and engagement; and moving further upstream to address policy, system, and environmental change. The Health Equity Action Plan is meant to be a plan that is foundational to all AzHIP Health Priority Areas and is co-created and embraced by all statewide partners and the entire public health system, to support the vision of Healthy People, Healthy Communities for all Arizonans.

Robert Wood Johnson Foundation, Visualizing Health Equity: One Size Does Not Fit All

VISION

Health equity is defined as every person having the opportunity to "attain their full health potential," and is improved when individuals who are impacted by inequities and injustices are co-creating solutions and policies; and when systems are responsive to communities.

Health inequities and injustices include differences in length of life; quality of life; rates of disease, disability, and death; severity of disease; and access to treatment, disadvantages due to race or other socially and economically determined circumstances.

-Adapted from the Centers for Disease Control and Prevention (CDC) (3.9.2021)

Strengthening Data Infrastructure: Informing, Integrating, and Sharing

Tactic A — Develop a statewide Data & Usability Advisory/Committee

Tactic B — Co-create a Health Equity data framework for the state of Arizona

Tactic C — Coordinate data governance with statewide partners

Community Partnership and Engagement

Tactic A — Strategically engage stakeholders, including diverse and non-traditional stakeholders, in meaningful ways which build trust in relationships and engagement

Policy, Systems, and Environmental Change

Tactic A — **Policy Change:** Empower communities to drive policy change

Tactic B — **Systems Change:** Remove barriers to assist individuals/communities in navigating systems

Tactic C — **Environmental Change:** Promote Smart Growth development and foster engagement of non-traditional stakeholders

Health in All Policies/Social Determinants of Health

Social Determinants of Health: the impact of "place" on health

The social determinants of health are defined by the CDC as the "conditions in the places where people live, learn, work and play that affect a wide range of health and quality of life risks and outcomes."

The social determinants of health include five key areas, each of which reflect a multitude of issues:

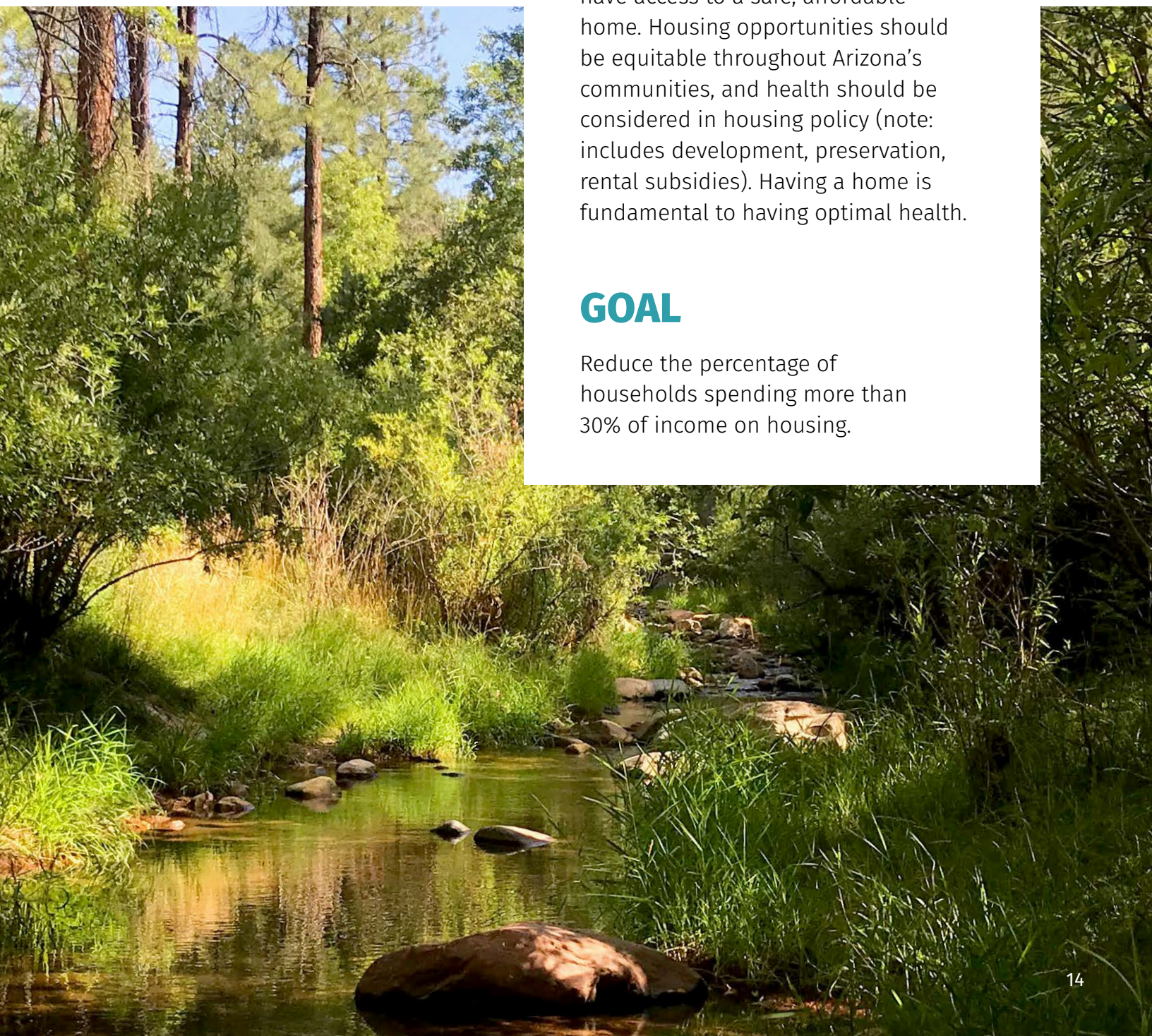
- **Economic stability**
- **Education**
- **Social and community context**
- **Health and health care**
- **Neighborhood and built environment**

VISION

No one should experience homelessness. Everyone should have access to a safe, affordable home. Housing opportunities should be equitable throughout Arizona's communities, and health should be considered in housing policy (note: includes development, preservation, rental subsidies). Having a home is fundamental to having optimal health.

GOAL

Reduce the percentage of households spending more than 30% of income on housing.



During the AzHIP 2020 Annual Summit, housing was overwhelmingly selected as the primary issue for the social determinants of health priority area. Housing is a significant concern in Arizona and among Arizona's public health community. Having a safe, stable, affordable place to call home is a critical component for people to live healthy lives. When families have to spend a large portion of their income on housing, they may not have enough money to pay for things like food and health care. Families are also more likely to experience stress, mental health problems, and are at an increased risk of disease. Housing is generally considered affordable when a household pays less than **30%** of their income on housing. In Arizona, **48.5%** of households spent more than **30%** of their income on housing in 2018[2]. Healthy People 2030, the national 10-year plan to improve health issued by the U.S. Department of Health and Human Services, has set a target of no more than **25.5%**, encouraging states to expand policies that make housing more affordable.

Arizona, like the rest of the nation, has a shortage of affordable homes. The 2021 National Low Income Housing Coalition's The Gap study identified a shortage of more than **136,000** rental homes that are affordable and available for extremely low income renters in Arizona. There are only **26** affordable and available rental homes for every **100** households with extremely low incomes (at or below the poverty level or **30%** of the area median income). This means only 1 in 4 extremely low-income renters can find an affordable place to live in Arizona.

During the COVID-19 pandemic, the importance of healthy and affordable homes was amplified further as states throughout the nation implemented stay-at-home orders. This also led to more households experiencing changes to employment status as non-essential businesses shuttered their doors to help control the spread of COVID-19. The COVID-19 pandemic intensified housing insecurity as job losses and economic pressures have left many Arizonans unable to pay rent and at risk of eviction.

This Social Determinants of Health Action Plan complements significant work already being done throughout Arizona to address the state's housing challenges by a multitude of advocates and organizations. The strategies, tactics, and actions are intended to be implemented over the next two years while embracing a long-term vision and goal.

[2] U.S. Census Bureau, American Community Survey, 2014-2018 American Community Survey 5-Year Estimates

Coordinate state housing and supportive service funding to develop consistency and support integration

Tactic A

Provide strategic input on the State of Arizona Consolidated Plan, as well as local Consolidated Plans initiated by federal entitlement jurisdictions at the city and county levels

Tactic B

Consider and integrate where appropriate, health considerations into the State's Low-Income Housing Tax Credit Qualified Allocation Plan (QAP)

Tactic C

Explore models to enhance coordination across the state on housing issues

Tactic D

Develop a crosswalk of Medicaid billing codes and community-based health support; and provide training to community organizations in order to increase ability to access federal resources for services

Tactic E

Integrate economic support services (e.g., financial literacy, Earned Income Tax Credit, childcare, etc.) in public health programs

Increase financing and funding tools available to develop and preserve housing affordability, while also incentivizing health impacts into these tools

Tactic A

Increase robust rental assistance to landlords and tenants (eviction and/or homeless prevention)

Tactic B

Increase support for homeowners

Tactic C

Support creative privately financed funding sources for housing affordability

Nearly half of Arizona households spend more than 30% of their income on housing

Improve government and private sector systems to connect individuals to health and support services

Tactic A

Coordinate housing/housing supportive service training across systems, including but not limited to mental health/homelessness, physical health, institutional releases, etc.

Tactic B

Improve information systems and data sharing between medical and other care systems to facilitate coordination/referral of individuals to the right resources and track outcomes

Tactic C

Secure funding for wrap-around services

Implement strategies in a manner that ensures cultural humility, racial equity, and health equity are a priority

Tactic A

Develop actions to contribute to addressing tribal needs in consultation with Tribal Housing Authorities and Health Departments, if requested

Tactic B

Develop a state action plan addressing housing concerns for people with substance use disorder

Tactic C

Leverage published reports addressing how housing inequities disproportionately impact health outcomes (i.e., lack of access to treatment, higher rates of chronic disease and behavioral health conditions, etc.)

Tactic D

Increase awareness and understanding of the connection between health and housing

Tactic E

Prioritize funding for implementation of this plan based on the ability to advance equity

Mental Well-being

Mental Well-being: Challenge and Opportunity!

Mental well-being is defined by the World Health Organization as "whole person well-being in which every individual experiences life-long growth...and experiences a sense of belonging and meaning within their community."

Even in pre-pandemic times, we witnessed alarming trends depicting the fragility of mental well-being across all populations in Arizona. Mortality related to suicide and drug overdose, along with other "deaths of despair," were on the rise, and public health concerns related to social isolation and the "epidemic of loneliness" was becoming increasingly discussed in the medical and mental health communities, and a meta-analysis of research studies indicated that premature death was up as much as 30% due to stress-related events such as heart and stroke events, drug overdose, and violence to self and others[3].

As the pandemic surged in 2020 and early 2021, studies indicate the vast majority of people are reporting heightened stress, with nearly half also reporting they are struggling with some form of mental health and/or substance abuse conditions, while self-reported depression is up over 300%[4]. Thus, the AzHIP has included Mental Well-Being as a core component for the next five years.

[3]Holt-Lunstad J, Smith TB, Baker M, Harris T, Stephenson D. Loneliness and social isolation as risk factors for mortality: a meta-analytic review. Perspect Psychol Sci. 2015 Mar;10(2):227-37. doi: 10.1177/1745691614568352. PMID: 25910392.

[4]Czeisler MÉ , Lane RI, Petrosky E, et al. Mental Health, Substance Use, and Suicidal Ideation During the COVID-19 Pandemic — United States, June 24–30, 2020. MMWR Morb Mortal Wkly Rep 2020;69:1049–1057. DOI: http://dx.doi.org/10.15585/mmwr.mm6932a1. McKnight-Eily LR, Okoro CA, Strine TW, et al. Racial and Ethnic Disparities in the Prevalence of Stress and Worry, Mental Health Conditions, and Increased Substance Use Among Adults During the COVID-19 Pandemic — United States, April and May 2020. MMWR Morb Mortal Wkly Rep 2021;70:162–166. DOI: http://dx.doi.org/10.15585/mmwr.mm7005a3. Vahratian A, Blumberg SJ, Terlizzi EP, Schiller JS. Symptoms of Anxiety or Depressive Disorder and Use of Mental Health Care Among Adults During the COVID-19 Pandemic — United States, August 2020–February 2021. MMWR Morb Mortal Wkly Rep 2021;70:490–494. DOI: http://dx.doi.org/10.15585/mmwr.mm7013e2

VISION

A state of whole person well-being in which every individual experiences life-long growth and capacity-building, adapts to changing challenges and adversities, lives fully and fruitfully, and experiences a sense of belonging and meaning within their community.

-Adapted from World Health Organization

The Mental Well-Being Action Plan is divided into three major strategies, with interwoven plans and ownership by key stakeholders across Arizona.

The three strategies are:

- Reduce opioid use and overdose fatalities.
- Reduce suicide-related events.
- Improve awareness of and address the impact of social isolation and loneliness on health.

Bringing key stakeholders in these arenas with expertise and public reach into a coordinated network addressing mental well-being, represents an unprecedented statewide effort to meet the needs of people in de-stigmatizing fashion.

It is important to note the Mental Well-Being Plan incorporates both existing programs and programs that will need to be developed. **A few of the many examples of such efforts include:**

Reduce Opioid Use & Overdose Fatalities

- Educating healthcare providers and consumers on available non-pharmacological treatments of chronic pain.
- Launching a public awareness campaign aimed at reducing the stigma that too often poses barriers to seeking services.

Improve Awareness of and Address the Impact of Social Isolation and Loneliness on Health

- Launching a public campaign that raises awareness of the normalcy of isolation, and ways to combat it.
- Designing/implementing community-based pilot initiatives in underserved regions, including virtual networking at the local levels.

Reducing Suicide-Related Events

- Increasing the number of public-facing and frontline staff trained in evidence-based suicide prevention skills.
- Leveraging the work of Project AWARE, focusing on school-aged youth at risk.

It is important to note all strategies and action plans are grounded in core values that include the identification of high-risk populations, implementation in ways that ensure cultural relevance and sensitivity, public messaging that de-stigmatizes the issues being addressed, and promotion of the critical importance of having a sense of community and belonging.

Promote effective non-pharmacologic management of Chronic Pain to reduce unnecessary use of opioids

Tactic A

Implement strategies in a manner that ensures cultural humility and health equity are a priority

Tactic B

Educate consumers and providers on available treatments (medical community, chronic pain patients)

Tactic C

Enhance access to treatment for substance use disorder, chronic pain, and mental health

Develop and implement a stigma reduction and awareness campaign

Tactic A

Increase mental health and wellness resources for families of people at risk

Tactic B

Implement stigma reduction campaign

Tactic C

Implement strategies in a manner that ensures cultural humility and health equity are a priority

Improve Awareness of, and Address, the Impact of Social Isolation and Loneliness on Health

Increase public discourse on social isolation and loneliness, i.e. stigma, prevalence and impact on health

Tactic A

Develop strategies which are population-based

Tactic B

Create an outreach strategy that de-stigmatizes normalizes loneliness and sheds light on its impact on health

Tactic C

Create awareness of social isolation issues among key stakeholders

Make widely available actionable steps people can take to address loneliness

Tactic A

Create resources and potential actions for persons identifying as lonely and for communities to combat loneliness

Tactic B

Develop & launch public awareness campaign

Improve Awareness of, and Address, the Impact of Social Isolation and Loneliness on Health

Create increased sense of community, and belonging, throughout Arizona, in more vulnerable populations

Tactic A

Create communities of practice to share information and address disconnects

Tactic B

Design and launch community-based pilots that provide telehealth opportunities for select rural/underserved populations to acquire a sense of community and belonging

Increase number of public facing/ front-line staff who receive an approved evidence-based suicide prevention training

Tactic A

Identify organizations (employers/ corporations, partners, providers, agencies, etc.) and front line/ public facing staff to receive training

Tactic B

Expand statewide training capacity in a manner that ensures cultural humility and health equity are a priority

Increase access to mental health management resources, with a particular focus on remote options (telehealth therapy/ psychiatry/ addiction support appointments, virtual support groups, mental health first aid, etc.)

Tactic A

Ongoing surveillance of suicidal behaviors, risks, and protective factors

Tactic B

Implement suicide prevention strategies in a manner that ensures cultural humility and health equity are a priority

Increase awareness and utilization of population-based mental health and wellness resources/outreach where they exist and develop strategies to close gaps

Tactic A

Communicate to the public at large (inclusive of higher risk populations)

Tactic B

Coordinated communication among state and community stakeholders of prevention

Tactic C

Implement suicide prevention strategies in a manner that ensures cultural humility and health equity are a priority

Rural & Urban Underserved Health

Despite coordinated state and federal programs leading to new access points and increased availability of affordable health care through discounted/sliding fee scale clinics and additional providers, Arizona continues to experience a disproportionate distribution of primary care providers, as well as economic and environmental barriers to care.

Arizona has a diverse population with approximately 46% of Arizona's population belonging to a racial or ethnic minority group which is different from that of the nation. Currently, the Arizona population composition is White, non-Hispanic at 55.4%, Hispanic at 31.7%, African American at 4.9%, American Indian at 4.2% and Asian at 3.9%. It is important to acknowledge that Arizona is home to 21 federally recognized American Indian tribes and has the largest total American Indian population of any state. This diversity illustrates the need and opportunity to build a workforce that is reflective of the communities and people of Arizona. Additionally, culturally and linguistically appropriate health care services continue to be needed in Arizona.

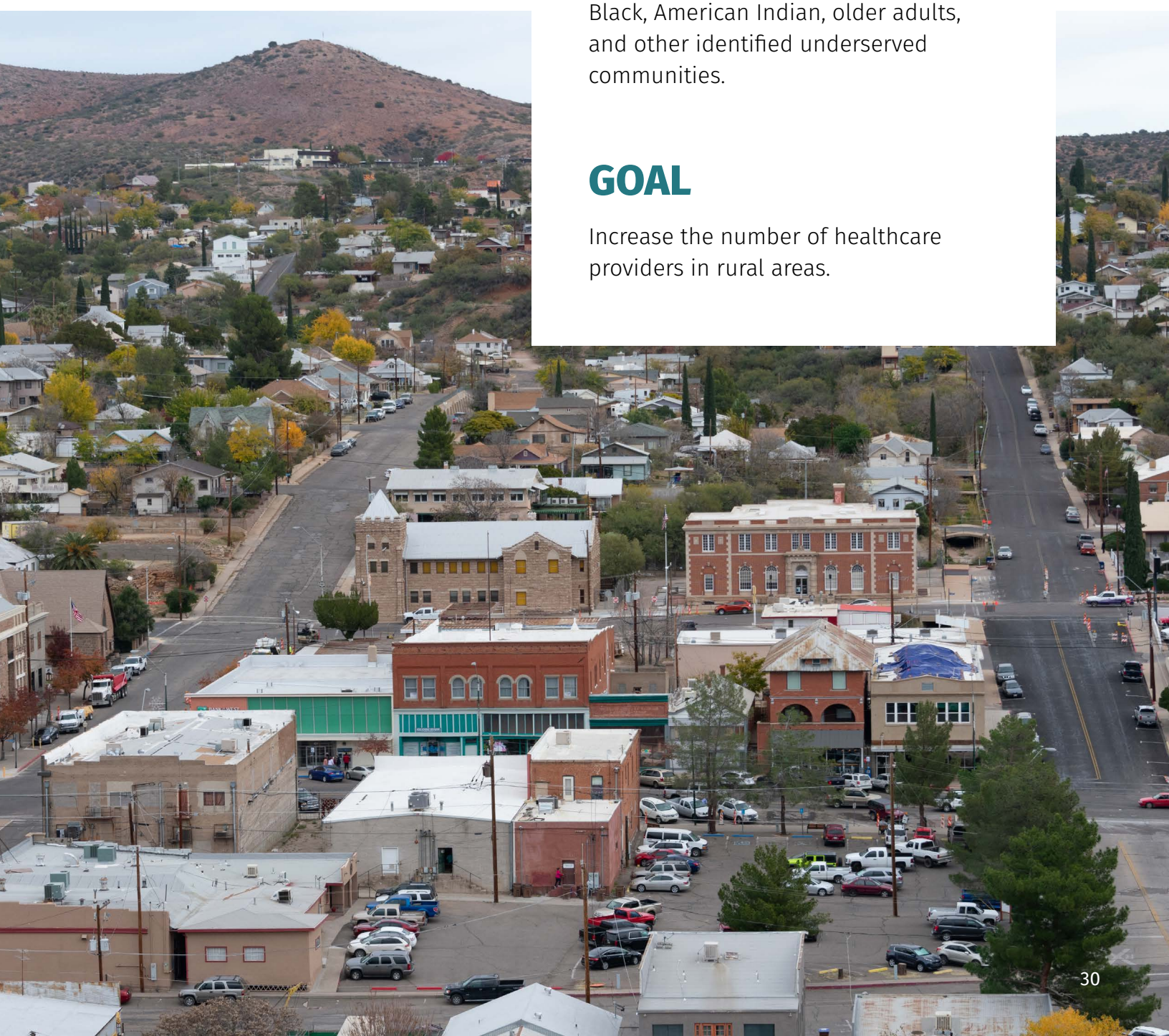
While uninsured rates dropped over the past two years and more residents enrolled in Arizona's Medicaid Program, Arizona continues to have higher numbers of uninsured adults and children. Arizona Healthcare Cost Containment System's (AHCCCS) enrollment continued to grow during the pandemic. The need for sliding fee scale and safety net clinical sites statewide remains a priority as these sites assist with screening, navigation, and facilitation in the identification of public insurance options.

VISION

Understanding and addressing health disparities uniquely impacting rural and underserved Arizonans, including Latinx, Black, American Indian, older adults, and other identified underserved communities.

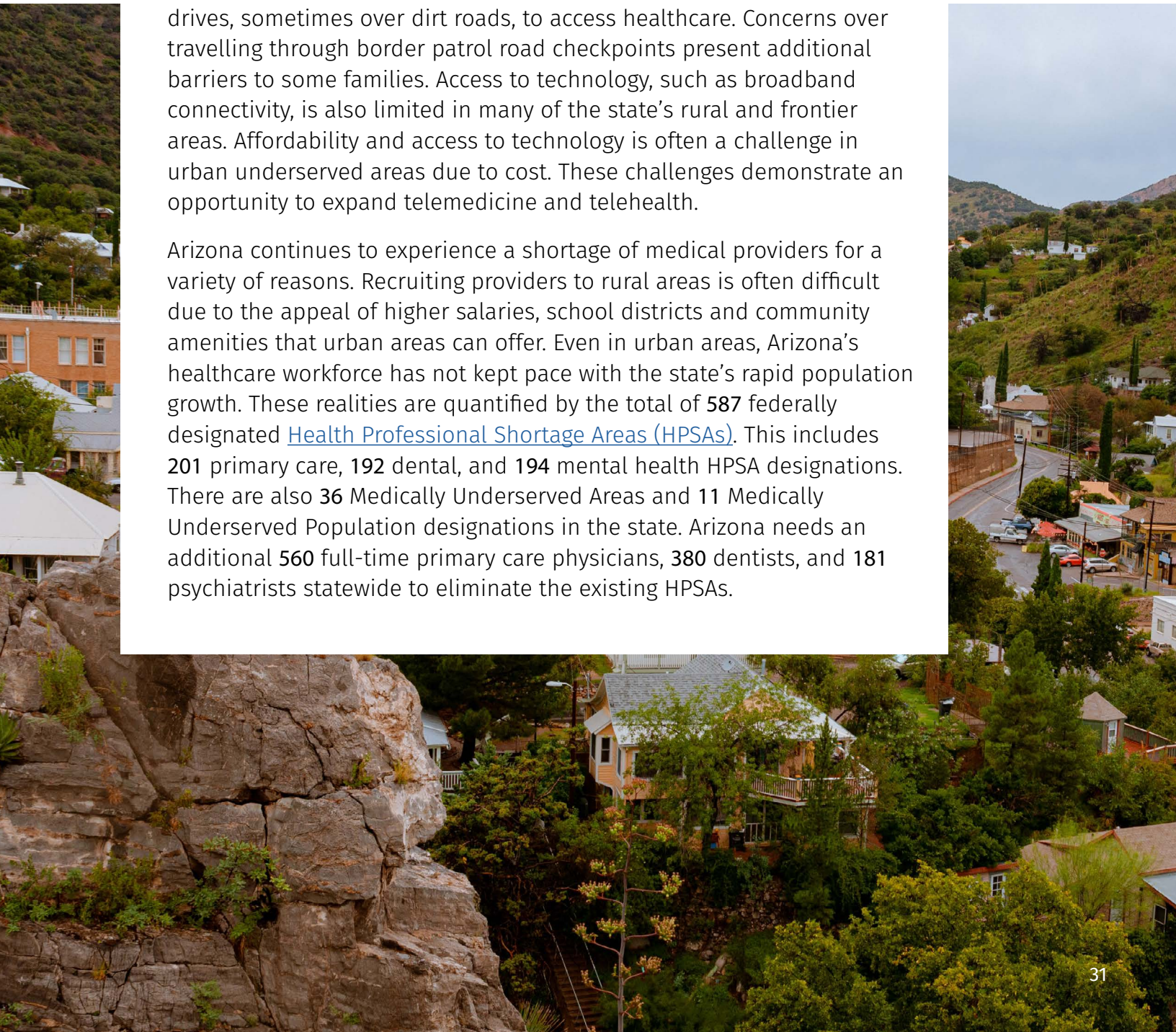
GOAL

Increase the number of healthcare providers in rural areas.



With few major highways, the state's vast geographic features and lack of mass transit systems present significant barriers to transportation. The Phoenix-area metro transit system is very limited for an urban area of its size, and public transportation is nonexistent in rural areas of the state. Arizona's population is dispersed among remote rural and frontier communities. These residents often have to endure long drives, sometimes over dirt roads, to access healthcare. Concerns over travelling through border patrol road checkpoints present additional barriers to some families. Access to technology, such as broadband connectivity, is also limited in many of the state's rural and frontier areas. Affordability and access to technology is often a challenge in urban underserved areas due to cost. These challenges demonstrate an opportunity to expand telemedicine and telehealth.

Arizona continues to experience a shortage of medical providers for a variety of reasons. Recruiting providers to rural areas is often difficult due to the appeal of higher salaries, school districts and community amenities that urban areas can offer. Even in urban areas, Arizona's healthcare workforce has not kept pace with the state's rapid population growth. These realities are quantified by the total of 587 federally designated Health Professional Shortage Areas (HPSAs). This includes 201 primary care, 192 dental, and 194 mental health HPSA designations. There are also 36 Medically Underserved Areas and 11 Medically Underserved Population designations in the state. Arizona needs an additional 560 full-time primary care physicians, 380 dentists, and 181 psychiatrists statewide to eliminate the existing HPSAs.



Arizona takes a proactive approach to identify and request federal HPSA designations for facilities (Federally Qualified Health Centers, Indian Health Service & Tribal 638 Facilities) working closely with community partners and organizations to assure that data required for HPSA designation is up-to-date and reflective of the current provider counts and needs. Additionally, Arizona has a robust cadre of federal and state workforce incentive programs for primary care, dental and mental health providers to work in designated HPSAs in the state. These incentive programs support over 500 primary care providers that offer services on a discounted sliding fee scale for uninsured individuals, accept Medicare, Medicaid and KidsCare, and facilitate public insurance enrollment.

Arizona is home to the Southwest Telehealth Resource Center (SWTRC) and the Arizona Telemedicine Program (ATP). With federal funding, the SWTRC focus is on advancing the effective use of telemedicine services. Telemedicine is one strategy to improve access to care in rural and urban underserved communities. In March 2020, in response to COVID-19, Governor Ducey issued Executive Orders to expand the use of telehealth and telemedicine in Arizona. While there are known limitations to connectivity issues for remote areas, the interest to sustain and remove barriers to the expansion of telehealth and telemedicine is continuing to gain momentum through proposed legislation. Additionally, the Arizona Department of Health Services, has expanded the Sliding Fee Scale Map Finder to include statewide safety net sites that offer telehealth/telemedicine services.

Address Health Professional Shortage by building a diverse healthcare workforce

Tactic A — Develop strategies to reduce financial and other barriers for underserved students in health professions education programs

Tactic B — Build/grow healthcare workforce which is representative of the communities served

Tactic C — Quantify healthcare professional shortages in rural & urban underserved areas

Tactic D — Develop a curriculum to address local community priorities/concerns

Tactic E — Implement curriculum with consideration of tribal communities needs and cultural understanding

Arizona Health Professional Shortage Areas (HPSAs):

220 Primary Care HPSAs	**558**	physicians needed to eliminate shortage
211 Dental HPSAs	**381**	dentists needed to eliminate shortage
213 Mental HPSAs	**182**	psychiatrists needed to eliminate shortage

Maximize utilization of CHWs/CHRs in clinical settings

Tactic A

Integrate community-based CHWs into primary care/ medical practices to expand access to care and address social determinants of health (SDOH)

Tactic B

Identify and inventory resources to support/attract (public funders) at various levels (federal, state, private, etc.)

Tactic C

Explore reimbursement strategies for CHWs

Improve Indian (IHS/Tribal/Urban) Health by increasing access to care, reducing systems barriers, and strengthening infrastructure

Tactic A

Establish a joint effort between ADHS/Arizona Advisory Council on Indian Health Care (AACIHC)/DES/AHCCCS/First Things First to identify initiatives which addresses and improves Tribal needs (access to care, reducing systems barriers, and strengthening infrastructure)

Tactic B

Inform state and Tribal leaders of AzHIP goals specific to ITU and identify commitments and resources to achieve them

Tactic C

Initiate data mining/reporting initiatives which will help identify and prioritize issues

Tactic D

Expand telehealth in rural and underserved areas – Augment tribal ability to provide care via telehealth

Improve Maternal Health Outcomes

Tactic A

Increase pregnant and postpartum women's awareness on postpartum warning signs

Mental health contributed to one in four pregnancy-associated and pregnancy-related deaths in Arizona between 2016-2017.

Source: Arizona Department of Health Services. Maternal Mortality and Morbidity in Arizona. December 31, 2020. Accessed: https://www.azdhs.gov/documents/director/agency-reports/sb-1040-report-on-mmm-in-az.pdf

Tactic B

Improve the access to care for pregnant and postpartum women in Arizona

Over 50% of 2016-2017 pregnancy-associated deaths in Arizona occurred between 42 days and 1 year postpartum.

Arizona Department of Health Services. Maternal Mortality and Morbidity in Arizona. December 31, 2020. Accessed: https://www.azdhs.gov/documents/director/agency-reports/sb-1040-report-on-mmm-in-az.pdf

Improve Maternal Health Outcomes

Tactic C

Support workforce and workforce capacity that serve pregnant and postpartum women in Arizona

Women residing in Arizona's rural areas experienced higher maternal mortality (94.0 per 100,000 live births vs 76.1) between 2016-2017 and higher severe maternal morbidity rates (155.6 per 10,000 delivery hospitalizations vs 114.8) than women living in urban areas between 2016-2019.

Arizona Department of Health Services. Maternal Mortality and Morbidity in Arizona. December 31, 2020.
Accessed: https://www.azdhs.gov/documents/director/agency-reports/sb-1040-report-on-mmm-in-az.pdf

American Indian or Alaska Native women in Arizona experienced severe maternal morbidity (severe complications during labor and delivery) at almost 4 times the rate of White Non-Hispanic women in Arizona between 2016-2019. African American women experienced severe maternal morbidity rates at over 2 times greater than White Non-Hispanic women in Arizona between 2016-2019.

Arizona Department of Health Services. Maternal Mortality and Morbidity in Arizona. December 31, 2020.
Accessed: https://www.azdhs.gov/documents/director/agency-reports/sb-1040-report-on-mmm-in-az.pdf

Tactic D

Improve surveillance of maternal mortalities and morbidities

Improve Maternal Health Outcomes

Tactic E

Support the systems of care that serve pregnant and postpartum women in Arizona

Substance use contributed to over 40% of all pregnancy-associated deaths in Arizona between 2016-2017.

Arizona Department of Health Services. Maternal Mortality and Morbidity in Arizona. December 31, 2020.
Accessed: https://www.azdhs.gov/documents/director/agency-reports/sb-1040-report-on-mmm-in-az.pdf

Plan Implementation

The AzHIP is an important resource for all Arizona public health system partners. Organizations can align their work with the overarching statewide goals and objectives for health improvement in these priority areas or identify strategies for their own health improvement efforts.

This is a living document intended to be monitored and evolve during its duration. These strategies and tactics are an important starting point in addressing the priorities, but it is expected they will continue to develop as teams begin working to implement them. Progress to this plan will be communicated via periodic newsletters, annual reporting, and the annual AzHIP Summit. Updates will also be posted to the ADHS website.

Numerous forums were held during the development of this plan. While valuable suggestions were incorporated, additional ideas captured were not included in the first version of the plan. A complete list of these suggestions can be found here to reference and incorporate into future planning.

A sincere thank you to the dedication of those who developed this plan.

Appendix
Priority Core Team Members

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