

Arizona Health Improvement Plan

Summary Document

2024-2025 UPDATE



Updated December 2023

Table of Contents

2

Acknowledgements

3

Steering Committee

5

Summary & Background

9

Priorities

Health Equity
Health in All Policies/Social
Determinants of Health
Mental Well-being
Rural & Urban Underserved Health

54

Appendix

Priority Core Team Members



Acknowledgements

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

The plan was recently updated in the Fall of 2023 with input from:

The AzHIP Steering Committee, composed of multi-sector leaders engaged in the public health system as well as Community partners and priority implementation team members.

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.

AzHIP

Steering Committee Members

Jennifer Cunico - Co-Chair

Arizona Department of Health Services

Suzanne Pfister - Co-Chair

Vitalyst Health Foundation

David Adame

Chicanos Por La Causa

Lisa Alexander

School Nurses Organization of Arizona

Lieutenant Colonel Dana Allmond

Arizona Department of Veterans' Services

Maddy Bynes

Arizona Association of Area Agencies on Aging

Cynthia Claus

Phoenix Area Indian Health Services

Dr. Mary Ellen Dalton

Health Services Advisory Group

Zaida Dedolph

Office of the Governor

Dr. Dan Derksen

University of Arizona Center for Rural Health

Kelli Donley Williams

Arizona Public Health Association

Candy Espino

Arizona Council of Human Service Providers

Gwenda Gorman

Inter Tribal Council of Arizona

Dr. Nika Gueci

ASU Center for Mindfulness, Compassion,
& Resilience

Carmen Heredia

Arizona Health Care Cost Containment System

Leslie Horton

Arizona Local Health Officers Association

Debbie Johnston

Arizona Hospital & Healthcare Association

Mckayla Keams

Arizona Advisory Council on Indian Health Care

Marion Kelly

Mayo Clinic Office for Community Affairs

Beth Kohler

Arizona Association of Health Plans

Tomás León

Equality Health Foundation

Libby McDannell

Arizona Medical Association

Floribella Redondo

Arizona Community Health Worker Association

Virginia Roundtree

Arizona Department of Economic Security

Joan Serviss

Arizona Department of Housing

Kim Russell

Navajo Nation Department of Health

Christine Wiggs

Blue Cross Blue Shield of Arizona

Jessica Yanow

Arizona Alliance for Community Health Centers

Summary & Background

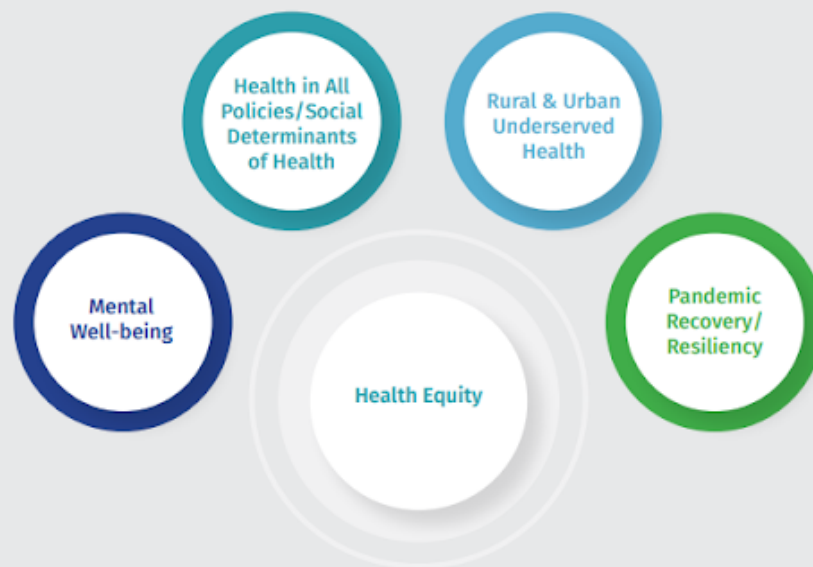
The Arizona Health Improvement Plan provides a structure and a venue bringing together a networked system of partners to improve the health of communities and individuals across Arizona. Driven by data and community participation, the AzHIP includes input from individuals and organizations who comprise 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 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.

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. This is a living document intended to be monitored and evolve during its duration.

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. In the Fall of 2023, the AzHIP plan was updated using a collaborative approach informed by dialogue with stakeholders at numerous sessions.

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 planning sessions to capture and incorporate community input.

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.

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

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.



Health Equity

STRATEGIES & INDICATORS

Strengthening Data Infrastructure: Informing, Integrating, and Sharing

- Enhance the use and capabilities of informatics in public health

Community Partnership and Engagement

- Increase the health literacy of the population

Policy, Systems, and Environmental Change



Strengthening Data Infrastructure: Informing, Integrating, and Sharing

Tactic A

Advance Data Equity Best Practices

- Advance best practices for centering equity during each stage of data lifecycle which can include the development of collaborative position papers and facts sheets, and a catalog of data equity resources. (ADHS, ADHS Data Advisory Committee)
- Identify the action areas from the other AZHIP Priority implementation groups that involve data and ensure that data equity best practices are prioritized wherever possible. (ADHS, ADHS Data Advisory Committee, AZHIP Co-Chairs)
- Connect ADHS programs with community based organizations (e.g., through community advisory boards and the ADHS Equity Partner list) with an emphasis on strengthening and building collaborations around data. (ADHS, ADHS Data Advisory Committee)
- Encourage the ethical usage and expanded adoption of Community Based Participatory Research (CBPR) by groups committed to health equity doing work at the community level. (ADHS, ADHS Data Advisory Committee)
- Spread awareness of funding opportunities that support Arizona organizations to build their capacity for using data to advance health equity. (ADHS, ADHS Data Advisory Committee)



Strengthening Data Infrastructure: Informing, Integrating, and Sharing

Tactic B

Strengthen Data Sharing and Transparency

- Increase collaboration and strengthen best practices around data sharing between ADHS and state agencies, health information exchange, local health departments, and community organizations. Identify common goals and any barriers that can be removed. (Contexture, ADHS Data Advisory Committee)
- Increase collaboration and strengthen best practices around data sharing between ADHS and Tribal Nations with emphasis on Indigenous data sovereignty. (Arizona Advisory Council on Indian Health Care, ADHS Data Advisory Committee)
- Increase the public awareness of all data available at ADHS and the means of accessing it (e.g., public health data portal, data requests submission form, GIS open data, annual reports and dashboards). (ADHS, ADHS Data Advisory Committee)
- Enhance the use and capabilities of informatics in public health. (ADHS, ADHS Data Advisory Committee)



Community Partnership and Engagement

Tactic A

Strategically engage stakeholders, including diverse and nontraditional stakeholders, in meaningful ways which build trust in relationships and engagement

- Conduct training on best & promising practices, including topics such as non-traditional community engagement, models/frameworks of innovative Community Engagement, common language, tele-community engagement, and offering a variety of practices that are culturally competent in approach. (ADHS, OHE)
 - Currently being reviewed and adapted at the ADHS agency level in the Equity Action Plan
- Communicate (e.g., through webinars, data sharing) data collection findings with statewide partners and communities, which closes the loop on identifying, sharing, and communicating data. (AzHIP HEIT, ADHS)
- Develop evaluation metrics/tools which assess the impact of partnerships. (ADHS)
 - ADHS will do this through the Equity Partner List and report back to HEIT



Policy, Systems, and Environmental Change

Tactic A

Policy Change: Empower communities to drive policy change

- Develop educational opportunities for community stakeholders so that they may engage in policy change efforts. Centering the importance of lobbying vs. advocacy vs. education. Ensuring that all levels of government - tribal, federal, state, local - are highlighted in the training.
- Reassess previous policy, systems, and environmental (PSE) initiatives/efforts to reinvigorate opportunities for health in all policies (HiAP) implementation, (e.g., complete streets, shared use, urban shade plans, multimodal transportation, affordable housing, and local school wellness policies). (ADHS, HEIT)
 - PSE Playbook has been completed and now it needs to be promoted.

Tactic B

Systems Change: Remove barriers to assist individuals/ communities in navigating systems

- Adopt an inclusive practice that ensures community members, including under-represented and resourced, are represented in all planning stages of initiatives and programs designed to advance health equity. (ADHS)



Policy, Systems, and Environmental Change

Tactic C

Environmental Change: Promote Smart Growth development and foster engagement of non-traditional stakeholders

- Support efforts of the AzHIP Rural & Urban Underserved Health Priority to bolster rural resources addressing access to healthcare services. (HEIT)
 - Schedule meeting between HEIT and Rural and Urban Underserved Health Priority to see where there is alignment or collaboration
- Increase the health literacy of the population. (ADHS, HEIT)
 - Strengthen health and digital literacy efforts by providing communication in multiple languages & modes, and offering professional interpretation and translation services, in coordination with the Health Equity Community Partnership & Engagement strategies.

Priorities

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 care access and quality

Neighborhood and built environment

Health in All Policies / Social Determinants of Health

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, 87.4%% of Extremely Low Income households spent more than 30% of their income on housing in 2021*. 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.

While updating the AzHIP Plan in 2023, there was recognition of significant statewide efforts being made to address the housing crisis in Arizona. The AzHIP SDOH Implementation Team determined that including other determinants of health in addition to housing would be valuable to collective efforts over the next two years. The vision now aligns with one of Healthy People 2030's five overarching goals specifically related to SDOH. Furthering this goal, the team added strategies that support HP 2030's focus on built environment, transportation, and access to food.

The Health in All Policies/Social Determinants of Health Action Plan complements significant work already being done throughout Arizona. The work continues to address the state's challenges by partnering with 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.

* U.S. Census Bureau, 2021 American Community Survey Public Use Microdata Sample.

Health in All Policies/ Social Determinants of Health

STRATEGIES & INDICATORS

Reduce the proportion of Arizonans spending more than 30% of their income on housing

- Reduce the proportion of families that spend more than 30% of their income on housing

Create neighborhoods and environments that promote health and safety

- Reduce the number of days people are exposed to unhealthy air
- Reduce the number of heat-related deaths and emergency department visits

Promote safe and active transportation

- Increase trips to work made by mass transit
- Increase the proportion of adults who walk or bike to get places
- Reduce deaths from motor vehicle crashes

Improve health by making nutritious foods available

- Reduce household food insecurity and hunger
- Increase % of eligible individuals enrolling in SNAP and WIC
- Increase the number of farmers markets accepting Senior Farmer Markets Nutrition Program and Farmer Markets Nutrition Program





Reduce the proportion of Arizonans spending more than 30% of their income on housing

Tactic A

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

- Drive increase in participation/input in the QAP (focus groups with targeted public health professionals/populations/communities). (ADHS, Vitalyst Health Foundation, ADOH, LISC)
- Review how other states/jurisdictions have incorporated health into their QAP and identify opportunities to leverage best practices. (ADOH)

Tactic B


Enhance coordination across the state on housing issues

- Track progress and align efforts with the Governor's Interagency Council on Housing & Homelessness (ADHS, ADOH, AHCCCS, DES)
- Track progress and align efforts with the Governor's Roadmap for Housing and Human Services (ADHS, ADOH, AHCCCS, DES)
- Identify specific gaps in which municipal governments can assist/collaborate with state agencies on promoting public health initiatives (City of Tempe)

Tactic C

Support use of Medicaid billing codes among community-based organizations to increase ability to access federal resources for services

- Develop and deliver training to AHCCCS providers. (AHCCCS)
- Develop or expand meaningful partnerships between housing and AHCCCS providers. (AHCCCS)
- Identify gaps in billing for social determinants of health and determine how to address them. (AHCCCS)



Reduce the proportion of Arizonans spending more than 30% of their income on housing

Tactic D

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

- Promote earned income tax credit and other economic support services through public health programs. (ADHS)
- Incorporate SOAR initiative (homeless) SSB/Social Security. (AHCCCS, ADOH)
- Enhance awareness of opportunities of EITC and financial literacy (529 accounts). (Wildfire)
- Utilize community health navigators to promote services

Tactic E


Monitor and support financing and funding tools available to develop and preserve housing affordability

- Implement Arizona's Housing and Health Opportunities (H2O) Demonstration starting October 2024 (AHCCCS)
- Review tax credit criteria to increase approval capacity for Low Income Housing Tax Credit (LIHTC) proposals (AHCCCS)
- Provide support service dollars to LIHTC properties following award (AHCCCS)

Tactic F

Utilize supportive housing to improve health outcomes

- Increase access and utilization to social services for supportive housing residents. (Arizona Housing, Inc.)
- Partner with organizations to create standard operating procedures for housing supportive services. Including identifying mandatory training courses for housing support staff. (AHCCCS with AzHIP and Community Organizations)



Reduce the proportion of Arizonans spending more than 30% of their income on housing

Tactic G

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

- Align stakeholders with a closed loop referral system to ensure appropriate referral was made and service delivered. (AHCCCS, Contexture)
- Establish data sharing agreements to ensure partners gain real-time insights for the rapid detection of current and potential health hazards and threats. (ADHS)
- Ensure the Master Person Index facilitates linkages and information exchange between disparate systems. (ADHS)

Tactic H

Increase awareness and understanding of the connection between health and housing

- Promote adoption of the Home is where it all starts campaign (Home Matters to Arizona)
- Increase awareness and adoption of social determinants of health into affordable housing development and community development projects. (Home Matters to Arizona)

Tactic I

Develop actions to contribute to addressing tribal determinants of health needs in consultation with tribes

- Consult and engage with tribal leaders and communities on housing, and health, human services, and transportation on an ongoing basis. (ADOH, ADHS, AHCCCS, DES, ADOT)
- Provide training on tribal housing needs. (Arizona Advisory Council on Indian Health Care)



Create neighborhoods and environments that promote health and safety

Tactic A

Engage communities in improving the built environment

- Consider and integrate where appropriate health considerations into General Plan updates.
- Encourage walkability in municipal codes and development projects.
- Build partnerships with municipal and state Parks and Recreation departments and other outdoor recreation organizations. (ADHS, AZ Health Zone, AHCCCS)
- Support the implementation of the Statewide Comprehensive Outdoor Recreation Plan (SCORP) (Arizona State Parks & Trails (ASPT), ADHS, AZ Health Zone)
- Complete a landscape analysis and map to identify areas receiving and not receiving support for built environment projects to inform future areas of work. (ADHS, AZ Health Zone)
- Increase capacity for built environment work to include pilot testing walkability audit training and toolkit (ADHS, AZ Health Zone)
- Conduct a built environment workshop for local partners to increase knowledge of built environment strategies and available funding sources for projects. (ADHS, AZ Health Zone, ASPT)
- Support communities in utilizing the Active Communities Tool or similar assessment and action planning tool to support built environment changes. (ADHS, AZ Health Zone)



Create neighborhoods and environments that promote health and safety

Tactic B

Engage communities in funding prioritization

- Increase the number of smaller-scale transportation projects and activities utilizing funds from the Transportation Alternatives Program for Greater Arizona (ADOT)
- Codify large funding sources for the built environment (e.g. LIHTC, trust fund, investors, philanthropy) to require SDOH-specific investments. (Arizona Department of Housing, Arizona Housing Coalition, Home Matters to Arizona)
- Identify new funding opportunities that support innovation in the built environment. (Home Matters to Arizona, Arizona Housing Coalition)
- Identify partners that can help with infrastructure funding. (ASPT)

Tactic C

Mitigate the impacts of extreme heat

- Implement the Arizona Extreme Heat Response Plan (ADHS)
- Improve development standards for engineered shade options (parking lots, private outdoor spaces, and public sidewalks) (City of Tempe)
- Increase shade percentage requirement for projects seeking alternate landscape standards or increased surface parking (City of Tempe)



Promote safe and active transportation

Tactic A

Enhance the connection between health and transportation

- Support mixed density projects along transportation corridors. (Vitalyst)
- Promote SDOH screening and referrals for transportation via CommunityCares. (Contexture)
- Increase percentage of transit stops with shelter and amenities. (City of Tempe)
- Identify Active Transportation projects. (ADHS, AZ Health Zone, ADOT, COGs, local coalitions)
- Support the development and implementation of the Arizona Active Transportation Safety Action Plan (ADHS, ADOT)

Tactic B

Increase safe, healthy, and equitable mobility for all Arizonans

- Support municipalities that have adopted the Vision Zero approach and encourage others to eliminate traffic fatalities and severe injuries among all road users. (ADHS, City of Tempe)
- Explore opportunities that expand a Safe System Approach (SSA) to address roadway safety. (ADHS)
- Support the implementation of the Governor's Office of Highway Safety State of Arizona Highway Safety Plan. (ADHS, ADOT, MAG, GOHS)
- Support the development and implementation of ADOT's Arizona 2024 Strategic Highway Safety Plan. (ADOT, ADHS, DES)
- Increase public awareness and community programming to decrease High Severity Traffic Crashes. (City of Tempe)



Improve health by making nutritious foods available

Tactic A

Connect communities to food

- Promote access to and increase the number of farmers markets and retailers participating in Double Up Food Bucks and EBT acceptance. (Arizona State Nutrition Action Committee (SNAC))
- Support and engage with the Arizona Food System Network's food food action plan including mobile food access.
- Promote SDOH screening and referrals for food access via CommunityCares. (Contexture, ADHS)
- Support worksites in implementing food service guidelines to improve access to healthy food during work hours. (ADHS)
- Increase autonomy for participants at food banks and food pantries through implementation of the Nutrition Pantry Program. (ADHS, AZ Health Zone)
- Implement a Food as Medicine Program to improve access to healthy foods for individuals with chronic conditions (Blue Cross Blue Shield of Arizona)

Tactic B

Increase nutrition assistance redemption rates

- Increase access and redemption of federal nutrition programs administered by ADE, DES, and ADHS. (SNAC)
- Increase Senior FMNP and WIC FMNP utilization at approved farmers markets. (ADHS, AZ Health Zone, Pinnacle Prevention, DES)

Priorities

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*.

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%**.

Thus, the AzHIP has kept Mental Well-Being as a core component for the next two years.

* 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.

** 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>

Mental Well-being

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 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.

Mental Well-Being

STRATEGIES & INDICATORS

Reduce Opioid Use & Overdose Fatalities

- Overdose fatalities are reduced
- Overdose deaths involving opioids are reduced
- Increased proportion of people with substance use and mental health disorders who get treatment for both

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

- Increased use of telehealth to improve access to mental and behavioral health services
- Increased proportion of people with substance use and mental health disorders who get treatment for both

Reduce Suicide-Related Events

- Death by suicide in Arizona is reduced
- Decrease the suicide encounter rate

Reduce Opioid Use & Overdose Fatalities

Continue coordination across state and local agencies on prevention, access to treatment, and harm reduction strategies.

Tactic A

Facilitate Statewide Clinical Opioid Work Group to bring clinical stakeholders together for strategic action (i.e., increasing naloxone distribution in EDs). (ADHS)

Tactic B

Strengthen linkages to care by adding peer support to OAR Line services. (ADHS, AHCCCS)

Implement harm reduction strategies.

Tactic A

Distribute naloxone across the state to priority agencies (county health departments, law enforcement, community coalitions, etc.).

Tactic B

Address stigma around use of harm reduction strategies via media campaigns, increased distribution of fentanyl test strips, and targeted use of drug-testing equipment. (ADHS, AHCCCS)

Tactic C

Work with Arizona emergency medical services (EMS) agencies to enhance access for at-risk populations to opioid-reversing agents (e.g., naloxone) and treatment referral opportunities through EMS agencies distributing Naloxone Leave Behind kits containing a nasal spray naloxone dose kit, substance use treatment referral resource contact information, and other information.

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

Continue awareness of social isolation and loneliness, and its impact on health.

Tactic A

Continue to promote the Start a Conversation public awareness campaign. (ADHS)

Tactic B

House ASU's *Solving Loneliness: A Mindfulness-Based Toolkit* on ADHS website and promote its availability. (ADHS, ASU)

Make widely available resources and strategies people can take to address loneliness.

Tactic A

Promote resources and strategies accessible to persons identifying as lonely or experiencing social isolation and normalizes loneliness. (ADHS, ADVS, ASU, Duet, Televeda)

- Create and communicate an ADHS webpage with links to various resources which support individuals who are feeling isolated or lonely with sensitivity to how people want to access information.
 - 988
 - Closed loop referral system (i.e. CommunityCares)
 - ASU's Center for Mindfulness, Compassion and Resiliency *Solving Loneliness: A Mindfulness-Based Toolkit*

Tactic B

Promote awareness and resources of social isolation issues among key stakeholders. (ADHS, ADVS, ASU, Blue Cross Blue Shield of Arizona, Duet, Televeda, Arizona ACEs Consortium)

- Share AzHIP partner projects with other AzHIP stakeholders and outside groups.
- Encourage implementation team members to share AzHIP partner projects.

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 a mental health community of practice to share information and address disconnects. (Arizona ACEs Consortium, ADHS, ASU, MCDPH, YMCA)

- Leverage trauma informed data.

Tactic B

Continue to support community-based projects that provide telehealth opportunities for select rural/underserved populations to acquire a sense of community and belonging. (ADVS, Televeda, Duet, ASU)

Tactic C

Enhance Resilience in Arizona Communities with more vulnerable populations. (Arizona ACEs Consortium, ADHS, ASU, MCDPH, YMCA)

- Expand approaches to improving mental health and addressing trauma.
 - Expanding approaches, such as strengthening the state's response to Adverse Childhood Experiences (ACEs) and creating mental well-being and resilience COPs.
 - Expanding mental health first aid, enhancing school staff training, reducing mental health stigma, and engaging community stakeholders through community coalitions.
 - Continue to train professionals and Community Health Workers who work directly with community members to increase health literacy regarding mental health and resilience.

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.

- Identify meaningful ways for people to take an active role in their health (including seeking resources) and contribute to the health of their communities
 - Promote and provide CPR/First Aid training, including naloxone training, especially in rural areas.
 - Capitalize on existing community events for community education and engagement.
 - Provide education on best practices for wellness and resiliency-- on bio/psycho/spiritual wellness.
 - Strengthen cross-sector collaborations; look at collective impact model; and have a central organization to facilitate collaboration at state and local levels.
 - Develop a Network Map of resources and community partnerships.

Reduce Suicide-Related Events

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

Tactic A

Encourage organizations (employers/corporations, partners, providers, agencies, etc.) and front-line/public facing staff to receive training in a manner that ensures cultural humility and health equity are a priority

- Advertise and promote Mitch Warnock Act-approved gatekeeper training. (ADHS)
- Encourage state agencies to follow the Zero Suicide model and implement virtual practices. (ADHS, EDC)
 - Promote the use of the State Suicide Prevention Plan.

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

- Continue to support state and local suicide mortality review teams to review all suicide deaths in Arizona and identify recommendations for prevention. (ADHS, County Health Departments)
- Develop recommendations for feasibility of a statewide program for Arizonans to receive navigation to suicide prevention resources. (ADHS)
- Create 'pathways to service' toolkit to all populations and distribute in an equitable manner. (ADHS)

Reduce Suicide-Related Events

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

Tactic A

Communicate to the public at large (inclusive of higher risk populations) in a manner that ensures cultural humility and health equity are a priority.

- Continue social media campaign highlighting suicide prevention resources. (ADHS)
- Continue stigma reduction campaign to promote help seeking behavior to include youth awareness. (ADHS)
- Continue to develop and leverage relationships to further suicide prevention efforts with Tribal, veteran, and rural stakeholders. (ADHS)
- Continue to develop and leverage relationships with priority professions to promote suicide prevention. (ADHS)
- Promote the Healthy Arizona Worksite Program (HAWP), assist employers to encourage their employees to take advantage of available mental health resources. (ADHS)

Priorities

Rural & Urban Underserved

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 **46.6%** 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 **53.4%**, Hispanic at **30.7%**, African American at **4.4%**, American Indian at **3.7%** and Asian at **3.5%**. It is important to acknowledge that Arizona is home to **22** 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. According to the 2020 Decennial U.S. Census.

<https://www2.census.gov/programs-surveys/decennial/2020/data/>

During the COVID-19 pandemic, Medicaid programs employed “continuous enrollment” at federal direction. During that time Arizona Healthcare Cost Containment System's (AHCCCS) enrollment increased by 33%. The end of continuous Medicaid enrollment, also known as “unwinding”, marked the Return to Normal Renewal Process and a shift of strategy to broader outreach. Since AHCCCS returned to the regular Medicaid renewal processes April 2023, 1.4 million Arizonans have maintained coverage and 18%, or 457,753, have been discontinued. 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.

Rural & Urban Underserved

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 traveling 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 722 federally designated Health Professional Shortage Areas (HPSAs). This includes 244 primary care, 245 dental, and 233 mental health HPSA designations. There are also 36 Medically Underserved Areas and 11 Medically Underserved Population designations in the state. Arizona needs an additional 667 full-time primary care physicians, 485 dentists, and 228 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.

Rural & Urban Underserved

STRATEGIES & INDICATORS

Address Health Professional Shortage by building a diverse healthcare workforce

- Reduce the proportion of people who can't get medical care when they need it

Maximize utilization of CHWs/CHRs in clinical settings

- Increase the proportion of adults with limited English proficiency who say their providers explain things clearly

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

Improve Maternal Health Outcomes

- Reduce maternal deaths
- Increase the proportion of pregnant women who receive early and adequate prenatal care

Enhanced access to primary care

- Increase the proportion of adults who get recommended evidence-based preventive health care
- Increase the number of community organizations that provide prevention 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/providers education programs (Arizona Area Health Education Centers (AzaHEC), Community Colleges, College/Universities, High Schools, others such as EMT/Paramedic Training Programs)

- Inventory, analyze, and perform gap analysis of existing strategies.
- Establish partnerships between academic institutions to develop pathway programs for underserved students. Consider scholarships, tuition remission, training in high needs communities, additional support to build capacity for Limited English Proficiency (LEP).
- Provide rural students support, beyond financial (e.g., childcare/eldercare, transportation, tutoring/educational support, formal/informal mentoring, test preparation, connectivity/equipment).
- Identify and share best practice models for replication (e.g., Pharmacy Tech Program - Tuba City Regional Health Care Corporation, Public Health Certificate Program - Dine College, Western Arizona AHEC MA program, North Country HealthCare Residency Program).
- Develop communications to inform students in underserved areas about scholarships, financial aid, mentorships, etc.

Tactic B

Build/grow healthcare workforce which is representative of the communities served (AzaHEC)

- Convene and partner with academic institutions to develop professional pathways for entry level health professionals to advance their careers. (e.g., certified nursing assistant (CNA) to licensed practical nurse (LPN) to registered nurse (RN), Community Health Worker/Representative (community health worker (CHW)/community health representative (CHR)) to allied health professions, paramedics/EMTs)



Address Health Professional Shortage by building a diverse healthcare workforce

- Explore paid training opportunities, including Federally funded workforce opportunities, apprenticeships, and internships for students and explore incentives for staff and site serving as preceptors, mentors or trainers.
- Identify target audiences and partner with organizations to deliver trainings, include specialized training (e.g. sexual assault nurse examiners) in rural and tribal communities.
- Build opportunities and career fairs that focus and prioritize diverse student bodies about becoming a provider and serving in rural areas in Arizona including methods to assist these students with job placement.
- Expand use of traditional healers, CHW/CHRs, direct care workers and others that reach underserved communities and reflect the diversity of the communities in which they serve
- Upskill the health workforce by offering "non-degree" continuing education and certifications for various members of the health workforce.
- Support the professional fulfillment of clinicians in primary care. Continue support for economic survival of the existing network of primary care practitioners to strengthen primary care throughout Arizona.

Tactic C

Quantify healthcare professional shortages in rural & urban underserved areas (Center for Rural Health)

- Align issues and access to retention of healthcare professionals.
- Use data to identify tactics to address recruitment and retention of healthcare professionals.
- Collect data on alternative care medical providers to understand usage.

Address Health Professional Shortage by building a diverse healthcare workforce

Tactic D

Develop a curriculum to address local community priorities/concerns (University of Arizona, NAU, Grand Canyon University, ASU, post-high school)

- Identify specific communities in greatest need and determine the respective needs of each.
- Provide specific and detailed messaging to groups (demographic, community, etc.).
- Develop a community informed curriculum which meets identified needs of the community – leverage existing collateral where possible.
- Align efforts with CHW certification requirements.

Tactic E

Implement curriculum with consideration of Tribal communities needs and cultural understanding (Center for Rural Health)

- Work with tribal and community colleges to further establish health career curriculums which consider specific needs and cultural understanding of tribal communities.
- Create a level of awareness of where shortages exist and develop training opportunities to address shortages.
- Convene and develop processes/mechanisms for communication of opportunities between the education community and healthcare providers community.

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) (AzCHOW, University of Arizona PRC, Indian Health Service (IHS)-Chinle)

- Educate healthcare teams and provide supervisor support on the role and benefits of the CHW workforce, including benefits of voluntary certification, core competencies and reimbursement opportunities.
- Engage clinical teams through organizational assessments to assess clinical roles and identify best practices and opportunities for CHW involvement within the clinical setting. (particularly as trusted messengers for vaccines promotion)
- Assess current CHW knowledge, skills, and abilities to participate in the patient plan of care to determine training needs.
- Identify external training, internships/apprenticeships, and other educational opportunities.
- Create a resource which brings together multiple sources which will help individuals navigate the systems and processes associated with vocational training programs.
- Assess opportunities in technical institutes/schools and drive awareness with individuals to grow the pipeline of healthcare professionals.
- Evaluate levels of access which are required and develop a proposal which would enable CHW/R to have access to Electronic Health Records (care plans) as appropriate.

Maximize utilization of CHWs/CHRs in clinical settings

Tactic B

Identify and inventory resources to support/attract funders of CHWs/CHRs at various levels (federal, state, private, etc.) (AzCHOW, ADHS)

- Identify, inventory, and promote resources to support/attract funders at various levels (federal, state, private, etc.) (AzCHOW, University of Arizona PRC, ADHS)
- Identify and advocate for financial aid opportunities through scholarships and reimbursement.
- Recommend strategies and policy changes which provide financial aid and other funding opportunities to support CHW training and integration.

Tactic C

Explore reimbursement strategies for CHWs (AzCHOW, ADHS)

- Assess current reimbursement strategies (Medicaid and value-based) to identify and document barriers and successes in reimbursing for services provided by CHWs.
- Share findings with clinics and other payers to education on the advantages of the CHW workforce and how to best implement reimbursement strategies.

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) (ADHS, AHCCCS)

- Establish MOU between ADHS, AACIHC, DES, AHCCCS, First Things First (FTF) which target tribal needs.
- Identify resources which support policy, system, and environmental change.
- Identify (quarterly/annual) reporting on Native American health which would highlight in reports back to the tribes.
- Coordinate with state programs and resource and financial investments in American Indian/American Native health by providing training on funding opportunities, contracts from the state.
- Engage in and contribute to cross-cultural training for new state agency workers.

Tactic B

Inform state and Tribal leaders of AzHIP goals specific to ITU and identify commitments and resources to achieve them (AACIHC, ADHS)

- Implement a state/local health department governance classification system, important statutory considerations, and how tribes can successfully work with state and local health departments.
- Assemble all the Arizona State agency tribal liaisons focused in health and partner organizations for cross collaboration addressing social determinants of health.
- Develop and communicate webinars on how tribes have increased access to care, highlighting best practices at the tribal level; develop case studies to be shared with other tribes.



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

Tactic A

Initiate data mining/reporting initiatives which will help identify and prioritize issues (Inter Tribal Council of Arizona (ITCA) Navajo Epi Center, ADHS, AHCCCS)

- Create a data collection task force which is aligned with Tribal priorities.
- Develop and deliver training on available data, accessing it, and utilizing the data/tools.
- Develop best practices on data sharing agreements, how to negotiate, or how to share data.
- Build training partnerships (along with a toolkit) to support tribes gathering information at the local level - in partnership with ITCA and Navajo Nation.

Improve Maternal Health Outcomes

Tactic A

Increase awareness of urgent maternal warning signs for pregnant and postpartum individuals, their partners, support systems, and health professionals (home visitors, breastfeeding consultants, physicians, nurses, mental health providers, etc) that are culturally appropriate and reflect the needs of communities at the highest risk. (ADHS, March of Dimes, County Health Departments, First Things First (FTF))

- Educate pregnant and postpartum individuals, support systems, and health professionals (home visitors, breastfeeding consultants, physicians, nurses, mental health providers, etc) on urgent maternal warning signs that are culturally appropriate and reflect the needs of communities at the highest risk.
- Incorporate the role of fathers/partners in campaigns to drive awareness and understanding (of partners) in their role in the 4th trimester/postpartum care keeping in mind cultural norms and health literacy of the target populations.
- Develop and implement campaigns focused on mental health and substance use awareness, stigma reduction, and culturally sensitive.

Tactic B

Improve the access to care for pregnant and postpartum women in Arizona (AHCCCS, AACHC, ADHS, Arizona Family Health Partnership, IHS)

- Adopt maternity care incentive plans or family levels of care models to optimize maternal health care during and after pregnancy to reduce maternal deaths
- Ensure women have covered access to the full range of reproductive resources, including inpatient postpartum LARC.
- Ensure women have access to oral health services during pregnancy by partnering with the Arizona Oral Health Coalition, FTF and county health departments to provide best practice messaging for pregnant women on accessing oral health care.

Improve Maternal Health Outcomes

- Identify resources and agencies that provide one-on-one case management tailored to adolescent pregnant moms to assist them with the continuum of care.
- Increase knowledge and awareness of the expanded AHCCCS coverage for women one year postpartum (mental health screenings, continuum of care for mother and child) and reducing overall barriers to enrolling, to increase the proportion of pregnant women who receive early and adequate prenatal care.
- Identify opportunities to expand and diversify the maternal health workforce, including midwifery, doulas, CHWs, and certified peer specialists through recruitment and incentive programs such as loan repayment.

Tactic C

Support workforce and workforce capacity that serve pregnant and postpartum women in Arizona (ADHS, AzHHA, AACHC, APT, ITCA, Navajo Nation)

- Support healthcare facilities in adopting health equity frameworks to include racial equity training, equitable hiring practices, strategies to address SDOH in patients, and equitable physical environments.
- Enhance statewide workforce development opportunities to advance primary care, emergency care, and rural provider skills and awareness of conditions across perinatal periods, including education on conditions needing immediate stabilization for ED providers and procedures for perinatal transport.
- Identify resources and agencies that provide one-on-one case management tailored to adolescent pregnant moms to assist them with the continuum of care.

Improve Maternal Health Outcomes

- Increase knowledge and awareness of the expanded AHCCCS coverage for women one year postpartum (mental health screenings, continuum of care for mother and child) and reducing overall barriers to enrolling, to increase the proportion of pregnant women who receive early and adequate prenatal care.
- Identify opportunities to expand and diversify the maternal health workforce, including midwifery, doulas, CHWs, and certified peer specialists through recruitment and incentive programs such as loan repayment.

Tactic D

Improve surveillance of maternal mortalities and morbidities (TBD)

- Encourage healthcare providers of all types to leverage Health Current as a statewide, universal medical record and prescription drug monitoring/medication reconciliation program.

Tactic E

Support the systems of care that serve pregnant and postpartum women in Arizona (AHCCCS, DES, ADHS)

- Ensure patients who are uninsured or underinsured have access to affordable and appropriate services or supplies, including supplies to manage their conditions (e.g., glucose monitors, insulin), access to dental services, healthy food (particularly to support appropriate weight gain during pregnancy), housing assistance programs, mental health or substance use services, and childcare services.
- Expand models of funded perinatal peer support and group prenatal care programs to support women with perinatal mood disorders, substance use disorders, experiences of Domestic Violence or Intimate Partner Violence, or loss of a child, ensuring that these programs are culturally appropriate and trauma informed.
- Explore opportunities to leverage pediatricians to educate/influence/assess mother's health needs and encourage follow-up appointments (women-postpartum).



Improve Maternal Health Outcomes

- Establish more systematic referral and follow-up services to support women and families experiencing mental health conditions, substance use, domestic violence, or other SDOH needs.
- Explore chronic disease management models for pregnant and postpartum women.
- Implement safety bundles from the Alliance on Innovation for Maternal Health (AIM) to all birthing facilities in Arizona.
- Partner with AACHC to expand and inform the Federally Qualified Health Center (FQHC) provider network on Alliance for Innovation in Maternal Health safety bundle strategies.
- Strengthen relationship with Tribal healthcare/birthing facilities to improve maternal safety and outcomes by focusing on the wellbeing of mothers and children both during pregnancy and after birth also improving access to culturally appropriate treatment.
- Disseminate and explain Maternal Mortality (MM) and Severe Maternal Morbidity (SMM) findings to families, providers, communities, and systems to elevate areas of opportunity to improve maternal health outcomes, particularly as they relate to mental health, substance use, and domestic violence.

Enhanced access to primary care

Tactic A

Expand the school nurse and school health workforce. Every Arizona student has access to a registered school nurse while at school. (Arizona Department of Education, Arizona Health Care Cost Containment System)

- Identify long-term sustainable funding solutions to supporting a registered school nurse for every student attending public school in Arizona.
- Work with AHCCCS and ADE to streamline and assure the health funding mechanisms in place to support billing in schools, for example, cover primary care services.
- Activate collaborations between LHDs, County Superintendent of Schools, and/or LEA's to support school nursing.
- Promote partnerships with CHC's and FQHC's to support school nurses;
- Implement a robust data collection system that provides health outcome data for school-age children in Arizona, including school health office staff and the level of certification
- Implement funded policy to support every school district hiring a "lead" nurse to support student health and safety
- Expand the use of behavioral health services and increase the number of school behavioral health counselors on school campus and use of federal funding for the Individual Education Plan. (for example of transportation needs)

Enhanced access to primary care

Tactic B

Expand and enhance access to telehealth in rural and underserved areas – Augment tribal ability to provide care via telehealth (Arizona Telemedicine Program, University of Arizona)

- Gather assessments of broadband, internet, telehealth infrastructure for rural Arizona and particularly impact on Tribes.
- Work with vulnerable communities to increase connectivity, access, and literacy for those who do not have it to increase the proportion of adults with limited English proficiency who say their providers explain things clearly.
- Add software tools to gather data, visuals, and sound to easily measure vitals
- Maximize, promote, and connect through use of partnership with the Arizona Telemedicine Program.
- Support and explore (identify) telemedicine resources to cover equipment costs (telemedicine start-up costs, equipment purchases, remote access monitoring systems, and staff training)
- Provide targeted technical assistance to Tribes on telehealth/ telemedicine reimbursement, coding, documentation, etc.
- Support (identify) long-term resources and collaborations to build broadband infrastructure in areas with no or less than ideal internet connections. (e.g. ADOA/911 program)
- Promote and expand the awareness of the ECHO programs to healthcare practitioners in rural and tribal communities.

Enhanced access to primary care

Tactic C

Increase access to health insurance coverage

- Support the increased use of CHW/CHRs, Community Health navigators and eligibility workers to enroll/re-enroll members to AHCCCS and gain more knowledge about their benefits to reduce the proportion of people who can't get medical care when they need it.
- Target education and outreach campaigns regarding health insurance coverage to rural & urban underserved communities and special populations to increase the proportion of adults who get recommended evidence-based preventive health care.
- Expand access to preventive health care services beyond clinical care (such as yoga, physical exercise, food, and nutrition, meditation, self-care, etc) to increase the number of community organizations that provide prevention services

Appendix

Implementation Partners

Arizona ACEs Consortium

Arizona Advisory Council on Indian Health Care

Arizona Area Health Education Centers

Arizona Alliance for Community Health Centers

Arizona Association of Area Agencies on Aging

Arizona Association of Health Plans

Arizona Community Health Worker Association

Arizona Council of Human Service Providers

Arizona Department of Economic Security

Arizona Department of Education

Arizona Department of Health Services

Arizona Department of Housing

Arizona Department of Transportation

Arizona Department of Veterans' Services

Arizona Developmental Disabilities Planning Council

Arizona Family Health Partnership

Arizona Health Care Cost Containment System

Arizona Hospital and Healthcare Association

Arizona Housing Coalition

Arizona Housing, Inc.

Arizona Local Health Officers Association

Arizona Medical Association

Arizona Public Health Association

Arizona State Parks & Trails

Arizona State University

Arizona Statewide Independent Living Council

Arizona Telemedicine Program

ASU Center for Mindfulness, Compassion and Resilience

AZ Aging

Arizona Food Bank Network

Blue Cross Blue Shield of Arizona

Health Services Advisory Group

Care 1st AZ

Home Matters to Arizona

Chicanos Por La Causa

HonorHealth

City of Tempe

Indian Health Service

Contexture

Inter Tribal Council of Arizona

Corporation for Supportive Housing

Inter Tribal Council of Arizona
Epidemiology Center

Dignity Health, St. Joseph's Hospital
and Medical Center

LISC Phoenix | Local Initiatives
Support Corporation

Diverse Ability Incorporated

March of Dimes

Dominium Housing

Maricopa Association of Governments

Duet: Partners In Health & Aging

Maricopa County Department of Public Health

Equality Health Foundation

Mayo Clinic Office for Community Affairs

Esperança

Mercy Care

First Things First

Native Health

Graham County

Navajo County Public Health Services

Grand Canyon University

Navajo Nation

Health First Foundation

Navajo Nation - Navajo Epidemiology Center

Health Management Associates

Navajo Nation Department of Health

Northern Arizona University
Center for Health Equity Research

Office of the Governor

Peer Solutions

Phoenix Area Indian Health Services

Phoenix Children's Hospital

Pima County Health Department

Pinal County

Pinnacle Prevention

S.T.A.R. - Stand Together
and Recover Centers, Inc.

School Nurses Organization of Arizona

Solari

Southwest Behavioral & Health Services

Televeda

Unite Us

United Health Group

UnitedHealthcare Community Plan

University of Arizona

University of Arizona Center for Rural Health

University of Arizona Prevention Research Center

Valley Leadership

Valley of the Sun United Way

Valley of the Sun YMCA

Vitalyst Health Foundation

Wildfire: Igniting Community Action
to End Poverty in Arizona

Yavapai County Community Health Services

Yuma County Department of Health



ARIZONA DEPARTMENT
OF HEALTH SERVICES

Arizona Department of Health Services

azhip@azdhs.gov

150 N. 18th Avenue
Phoenix, AZ 85007