

# Arizona Health Improvement Plan

## Mental Well-Being

2024-2025 UPDATE



*Updated December 2023*



# 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

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Arizona Department of Health Services

**Suzanne Pfister - Co-Chair**

Vitalyst Health Foundation

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# 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

Numerous community and stakeholder forums were held during the planning of the 2021-2025 Arizona Health Improvement Plan (AzHIP). In total, over 500 individuals participated from both private and public organizations across the state. These forums were designed to ensure the AzHIP priorities were meaningful and addressed the most important issues to Arizonans.

**Note:** Leading organizations of tactics and/or action steps have been noted in parentheses.

# 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.

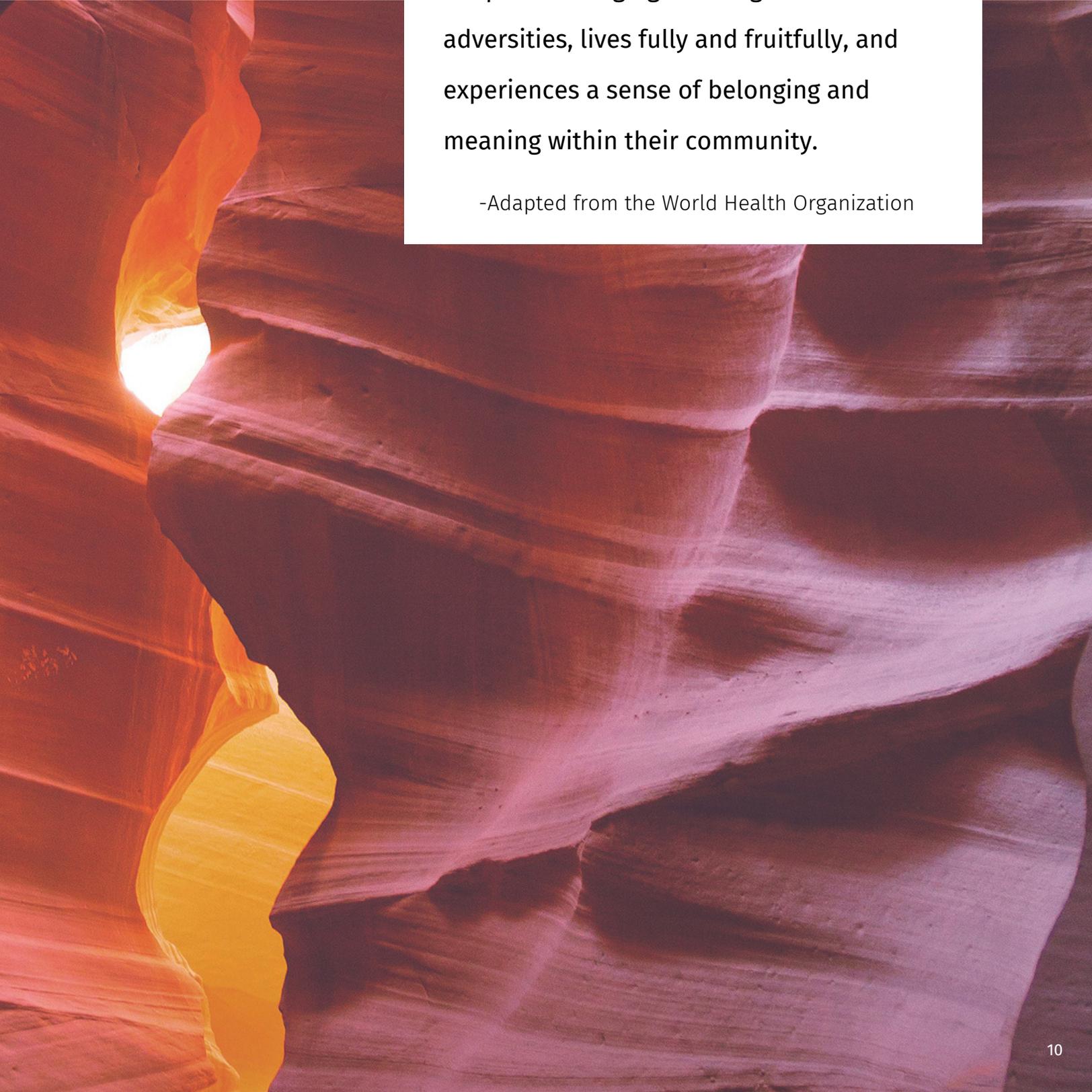
Bringing key stakeholders in these arenas with expertise and public reach into a coordinated network addressing mental well-being, represents an unprecedented statewide effort to meet the needs of people in de-stigmatizing fashion.

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.

## VISION

A state of whole person well-being in which every individual experiences lifelong 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 the World Health Organization



# 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)

# Appendix

## Implementation Partners

Arizona ACEs Consortium

AZ Aging

Arizona Alliance for Community Health Centers

Diverse Ability Incorporated

Arizona Community Health Worker Association

Duet: Partners In Health & Aging

Arizona Council of Human Service Providers

Equality Health Foundation

Arizona Department of Education

First Things First

Arizona Department of Health Services

Maricopa County Department of Public Health

Arizona Department of Veterans' Services

Navajo County Public Health Services

Arizona Health Care Cost Containment System

Pima County Health Department

Arizona State University

Solari

Arizona Statewide Independent Living Council

Televeda

ASU Center for Mindfulness, Compassion and Resilience

Valley of the Sun YMCA



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