

Arizona Health Improvement Plan



Rural & Urban Underserved Health

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

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Summary & Background

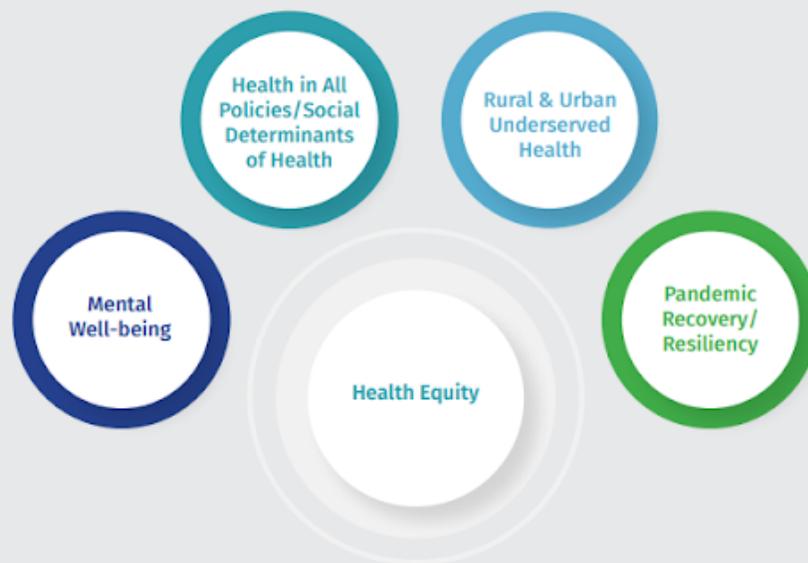
The Arizona Health Improvement Plan provides a structure and a venue bringing together a networked system of partners to improve the health of communities and individuals across Arizona. Driven by data and community participation, the AzHIP includes input from individuals and organizations who comprise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

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.

VISION

Understanding and addressing health disparities uniquely impacting rural and underserved Arizonans, including Latinx, Black, American Indian, older adults, and other identified 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, mediation, self-care, etc) to increase the number of community organizations that provide prevention services

Appendix

Implementation Partners

Arizona Advisory Council on Indian Health Care

Arizona Telemedicine Program

Arizona Area Health Education Centers

Blue Cross Blue Shield of Arizona

Arizona Alliance for Community Health Centers

Contexture

Arizona Community Health Worker Association

First Things First

Arizona Department of Economic Security

Indian Health Service

Arizona Department of Education

Inter Tribal Council of Arizona

Arizona Department of Health Services

March of Dimes

Arizona Family Health Partnership

Navajo Nation

Arizona Health Care Cost Containment System

University of Arizona Prevention Research Center

Arizona Hospital and Healthcare Association

University of Arizona Center for Rural Health



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