# Arizona Health Equity Stakeholder Strategies

## January 2013

**Arizona Department of Health Services**

**Arizona Health Disparities Center**

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## Table of Contents

**DIRECTOR'S MESSAGE** ..... **4**
**ABOUT THE ARIZONA HEALTH DISPARITIES CENTER** ..... **5**
Mission ..... 5
Vision ..... 5
**ACKNOWLEDGEMENTS** ..... **6**
**EXECUTIVE SUMMARY** ..... **7**
**BACKGROUND** ..... **9**
Data ..... 9
Listening to Healthcare Professionals and Consumers ..... 13
Planning ..... 15
**ARIZONA HEALTH EQUITY STAKEHOLDER STRATEGIES** ..... **16**
Goal 1: Awareness/Strategy 1: Partnerships ..... 16
Goal 1: Awareness/Strategy 2: Communication ..... 17
Goal 1: Awareness/Strategy 3: Healthcare Agenda ..... 18
Goal 1: Awareness/Strategy 4: Media ..... 19
Goal 2: Leadership/Strategy 5: Funding Priorities ..... 20
Goal 2: Leadership/Strategy 6: Capacity Building ..... 21
Goal 2: Leadership/Strategy 7: Youth ..... 22
Goal 3: Health System and Life Experience/Strategy 8: Access to Care ..... 23
Goal 3: Health System and Life Experience/Strategy 9: Children ..... 24
Goal 3: Health System and Life Experience/Strategy 10: Older Adults ..... 25
Goal 3: Health System and Life Experience/Strategy 11: Health Communication ..... 26
Goal 3: Health System and Life Experience/Strategy 12: Education ..... 27
Goal 3: Health System and Life Experience/Strategy 13: Social & Economic Conditions ..... 28
Goal 4: Cultural & Linguistic Competency/Strategy 14: Diversity ..... 29
Goal 4: Cultural & Linguistic Competency/Strategy 15: Workforce ..... 30
Goal 4: Cultural & Linguistic Competency/Strategy 16: Interpretation and Translation Services ..... 31
Goal 5: Data, Research, and Evaluation/Strategy 17: Data ..... 32
Goal 5: Data, Research, and Evaluation/Strategy 18: Community-Based Research and Action ..... 33
Goal 5: Data, Research, and Evaluation/Strategy 19: Knowledge Transfer ..... 34
**RECOMMENDATIONS** ..... **35**
**CLOSING STATEMENT** ..... **36**

## Table of Figures and Tables

Figure 1: Arizona Population by Race/Ethnicity, 2010 ..... 9
Figure 2: Children under 18 Years Old Living below the Poverty Line by Race/Ethnicity, 2010, Arizona ..... 10
Table 1: Age-Adjusted Mortality Rates for the Five Leading Causes of Death by Race/Ethnicity, 2010, Arizona ..... 11
Figure 3: Diabetes Prevalence by Race/Ethnicity, 2010, Arizona ..... 12
Table 2: Combined Comparison of Health Concern Results from Focus Groups with Providers and Consumers, 2010 ..... 14

## DIRECTOR'S MESSAGE

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JANICE K. BREWER, GOVERNOR
WILL HUMBLE, DIRECTOR

December 18, 2012

Dear Arizona Residents,

The Arizona Department of Health Services (ADHS) is pleased to present the first *Arizona Health Equity Stakeholder Strategies* plan. Over the past hundred years, Arizona has made great strides in public health. However, it is clear that our racial and ethnic communities continue to face disproportionate burden of illnesses, diseases and untimely deaths.

For Arizona to reach our goal of *Health and Wellness for All Arizonans*, we must take action to promote the health of all Arizona communities – including our diverse communities. The ADHS Arizona Health Disparities Center will use the *Arizona Health Equity Stakeholder Strategies* plan to bring awareness to measures to reduce health disparities among racial/ethnic and other vulnerable populations.

The *Arizona Health Equity Stakeholder Strategies* plan was developed based on information gathered from stakeholders throughout Arizona. The Plan outlines recommendations for increasing awareness of the significance of health disparities; increasing access to culturally and linguistically appropriate healthcare services; promoting a diverse health-related workforce; and ensuring all Arizonans have equal opportunity to access healthy environments, make healthy choices, and manage their health to reduce disparities in obesity.

While we recognize that eliminating health disparities is a daunting challenge, we are committed to our goal of improved health for all Arizonans. We believe by utilizing this Plan and working together with our statewide partners, health equity is achievable.

Thank you for your ongoing support and commitment.

Sincerely,

Will Humble
Director

*Health and Wellness for all Arizonans*

## ABOUT THE ARIZONA HEALTH DISPARITIES CENTER

The Arizona Health Disparities Center (AHDC) is in the Arizona Department of Health Services (ADHS) Division of Public Health Prevention Services, Bureau of Health Systems Development and is the Office of Minority Health Federal designee for the State. The AHDC works to build the capacity of the State through education, training, advocacy, and coalition building to address health disparities.

### Mission

To promote and protect the health and well-being of the minority and vulnerable populations of Arizona by enhancing the capacity of the public health system to effectively serve minority populations and reduce health disparities.

### Vision

*Health equity for all.* We envision a state where each person has equal opportunity to prevent and overcome disease and live a longer, healthier life.

## ACKNOWLEDGEMENTS

Development of the *Arizona Health Equity Stakeholder Strategies* would not have been possible without the support of the U.S. Department of Health and Human Services, Office of Minority Health and Region IX, the leadership and commitment of the Arizona Department of Health Services (ADHS) and community partners for having the vision of health equity for all Arizonans. The following individuals and their organizations from throughout Arizona were involved with developing this report:

Adriana Perez, Ph.D., Arizona Association of Hispanic Nurses; Agnes Attakai, University of Arizona; Albert Lin, Community Advocate; Amanda Guay, North Country Community Health Center; Rev. Arnold Jackson, Tanner Community Development Corporation; Arthur Martinez, M.D., El Rio Community Health Center; Bob England, M.D., Maricopa County Department of Public Health; Cecilia Rosales, M.D., University of Arizona; Doug Hirano, Asian Pacific Community in Action; Emma Torres and Flor Redondo, Campesinos Sin Fronteras; Fred Hubbard, Arizona Advisory Council on Indian Health Care; Jackie Toliver, Black Nurses Association of Greater Phoenix; Jason Logg, Community Advocate; Kristen Baird-Romero, Arizona State University; Jane Pearson, St. Luke's Health Initiative; Jeanne Nizigiyimana, Maricopa Integrated Health System; Lisa Nieri, Arizona Association of Community Health Centers; Liza Merrill, Community Advocate; Melanie Mitros, Ph.D., Arizona Living Well Institute; Melva Zerkoune, Inter Tribal Council of Arizona; Mohamed Ali Abukar, Ph.D., Somali American United Council of Arizona; Ron Carpio, TERROS; Sang-Mi Oh, American Heart Association; Susan Levy, Native Health; Teresa Aseret-Manygoats, Maricopa County Department of Public Health; Teresa Wall, Tohono O'odham Nation Department of Health and Human Services; and Victor Carrasco, Leukemia & Lymphoma Society.

The following individuals from the ADHS were involved in developing this report: Ana Roscetti, Antonio Hernandez, Cielo Mohapatra, Christy Zavala, Diana Kramer, Hong Chartrand, Jeanette Shea, Joan Agostinelli, Judy Norton, Laurie Thomas, Michael Allison, Miguel Montiel, Ph.D., Patricia Tarango, Ramona Rusinak, Ph.D., Rayna Edwards, Richard Porter, Sharon Sass, Sheila Sjolander, Tim Vaske, Toni Means, Verna Johnson, Virginia Warren, Wayne Tormala, and Zipatly Mendoza.

Special acknowledgment to Arizona Department of Health Services staff Zipatly Mendoza, Office Chief, Arizona Health Disparities Center for her leadership and contribution in planning the *Arizona Health Equity Stakeholder Strategies* initiative and for the guidance provided in the development of this report, and to Chuck Palm, the Pima Prevention Partnership for facilitating of development of the *Arizona Health Equity Stakeholder Strategies* process and for the writing of this report.

## EXECUTIVE SUMMARY

In 2010, the Arizona Health Disparities Center (AHDC) asked two stakeholder groups (health services/human and social services providers, and healthcare consumers) across Arizona critical questions in order to help inform a planning process to address health disparities in the state. The following questions were posed in five focus groups to representatives of health services/ human and social services providers:

*What are health disparities?*
*What are the causes of health disparities?*
*What should be done to address these health disparities?*
*Which health indicators have the greatest impact on your community?*
*Which health indicators have the greatest impact on specific racial or ethnic groups?*

The following questions were posed in seven focus groups, including two groups conducted in Spanish, to healthcare consumer representatives:

*What do you think are the top health concerns for your community? What can be done about them?*
*What are the challenges to being healthy for you and your family? How do you overcome them?*
*What differences in health are there between different groups of people? What can be done about them?*

Through findings from these focus groups, health data available in Arizona for disparate populations and a robust stakeholder planning process conducted in the spring and summer of 2011, the *Arizona Health Equity Stakeholder Strategies* were developed by the Arizona Health Disparities Center. The stakeholder committee prioritized obesity as the key health issue affecting Arizonans due to its wide-reaching effects on health, from diabetes to heart disease and stroke.

The stakeholder planning group, comprised of representatives from around the state, was convened by the AHDC throughout 2011. Their task was to take the findings from the statewide focus groups and develop the *Arizona Health Equity Stakeholder Strategies*. Special emphasis was made to integrate the goals and strategies of the report released in April 2011, *National Stakeholder Strategy for Achieving Health Equity.* This report, released by the Office of Minority Health, U.S. Department of Health and Human Services, provided the format for the *Arizona Health Equity Stakeholder Strategies.*

The work of the AHDC and the stakeholder planning committee has resulted in the goals, strategies and objectives described in this report. The Arizona Health Disparities Center has committed to ensuring that the *Arizona Health Equity Stakeholder Strategies* are distributed widely throughout the state and are implemented at all community levels.

## Arizona Health Equity Stakeholder Strategies: Overview of Goals and Strategies

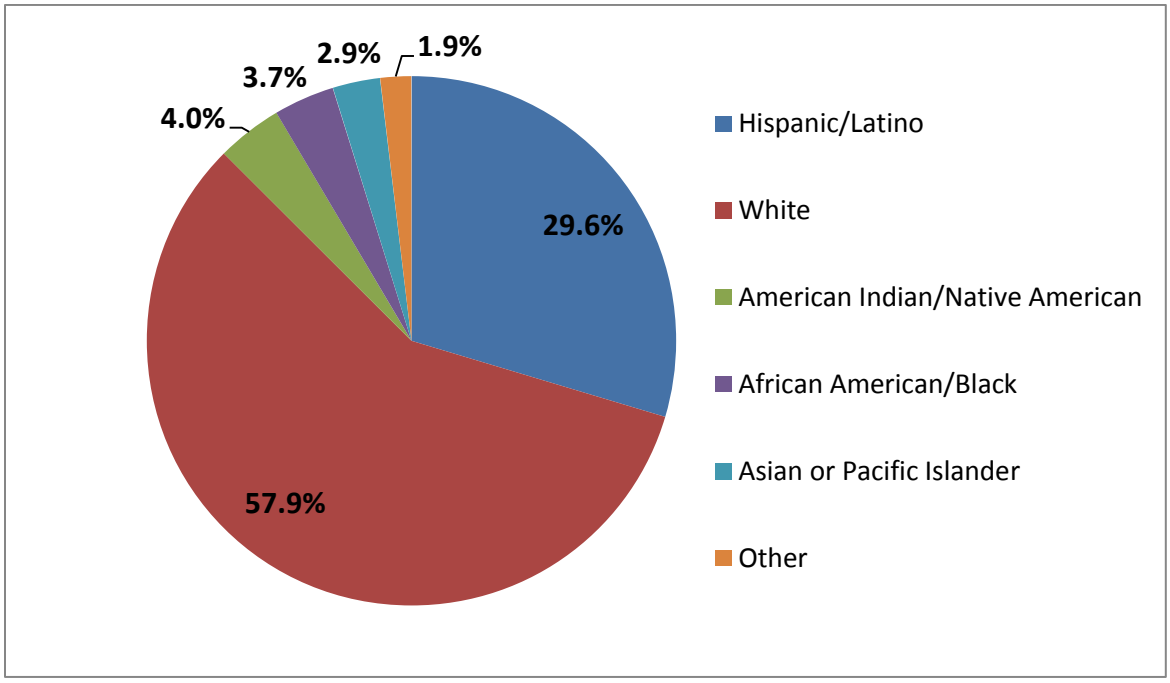
| Goal | Description | Strategies |
|---|---|---|
| 1 | **AWARENESS—**Increase awareness of the significance of health disparities, their impact on the state, and the actions necessary to improve health outcomes for racial, ethnic, and other underserved populations. | **1: Partnerships:** Develop and support partnerships among public and private entities to provide a comprehensive infrastructure to increase awareness, drive action, and ensure accountability in efforts to end health disparities and achieve health equity across the lifespan. |
| | | **2. Communication:** Create messages and use communication mechanisms tailored for specific audiences across their lifespan, and present varied views of the consequences of health disparities that will encourage individuals and organizations to act and to reinvest in public health. |
| | | **3. Healthcare Agenda**: Ensure that ending health disparities is a priority on local, state, tribal, regional, and federal healthcare agendas. |
| | | **4. Media:** Leverage local, regional and national media outlets using traditional and new media approaches as well as information technology to reach a multi-tier audience-including racial, ethnic, and other underserved populations-to encourage action and accountability. |
| 2 | **LEADERSHIP—** Strengthen and broaden leadership for addressing health disparities at all levels. | **5. Funding Priorities:** Improve coordination, collaboration, and opportunities for soliciting community input on funding priorities and involvement in research and services. |
| | | **6. Capacity Building:** Build capacity at all levels of decision-making to promote community solutions for ending health disparities. |
| | | **7. Youth:** Invest in young people to prepare them to be future health leaders and practitioners by actively engaging and including them in the planning and execution of health, wellness, and safety initiatives. |
| 3 | **HEALTH SYSTEM AND LIFE EXPERIENCE—** Improves health and healthcare outcomes for racial, ethnic, and other underserved populations**.** | **8. Access to Care:** Ensure access to quality health care for all. |
| | | **9. Children:** Ensure the provision of needed services (e.g., mental, oral and physical health, and nutrition) for at-risk children. |
| | | **10. Older Adults:** Enable the provision of needed services and programs to foster healthy aging. |
| | | **11. Health Communication:** Enhance and improve health service experience through improved health literacy, communications, and interactions. |
| | | **12. Education**: Promote the connection between educational attainment and long-term health benefits among high school students. |
| | | **13. Social & Economic Conditions:** Support and implement policies that create the social, environmental, and economic conditions required to realize health outcomes. |
| 4 | **CULTURAL AND LINGUISTIC COMPETENCY—**Improve cultural and linguistic competency and the diversity of the health-related workforce. | **14. Diversity:** Increase diversity and competency of the health workforce and related industry workforces through recruitment, retention, and training of racially, ethnically, and culturally diverse individuals and through leadership action by healthcare organizations and systems**.** |
| | | **15. Workforce:** Develop and support the health workforce and related industry workforces to promote the availability of cultural and linguistic competency training that is sensitive to the cultural and language variations of diverse communities**.** |
| | | **16. Interpretation and Translation Services:** Encourage interpreters, translators, and bilingual staff providing services in languages other than English to follow codes of ethics and standards of practice for interpretation and translation. Encourage financing and reimbursement for health interpreting services. |
| 5 | **DATA, RESEARCH AND EVALUATION—** Improve data availability, and the coordination, utilization and diffusion of research and evaluation outcomes. | **17. Data:** Ensure the availability of health data on all racial, ethnic, and other underserved populations. |
| | | **18. Community-Based Research and Action:** Invest in community-based participatory research and evaluation of community-originated intervention strategies in order to build capacity at the local level for ending health disparities**.** |
| | | **19. Knowledge Transfer:** Expand and enhance transfer of knowledge generated by research and evaluation for decision-making about policies, programs, and grant-making related to health disparities and health equity**.** |

# BACKGROUND

## Data

Arizona is a very diverse state with approximately 42% of its population belonging to a racial or ethnic minority group. Hispanics/Latinos comprise nearly 30%, American Indians/Native Americans 4%, African Americans/Blacks 3.7% and Asians/Pacific Islanders account for 2.9% of the state's population.[1]

**Figure 1: Arizona Population by Race/Ethnicity, 2010**



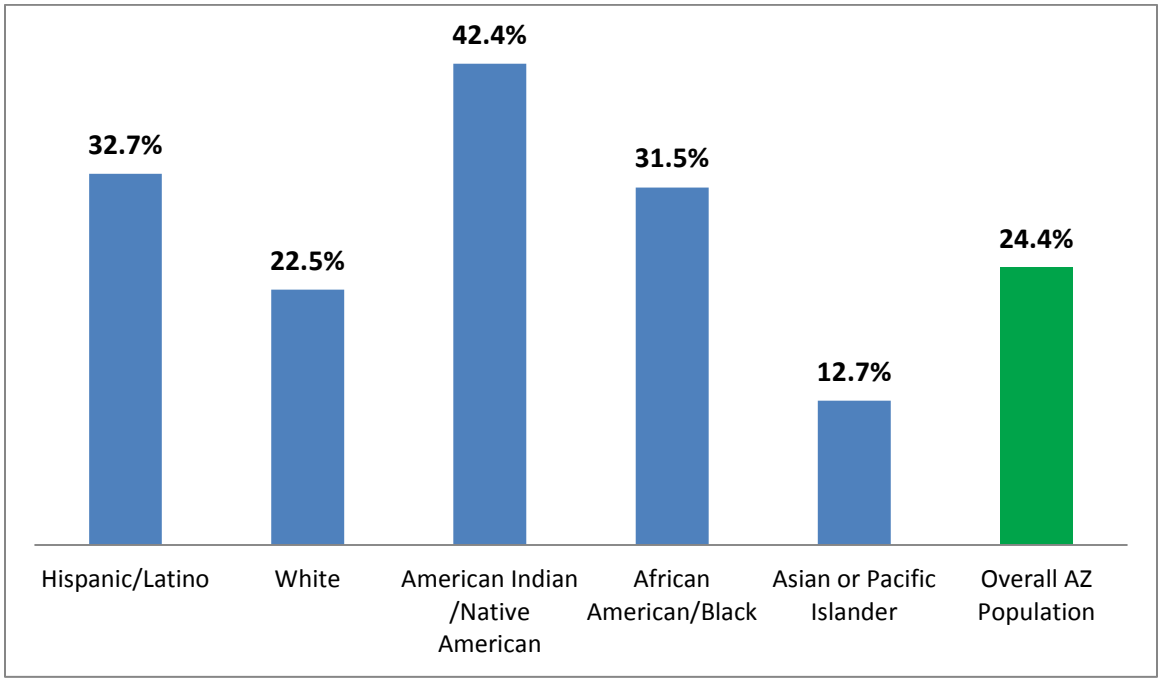

* Note: Hispanic/Latino can be of any race. Other includes those who claimed other racial/ethnic groups not specified here and those who claimed two or more races.

Source: U.S. Census Bureau, Profile of General Population and Housing Characteristics: 2010 – 2010 Demographic Profile Data, Arizona. http://factfinder2.census.gov

According to the U.S. Census, Arizona was ranked the 14th poorest state in the U.S., with more than one out of six Arizonans living in poverty in 2010. Arizona has been ranked the second, fourth and 14th poorest state in the U.S. in 2009, 2008 and 2007, respectively.[2] The proportions of American Indian/Native American, Hispanic/Latino and African American/Black children under 18 years old living below the poverty line in 2010 (42.4%, 32.7% and 31.5%) were greater than the proportion of all Arizona children under 18 years old living below the poverty line (24.4%).[2] The median household income for African Americans/Blacks and Hispanics/Latinos was more than $10,000 less than the median household income for the overall Arizona population ($46,789/year), while the median household income for American Indians/Native Americans was over $17,000 less than that for the overall Arizona population.[2] In 2010, the proportions of Asians/Pacific Islanders, Hispanics/Latinos and American

Indians/Native Americans who did not speak English very well (30.7%, 26.8% and 12.3%, respectively) were disproportionately higher than the proportion of all Arizonans who did not speak English very well (9.9%).[2]

**Figure 2: Children under 18 Years Old Living below the Poverty Line by Race/Ethnicity, 2010, Arizona**




Source: U.S. Census Bureau, 2010 American Community Survey 1-Year Estimates. 2010 Selected Economic Characteristics. http://factfinder2.census.gov

Existing data show disparate health outcomes among these priority population groups in Arizona. In 2010, the highest age-adjusted mortality rate in Arizona occurred among the American Indian/Native American community, followed by African Americans/Blacks and Hispanics/Latinos.[3]

Cancer was the leading cause of death in Arizona in 2010, causing nearly 1 in every 4 deaths.[3] The African American/Black community had the highest heart disease mortality rate in 2010 (177.7 per 100,000).[3] In 2010, 63,576 hospitalizations in Arizona were due to heart disease.[3] Furthermore, African Americans/Blacks had the highest stroke death rate with 53.5 per 100,000 Arizona residents, followed by Hispanics/Latinos and American Indians/Native Americans (35.1 and 29.8 per 100,000, respectively).[3] African Americans/Blacks experienced the highest cardiovascular disease mortality rate (258.5 per 100,000) in 2010.[3]

**Table 1: Age-Adjusted Mortality Rates for the Five Leading Causes of Death by Race/Ethnicity (per 100,000 population), 2010, Arizona**

| Rank | Hispanic/Latino | White | American Indian/ Native American | African American/ Black | Asian or Pacific Islander |
|---|---|---|---|---|---|
| 1 | Cancer 126.2 | Cancer 155.6 | Diseases of Heart 135.9 | Cancer 182.6 | Cancer 96.2 |
| 2 | Diseases of Heart 121.3 | Diseases of Heart 145.4 | Cancer 106.4 | Diseases of Heart 177.7 | Diseases of Heart 86.8 |
| 3 | Diabetes 37.3 | Chronic Lower Respiratory Diseases 47.1 | Unintentional Injury 99.2 | Stroke 53.5 | Alzheimer's Disease 32.2 |
| 4 | Stroke 35.1 | Unintentional Injury 45.5 | Diabetes 79.3 | Diabetes 50.0 | Stroke 26.0 |
| 5 | Unintentional Injury 33.7 | Alzheimer's Disease 35.5 | Chronic Liver Disease & Cirrhosis 64.6 | Alzheimer's Disease 46.7 | Unintentional Injury 24.6 |

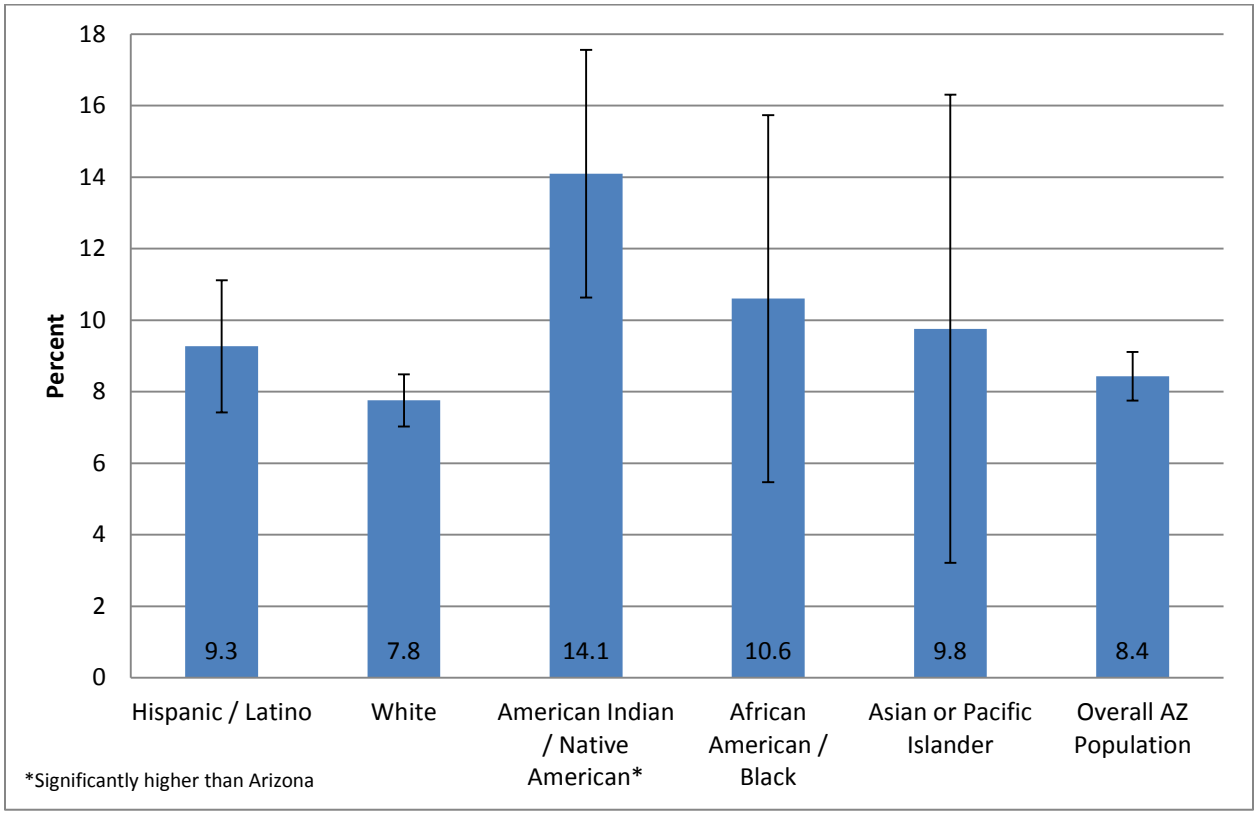
Source: Arizona Department of Health Services. Arizona Health Status and Vital Statistics, 2010. http://www.azdhs.gov/plan/report/ahs/ahs2010/toc10.htm

In 2010, one of every 11 people in Arizona had diabetes.[4] American Indians/Native Americans had a significantly higher diabetes prevalence than the general Arizona population in 2010 (Fig. 3).[4] The number of deaths from diabetes increased by 27.3 percent from 2009 to 2010, the largest increase in cause of mortality in 2010.[3] American Indians/Native Americans had the highest death rate from diabetes at 79.3 per 100,000 residents, while the diabetes death rate among all groups in Arizona was 20.1 per 100,000 residents.[3]

Cardiovascular disease and diabetes go hand in hand, and blood pressure plays an important role in both diseases. Data show that more than one in four Arizonans had high blood pressure (hypertension) in 2009.[4] The total cost of hypertension to the Arizona Health Care Cost Containment System (AHCCCS) was $487 million in 2010.[5] Deaths due to high blood pressure were 6.3 per 100,000 in 2010, while African Americans/Blacks had the highest death rate (17.6 per 100,000) from high blood pressure in 2010.[3]

Smoking, lack of physical activity, poor nutrition and obesity increase risk for cardiovascular disease and diabetes. In 2010, 15% of Arizona adults smoked cigarettes, 46% did not get the recommended level of physical activity, 25.2% were obese (BMI ≥ 30) and 74.8% did not consume the recommended 5 or more fruits and vegetables each day.[4] Furthermore, Hispanics/Latinos had a higher smoking prevalence (16.5%) and consumed the recommended 5 or more fruits and vegetables less (78.6%) when compared to all Arizonans. Hispanics/Latinos also engaged in less physical activity (48.9% did not meet recommendations) compared to all Arizonans (46% did not meet recommendations).[4] American Indians/Native Americans, Hispanics/Latinos and African Americans/Blacks (33.2%, 31.2% and 26.6%, respectively) were more likely to be obese (BMI ≥ 30) than the general Arizona population (25.2%).[4]

**Figure 3: Diabetes Prevalence by Race/Ethnicity, 2008-2010, Arizona**




Source: Arizona Behavioral Risk Factor Surveillance Survey (BRFSS) http://www.azdhs.gov/plan/brfs/

Hispanics/Latinos were significantly more likely to be uninsured (37.2%) than the overall Arizona population (18.6%) from 2008 to 2010.[4] Hispanics/Latinos were also significantly more likely to not be able to afford needed health care (24.4%), compared to Arizonans overall (13.3%).[4] These populations were also more likely to be at higher risk of not receiving basic preventive health measures, compared to Arizonans overall.[4]

Data Sources:


1. U.S. Census Bureau, Profile of General Population and Housing Characteristics: 2010. 2010 Demographic Profile Data, Arizona. http://factfinder2.census.gov/
2. U.S. Census Bureau, 2010 American Community Survey 1-Year Estimates. 2010 Selected Economic Characteristics. http://factfinder2.census.gov/
3. Arizona Department of Health Services. Arizona Health Status and Vital Statistics, 2010. http://www.azdhs.gov/plan/report/ahs/ahs2010/toc10.htm
4. Arizona Behavioral Risk Factor Surveillance Survey (BRFSS) 2009 and 2010 data. http://www.azdhs.gov/plan/brfs/
5. Centers for Disease Control and Prevention. Chronic Disease Cost Calculator. http://www.cdc.gov/chronicdisease/resources/calculator/download.htm

## Listening to Healthcare Professionals and Consumers

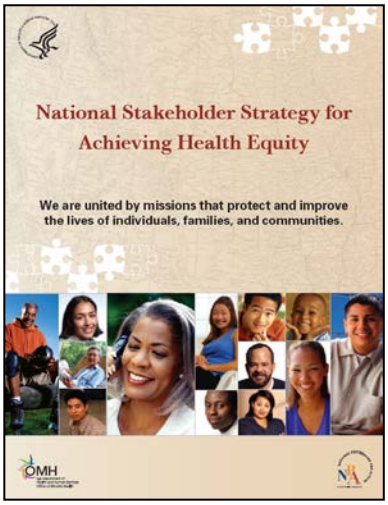
During March to May 2010, the Arizona Department of Health Services, Arizona Health Disparities Center held eight focus groups throughout Arizona to allow health services professionals and consumers (non-healthcare professionals) to identify, in their own words, the state's top health concerns, challenges to being healthy and differences in health outcomes among disparate populations. As is shown in Table 1, participants identified diabetes and obesity as the top two health concerns, followed by heart disease. Participants identified lack of exercise (places to walk or exercise), poor diet (high cost of healthy foods) and lack of cultural competence among providers as challenges to being healthy. Participants then identified the following priorities for addressing the community-level health concerns and needs: improving the healthcare system; developing a public health action plan (addressing access to care, public awareness) and developing a community action plan (strengthening the community's problem-solving skills, increasing lawmakers' awareness of community's needs).

**Table 2: Combined Comparison of Health Concern Results from Focus Groups with Providers and Consumers, 2010**

| Top Health Concerns/Indicators | Causes of Health Disparities | Steps to address Disparities |
|---|---|---|
| **1. Diabetes**<br>**2. Obesity**<br>**3. Cancer**<br>**4. Substance Abuse**<br>**5. Heart Disease**<br>**6. Teen Pregnancy** | **Information**<br>• Lack of knowledge among individuals regarding disease process or positive personal actions<br>• Individual inability to use health knowledge<br><br>**Cultural Competence**<br>• Cultural divisions between individuals and providers<br>• Cultural attitudes toward health care among individuals<br>• Lack of cultural competence among providers<br><br>**Access and Availability**<br>• Lack of availability and access to health services in rural, tribal, and inner-city areas<br>• Lack of access due to location or patient status<br>• Lack of access due to client discrimination by providers<br>• Lack of access due to patient legal status<br>• Lack of availability due to difficult funding requirements<br><br>**Policy and Patient Data**<br>• Ineffective health systems or policies<br>• Profit motive<br>• Inadequate policies and procedures<br>• Inadequate system coordination<br>• Inadequate patient data categorization<br>• Missing, inadequate, or unavailable patient data | **Transition to More of a Preventative Health Model than a Treatment Model**<br>• Promote physical activity<br>• Promote healthy dietary choices<br>• Provide wellness checkups or other preventative services<br>• Pay providers to keep individuals well rather than just to treat ailments<br>• Provide wellness incentives to individuals<br>• Provide free preventive care<br><br>**Improve the Medical Care System and Workforce**<br>• Improve cultural competency training among providers<br>• Incentivize providers and workforce to remain in, or relocate to, rural and inner-city areas<br>• Fund healthcare education<br>• Improve credentialing and licensing requirements<br><br>**Improve access to services**<br>• Increase the number and variety of providers and workers in rural and tribal areas<br>• Shorten the waiting lists for government aid, including AHCCCS coverage<br>• Ensure that medications are affordable<br>• Shorten the waiting times to be seen at hospitals or clinics<br>• Increase use of the Telemed and other telecommunication-based healthcare systems<br>• Ensure that Indian Health Services fully funds clinics in tribal areas<br>• Improve patient care coordination among providers<br>• Improve the healthcare system's responsiveness to emerging and local health issues<br>Improve healthcare funding |

## Planning

During the spring and summer of 2011, a stakeholder planning group, comprised of representatives from around the state of Arizona, was convened by the AHDC on several occasions. Their task was to take the findings from the statewide focus groups and develop the *Arizona Health Equity Stakeholder Strategies*. Special emphasis was made to integrate the goals and strategies of the report released in April 2011, *National Stakeholder Strategy for Achieving Health Equity*. This report, released by the Office of Minority Health, U.S. Department of Health and Human Services, provided the format for the *Arizona Health Equity Stakeholder Strategies.*




The stakeholder planning group initially identified a priority health area, based on their discussions and the finding from the statewide focus groups. The group identified *obesity* as the key focus area for the subsequent identification of goals, strategies and objectives. With this focus area in mind, the members of the stakeholder planning group engaged in open-ended debates regarding the social determinants of health, cultural competency, health literacy, and other factors that lead to disparities in healthcare availability and access.

The objective statements developed in this report were deliberately not written with specific timeframes or outcome measures, as the *Arizona Health Equity Stakeholder Strategies* were developed for future adoption and implementation by stakeholders at all levels of public health throughout Arizona. The *Strategies* are presented below.

# ARIZONA HEALTH EQUITY STAKEHOLDER STRATEGIES

The *Arizona Health Equity Stakeholder Strategies* are organized into:

- 5 Goals
- 19 Strategies
- 54 Objectives
- Possible Measures

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**Goal 1: Awareness**

**Increase awareness of the significance of health disparities, their impact on the state, and the actions necessary to improve health outcomes for racial, ethnic, and other underserved populations**

**Strategy 1: Partnerships**

**Develop and support partnerships among public and private entities to provide a comprehensive infrastructure to increase awareness, drive action, and ensure accountability in efforts to end health disparities and achieve health equity across the lifespan**

| Objectives | Measures | Recommended Key Agencies |
|---|---|---|
| 1. Connect health equity and neighborhood solution groups, collaborative efforts and alliances with state, local and tribal groups to adopt the Arizona Health Equity Stakeholder Strategies in order to develop positive actions for ending obesity-related health disparities. | 1. Number and type of partners<br><br>2. Number of activities to create the Arizona Health Equity Stakeholder Strategies awareness | 1. Arizona Department of Health Services, Division of Public Health Services and Division of Behavioral Health Services |

**Goal 1: Awareness**

**Increase awareness of the significance of health disparities, their impact on the state, and the actions necessary to improve health outcomes for racial, ethnic, and other underserved populations**

**Strategy 2: Communication**

**Create messages and use communication mechanisms tailored for specific audiences across their lifespan, and present varied views of the consequences of health disparities that will encourage individuals and organizations to act and to reinvest in public health**

| Objectives | Measures | Recommended Key Agencies |
|---|---|---|
| 1. Establish communication between county and state public health agencies and with community leaders who can contribute to the development and dissemination of health equity messages.<br><br>2. Create partnerships to conduct joint campaigns with health disparity and health equity messages that are culturally appropriate for populations across the lifespan.<br><br>3. Support the use of culturally appropriate social media, social networks, and other interactive technologies to engage diverse racial, ethnic, and other underserved populations about obesity-related disparities.<br><br>4. Establish ongoing health communication to educate children, parents and other caregivers about the positive impact of nutrition and physical activity. | 1. Number of community meetings between health agencies and community leaders<br><br>2. Distribution, format and content of messages and information on mainstream and culturally specific media outlets with messages related to obesity-related disparities<br><br>3. Number of distribution of organizations carrying out joint campaign activities with common messages<br><br>4. Number of trainings, workshops, webinars, etc. on social determinants of health and its impact on obesity | 1. Arizona Department of Health Services, Public Information Officer, Social Marketing Committee, Public Health Prevention Services and Arizona Health Disparities Center<br><br>2. Local Health Departments<br><br>3. Community-based organizations<br><br>4. Private foundations |

**Goal 1: Awareness**

**Increase awareness of the significance of health disparities, their impact on the state, and the actions necessary to improve health outcomes for racial, ethnic, and other underserved populations**

**Strategy 3: Healthcare Agenda**

**Ensure that ending health disparities is a priority on local, state, tribal, regional, and federal healthcare agendas**

| Objectives | Measures | Recommended Key Agencies |
|---|---|---|
| 1. Increase partnerships among local, state and tribal governmental, nonprofit and business organizations to advocate for local policies and actions that create and sustain conditions to reduce obesity across the lifespan.<br><br>2. Strengthen city, county and state minority health entities and tribal health offices by identifying a health disparities liaison in non-health departments to ensure local, state, and tribal partnerships and decision-making power.<br><br>3. Identify and develop relationships with nonpartisan think tanks and other policy centers to advance and disseminate model policies that address social determinants of health, and work to achieve health equity across the lifespan. | 1. Number of active partnerships<br><br>2. Number of city, county, state, and tribal entities that advance policies to eliminate or reduce health disparities<br><br>3. Number of health disparities liaisons identified in non-health departments<br><br>4. Number of nonpartisan think tanks and other policy centers are identified and the relationships are established<br><br>5. Number of model policies are disseminated | 1. Arizona Department of Health Services, Bureau of Nutrition and Physical Activity and Arizona Health Disparities Center<br><br>2. State, local and tribal health departments<br><br>3. State, local and tribal governments and their human resources offices<br><br>4. Private think tanks<br><br>5. Universities and community colleges |

**Goal 1: Awareness**

**Increase awareness of the significance of health disparities, their impact on the state, and the actions necessary to improve health outcomes for racial, ethnic, and other underserved populations**

**Strategy 4: Media**

**Leverage local, regional, and national media outlets using traditional and new media approaches as well as information technology to reach a multi-tier audience-including racial and ethnic minority communities, youth, young adults, older persons, persons with disabilities, LGBT groups, and geographically isolated individuals-to encourage action and accountability**

| Objectives | Measures | Recommended Key Agencies |
|---|---|---|
| 1. Provide regular and updated health disparities data and information to representatives of mainstream and multicultural media outlets.<br><br>2. Create messages about health disparities and potential solutions that are relevant to racial, ethnic, and other underserved populations.<br><br>3. Train leaders, community partners, and health equity advocates to adopt and effectively use messages about health disparities with media representatives.<br><br>4. Encourage public and private partners to develop and support a public relations and social marketing infrastructure to develop the key health equity messages/campaigns. | 1. Distribution of coordinated public messages/campaigns for health equity<br><br>2. Number and content of health disparity-related news events and stories published<br><br>3. Number of diverse media outlets disseminating contents on health disparities-related messages | 1. Arizona Department of Health Services, Public Information Officer, social marketing committee and Arizona Health Disparities Center<br><br>2. Media outlets |

## Goal 2: Leadership

**Strengthen and broaden leadership for addressing health disparities at all levels**

## Strategy 5: Funding Priorities

**Improve coordination, collaboration, and opportunities for soliciting community input on funding priorities and involvement in research and services**

| Objectives | Measures | Recommended Key Agencies |
|---|---|---|
| 1. Include agencies and organizations in the public, private, and nonprofit sectors which represent diverse racial, ethnic, and other underserved communities in decisions about funding and programmatic priorities where they have historically been excluded.<br><br>2. Provide technical assistance to help community-based organizations write and submit quality grant proposals to reduce obesity-related disparities.<br><br>3. Incentivize state agencies, institutions of higher education, medical centers, and research organizations to invest in local health equity efforts and to collaborate with community-based organizations as an equal or lead partner. | 1. Number of review panels in public agencies and foundations that include community representatives and health consumers, particularly from diverse racial, ethnic, and other underserved populations<br><br>2. Number, distribution, and co-funding of technical assistance and other support programs in grant writing<br><br>3. Proportion of funds allocated by local, state, and tribal agencies and private funders and made available to community-based organizations to address at least one *Arizona Health Equity Stakeholder Strategies* goal | 1. State universities and community colleges<br><br>2. Arizona Department of Education<br><br>3. Arizona Department of Health Services<br><br>4. Arizona Health Care Cost Containment System<br><br>5. Governor's Office<br><br>6. Local and tribal agencies<br><br>7. Private foundations<br><br>8. Community-based organizations |

## Goal 2: Leadership

**Strengthen and broaden leadership for addressing health disparities at all levels**

## Strategy 6: Capacity Building

**Build capacity at all levels of decision-making to promote community solutions for ending health disparities**

| Objectives | Measures | Recommended Key Agencies |
|---|---|---|
| 1. Establish and expand access to leadership trainings to equip institutional, local, and community leaders with the capacity to engage community members as equal partners to design and conduct assessments and take actions to end disparities for their communities and constituents.<br><br>2. Provide technical assistance to improve the capacity of community organizations to collect, analyze, report, and use data. | 1. Number and content of leadership trainings provided to diverse organizational leaders on activities to end disparities for their communities or constituents<br><br>2. Number of technical assistance to help community organizations address health equity<br><br>3. Type and number of local, state, and regional networks intended to build organizations' capacities for engaging community representatives in all aspects of planning and implementing solutions for ending health disparities | 1. Arizona Department of Health Services, Arizona Health Disparities Center<br><br>2. Consortium for Obesity-Related Health Disparities Research and Action, Arizona State University School of Nursing<br><br>3. Community-based organizations<br><br>4. St. Luke's Health Initiatives<br><br>5. Arizona Public Health Training Center, University of Arizona<br><br>6. Southwest Interdisciplinary Research Center, Arizona State University |

## Goal 2: Leadership

**Strengthen and broaden leadership for addressing health disparities at all levels**

## Strategy 7: Youth

**Invest in young people to prepare them to be future health leaders and practitioners by actively engaging and including them in the planning and execution of health, wellness, and safety initiatives**

| Objectives | Measures | Recommended Key Agencies |
|---|---|---|
| 1. Build the capacity of adults to engage and support youth from diverse racial, ethnic and other underserved communities, as equal partners in decision making about programmatic and funding priorities, community assessments and health initiatives.<br><br>2. Increase active participation of diverse youth in programmatic and funding priorities, community assessments and health initiatives.<br><br>3. Educate and train youth, especially youth who have been historically excluded, to become peer leaders and advocates for health equity.<br><br>4. Build the capacity of diverse youth to lead and participate in publicly and privately supported efforts to end health disparities | 1. Distribution and diversity of youth on governing and advisory boards<br><br>2. Number and distribution of health education and promotion programs that train and use youth peer leaders and advocates<br><br>3. Percent of sessions at conferences that address youth-focused health disparity issues and percent of sessions organized, led, and presented by youth<br><br>4. Distribution of local, state and tribal youth organizations that include health disparities as a program or policy priority | 1. Community-based organizations<br><br>2. Arizona Department of Education<br><br>3. Arizona Department of Health Services, Public Health Prevention Services and Division of Behavioral Health Services<br><br>4. County health departments<br><br>5. Youth groups supported by ADHS contractors<br><br>6. Youth centers |

## Goal 3: Health System and Life Experience

**Improves health and healthcare outcomes for racial, ethnic, and other underserved populations**

### Strategy 8: Access to Care

**Ensure access to quality health care for all**

| Objectives | Measures | Recommended Key Agencies |
|---|---|---|
| 1. Improve and increase access to comprehensive primary health care including preventive services that are culturally and linguistically appropriate. | 1. Provider-patient ratio in medically underserved areas<br><br>2. Percentage of telemedicine usage for office and clinic visits<br><br>3. Number of healthcare providers who develop and implement language access plans<br><br>4. Number of obesity-related screenings by community health centers | 1. Arizona Department of Health Services, Bureau of Health Systems Development<br><br>2. Arizona Association of Community Health Centers and Community Health Centers<br><br>3. Arizona Rural Health Office |

## Goal 3: Health System and Life Experience

**Improves health and healthcare outcomes for racial, ethnic, and other underserved populations**

## Strategy 9: Children

**Ensure the provision of needed services (e.g., mental, oral and physical health, and nutrition) for at-risk children**

| Objectives | Measures | Recommended Key Agencies |
|---|---|---|
| 1. Improve access to maternal, infant, and early childhood support services, including nutrition and physical activity.<br><br>2. Establish ongoing health communication to educate children, parents, and other caregivers about the impact of healthy nutrition and physical activity. | 1. Percentage of eligible children enrolled in WIC<br><br>2. Number, distribution, and content analysis of social marketing campaigns on the importance of nutrition and physical activities for children | 1. Arizona Department of Health Services, Public Health Prevention Services, Marketing Committee<br><br>2. March of Dimes<br><br>3. First Things First<br><br>4. American Academy of Pediatrics, Arizona Chapter<br><br>5. Phoenix Children's Hospital |

## Goal 3: Health System and Life Experience

**Improve health and healthcare outcomes for racial, ethnic, and other underserved populations**

## Strategy 10: Older Adults

**Enable the provision of needed services and programs to foster healthy aging**

| Objectives | Measures | Recommended Key Agencies |
|---|---|---|
| 1. Increase access to nutritional meals and transportation services provided by area agencies on aging for racial, ethnic, and other underserved older adults. | 1. Number of evidence- based health, wellness and safety programs for older adults<br><br>2. Number of racial/ethnic and other underserved older adults who have access to and receive nutritional meal and transportation services | 1. County health departments<br><br>2. Arizona Department of Economic Security<br><br>3. Arizona Department of Health Services, Healthy Aging Liaison and Bureau of Nutrition and Physical Activity<br><br>4. Arizona Health Care Cost Containment System<br><br>5. Area Agency on Aging |

## Goal 3: Health System and Life Experience

**Improves health and healthcare outcomes for racial, ethnic, and other underserved populations**

## Strategy 11: Health Communication

**Enhance and improve health service experience through improved health literacy, communications, and interactions**

| Objectives | Measures | Recommended Key Agencies |
|---|---|---|
| 1. Establish and disseminate guidelines to health professional training programs and health profession associations on effective patient-provider encounter strategies.<br><br>2. Develop tools to improve communications with at-risk patients. | 1. Number of culturally and linguistically appropriate health communication materials distributed to at-risk patients regarding obesity-related disparities<br><br>2. Number of health professional training programs that include guidelines on effective patient-provider encounter strategies | 1. Universities and community colleges<br><br>2. Healthcare provider associations<br><br>3. Arizona Area Health Education Centers |

## Goal 3: Health System and Life Experience

**Improves health and healthcare outcomes for racial, ethnic, and other underserved populations**

## Strategy 12: Education

**Promote the connection between educational attainment and long-term health benefits among high school students**

| Objectives | Measures | Recommended Key Agencies |
|---|---|---|
| 1. Support state and local school policies to increase healthier food options, physical activity opportunities, and safe transportation. | 1. Number of school programs that incorporate concepts of health disparities and social determinants of health into their curriculum<br><br>2. Number of farm-to-school programs<br><br>3. Number of Safe Routes to Schools<br><br>4. Number of schools that offer P.E. and recess | 1. Arizona Department of Education, coordinated school health program<br><br>2. Arizona Department of Health Services, Bureau of Nutrition and Physical Activity<br><br>3. Arizona Department of Transportation |

## Goal 3: Health System and Life Experience

**Improves health and healthcare outcomes for racial, ethnic, and other underserved populations**

## Strategy 13: Social & Economic Conditions

**Support and implement policies that create the social, environmental, and economic conditions required to realize health outcomes**

| Objectives | Measures | Recommended Key Agencies |
|---|---|---|
| 1. Improve the availability, accessibility, affordability, and consumption of healthy, safe, and nutritious food for all families.<br><br>2. Improve safety and accessibility to public transportation, walking, and bicycling in urban communities.<br><br>3. Improve safety and accessibility of transportation in rural communities.<br><br>4. Institute policies that support crime prevention through environmental design to improve neighborhood conditions that support healthier lifestyles.<br><br>5. Improve housing quality, affordability, stability, and proximity to resources for individuals from racial, ethnic, and other underserved populations.<br><br>5. Support programs and initiatives to empower families from diverse racial, ethnic, and other underserved communities to enhance, and sustain their abilities to live a healthy life and accumulate wealth. | 1. Number of health impact assessments<br><br>2. Number of farmers markets and other vendors that redeem fruit and vegetable WIC vouchers<br><br>3. Number of Safe Routes to School<br><br>4. Number of Block Watch programs<br><br>5. Number of community parks and recreation facilities<br><br>6. Number of local mixed-use property policies<br><br>7. Number of supermarkets and farmers markets<br><br>8. Number of CAPs (Community Association Programs) | 1. Arizona Department of Health Services, Bureau of Nutrition and Physical Activity<br><br>2. St. Luke's Health Initiatives<br><br>3. Arizona Department of Transportation<br><br>4. Municipal governments and neighborhood associations<br><br>5. Community Association Programs |

## Goal 4: Cultural & Linguistic Competency

**Improve cultural and linguistic competency and the diversity of the health-related workforce**

### Strategy 14: Diversity

**Increase diversity and competency of the health workforce and related industry workforces through recruitment, retention, and training of racially, ethnically, and culturally diverse individuals and through leadership action by healthcare organizations and systems**

| Objectives | Measures | Recommended Key Agencies |
|---|---|---|
| 1. Develop a policy agenda to expand the diversity and cultural and linguistic competency of the healthcare workforce.<br><br>2. Work with medical schools, boards of trustees of universities, healthcare systems, professional health associations, and health-related businesses to implement a diversity policy in all aspects of their organizational structure.<br><br>3. Increase recruitment of diverse racial, ethnic, and other underserved populations into health professions and other health-related programs. | 1. Number and type of policies developed and implemented by healthcare organizations, accrediting bodies, education programs, and state health agencies to support the diversity of the healthcare workforce<br><br>2. Percent of health-related certificates/credentials and professional degrees awarded to members of racial, ethnic, and other underserved groups<br><br>3. Percent of schools of medicine and nursing and allied health professional training programs whose basic curricula include culturally and linguistically appropriate competencies<br><br>4. Percent of individuals from racial, ethnic, and other underserved backgrounds, by health profession and position | 1. Arizona Department of Health Services, Bureau of Health Systems Development, Human Resources Office<br><br>2. County health departments<br><br>3. Universities and community colleges<br><br>4.Arizona Medical Association, Arizona Nurse Associations, Black Nurses Association, Hispanic Nurses Association, Philippine Nurses Association, Arizona Public Health Association |

## Goal 4: Cultural & Linguistic Competency

**Improve cultural and linguistic competency and the diversity of the health-related workforce**

### Strategy 15: Workforce

**Develop and support the health workforce and related industry workforces to promote the availability of cultural and linguistic competency training that is sensitive to the cultural and language variations of diverse communities**

| Objectives | Measures | Recommended Key Agencies |
|---|---|---|
| 1. Develop model cultural and linguistic competency training modules and courses into workforce development programs.<br><br>2. Develop model cultural and linguistic competency training modules and courses into health profession programs at universities and community colleges.<br><br>3. Monitor health workforce composition and enhance recruitment strategies of racial, ethnic, and other underserved populations.<br><br>4. Assist county health departments and healthcare organizations to implement effective language access policies, practices, and procedures that comply with Title VI | 1. Number of health workers, by health profession<br><br>2. Number of modules that provide standardized training on cultural and linguistic competency<br><br>3. Percent of staff trained on cultural and linguistic competency<br><br>4. Number of cultural humility and competency modules and courses in undergraduate and graduate health professional training degree and certificate programs<br><br>5. Number of healthcare organizations that provide cultural and linguistic competency training and continuing education as part of information in new staff orientation and job performance<br><br>5. Number of language access policies developed by county health departments and healthcare organizations | 1. Arizona Department of Health Services, Bureau of Health Systems Development<br><br>2. Health profession associations<br><br>3. Universities and community colleges<br><br>4. County health departments<br><br>5. Public health clinics and other community clinics<br><br>6. Area Health Education Centers<br><br>7. Arizona Association of Community Health Centers |

## Goal 4: Cultural & Linguistic Competency

**Improve cultural and linguistic competency and the diversity of the health-related workforce**

### Strategy 16: Interpretation and Translation Services

**Encourage interpreters, translators, and bilingual staff providing services in languages other than English to follow codes of ethics and standards of practice for interpretation and translation. Encourage financing and reimbursement for health interpreting services**

| Objectives | Measures | Recommended Key Agencies |
|---|---|---|
| 1. Identify and promote codes of ethics and standards of practice for interpretation and translation.<br><br>2. Collaborate with accrediting bodies for healthcare organizations to integrate codes of ethics and standards of practice for interpretation and translation into accreditation requirements.<br><br>3. Support financing and reimbursement for medical interpretation services. | 1. Number of accrediting bodies that include the codes of ethics and standards for interpretation and translation in their requirements<br><br>2. Percent of interpreters certified by training entities that comply with the codes of ethics and standards for training and practice<br><br>3. Percent of agencies and healthcare organizations and services that adopt proper interpretation and translation as a quality improvement indicator<br><br>4. Establishment of incentives for healthcare organizations and health professionals to support interpreting services<br><br>5. Percent of resources for translation and interpretation services | 1. International Rescue Committee<br><br>2. Phoenix Children's Hospital<br><br>3. Arizona Association of Community Health Centers<br><br>4. Arizona Department of Health Services, Division of Licensing, Office of Rules and Regulations, Arizona Health Disparities Center, Refugee Health Program<br><br>5. Arizona Health Care Cost Containment System<br><br>6. Arizona Medical Association/Board, Arizona Nursing Association<br><br>7. Arizona Translation Association<br><br>8. Asian Pacific Community in Action |

## Goal 5: Data, Research, and Evaluation

**Improve data availability, and the coordination, utilization and diffusion of research and evaluation outcomes**

## Strategy 17: Data

**Ensure the availability of health data on all racial, ethnic, and other underserved populations**

| Objectives | Measures | Recommended Key Agencies |
|---|---|---|
| 1. Improve current data collection systems and efforts to increase the accuracy about race, ethnicity, effects of racism, and categorization of people.<br><br>2. Establish, support, and disseminate information about public surveillance systems to track the causal, contributory, or protective impact of cultural, linguistic, environmental, and socioeconomic factors on health.<br><br>3. Promote inclusion of data on race, ethnicity, gender, primary language, disability status, and sexual orientation or gender identity on federally and privately conducted or supported healthcare or public health programs, activities, or surveys. | 1. Number of health information and surveillance systems that adequately represent the conditions experienced by diverse communities<br><br>2. Number of state health disparity-related reports that include cultural, linguistic, environmental, and socioeconomic factors<br><br>3. Number and type of organizations, including insurers, that adhere to a common set of standards for data collection and data use<br><br>4. Number of community-based organizations that use public available data sources | 1. Arizona Department of Health Services, Bureau of Health Statistics<br><br>2. Arizona Health Care Cost Containment System<br><br>3. County health departments and tribal departments/organizations<br><br>4. St. Luke's Health Initiative<br><br>5. Arizona Association of Community Health Centers<br><br>6. Community-based organizations<br><br>7. Health Insurance Companies and health plans |

## Goal 5: Data, Research, and Evaluation

**Improve data availability, and the coordination, utilization and diffusion of research and evaluation outcomes**

### Strategy 18: Community-Based Research and Action

**Invest in community-based participatory research and evaluation of community-originated intervention strategies in order to build capacity at the local level for ending health disparities**

| Objectives | Measures | Recommended Key Agencies |
|---|---|---|
| 1. Engage community members, including communities that have been historically excluded, and enhance their capacity to be equal partners in the conceptualization, planning, design, implementation, interpretation, evaluation, and dissemination of public health interventions, programs, and initiatives.<br><br>2. Identify and work with community-based organizations to determine and disseminate replicable best and evidence-based practices to end health disparities.<br><br>3. Work with researchers and evaluators to develop useful and practical models for evaluating community-originated intervention strategies, including new metrics from interventions that reflect communities' immediate needs.<br><br>4. Strengthen community ownership of data and research and evaluation products by promoting the principles of community-based participatory research. | 1. Number and type of community-originated interventions and programs<br><br>2. Number of community-based, health disparities interventions and programs<br><br>3. Number of new community-originated models published in the academic literature<br><br>4. Number of academic/research institutions that adhere to community-based participatory research standards | 1. Arizona Department of Health Services, Bureau of Health Statistics and Arizona Health Disparities Center<br><br>2. Universities and community colleges<br><br>3. Community –based organizations<br><br>4. St. Luke's Health Initiative<br><br>5. Research Institutions |

## Goal 5: Data, Research, and Evaluation

**Improve data availability, and the coordination, utilization and diffusion of research and evaluation outcomes**

## Strategy 19: Knowledge Transfer

**Expand and enhance transfer of knowledge generated by research and evaluation for decision-making about policies, programs, and grant-making related to health disparities and health equity**

| Objectives | Measures | Recommended Key Agencies |
|---|---|---|
| 1. Provide training and technical assistance to professional associations, foundations, advocacy groups, and community organizations on how to interpret and use research and evaluation findings to inform their decisions and programs.<br><br>2. Promote practices and strategies to make research findings accessible, easily understood, and used by policymakers and the public.<br><br>3. Facilitate the translation and dissemination of culturally and linguistically appropriate interventions. | 1. Number of standard trainings, technical assistance and materials on how to use data to drive decision-making<br><br>2. Number of culturally and linguistically appropriate practices are adopted by state, tribal, and local agencies and nonprofit organizations<br><br>3. Number of policies, procedures, and practices that originate from health disparities-related research and evaluation findings | 1. Arizona Department of Health Services, Arizona Health Disparities Center<br><br>2. Universities and community colleges<br><br>3. Community –based health organizations<br><br>4. Disease specific associations |

# RECOMMENDATIONS

Based on the objectives and strategies identified in this plan, the ADHS Arizona Health Disparities Center proposes the following recommendations:

## Awareness

- Create a Health Equity Coalition where all state, local and tribal health equity organizations will be able to participate to collectively partner and address obesity-related health disparities in Arizona.
- Utilize the partnerships established through the Health Equity Coalition to create, review, maintain consistency and ensure the cultural competency of health equity messages throughout the state.
- Develop, maintain and publish current data sets that reflect the status of health disparities in Arizona and make them easily accessible to policy-makers, government officials and local, regional and national media outlets.
- Improve the awareness of health equity and obesity-related illnesses among health care providers and at-risk populations through professional webinars and community presentations such as brown bags.

## Leadership

- Partner with local and state foundations to develop a grant program to incentivize health equity organizations to address obesity related issues.
- Develop a technical advisory group to support local community organizations with grant applications, program development and implementation for obesity related programs.
- Work with local community health equity organizations to create a youth advisory board to address obesity-related health disparities issues among youth.

## Health System and Life Experience

- Work with the Arizona Association of Community Health Centers and the Arizona Rural Health Office to establish guidelines for a culturally competent health center and use those guidelines to evaluate the cultural competency of health centers throughout Arizona.
- Develop an active network of organizations that address different aspects of health and well-being, such as schools, police and fire departments, child and family services, housing department, churches, etc. to develop an integrated approach to reducing risk factors for obesity.

### Cultural and Linguistic Competency

- Develop and promote existing web-based Continuing Education courses for health care providers on cultural and linguistic competency.
- Work with the ADHS Workforce Development Program and Key Recommended Agencies to develop a recruitment and retention plan to increase the number of racially, ethnically and culturally diverse healthcare providers.
- Develop a centralized webpage that houses all available resources for cultural and linguistic competency including, interpretation and translation and workforce resources.

### Data Research and Evaluation

- Survey Key Recommended Agencies to access the amount and type of data collected, if any, and coordinate data collection, analysis, and diffusion among various health disparities and health equity organizations in Arizona.
- Develop training webinars on methods of data collection, analysis and interpretation.

## CLOSING STATEMENT

The Arizona Health Equity Stakeholder Strategies Plan outlines strategies and recommendations to support existing agencies, programs, and initiatives in Arizona aimed at closing health disparities gaps. In particular to increasing access to culturally and linguistically appropriate healthcare services; promoting a diverse healthcare workforce; and ensuring all *Arizonans* have equal opportunity to access healthy environments and make healthy choices to reduce disparities in obesity. The Arizona Health Disparities Center recognizes that collaboration is the key to successful implementation of the Arizona Health Equity Stakeholder Strategies Plan. The ADHS Arizona Health Disparities Center will work with collaborators and partners to achieve positive outcomes for improved *health and wellness for all Arizonans*.



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