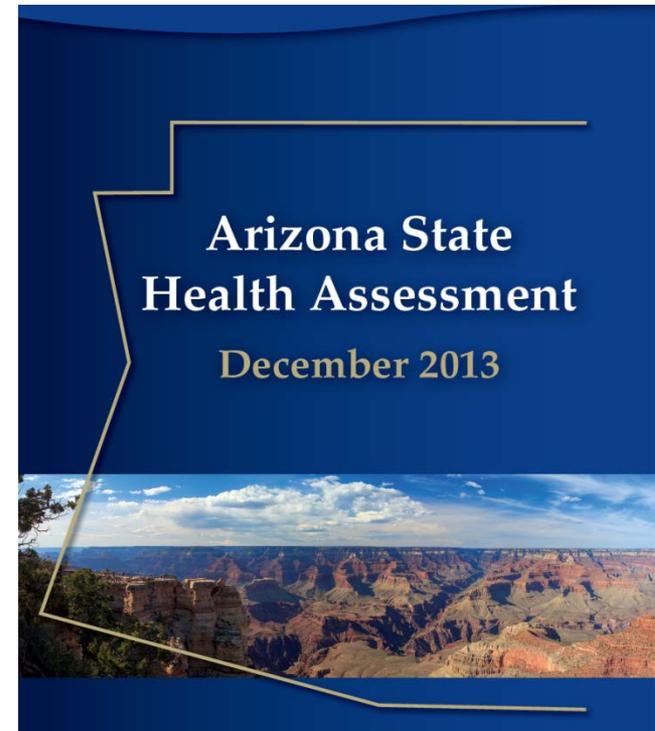


Arizona State Health Assessment Summary and Findings

February 13, 2014



“This State Health Assessment gives Arizona’s public health and health care systems a clear tool to help drive future decision-making and resource allocation, as we collectively press ahead with implementing evidence-based interventions to improve health and wellness outcomes across Arizona.”

-Will Humble, Director ADHS



Health and Wellness for all Arizonans

PLEASE:

- **Do not put your phone on hold during the webinar.**
- Keep your phones muted by pressing *6.
- Type the names of all the people in your group who are watching this presentation.
- Type your questions in the CHAT TEXT box on the lower left screen at any time. Questions will be answered at the end of the webinar.

Thank you



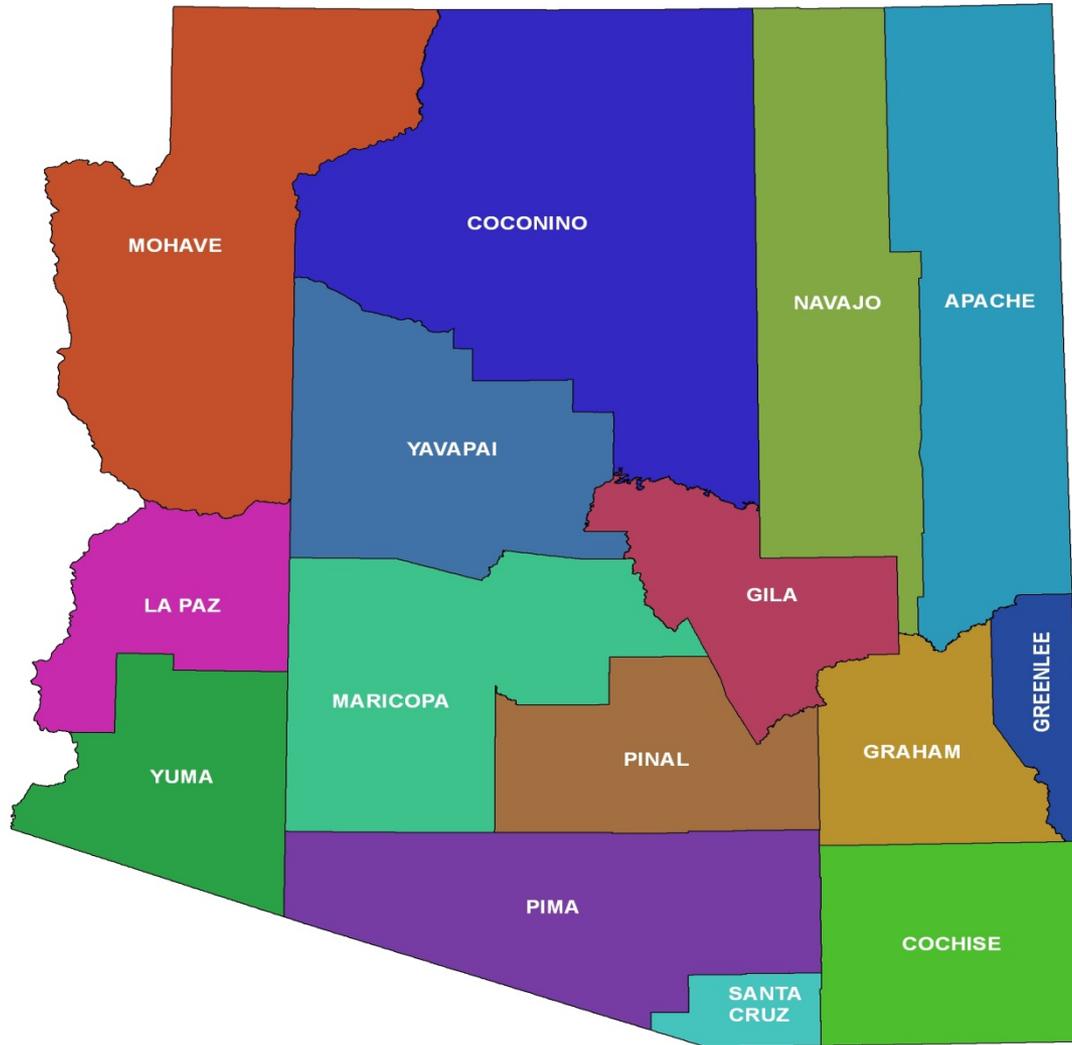
Presenters

- Will Humble, MPH, Director – Arizona Department of Health Services
- Cara Christ, MD, Deputy Director – Division of Public Health Services
- Sheila Sjolander, MSW, Assistant Director – Public Health Prevention Services
- Don Herrington, Assistant Director – Public Health Preparedness Services – Q&A Moderator



Presentation Overview

- The State Health Assessment Process
- Health Indicators
- 15 Leading Health Issues:
 - County Health Assessments & Prioritization
 - ADHS Statewide Health Issues
- Framework for Matching Needs and Capacity
- Examples of Data Findings
- Next Steps
- Links



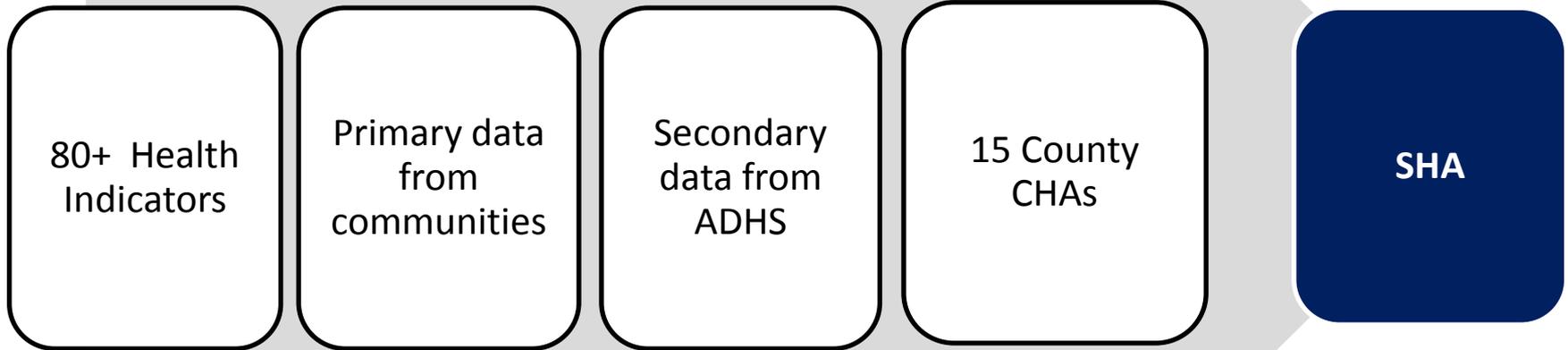
Community Health Assessment

The core elements of a comprehensive assessment are a strong substantive analysis of needs and system capacity, and a clear linkage of priorities to those needs as well as strategic priorities.

“...the process is as important as the product itself.”

Petersen, Alexander. Needs Assessment in Public Health: A Practical Guide for Students and Professionals.

SHA PROCESS



Core Indicators Considered

<p><u>Demographics</u></p> <ol style="list-style-type: none"> 1. Population Size 2. Income 3. Race/Ethnicity 4. Gender 5. Age 6. Educational Attainment 7. Home Ownership 8. Disabilities 9. Mobility (travel time to work or to health care) 10. Employment Status 	<p><u>Access to Health Care</u></p> <ol style="list-style-type: none"> 1. No Health Insurance Coverage 2. No Usual Place of Care 3. No Prenatal Care 4. Delayed Care or Prescription due to Cost 	<p><u>Chronic Conditions</u></p> <ol style="list-style-type: none"> 1. Coronary Health Disease 2. Stroke 3. Cancer 4. Diabetes 5. Pre-diabetes 6. Hypertension 7. Hyperlipidemia 8. Asthma
<p><u>Environmental Health</u></p> <ol style="list-style-type: none"> 1. Food Safety – recalls 2. Food Safety – outbreaks 3. Air Quality 4. Neighborhood Support Index 5. Perceived Neighborhood Safety 6. Distance between one’s home and parks or open space 7. World Health Organization Quality of Life Index 8. Volunteer Service 9. Illegal dumping 10. Outdoor water safety (contamination) 11. Septic system compliance 12. Industrial pollution & safety 	<p><u>Health Behaviors</u></p> <ol style="list-style-type: none"> 1. Tobacco Use 2. Tobacco Use during Pregnancy 3. Physical Inactivity 4. Binge Drinking 5. Substance Abuse 6. Unprotected Sex 7. Seniors prescription med non-compliance 8. Vaccine Rate 	<p><u>Infectious & Sexually Transmitted Diseases</u></p> <ol style="list-style-type: none"> 1. Hepatitis B or Hepatitis C 2. Foodborne illness 3. HIV/AIDS 4. STDs 5. TB 6. Vaccine preventable disease

Injury & Violence

- 1. Domestic Violence
- 2. Homicide
- 3. Child Abuse
- 4. Work place violence
- 5. Bullying
- 6. Unintentional injury
- 7. Motor Vehicle crashes
- 8. Accidental poisoning
- 9. Helmet use
- 10. Falls at home (home safety & accidents)
- 11. Drowning (in lakes, non-pool)
- 12. Pool safety
- 13. Fire arm related injury & Death
- 14. Seat belt, car seat compliance related injury

Maternal & Child Health

- 1. Infant Mortality per 1,000 Births
- 2. Low Birth Weight
- 3. Preterm Birth
- 4. Gestational Diabetes
- 5. Mother-to-Child HIV Transmission
- 6. Teen Pregnancy
- 7. Breastfeeding
- 8. Oral Health
- 9. Lead Poisoned Children
- 10. Child Fatality

Mental Health

- 1. Diagnosis of Anxiety, Bipolar, or Major/Clinical Depression
- 2. Intended Suicide
- 3. Completed Suicide
- 4. Access to Coordination of care of Physical & Behavioral health services

Mortality/Morbidity

- 1. Chronic Lower Respiratory Disease
- 2. Chronic Liver Disease and Cirrhosis
- 3. Alzheimer’s Disease
- 4. Occupational Deaths
- 5. Heat Mortality
- 6. Total Mortality from all causes

Nutrition

- 1. Fruit & Vegetable affordability
- 2. Free & Reduced Lunch rates (schools and students)
- 3. # of people on SNAP
- 4. #of pounds of food distributed by food banks
- 5. Folic acid awareness/supplements
- 6. <5 fruits/vegetables a day
- 7. Food deserts

Overall Health Status & Quality of Care

- 1. Self-Reported Poor Physical Health
- 2. Self-Reported Poor Mental Health
- 3. Obesity
- 4. Annual Well-Women’s Check
- 5. Annual Well-Men’s check
- 6. Well Child Visit
- 7. Immunization – Adult
- 8. Immunization – Child

Criteria for Evaluating Indicators

Data factors to consider...

- Reflect PREVENTION opportunities
- Comparable measures of health over time, between groups of people, and across geographic areas
- Informed by conceptual models of health
- Quality of data sources and methods
- Relevant to important health issues
- Who is accountable to act?

15 County CHAs

- 15 counties completed a Community Health Assessment
- Various models for CHAs were utilized
- Trainings and technical assistance was provided by CDC, NACCHO & ADHS
- *SharePoint* site was created in the *Cloud* to house data and share information across counties
- CHA/CHIP network support
- Counties engaged partners, tribes and non-profit hospitals
- County CHAs reported a range of 3-12 priority health issues
- County CHA reports are currently available on our website

15 Leading Health Issues

County Level Analysis

1. Obesity
2. Behavioral Health Services
3. Diabetes
4. Heart Disease
5. Insurance Coverage
6. Teen Pregnancy
7. Substance Abuse
8. Access to Well-Care
9. Creating Healthy Communities & Lifestyles
10. Management of Other Chronic Diseases
(Asthma, Cancer, Respiratory Disease)

15 Leading Health Issues

Additional State Level Analysis

11. Tobacco
12. Suicide
13. Healthcare-Associated Infections (HAI)
14. Unintentional Injury
15. Oral Health

Leading Health Issues

**Addressed in the SHA report under 3 subcategories as
Issues Related to:**

- Risk Factors and Co-Occurring Conditions
- Morbidity and Mortality
- Systems of Care

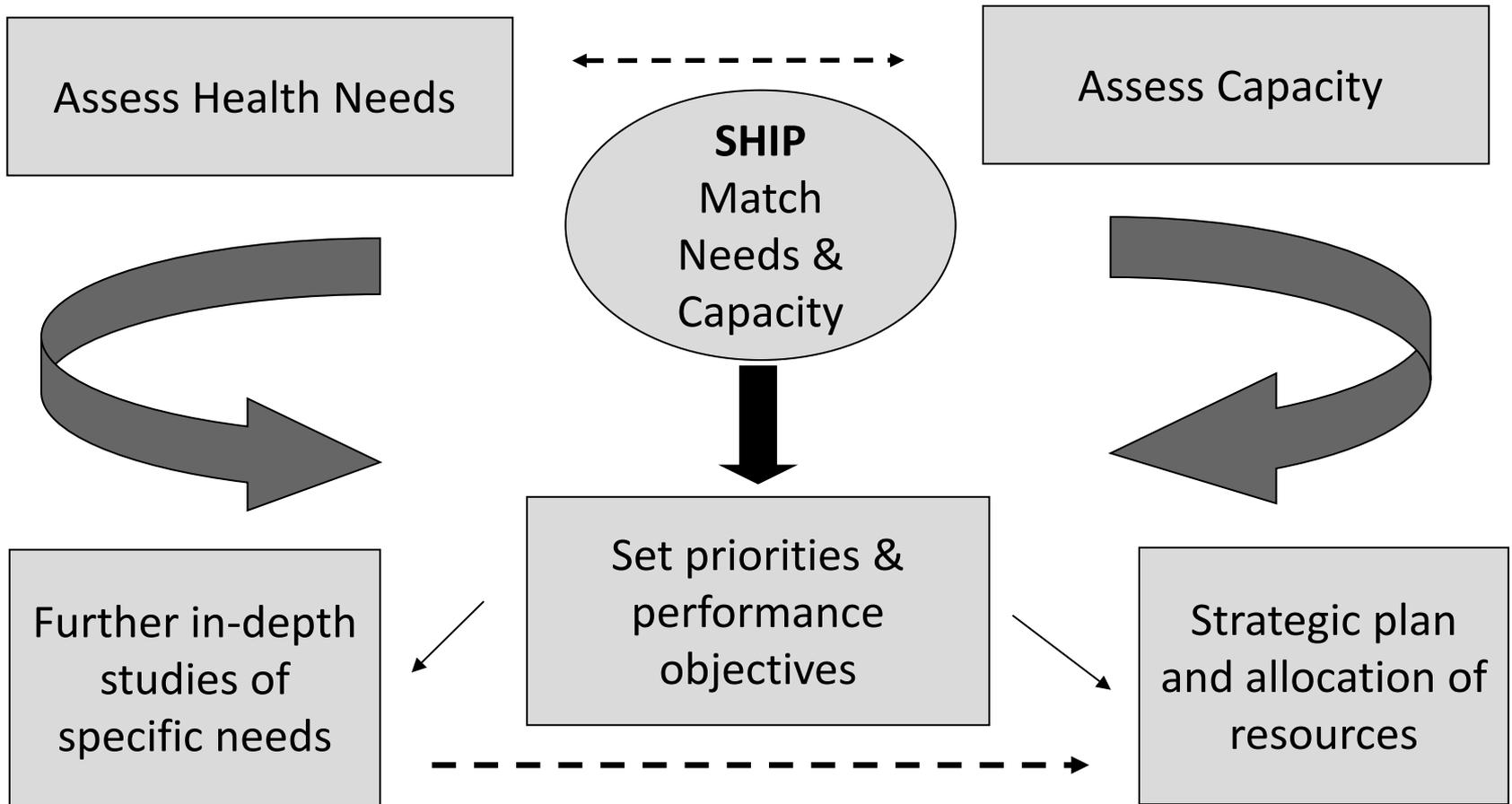
Criteria for Prioritizing Leading Health Issues

- Size of the problem
- Seriousness of the problem
- Availability of effective interventions
- Community will to remedy problem

Factors to Consider for the SHIP

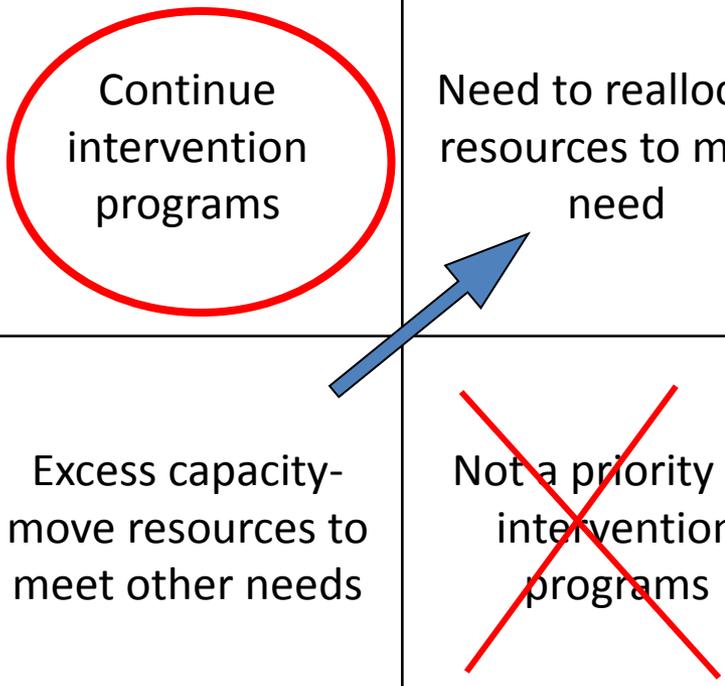
- Can the problem be addressed through a health program?
Are other systems more effective for intervention?
- Does it make economic sense to address the problem? Are there economic consequences if a program is not carried out?
- Will the community accept a program? Is it wanted?
- Is funding available or potentially available for a program?
- Do current laws allow program activities to be implemented?

Assessment Framework



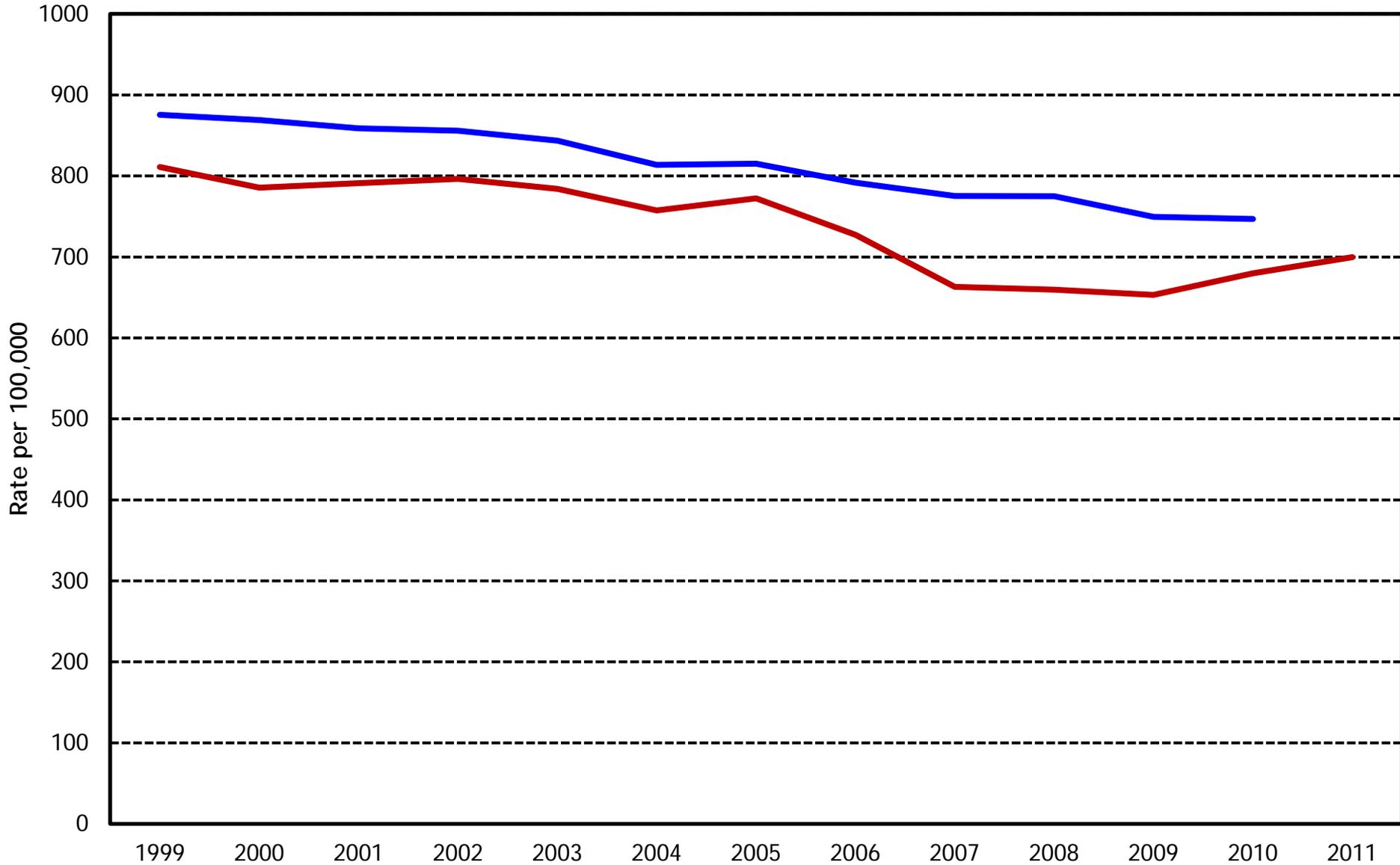
Match Needs and Capacity

NEED	CAPACITY	
	High	Low
High	Continue intervention programs	Need to reallocate resources to meet need
Low	Excess capacity- move resources to meet other needs	Not a priority for intervention programs



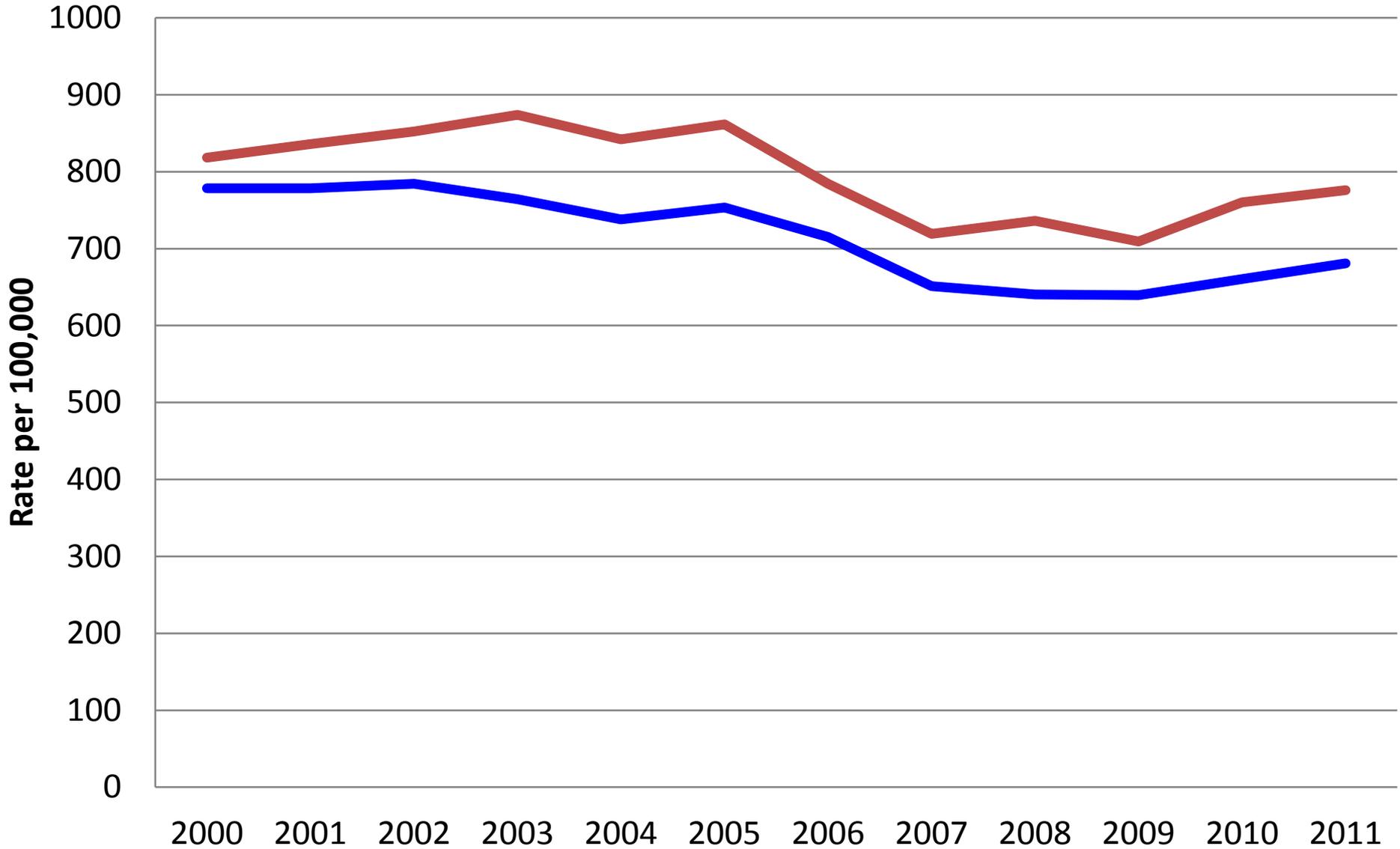
Age-Adjusted Death Rates for All Causes 1999-2011 US and Arizona

— US — AZ



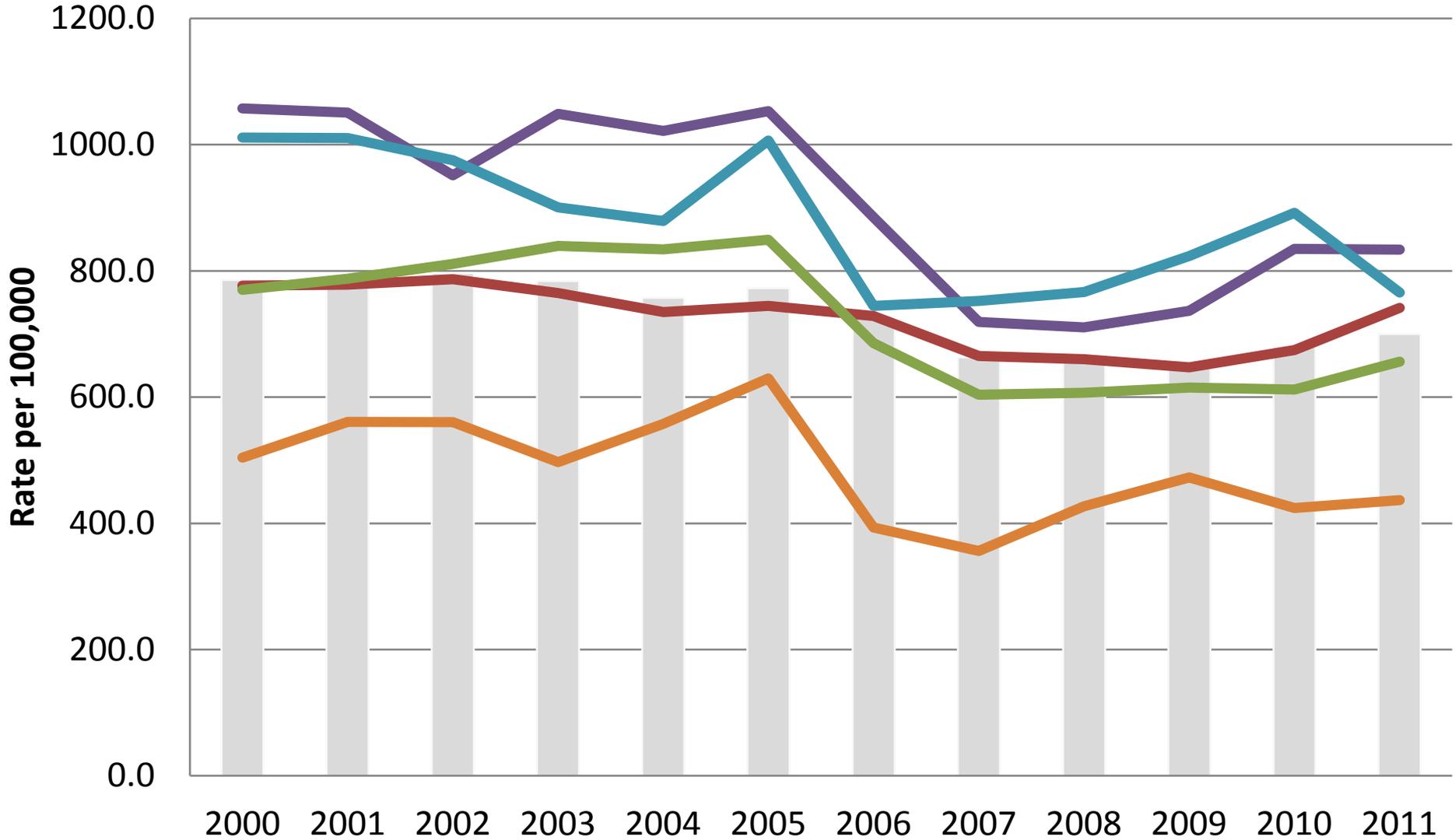
Age-Adjusted Death Rates for All Causes 2000-2011 by Geography

Urban Rural



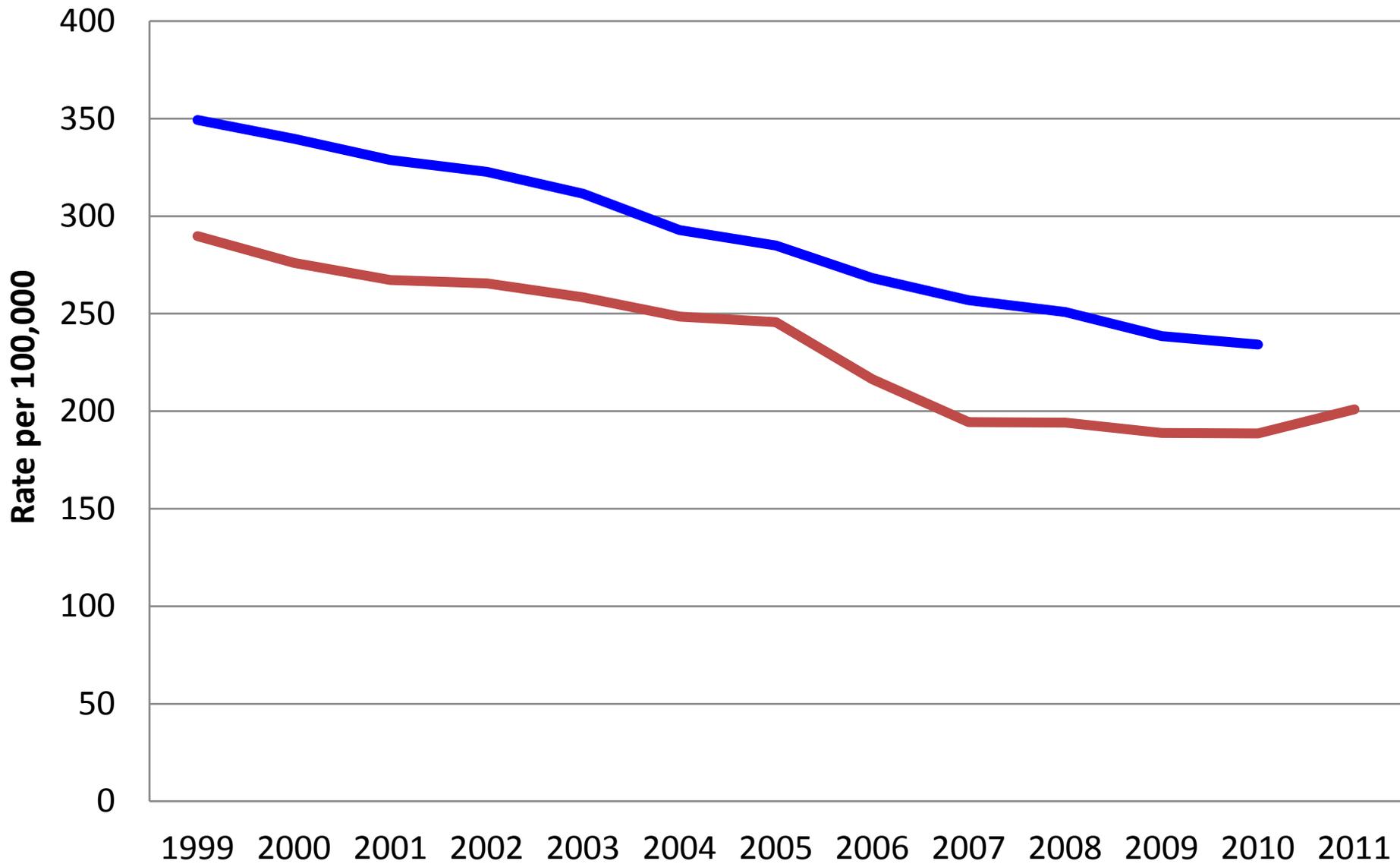
Age-Adjusted Death Rates for All Causes 2000-2011

- All groups
- White non-Hispanic
- Hispanic or Latino
- Black or African American
- American Indian or Alaska Native
- Asian or other Pacific Islander



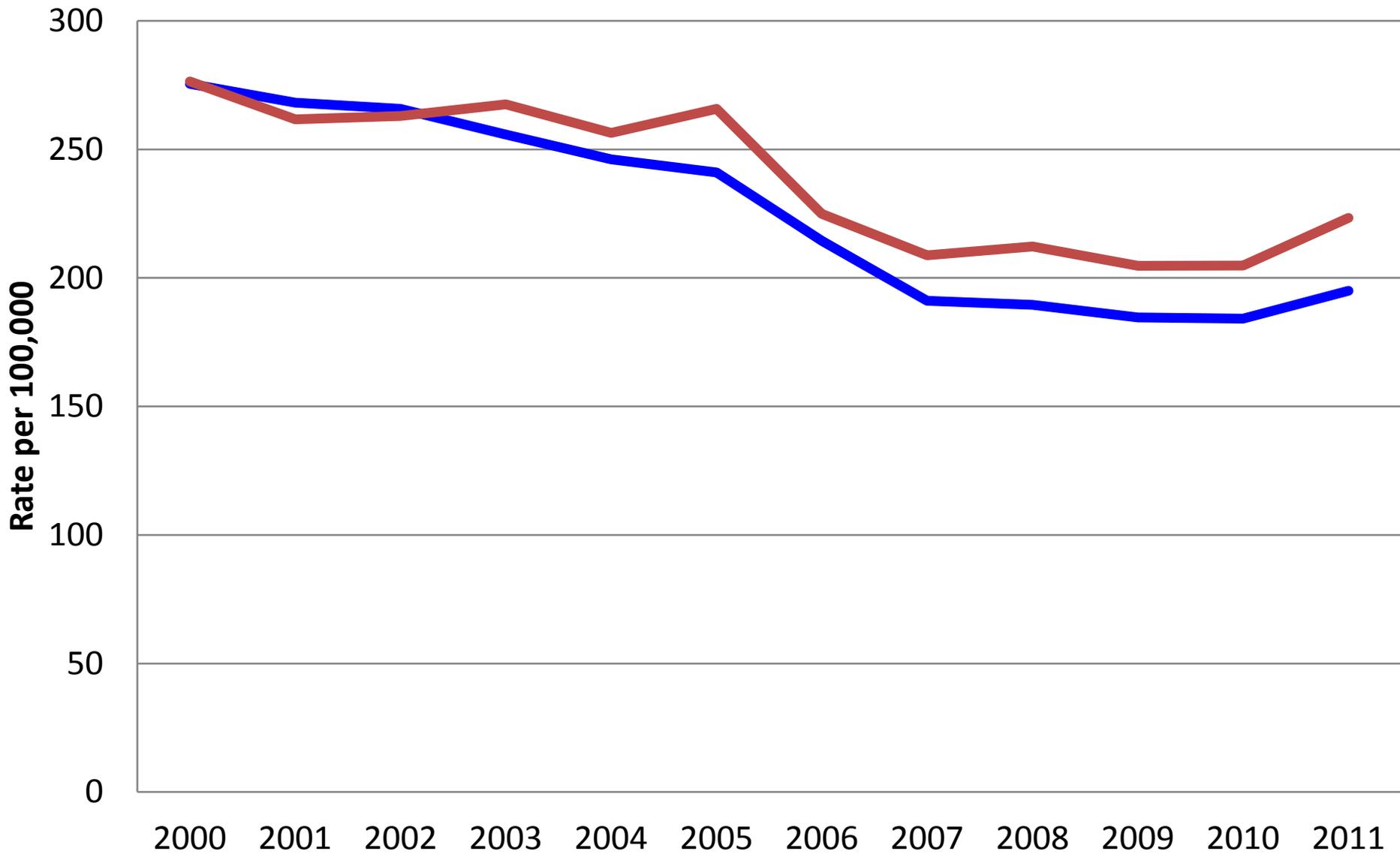
Age-Adjusted Death Rates for Cardiovascular Diseases 1999-2011

US AZ



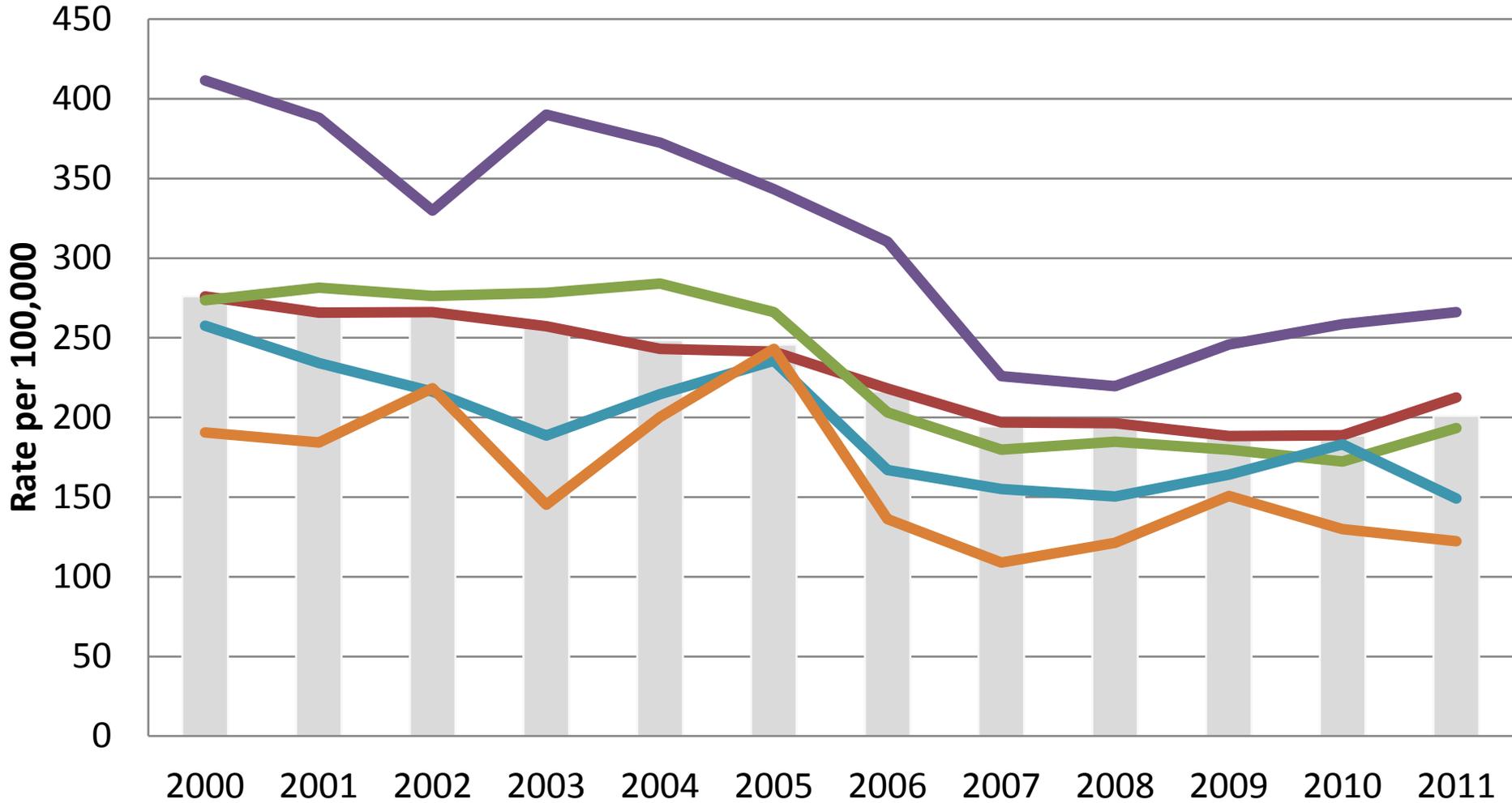
Age-Adjusted Death Rates 2000-2011 for Cardiovascular Diseases by Geography

Urban Rural



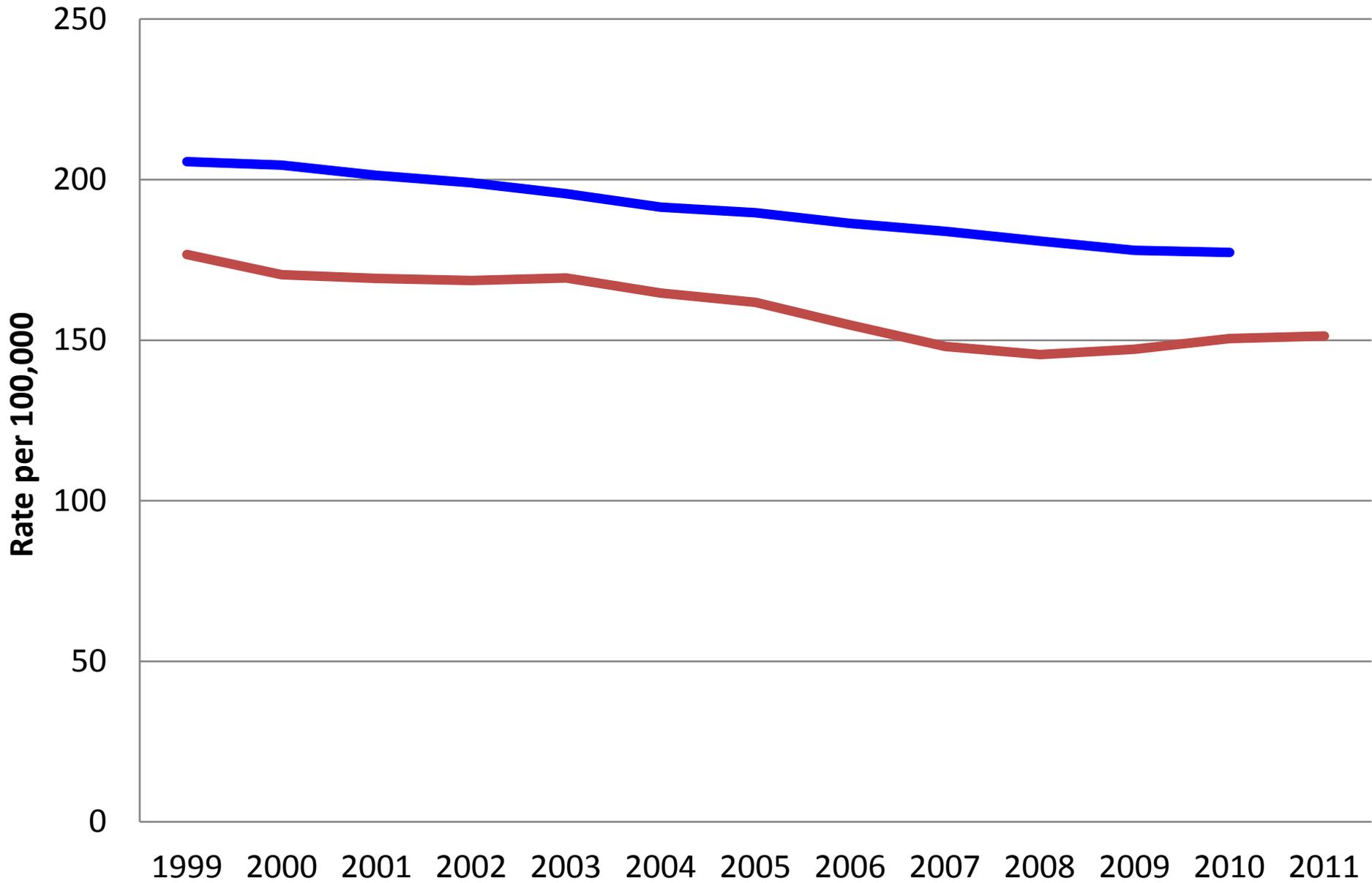
Age-Adjusted Death Rates 2000-2011 for Cardiovascular Diseases

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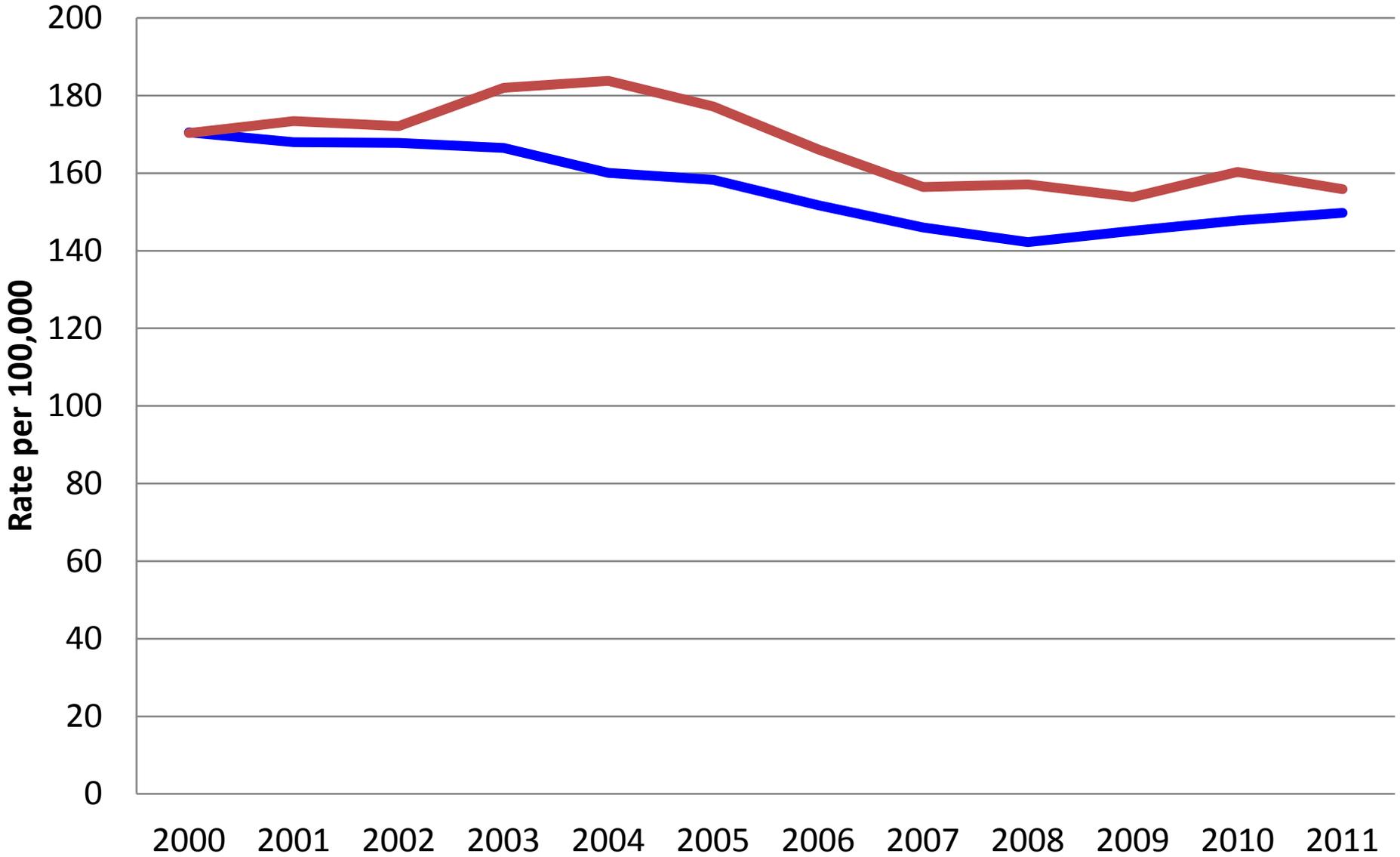
Age-Adjusted Death Rates 1999-2011 for Malignant Neoplasms

US AZ



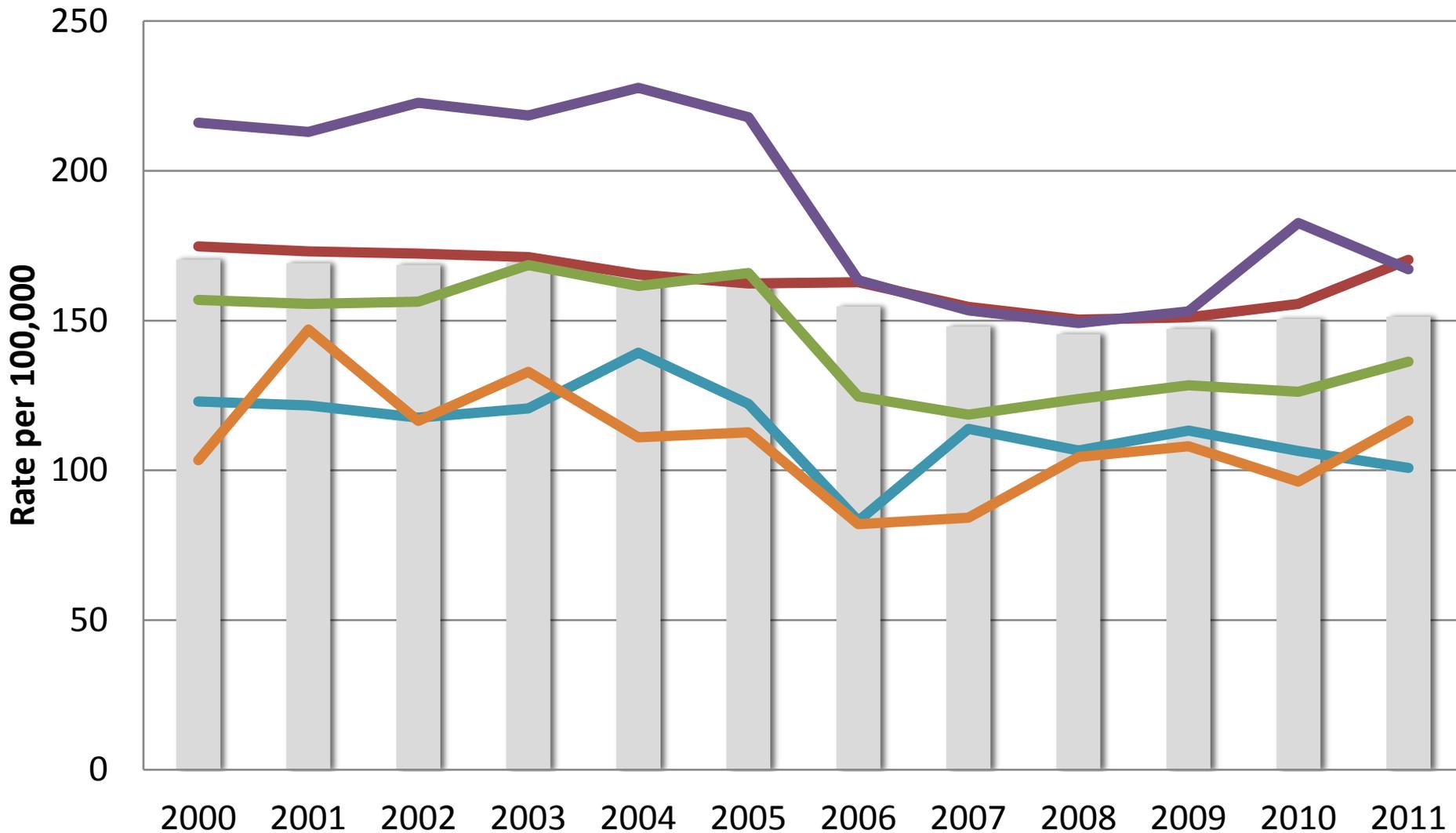
Age-Adjusted Death Rates 2000-2011 for Malignant Neoplasms by Geography

Urban Rural



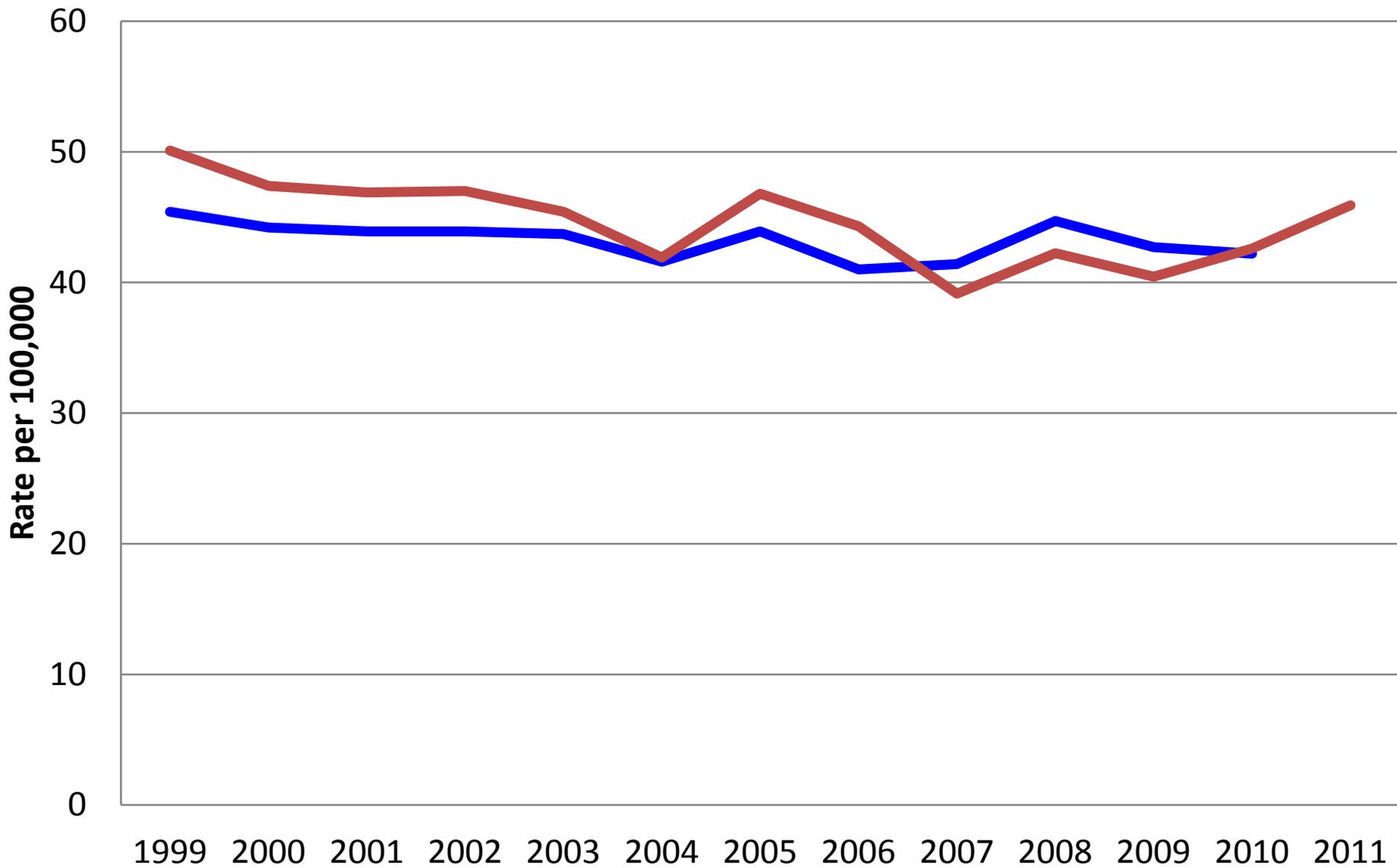
Age-Adjusted Death Rates 2000-2011 for Malignant Neoplasms

- All groups
- Hispanic or Latino
- American Indian or Alaska Native
- White non-Hispanic
- Black or African American
- Asian or other Pacific Islander



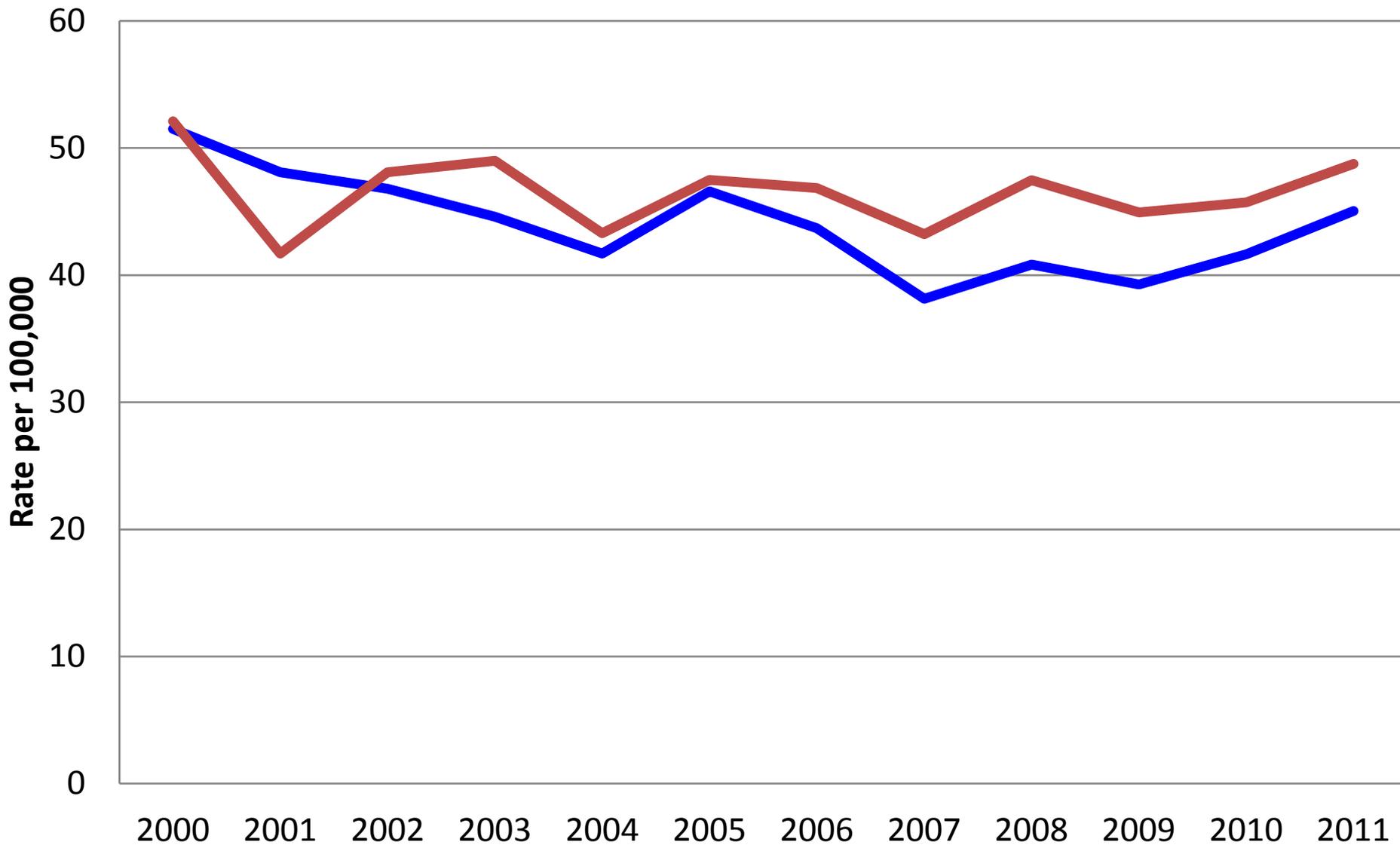
Age-Adjusted Death Rates 1999-2011 for Chronic Lower Respiratory Diseases

US AZ



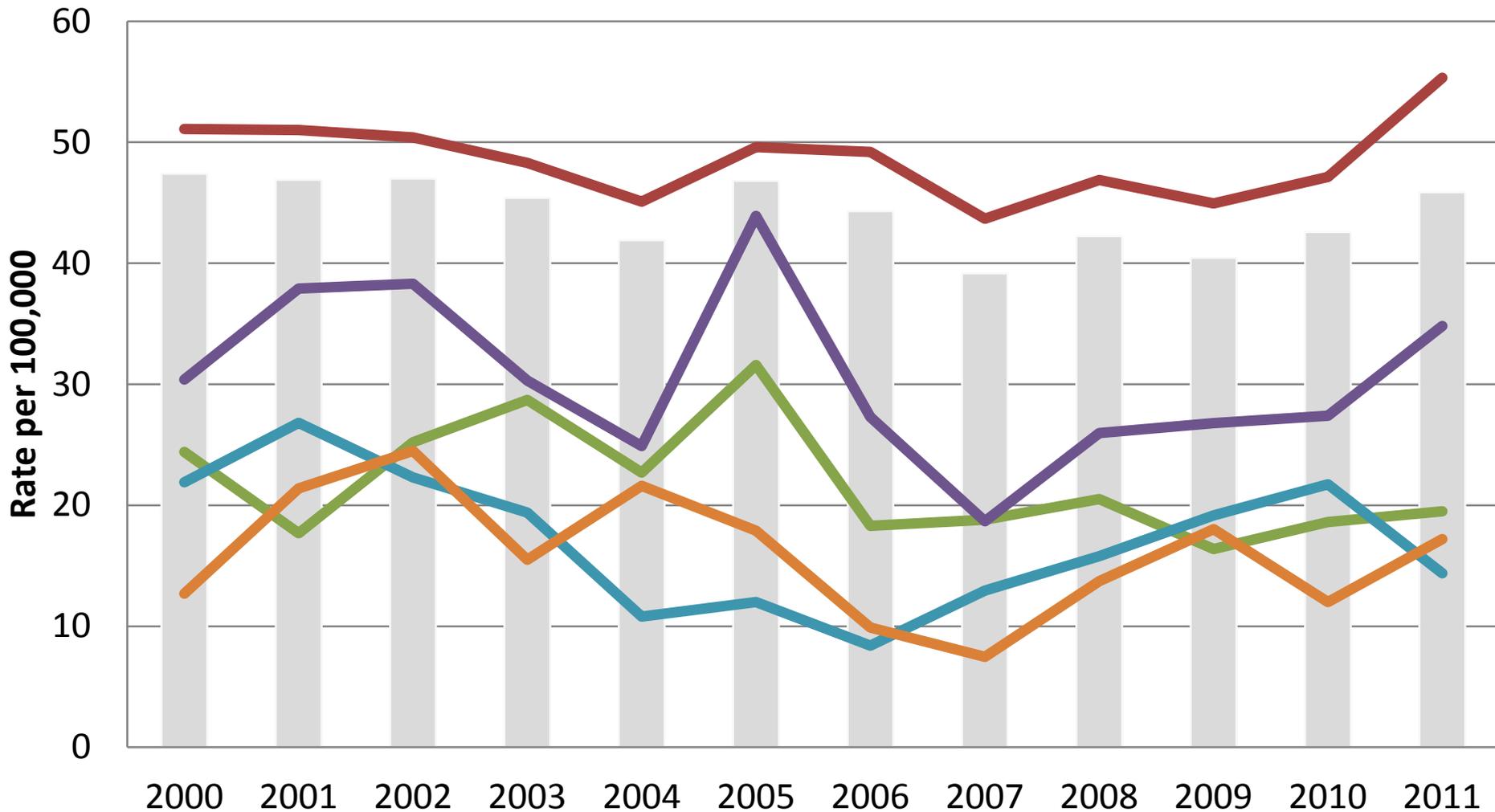
Age-Adjusted Death Rates 2000-2011 for Chronic Lower Respiratory Diseases by Geography

Urban Rural



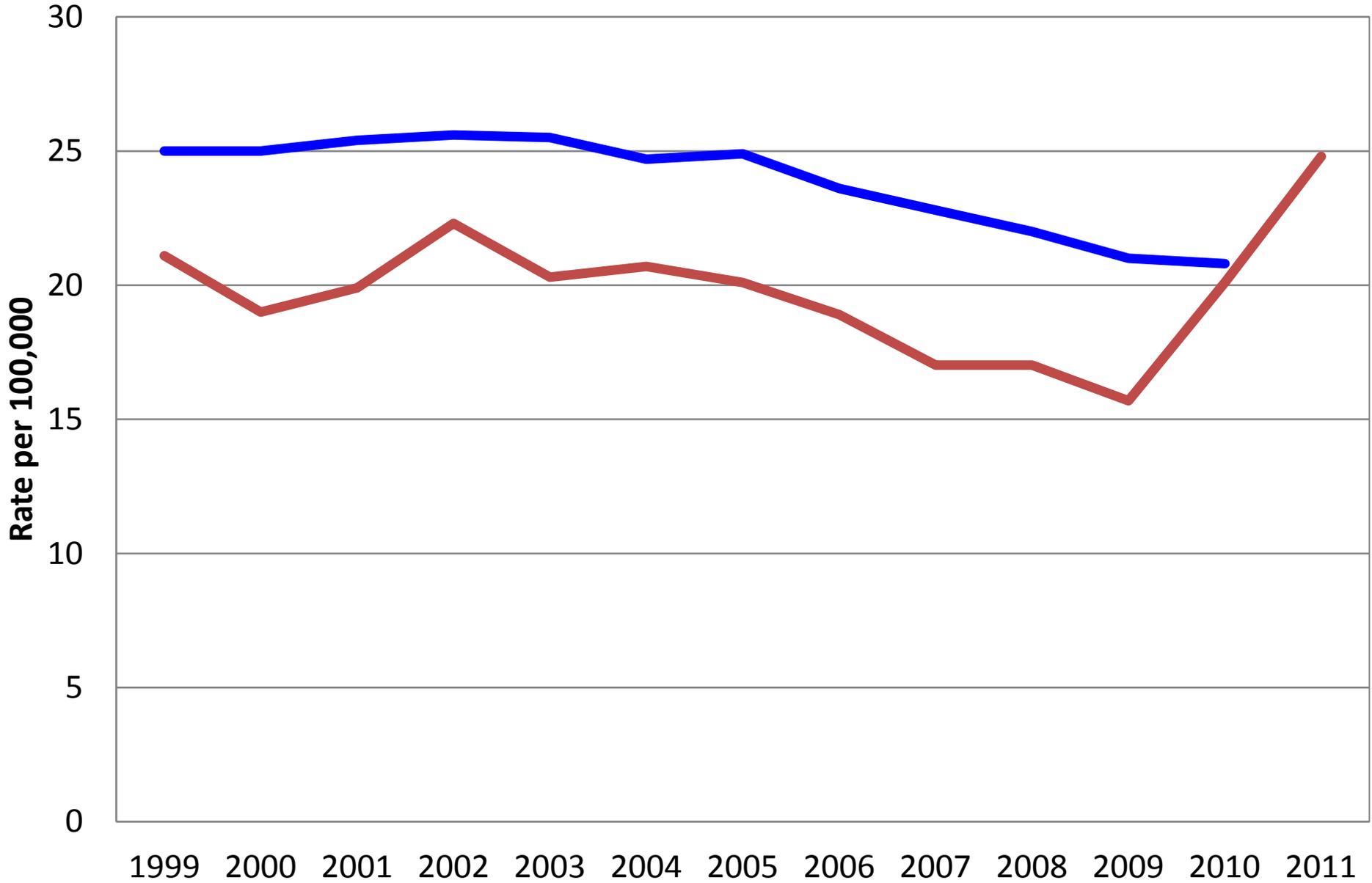
Age-Adjusted Death Rates 2000-2011 for Chronic Lower Respiratory Diseases

- All groups
- White non-Hispanic
- Hispanic or Latino
- Black or African American
- American Indian or Alaska Native
- Asian or other Pacific Islander

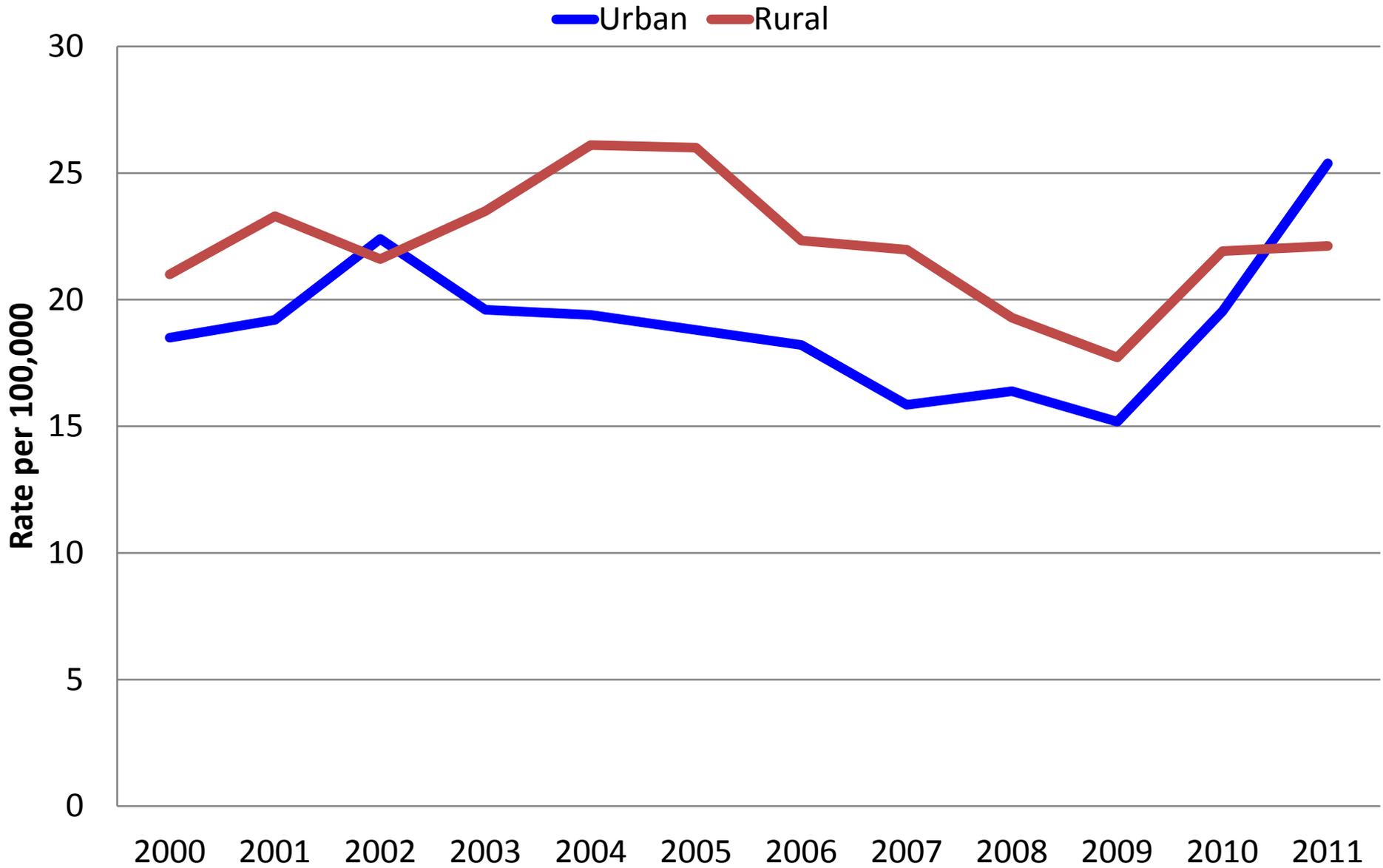


Age-Adjusted Death Rates 1999-2011 for Diabetes

US AZ

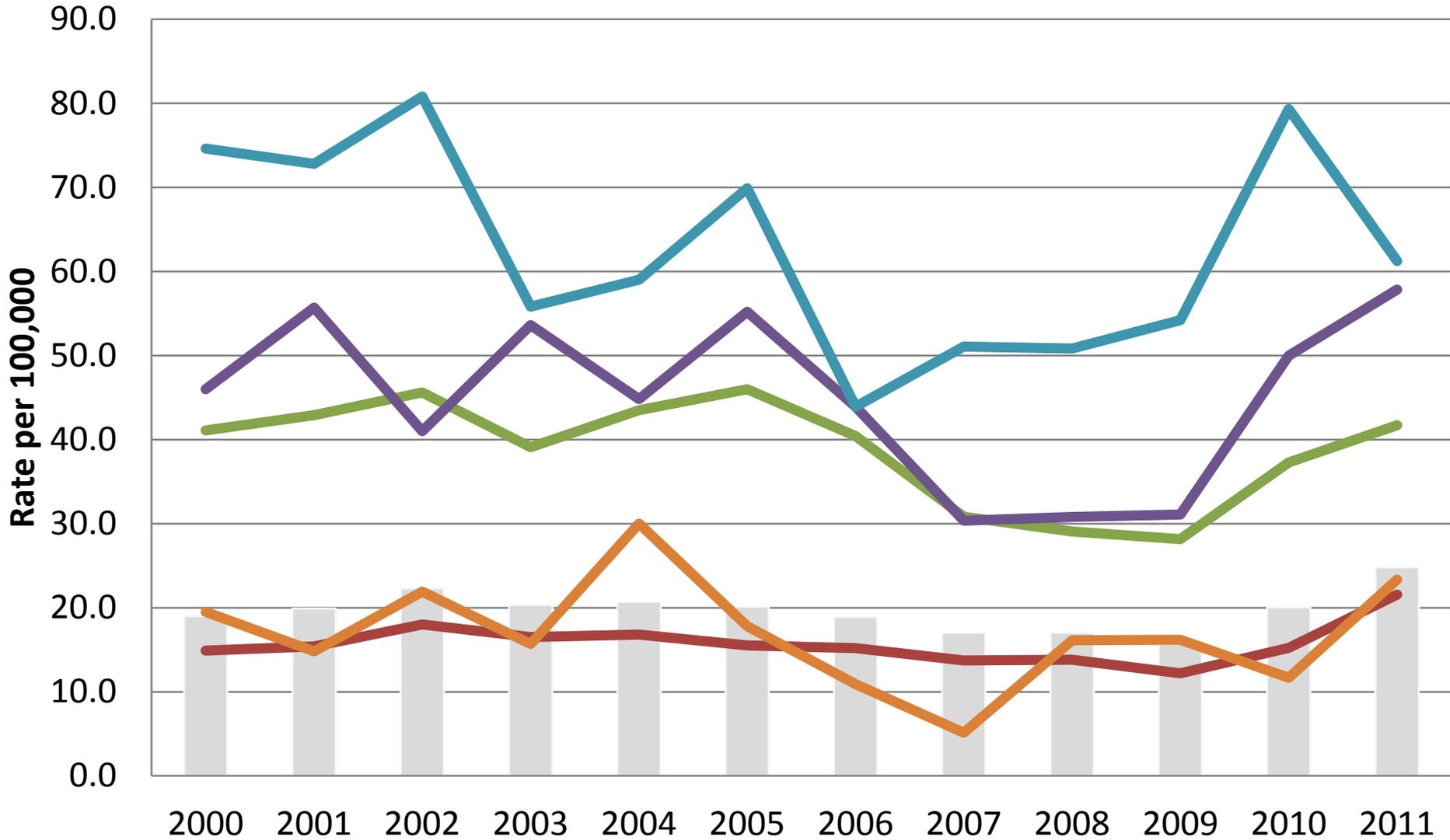


Age-Adjusted Death Rates 2000-2011 for Diabetes by Geography



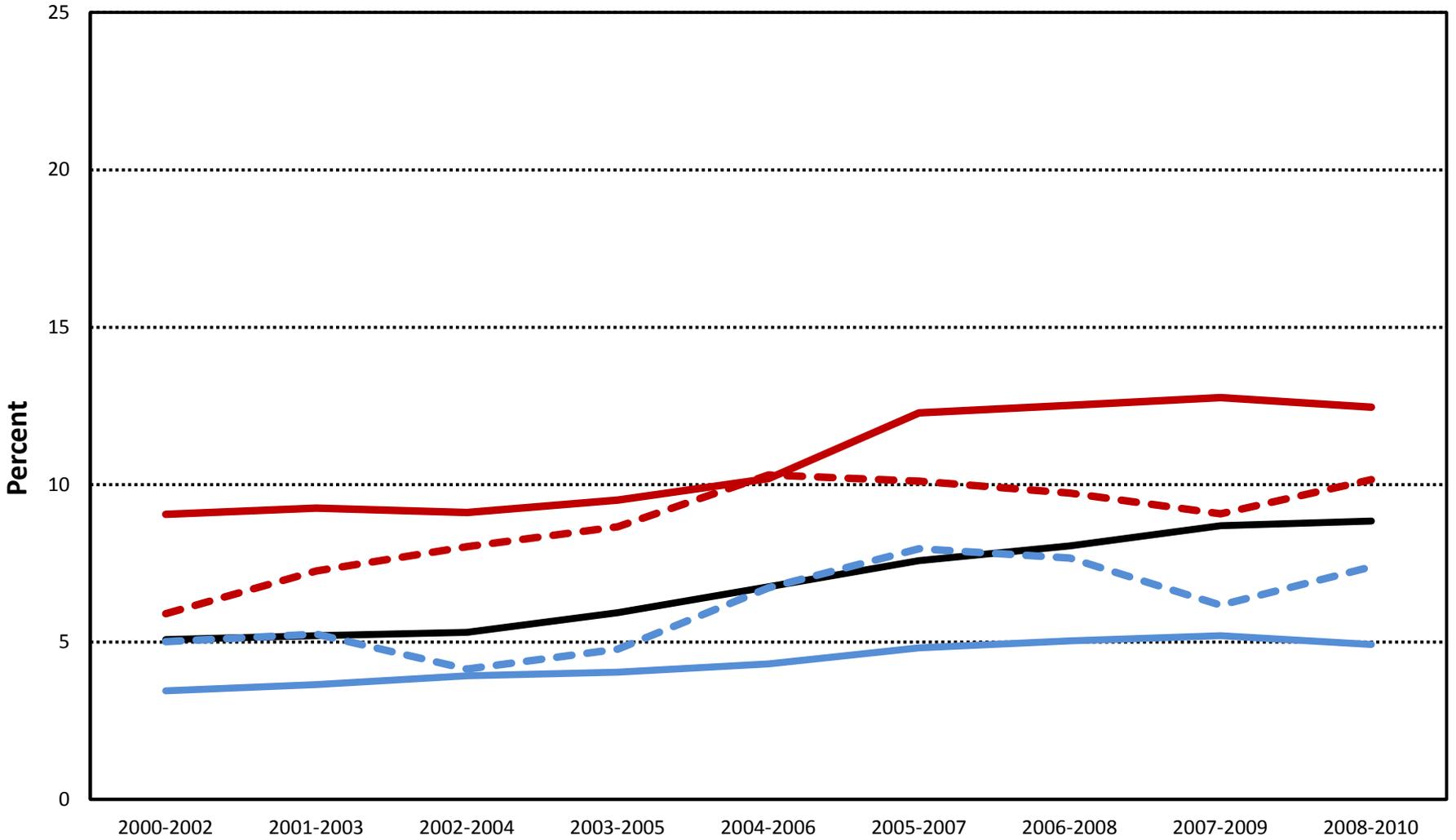
Age-Adjusted Death Rates 2000-2011 for Diabetes

- All groups
- Hispanic or Latino
- American Indian or Alaska Native
- White non-Hispanic
- Black or African American
- Asian or other Pacific Islander



Arizonans Who Were Diagnosed With Diabetes By Income

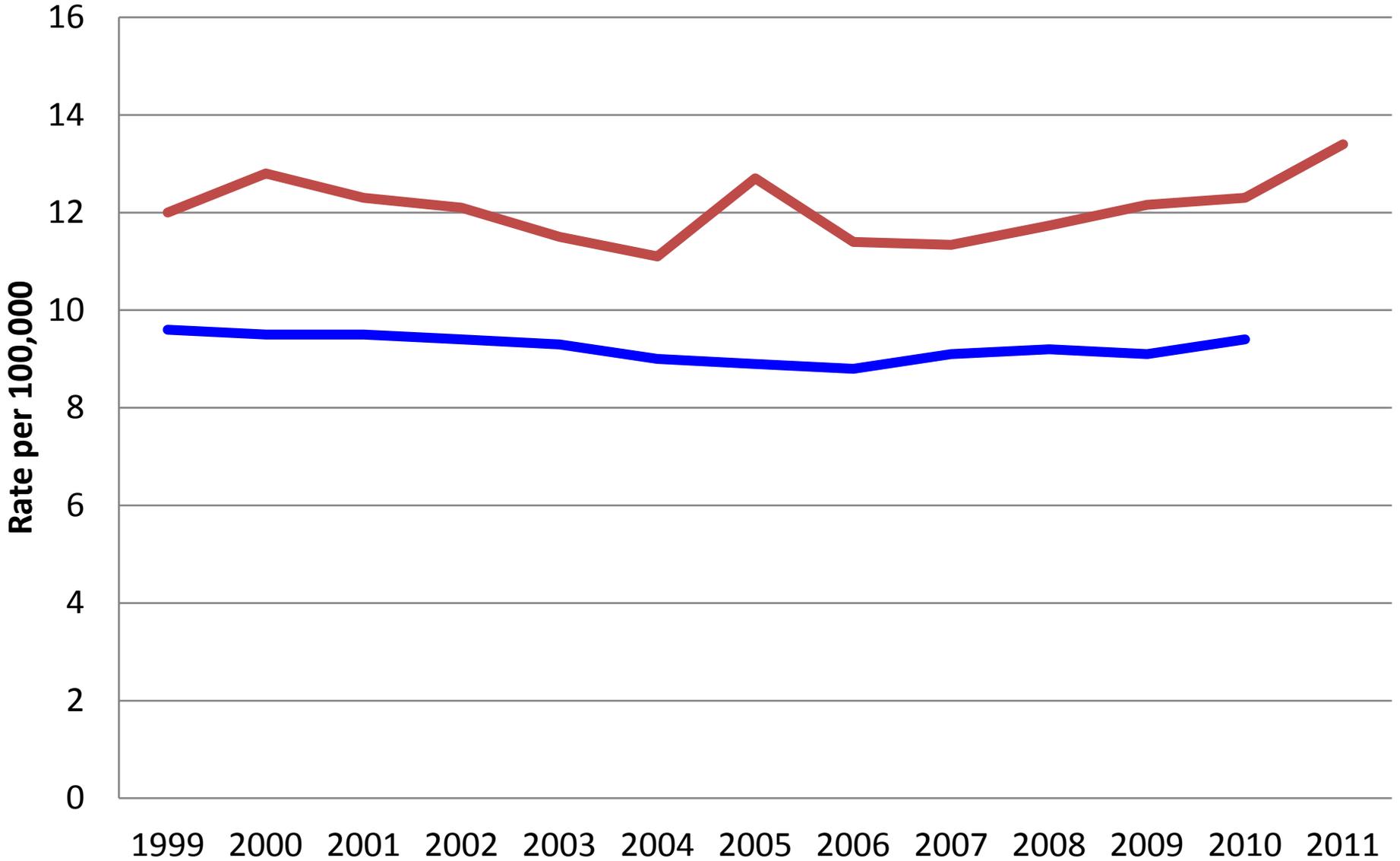
— <\$25,000 - - \$25,000-\$34,999 — \$35,000-\$49,999 - - \$50,000-\$74,999 — \$75,000+



Notes: Rolling 3-year averages for self-reported income from BRFSS data

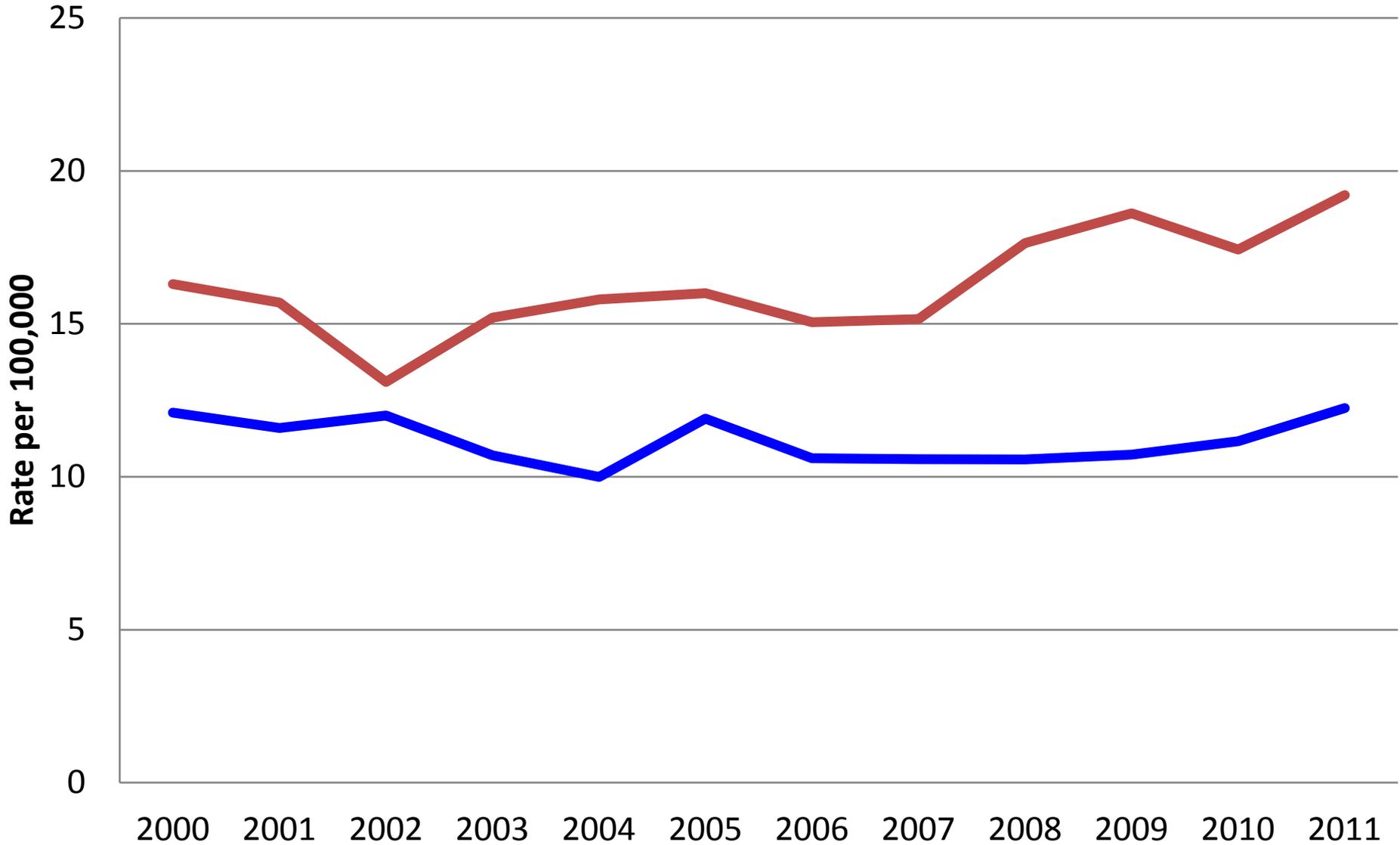
Age-Adjusted Death Rates 1999-2011 for Chronic Liver Diseases and Cirrhosis

US AZ



Age-Adjusted Death Rates 2000-2011 for Chronic Liver Diseases and Cirrhosis by Geography

Urban Rural



Age-Adjusted Death Rates 2000-2011 for Chronic Liver Diseases and Cirrhosis

- All groups
- White non-Hispanic
- Hispanic or Latino
- Black or African American
- American Indian or Alaska Native
- Asian or other Pacific Islander

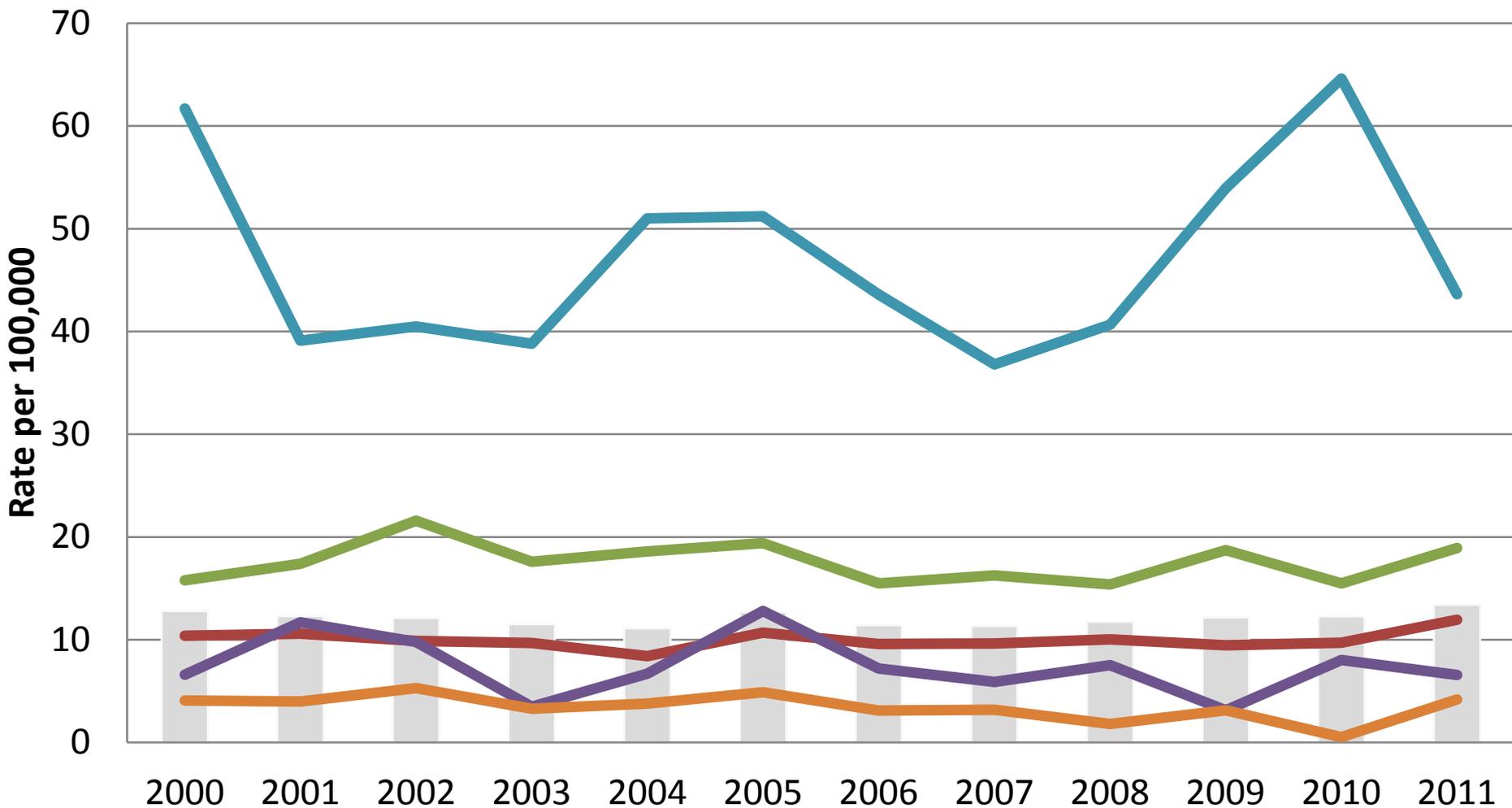


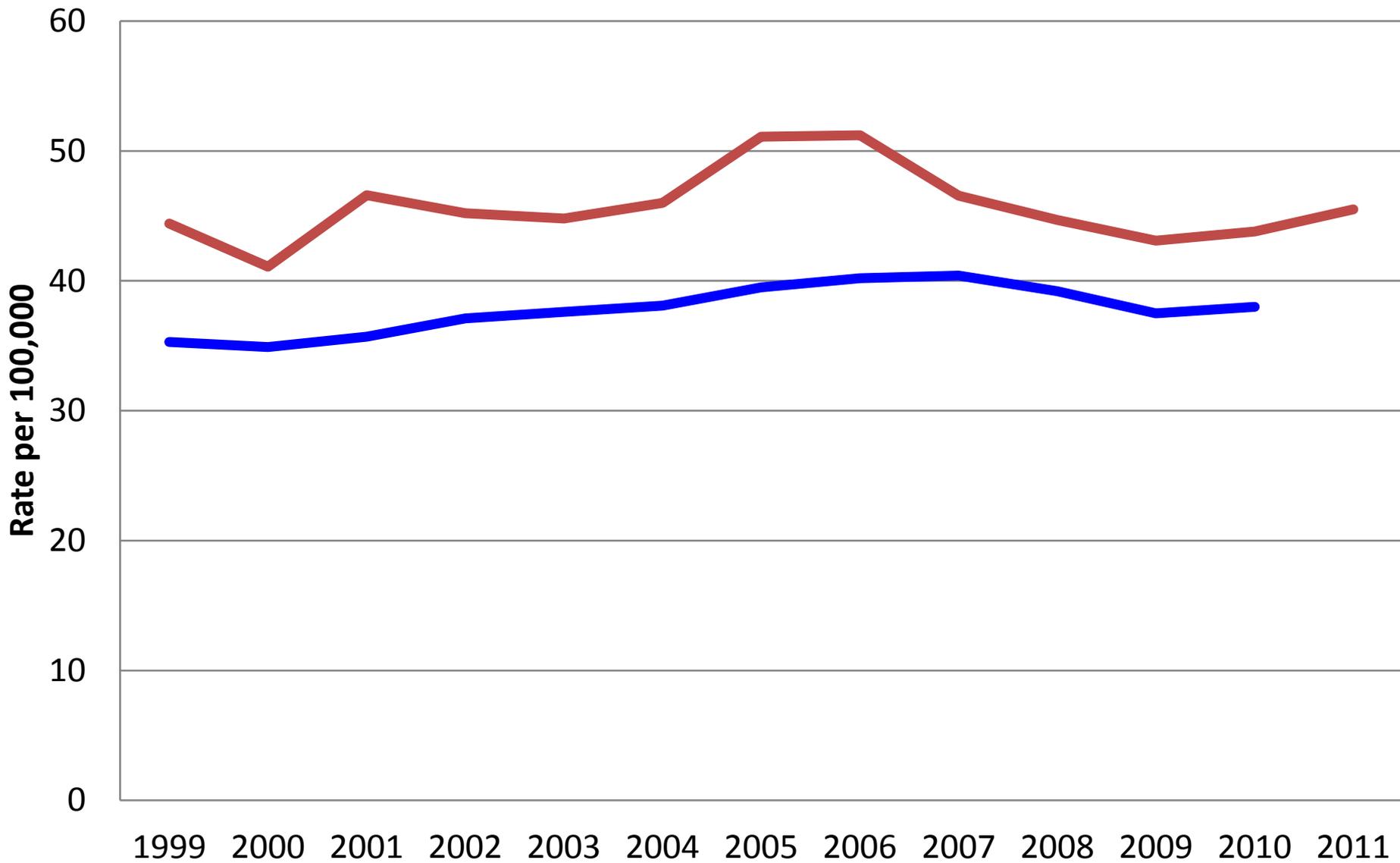
Figure 3.1.23: Drug-Induced Death Rate, 2000–2010



Source: Arizona Health Status and Vital Statistics Report, 2010, Table 6A-10, Monitoring Progress toward Arizona and National Year 2010 Objectives. http://www.azdhs.gov/plan/report/ahs/ahs2010/pdf/6a1_10.pdf

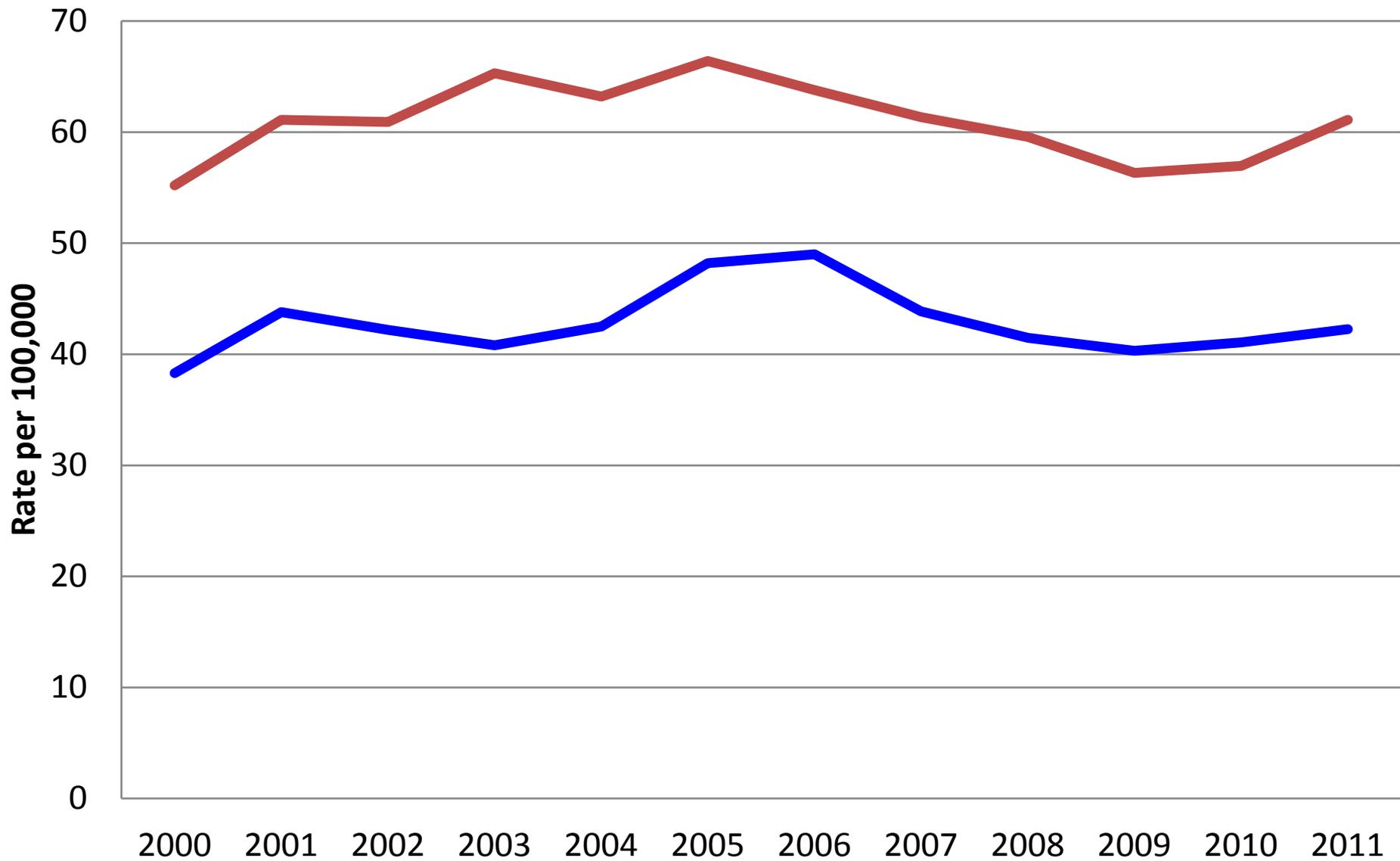
Age-Adjusted Death Rates 1999-2011 for Accidents (Unintentional Injuries)

US AZ



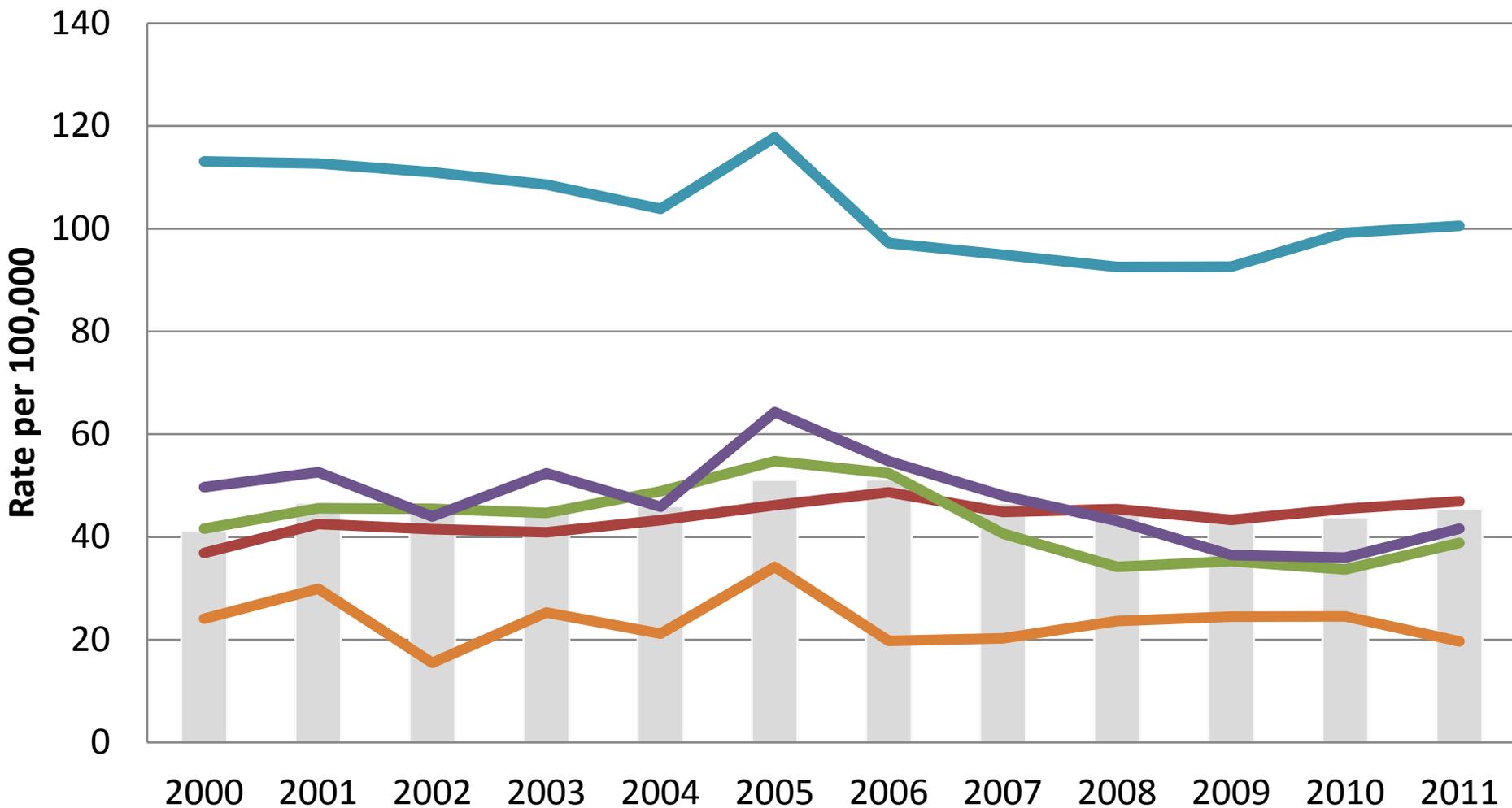
Age-Adjusted Death Rates 2000-2011 for Accidents (Unintentional Injuries) by Geography

Urban Rural



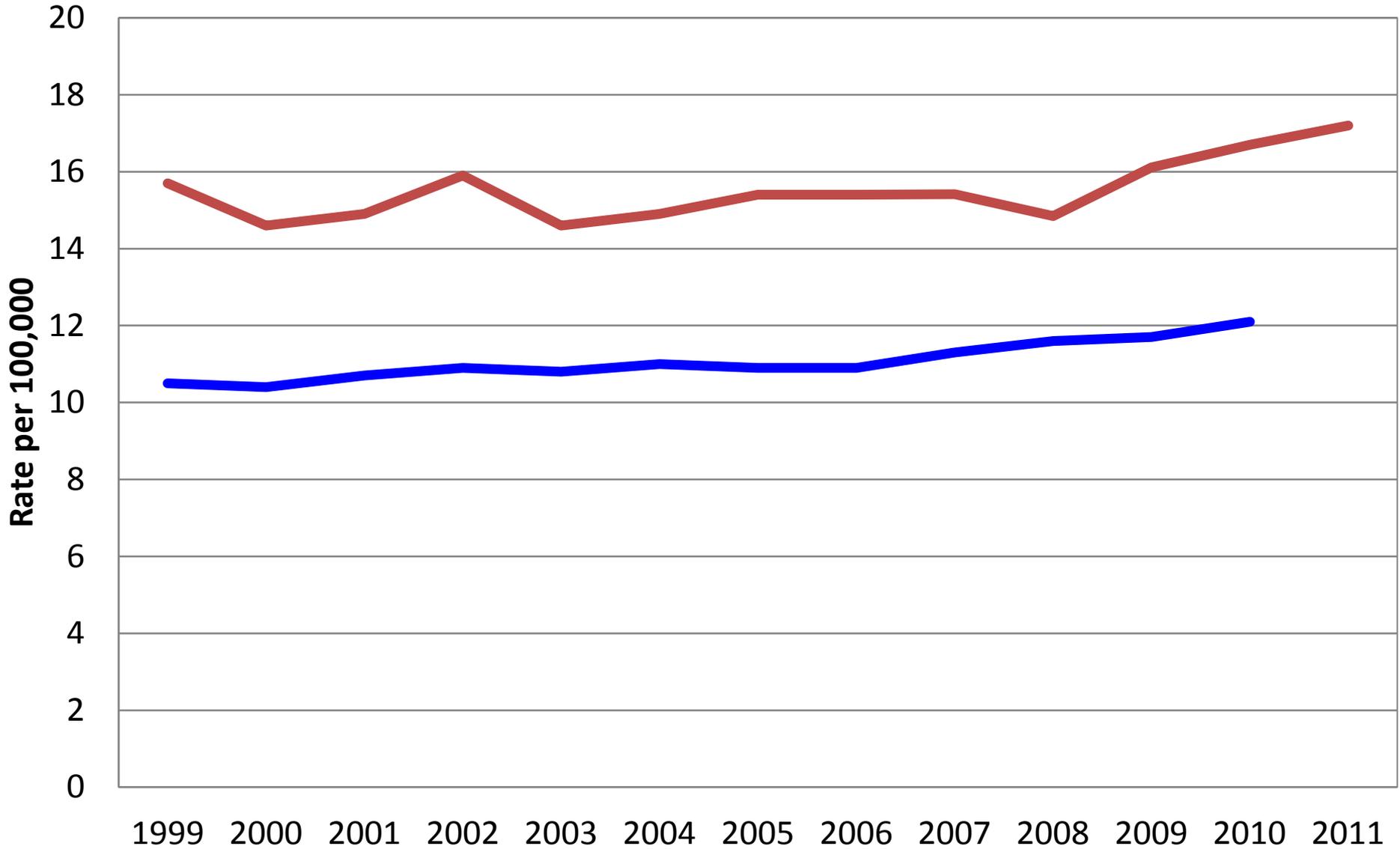
Age-Adjusted Death Rates 2000-2011 for Accidents (Unintentional Injuries)

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- American Indian or Alaska Native
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- Black or African American
- Asian or other Pacific Islander



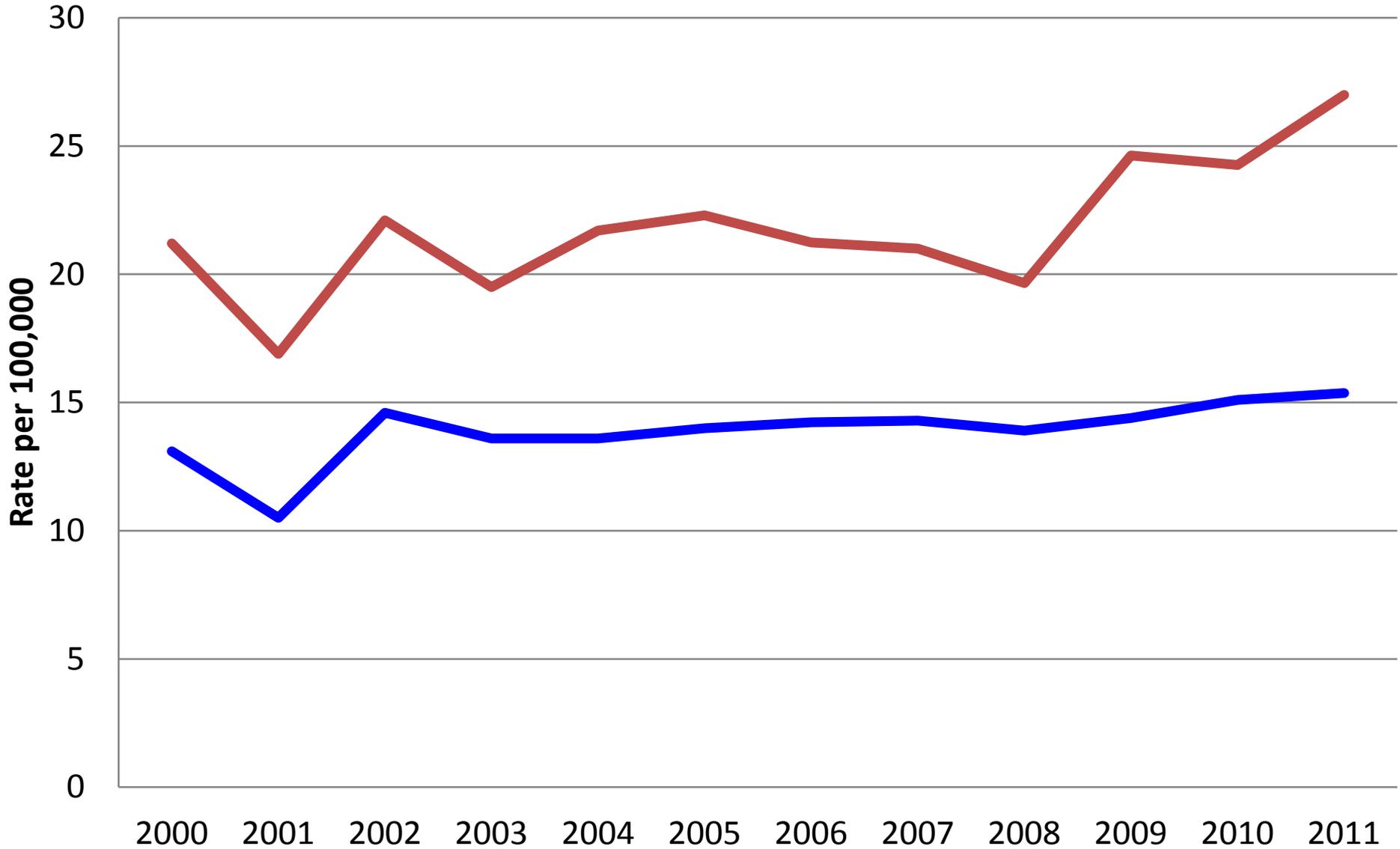
Age-Adjusted Death Rates 1999-2011 for Suicides (Intentional Injury)

US AZ



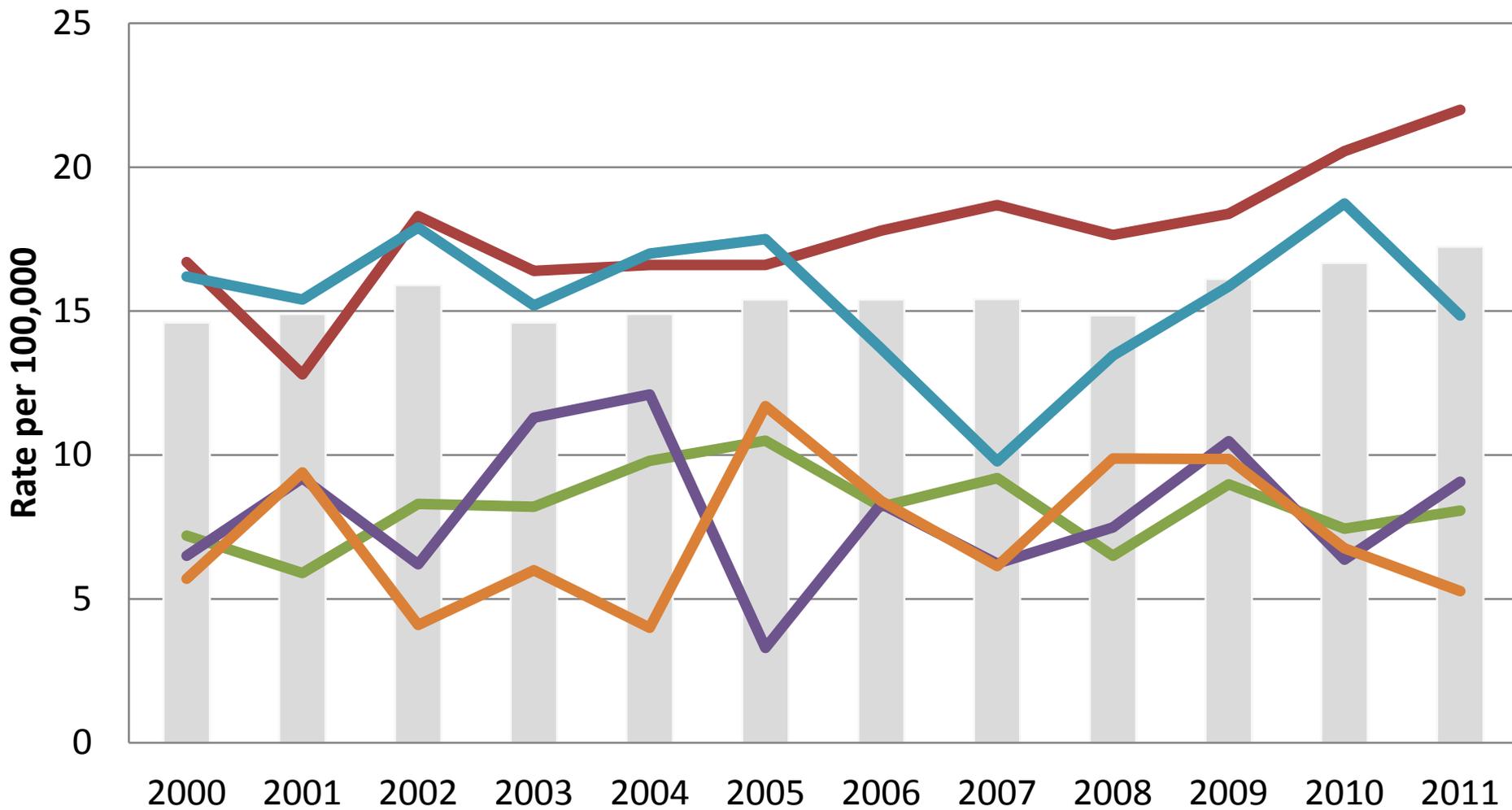
Age-Adjusted Death Rates 2000-2011 for Suicides (Intentional Injuries) by Geography

Urban Rural



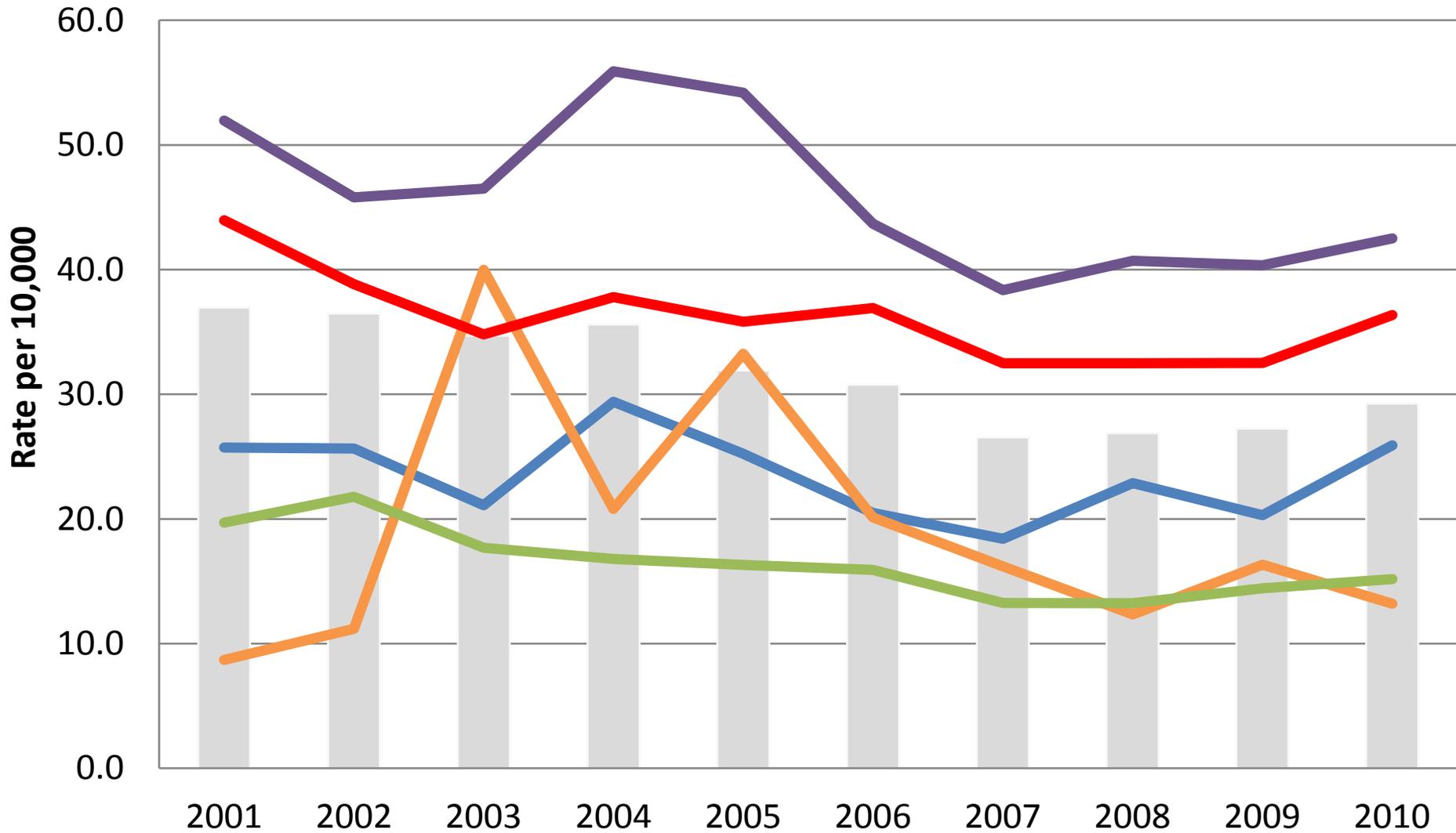
Age-Adjusted Death Rates 2000-2011 for Suicides (Intentional Injuries)

- All groups
- White non-Hispanic
- Hispanic or Latino
- Black or African American
- American Indian or Alaska Native
- Asian or other Pacific Islander



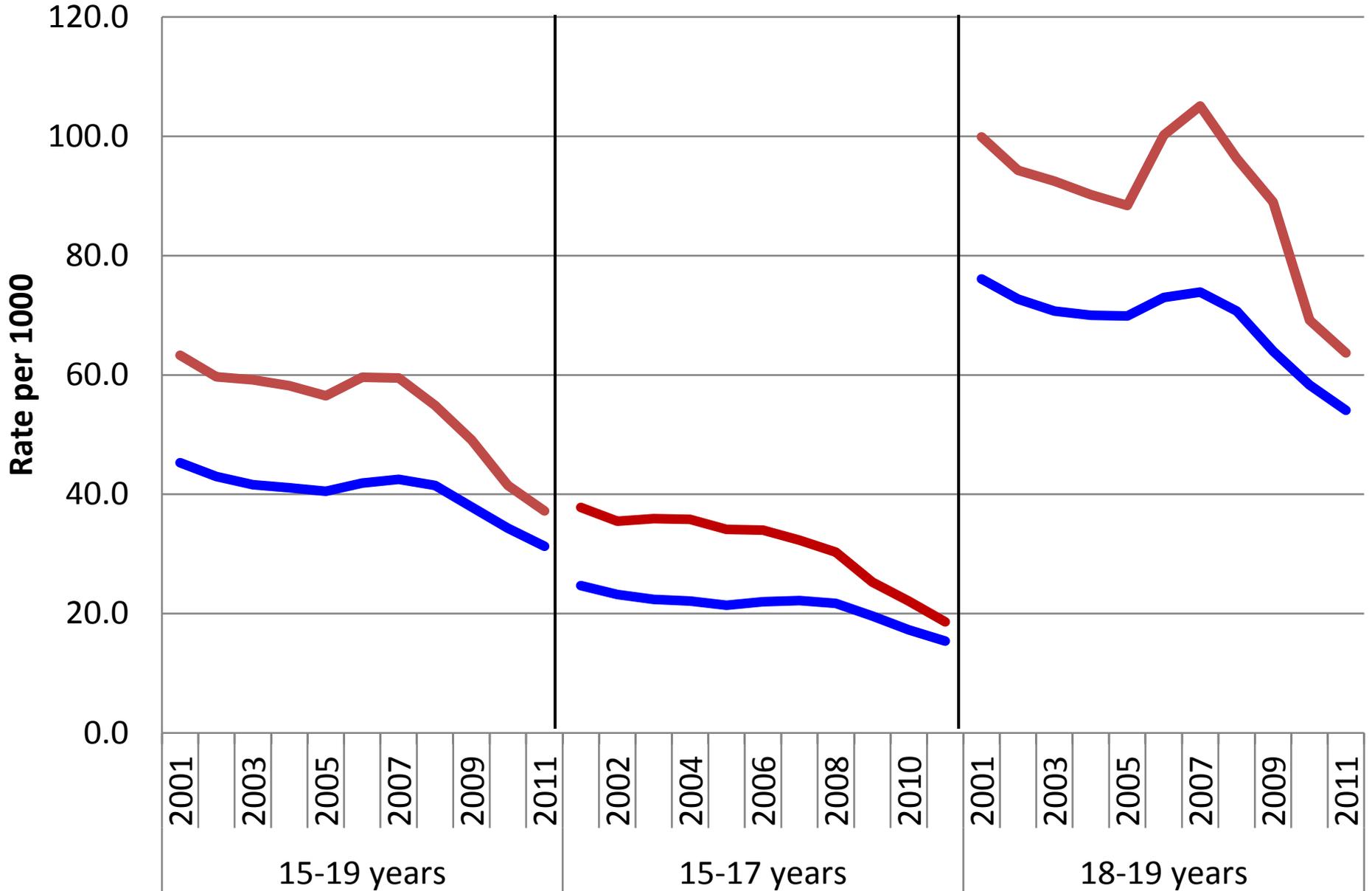
Inpatient Admissions for Mental Disorders 2001-2010

- AZ
- Asian or Pacific Islander
- Hispanic or Latino
- American Indian or Alaska Native
- Black or African American
- White non-Hispanic



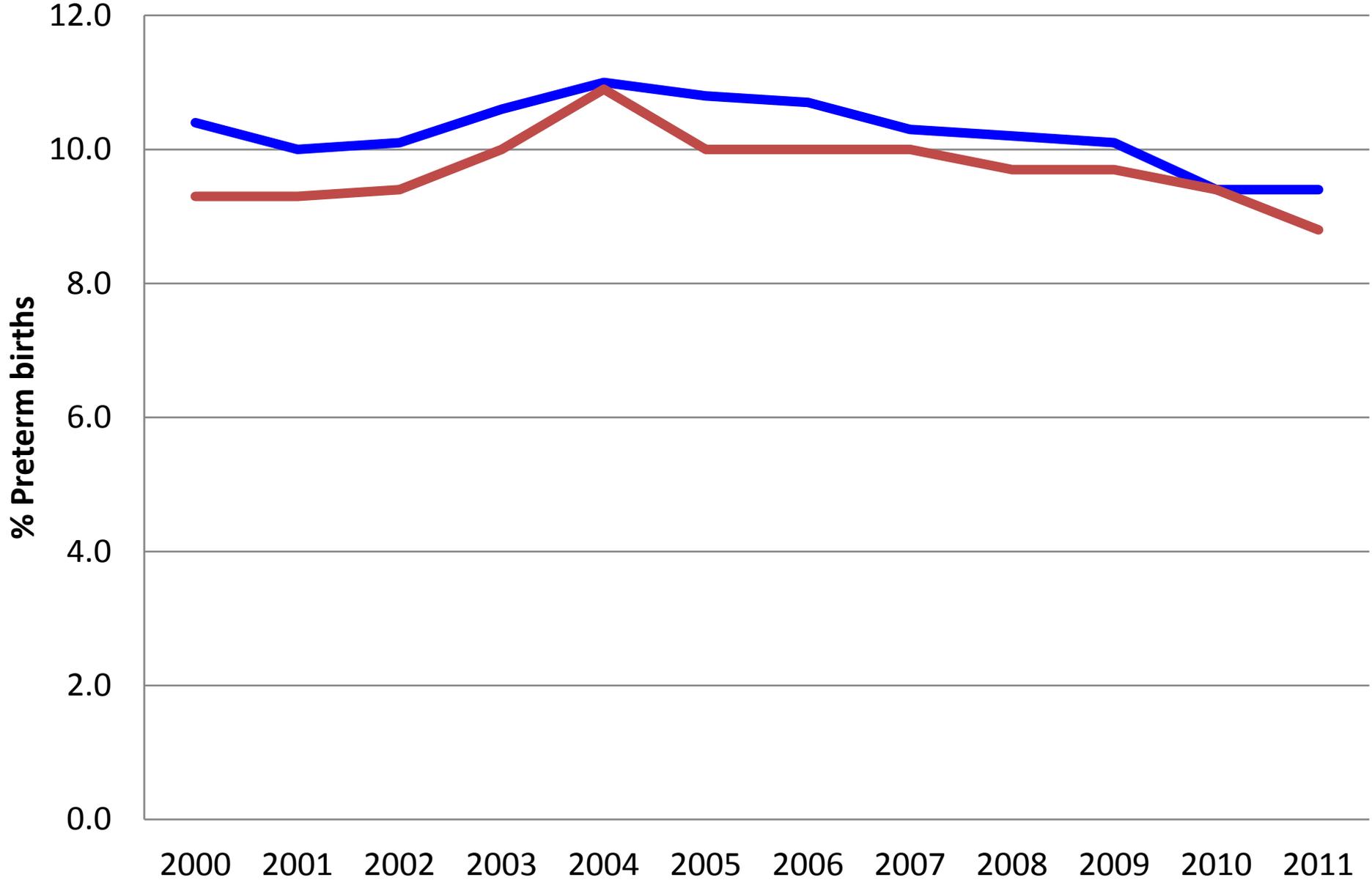
Teen Birth Rates 2001-2011

US AZ



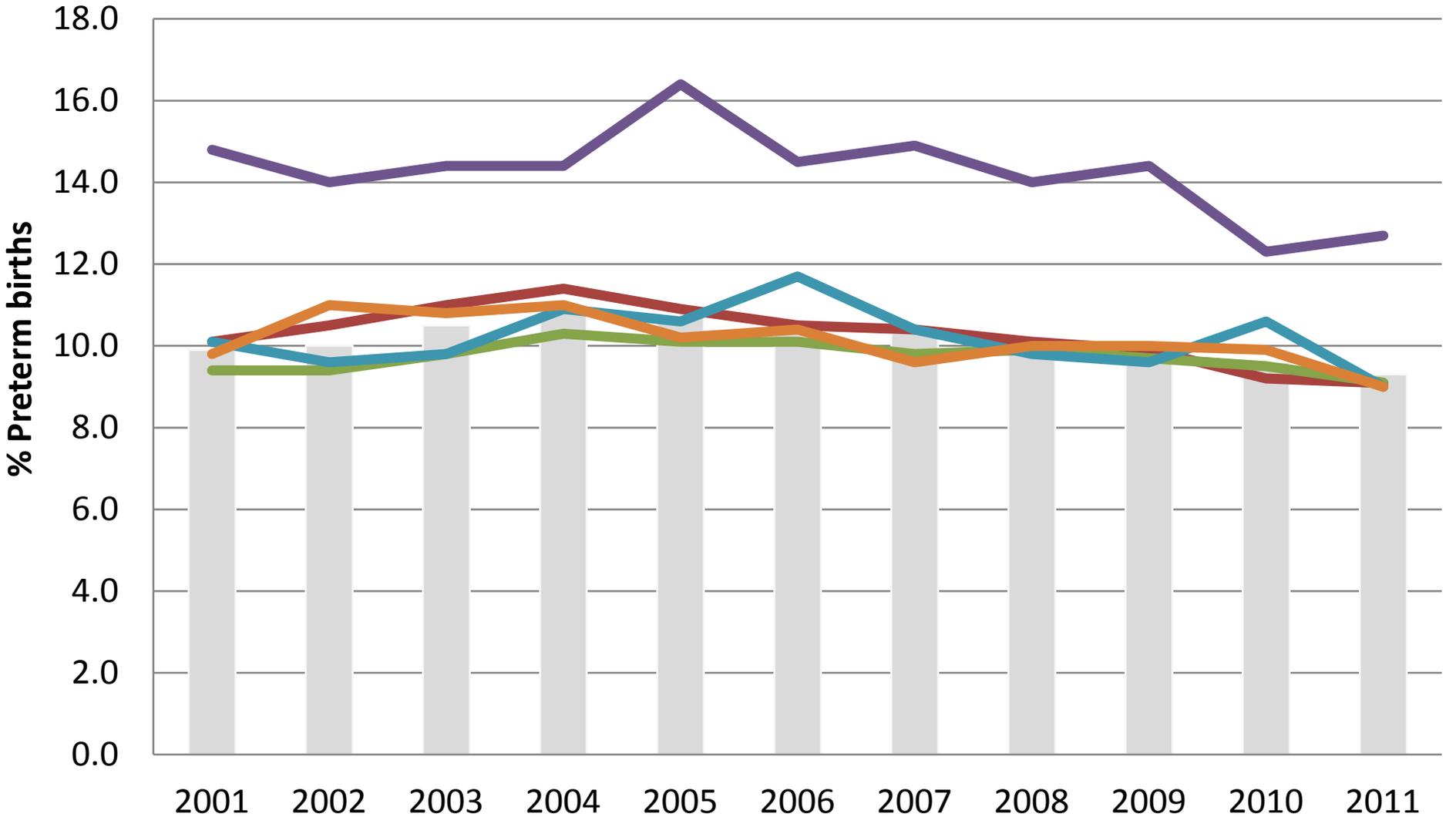
Percent Preterm Births 2000-2011 by Geography

Urban Rural



Percent Preterm Births 2001-2011

- All groups
- Hispanic or Latino
- American Indian or Alaska Native
- White non-Hispanic
- Black or African American
- Asian or other Pacific Islander



Creating Healthy Communities/Lifestyles

CHILD AND FAMILY'S NEIGHBORHOOD			Arizona	US
Neighborhood Amenities	<ul style="list-style-type: none"> percent of children who live in neighborhoods with a park, sidewalks, a library, and a community center 		56.9	54.1
Neighborhood Conditions	<ul style="list-style-type: none"> percent of children who live in neighborhoods with poorly kept or rundown housing 		17.8	16.2
Supportive Neighborhoods	<ul style="list-style-type: none"> percent of children living in neighborhoods that are supportive 		74.0	82.1
Neighborhood	<ul style="list-style-type: none"> percent of children living in neighborhoods that are usually or always safe 		82.8	86.6

Source: The National Survey of Children's Health (NSCH) 2011-2012. For this survey, questions regarding 'Supportive Neighborhoods included: 1.) We watch out for each other's children in this neighborhood, 2.) There are people I can count on in this neighborhood, and 3.) If my child were outside playing and got hurt or scared, there are adults nearby who I trust to help my child.

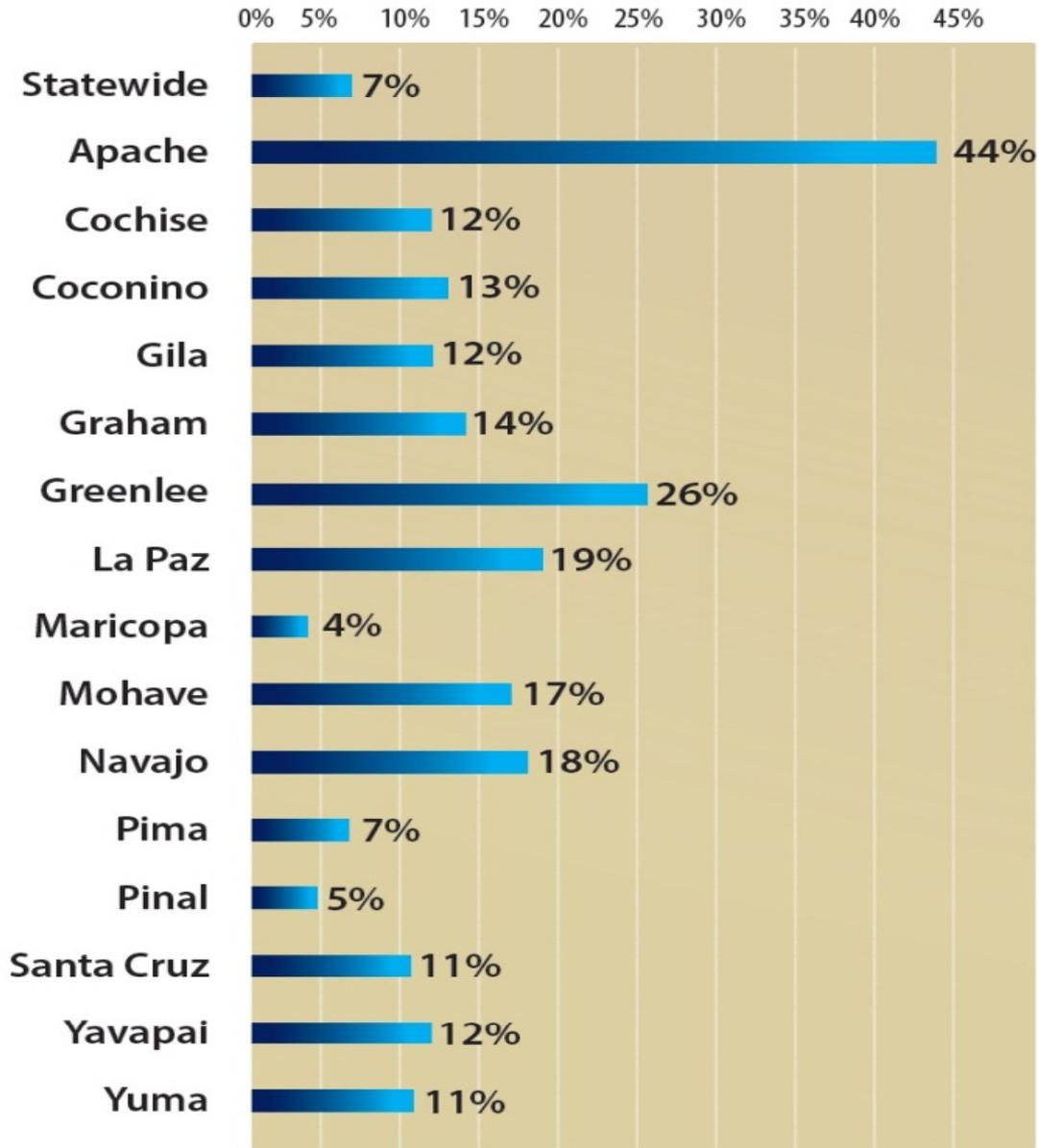
Creating Healthy Communities/Lifestyles

Figure 3.1.45: Youth Physical Activity, 2011

Measure	Females AZ	Males AZ	Total Rate AZ	US Rate
Physically active one hour per day, 7 days a week	18.1%	31.9%	25.0%	28.7%
Played video games or used computers 3 or more hours per day	23.2%	32.3%	27.7%	31.1%
Watched television 3 or more hours per day	26.6%	30.9%	28.6%	32.4%
Attend physical education classes (at least one day a week)	34.4%	49.0%	41.7%	51.8%
Attend physical education classes daily	23.2%	36.3%	29.6%	31.0%

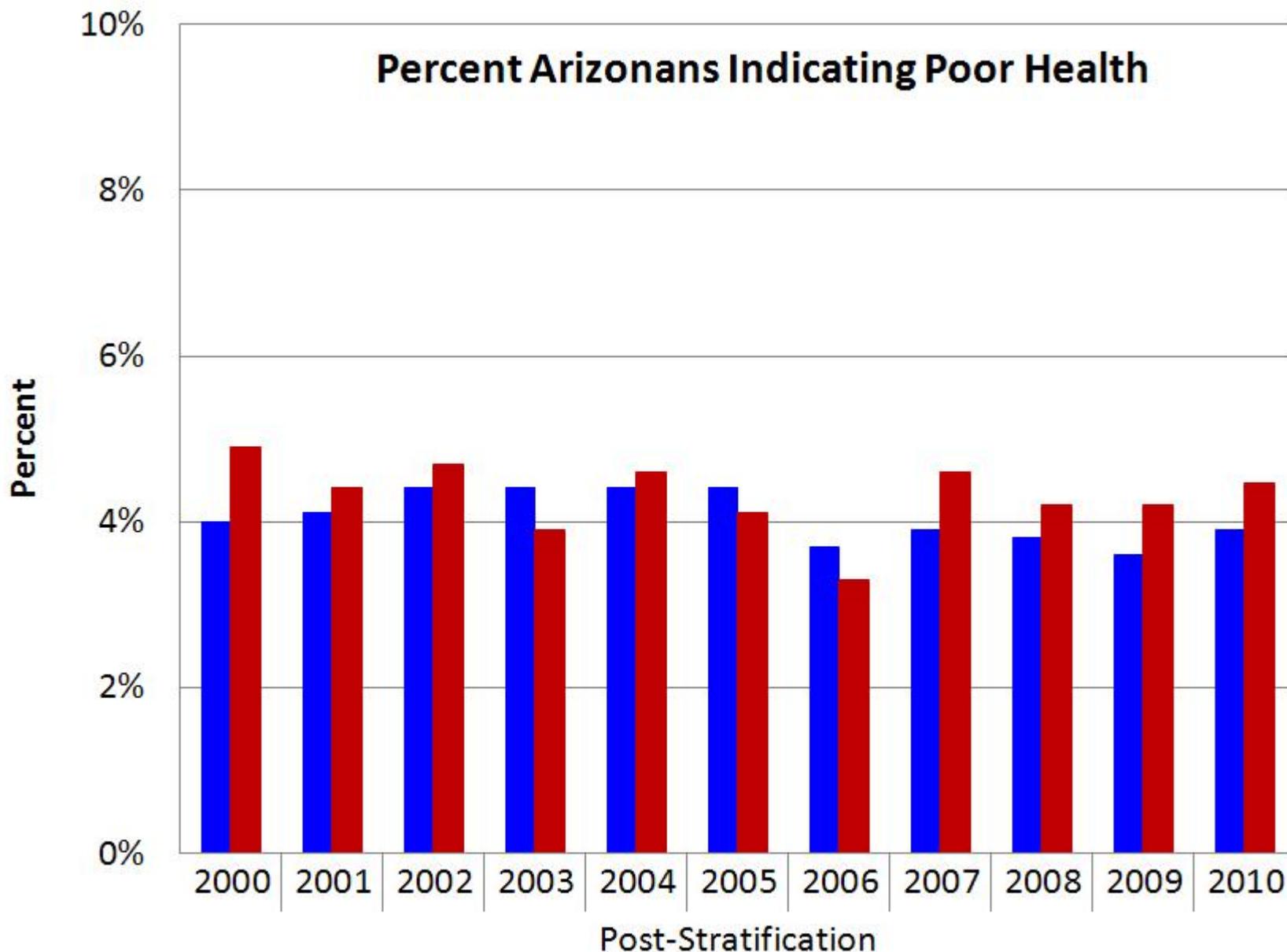
Source: Youth Risk Behavior Surveillance Summaries—United States 2011, Pgs. 142–147, Tables 94–98. <http://www.cdc.gov/mmwr/pdf/ss/ss6104.pdf>

% With Limited Access to Healthy Foods



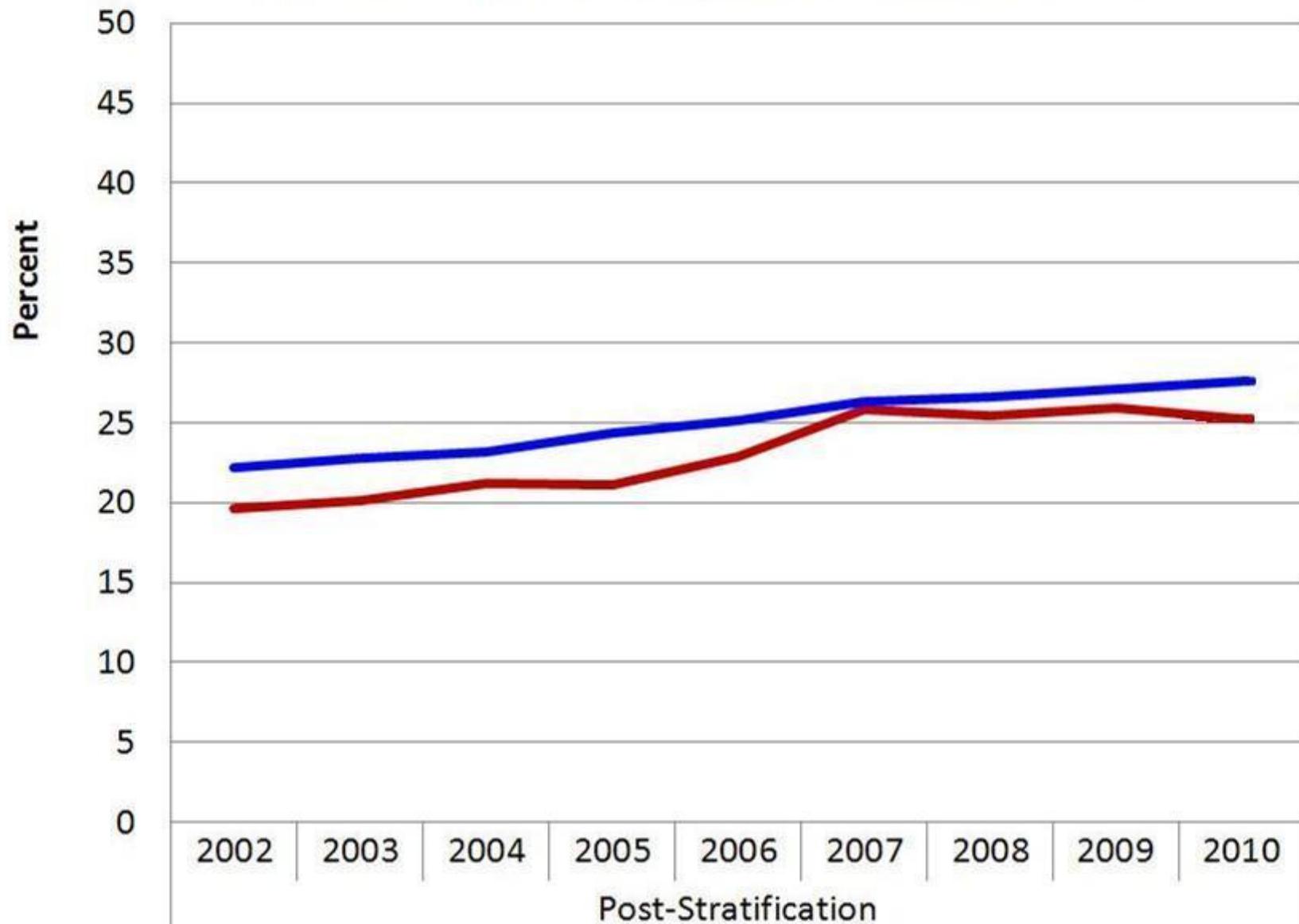
Source: *County Health Rankings, 2013*, percentage of population who are low-income and do not live close to a grocery store

Percent Arizonans Indicating Poor Health



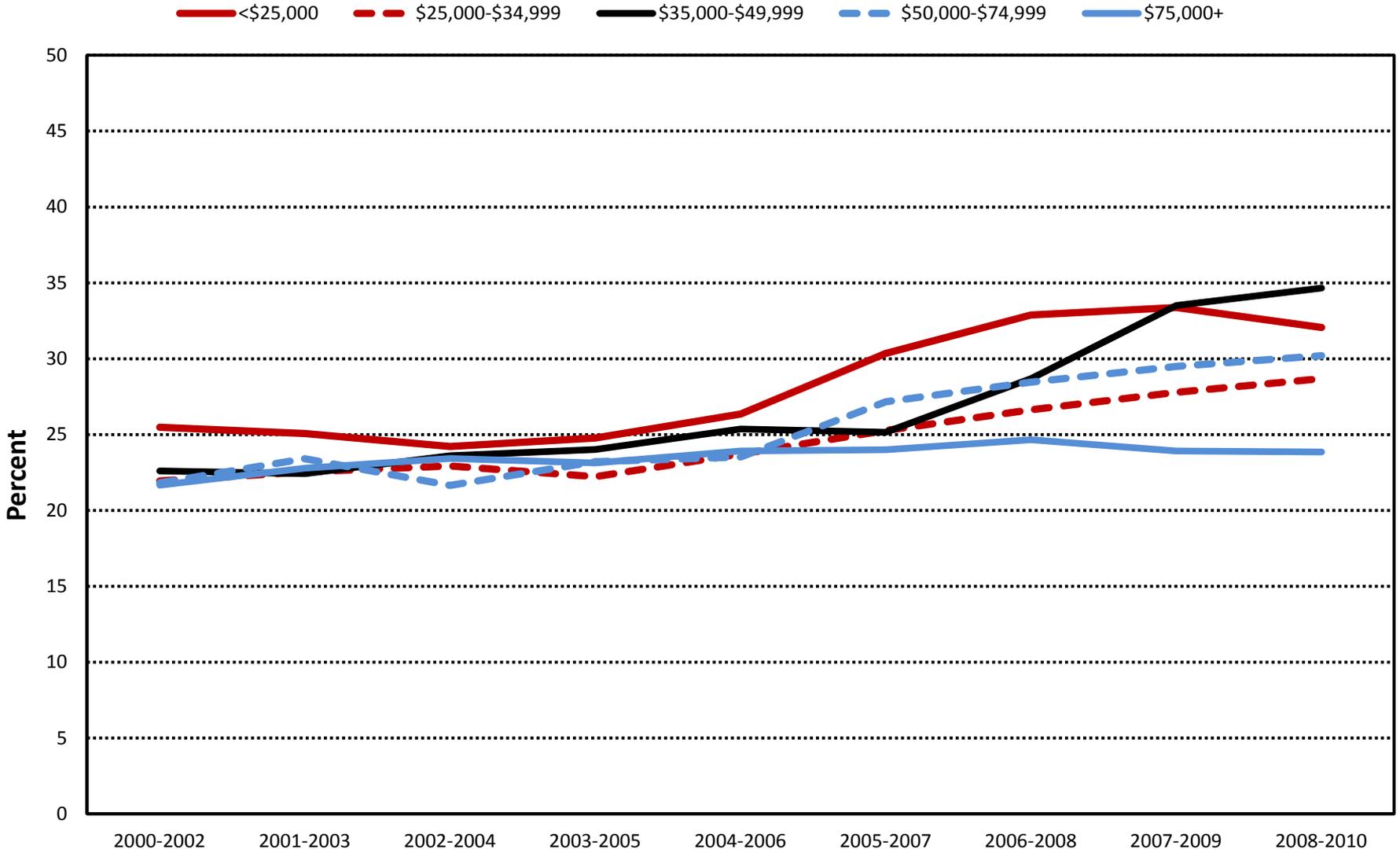
Nat. Poor	4.0%	4.1%	4.4%	4.4%	4.4%	4.4%	3.7%	3.9%	3.8%	3.6%	3.9%
Az Poor	4.9%	4.4%	4.7%	3.9%	4.6%	4.1%	3.3%	4.6%	4.2%	4.2%	4.5%

Percent of Arizonans Who Are Obese 2002-2010



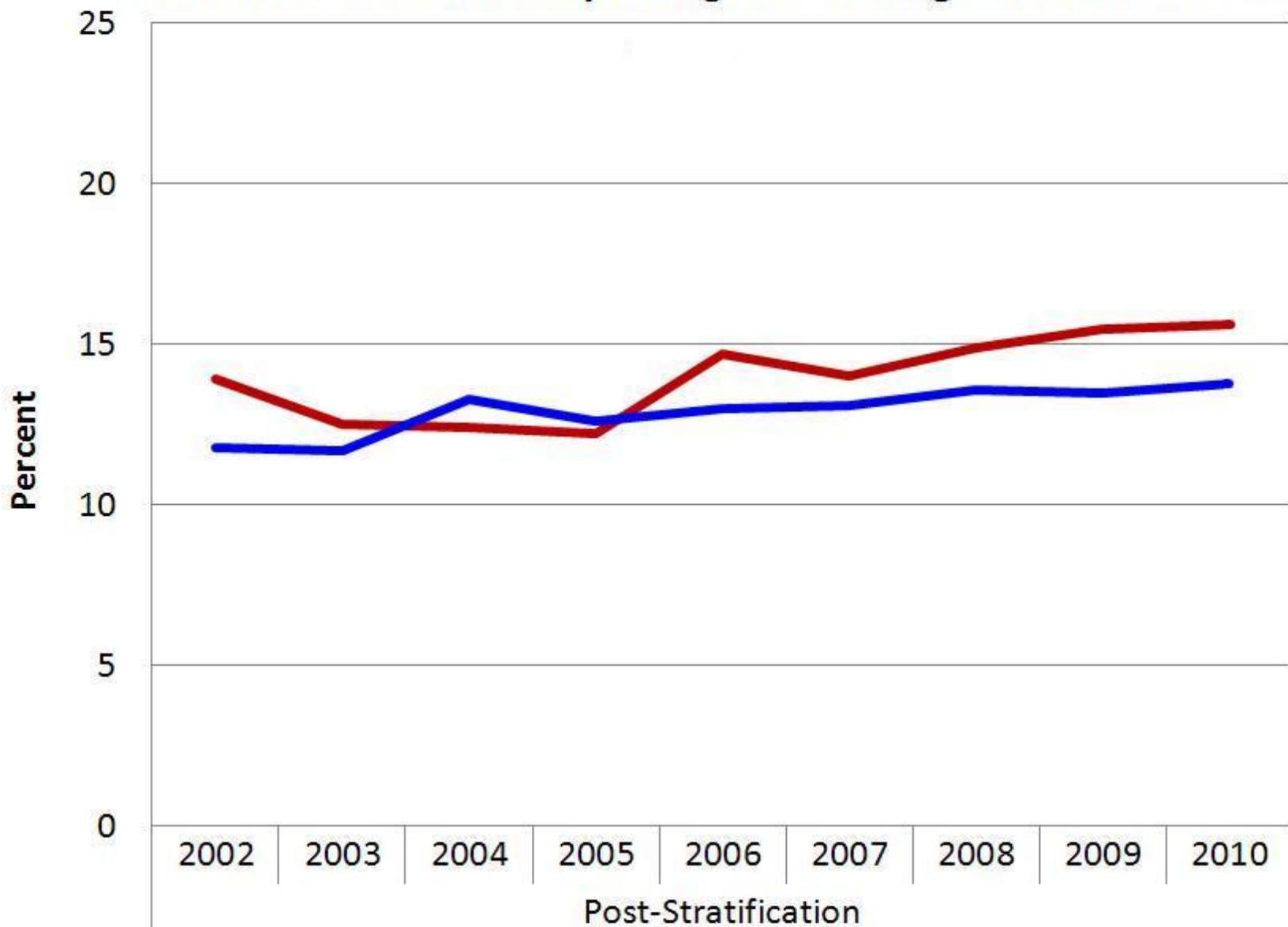
Arizona	19.6	20.1	21.2	21.1	22.9	25.8	25.4	25.9	25.2
National	22.2	22.8	23.2	24.4	25.1	26.3	26.6	27.1	27.6

Arizonans Who Are Obese By Income



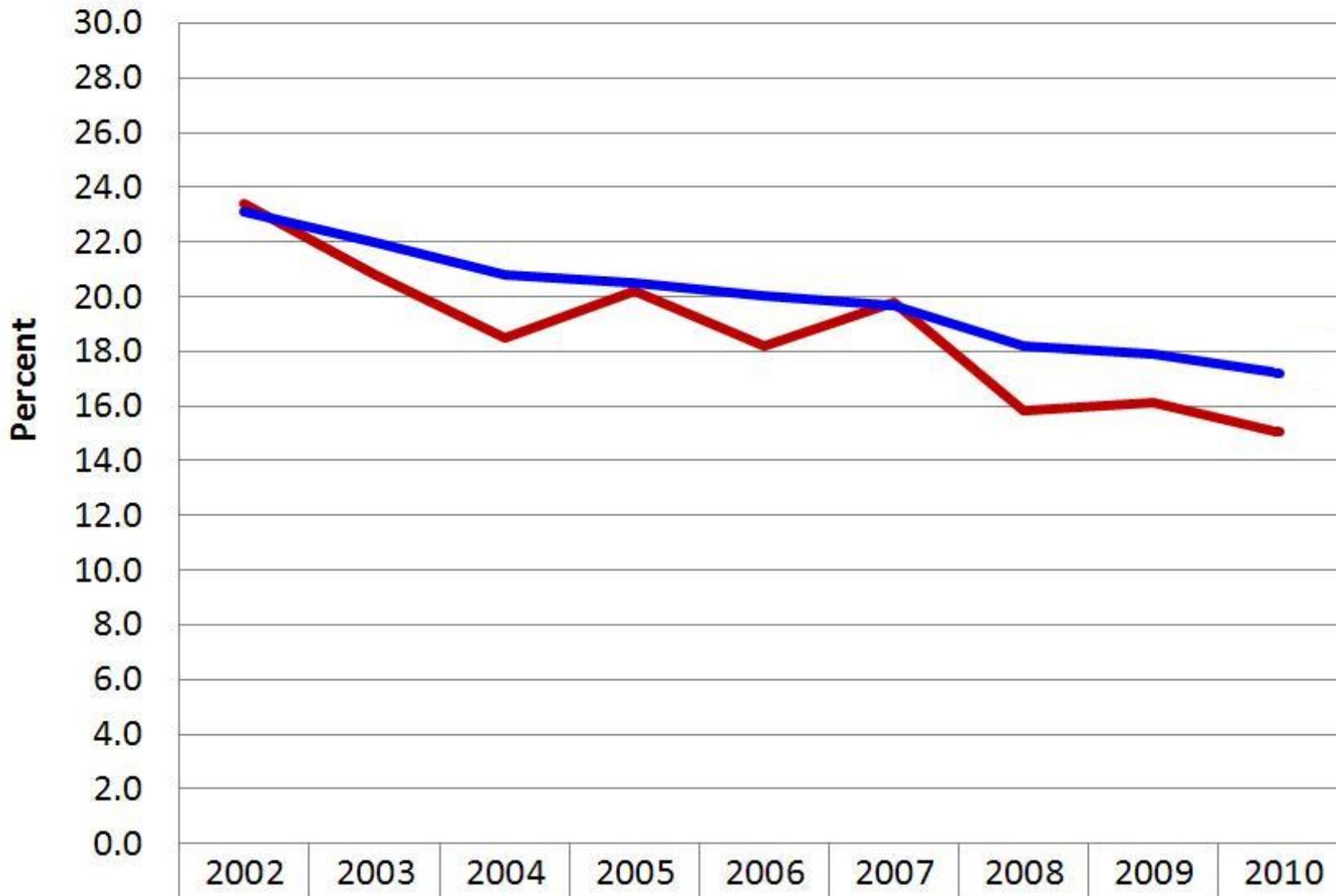
Notes: Rolling 3-year averages for self-reported income from BRFSS data

Percent of Arizonans Reporting Ever Having Asthma 2002-2010



	2002	2003	2004	2005	2006	2007	2008	2009	2010
Arizona	13.9	12.5	12.4	12.2	14.7	14	14.9	15.5	15.6
National	11.8	11.7	13.3	12.6	13	13.1	13.6	13.5	13.8

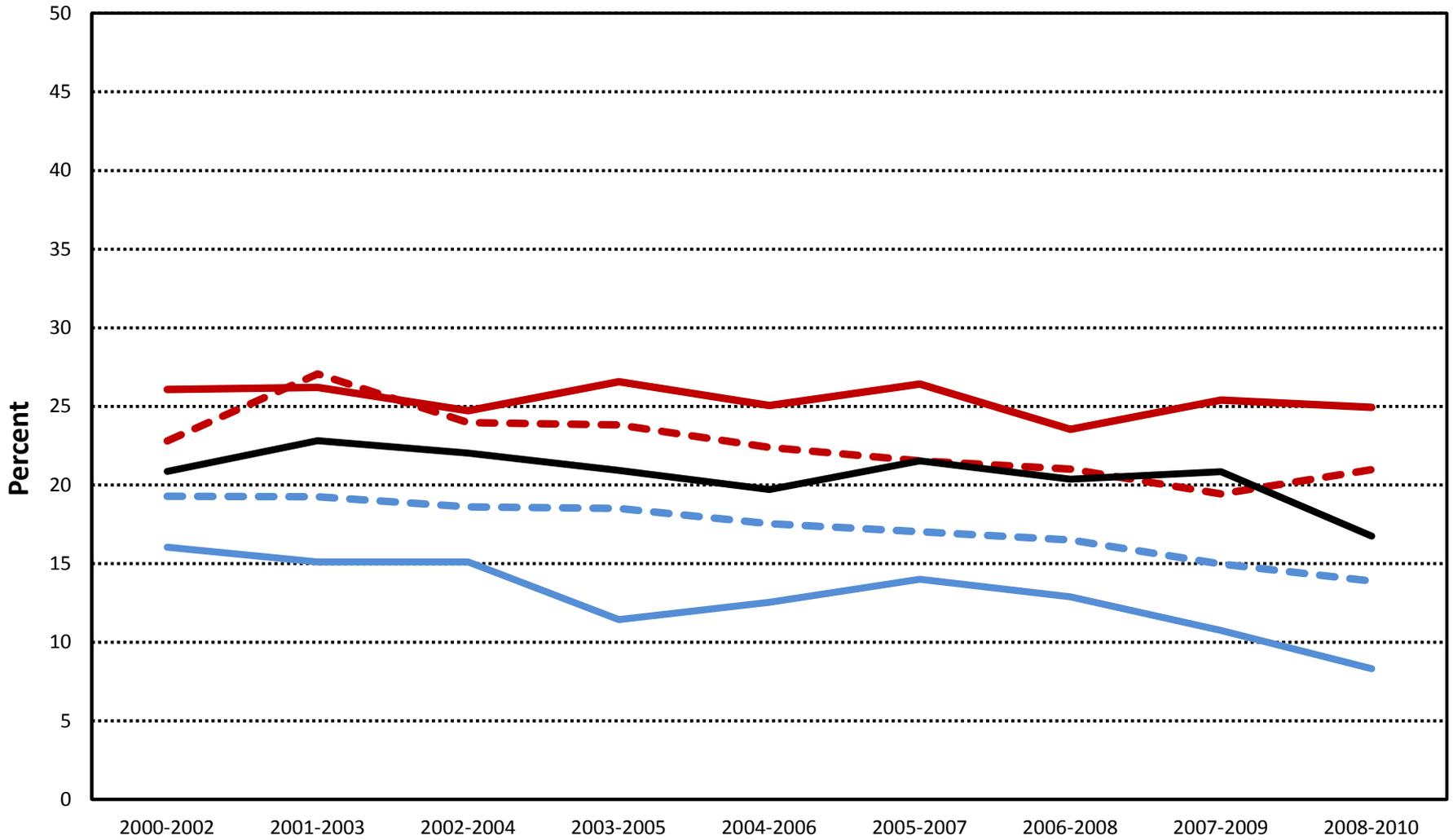
Percent Arizonans Who Are Current Smokers 2002-2010



	2002	2003	2004	2005	2006	2007	2008	2009	2010
Arizona	23.4	20.8	18.5	20.2	18.2	19.8	15.8	16.1	15.0
National	23.1	22.0	20.8	20.5	20.0	19.7	18.2	17.9	17.2

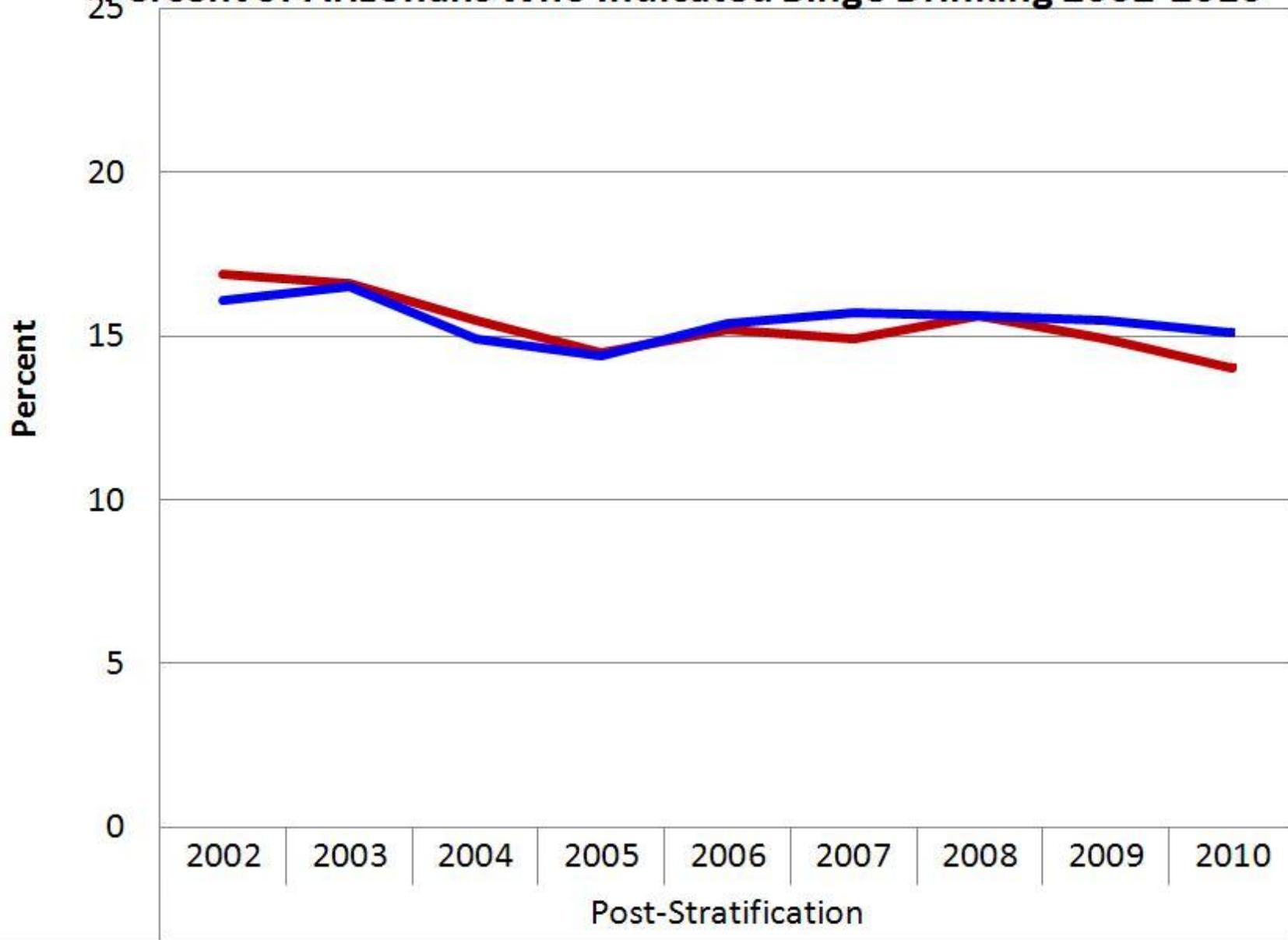
Arizonans Who Currently Smoke By Income

— <\$25,000 - - \$25,000-\$34,999 — \$35,000-\$49,999 - - \$50,000-\$74,999 — \$75,000+



Notes: Rolling 3-year averages for self-reported income from BRFSS data

Percent of Arizonans Who Indicated Binge Drinking 2002-2010



Arizona	16.9	16.6	15.5	14.5	15.2	14.9	15.6	14.9	14
National	16.1	16.5	14.9	14.4	15.4	15.7	15.6	15.5	15.1

Healthcare-Associated Infection

SEVERITY:

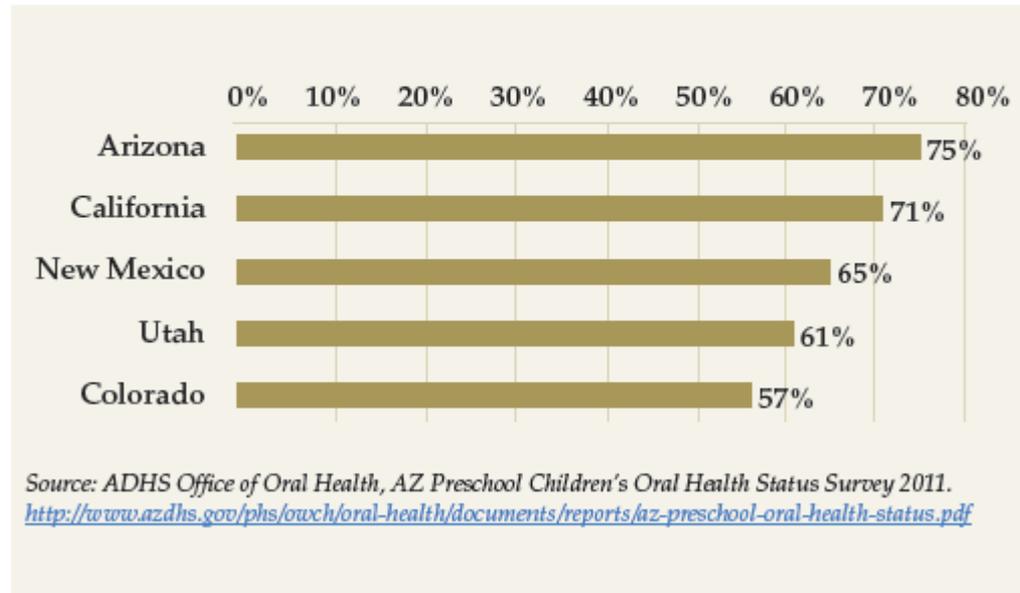
US – 100,000 patients nationwide die each year from HAI contracted infections in an inpatient setting

SCOPE:

- US cost \$26-33 billion per year
- 1 out of every 20 patients will contract an HAI
- Central Line Associated Blood Stream Infections (CLABSI)
 - Standardized Infection Ratio (Observed #/ Expected # cases)
 - AZ 2010 – 0.888
 - US 2010 Baseline - 0.684
 - AZ 2011 - 0.575

Oral Health

Figure 3.2.33: Tooth Decay Experience Among Third-Graders in Arizona and Bordering States, 2010



- 93% of Native American children and 80% of Hispanic children have tooth decay
- AZ : 3rd highest (39%) prevalence of *untreated* tooth decay

Oral Health

Figure 3.2.32: Percentage of Adult Dental Visits and Tooth Extractions, 2010

Year	Percentage of Adults Reporting Dental Visits	Percentage of Adults Reporting Extractions
1999	68.3%	50.2%
2002	69.5%	Not Available
2004	68.6%	41.3%
2006	68.5%	40.9%
2008	68.5%	43.9%
2010	69.5%	45.6%

Source: CDC, BRFSS Prevalence Data, 2010 Oral Health.

<http://apps.nccd.cdc.gov/brfss/page.asp?cat=OH&yr=2010&state=AZ#OH>

- In Arizona, 45.6% of adults report having any permanent teeth extracted compared to 43.7% nationwide
- Those with a college degree have higher rates (81.2%) of frequency in receiving dental care than those with a high school degree (39.7%)

Access to Health Insurance

Figure 3.3.7: Overview of the Insurance Coverage for the Total Population, 2011

Location	Employer	Individual	Medicaid	Medicare	Other Public	Uninsured	Total
US	49%	5%	16%	13%	1%	16%	100%
AZ	46%	4%	18%	13%	1%	18%	100%

Source: Health Insurance Coverage Data of the Total Population, 2010–2011. <http://kff.org/other/state-indicator/total-population/>

Figure 3.3.8: Overview of the Insurance Coverage for Children (0–18 years), 2011

Location	Employer	Individual	Medicaid	Other Public	Uninsured	Total
US	50%	4%	35%	1%	10%	100%
AZ	47%	4%	33%	NSD*	15%	100%

Source: Health Insurance Coverage Data of Children 0–18, 2010–2011. <http://kff.org/other/state-indicator/children-0-18/>

*NSD: Not sufficient data

Figure 3.3.9: Overview of the Insurance Coverage for Adults (19–64 years), 2011

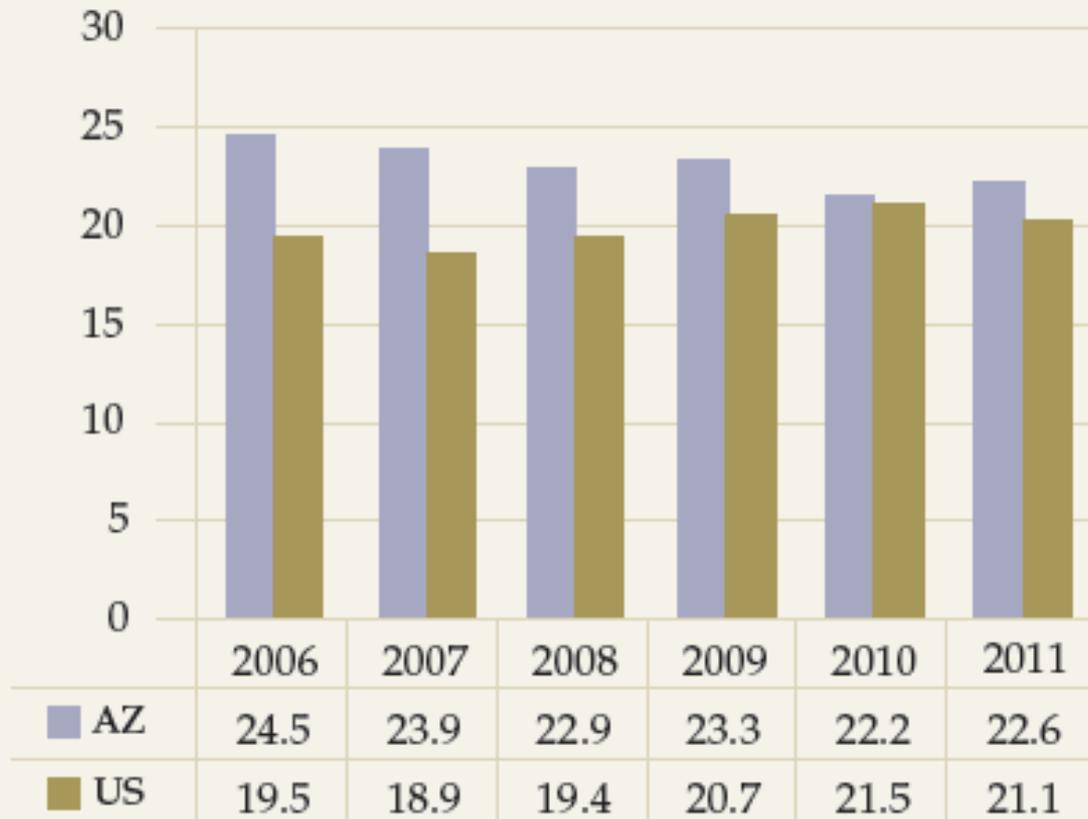
Location	Employer	Individual	Medicaid	Other Public	Uninsured	Total
US	58%	6%	10%	3%	21%	100%
AZ	54%	5%	13%	4%	23%	100%

Source: Health Insurance Coverage Data of Adults 19–64, 2010–2011. <http://kff.org/other/state-indicator/adults-19-64/>

Overall, Arizona has about 1.2 million uninsured people

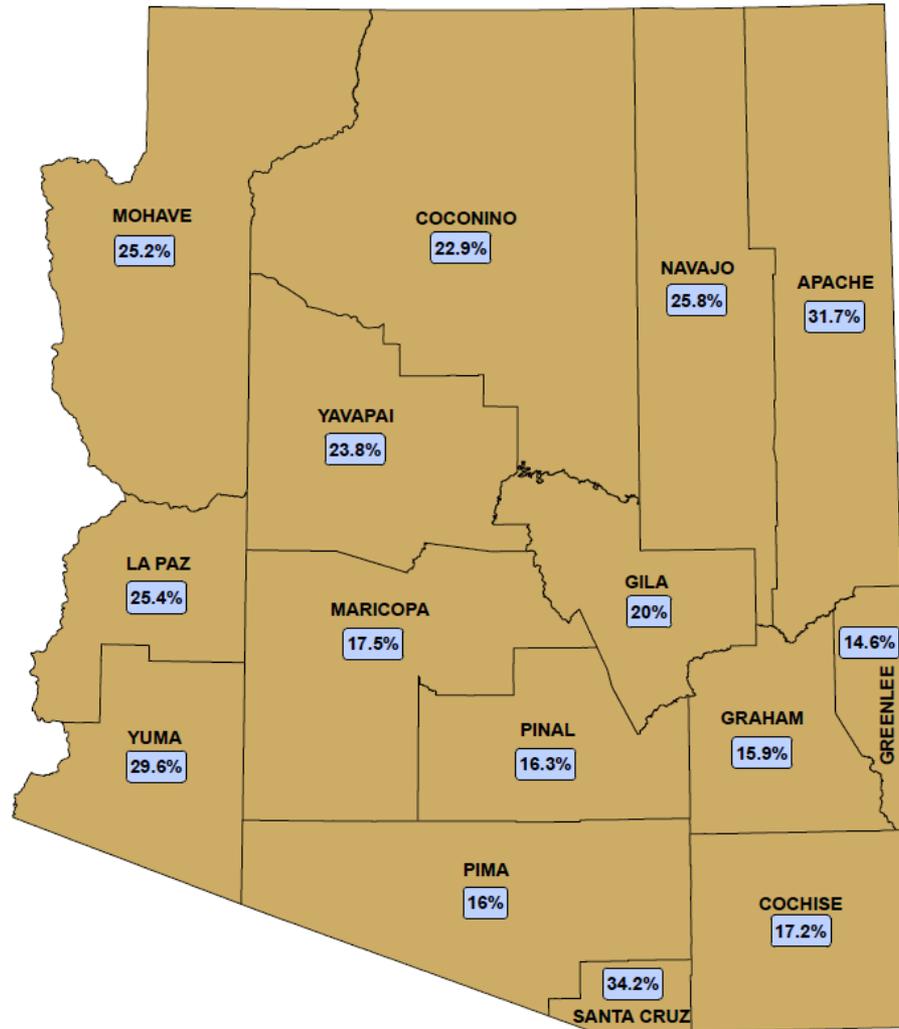
Access to Health Insurance

Figure 3.3.5A: Adults Uninsured, 2006–2011

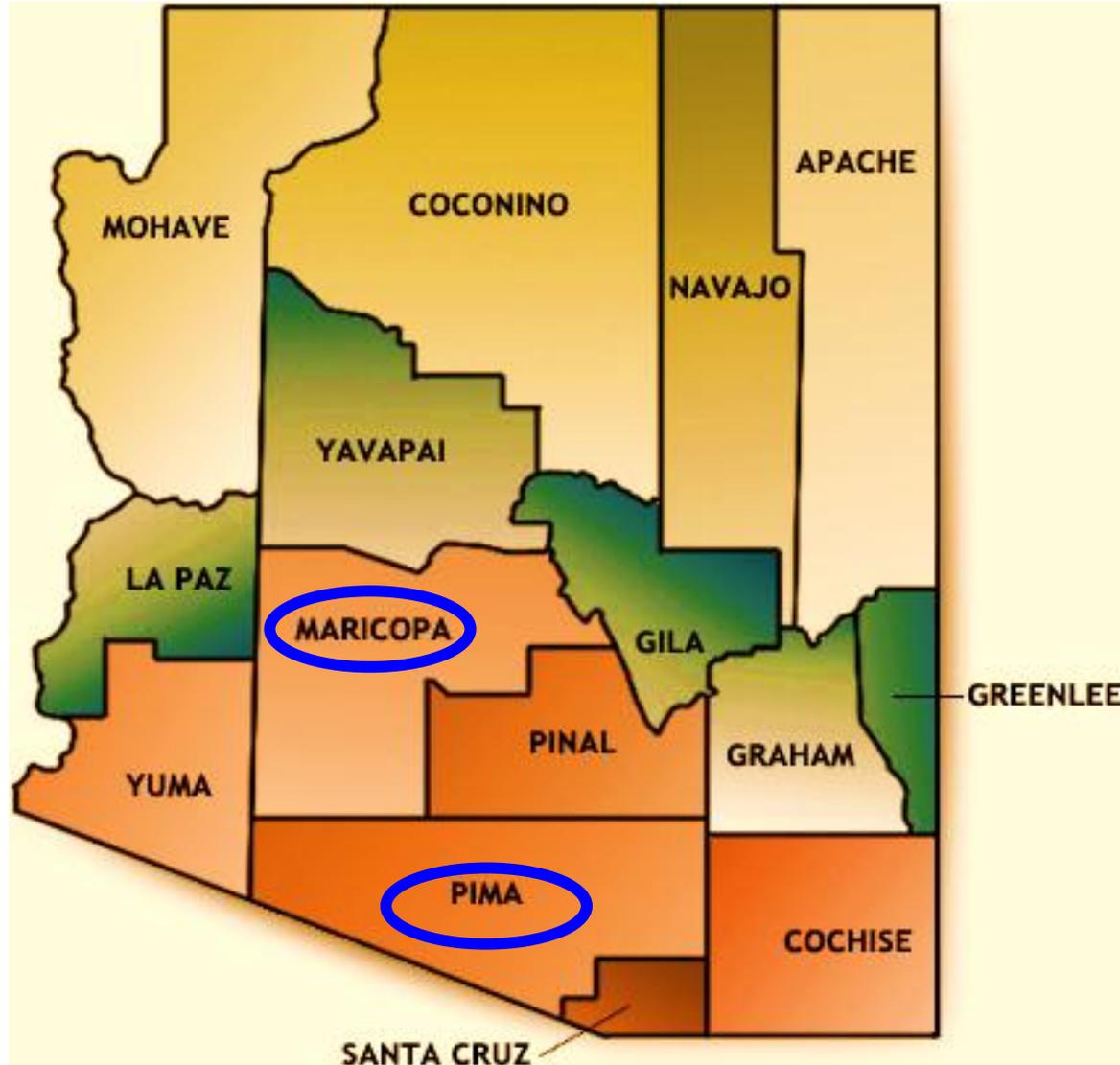


Source: *Small Area Health Insurance Estimates, US Census, 2006–2011.* <http://www.census.gov/did/www/sahie/>

Access to Health Insurance



Bringing the Data to a Community Level



- 15 counties
- Borders with Mexico
- Large landmass with tribal areas
- ~81% of the AZ population is in two counties

How Do We Address This Challenge ?

- Counties typically represent the State well
- Next step down in the US Census hierarchy is Census Tracts, but with 1107 tracts in Arizona the option is far too small
- Create a spatial unit that represents the communities of the state and provides population numbers conducive to statistical analysis.....CHAA

Community Health Analysis Areas (CHAA)

- There are a total of 126 CHAAs in Arizona
- A typical CHAA contains approximately 21,500 residents (Ranges 5,000 to 190,000)
- Tribal communities are an exception to the CHAA definition and are each considered an individual CHAA
- Geocoding was implemented for all datasets containing address information
- Approximately 80 - 90% of records could be assigned to a CHAA

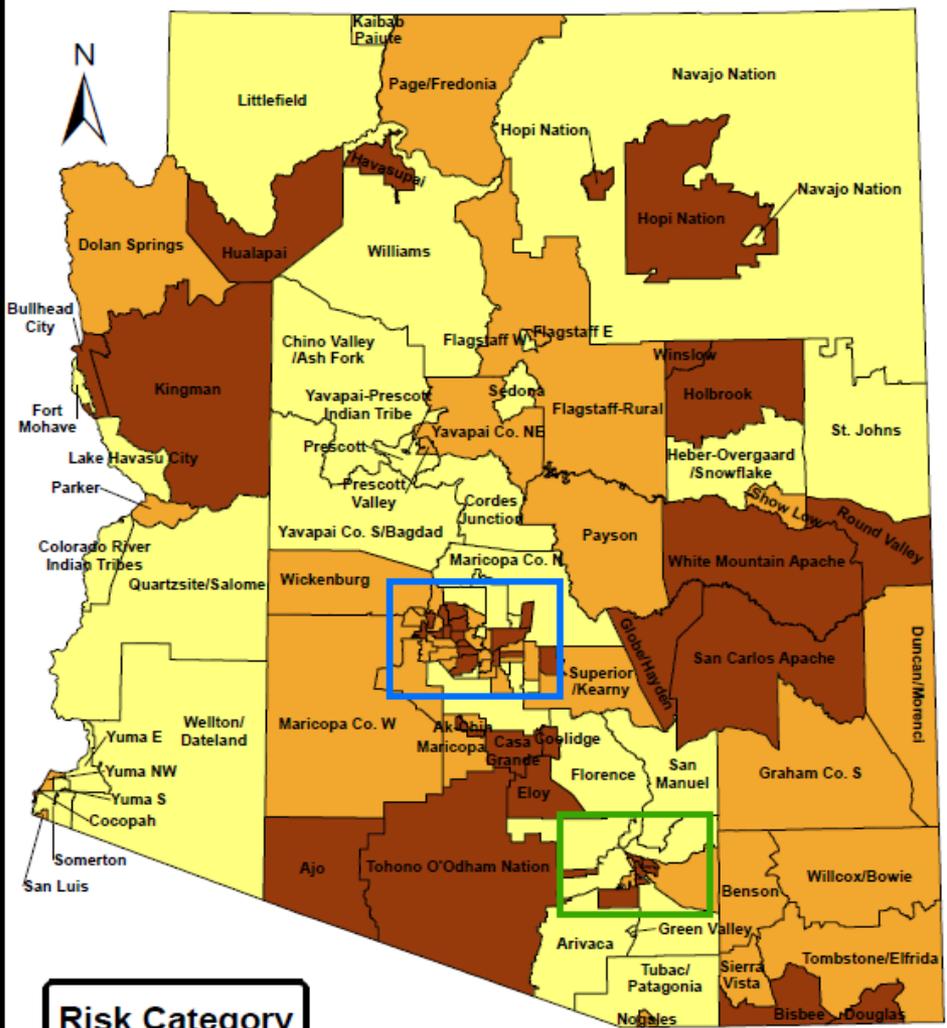
Defining High Risk Communities

- Ranking methodology ranks a state, a census block, or a community (typically a geographic unit) on identified risk and/or capacity indicators by estimating the average rank
- Ranks are typically grouped into quartiles and/or quintiles, which can then be displayed as a statistical map (GIS map) to describe geographical variations
- Each CHAA was ranked on 27 indicators which were averaged to produce an overall risk scores. Higher scores indicated higher risk
- This methodology was used to identify “at risk communities”

27 Indicators Used to Assess Overall Health Risk

<p><u>Mortality Risk (10)</u></p> <ol style="list-style-type: none"> 1. Alzheimer 2. Diabetes 3. Heart Diseases 4. Cardiovascular (Stroke) 5. Suicides 6. COPD 7. Cancer 8. Unintentional Injury 9. Injuries 10. Chronic Liver Disease 	<p><u>Maternal & Child Health (7)</u></p> <ol style="list-style-type: none"> 11. Infant Mortality 12. Preterm Births 13. Low Birth Weight 14. Smoking during Pregnancy 15. Gestational Diabetes 16. Lack of Prenatal Care 17. Teen Pregnancy Rate 	<p><u>Environmental Health (3)</u></p> <ol style="list-style-type: none"> 18. Lead Poisoning Rates 19. Foodborne Disease Outbreaks 20. Vaccinations
<p><u>Capacity for Health Service Delivery (1)</u></p> <ol style="list-style-type: none"> 21. Capacity Licensed Facilities <ul style="list-style-type: none"> – Behavioral Health – Long term care – Hospitals – Trauma Care – Nurses – Provider Availability 	<p><u>Preventable Ambulatory Conditions (6)</u></p> <ol style="list-style-type: none"> 22. Congestive Heart Failure Hospitalizations 23. Adult Asthma Hospitalizations 24. COPD Hospitalizations 25. Hypertension-Related Hospitalizations 26. Diabetes Short-Term Complications Hospitalizations 27. Uncontrolled Diabetes Hospitalizations 	

Overall Health Risk by Community Health Analysis Area (CHAA)

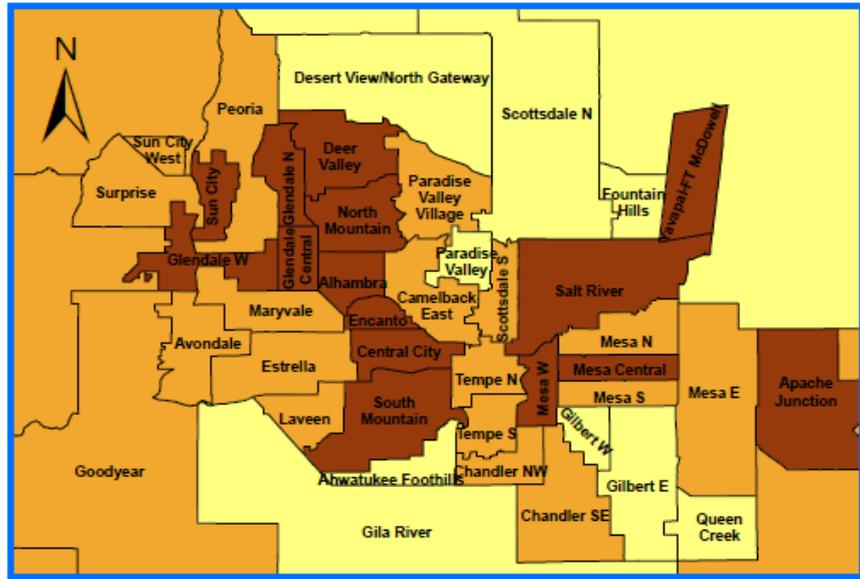


Risk Category

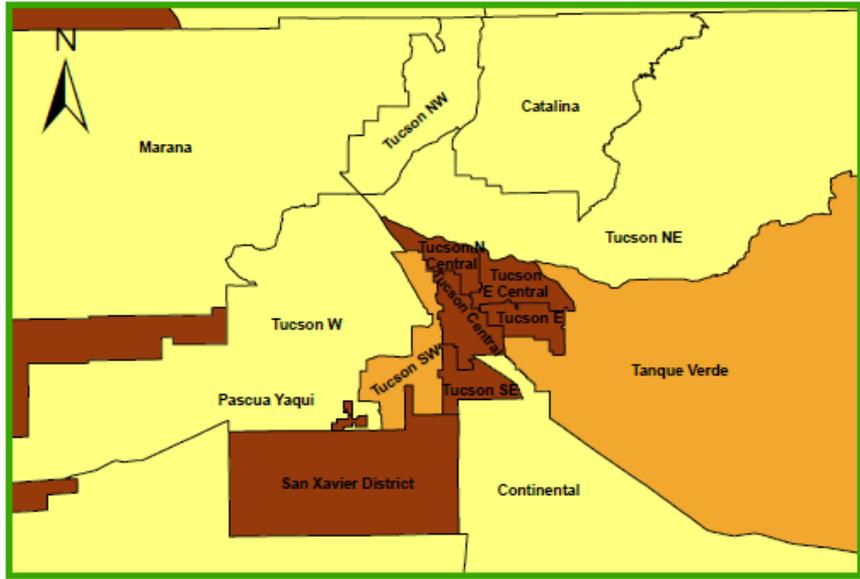
- Low
- Medium
- High



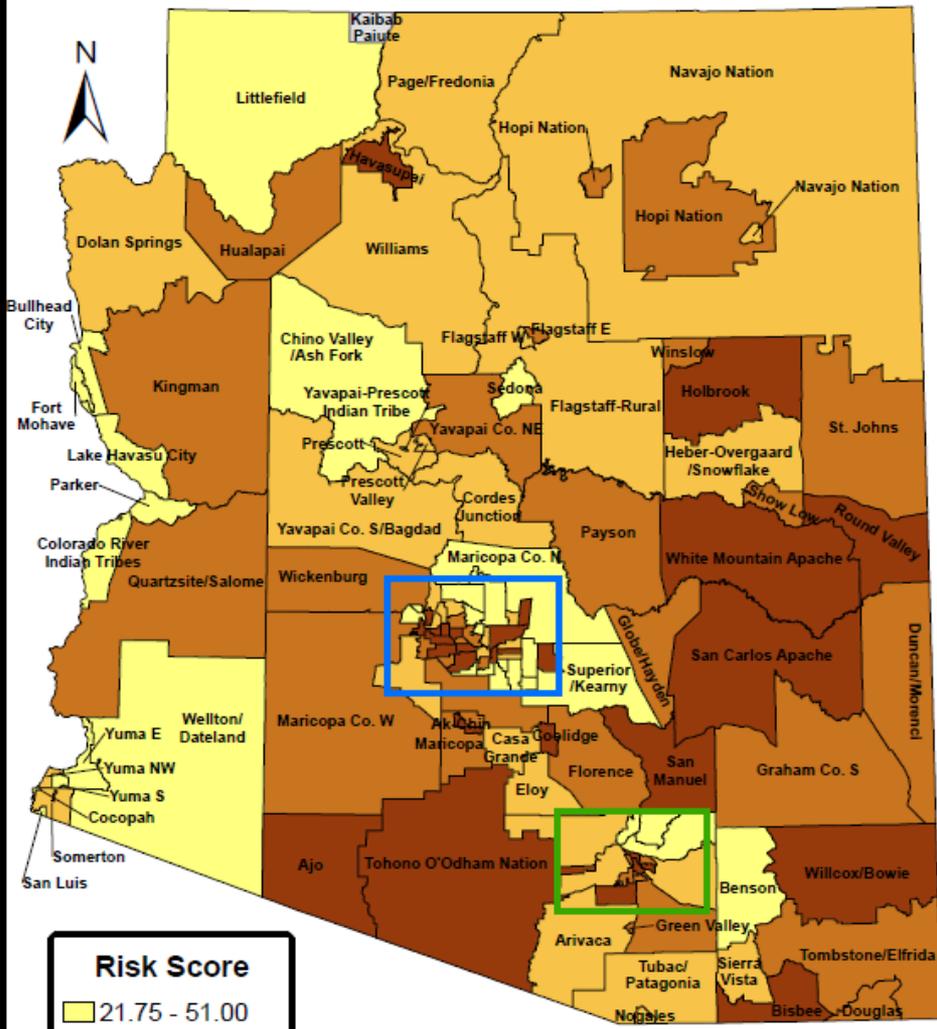
Metro Phoenix



Metro Tucson



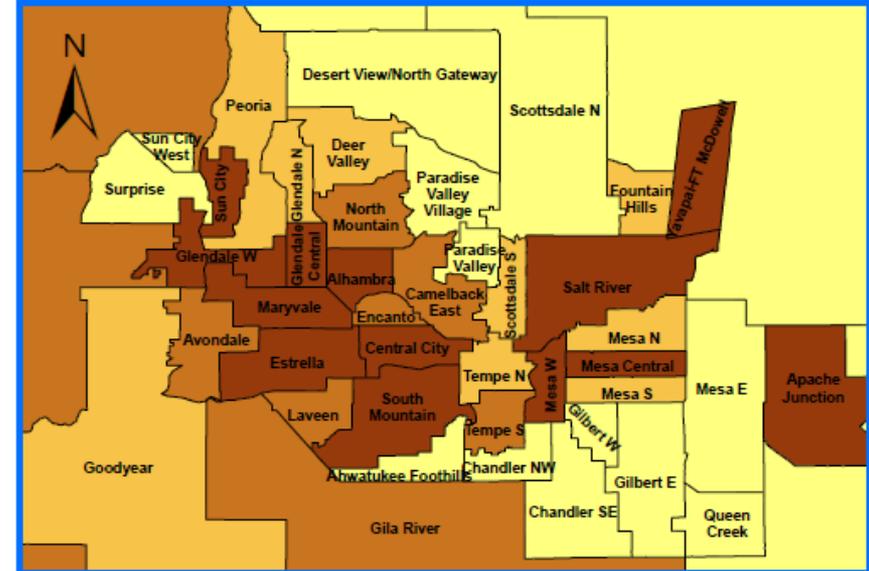
Maternal and Child Health Risk by Community Health Analysis Area (CHAA)



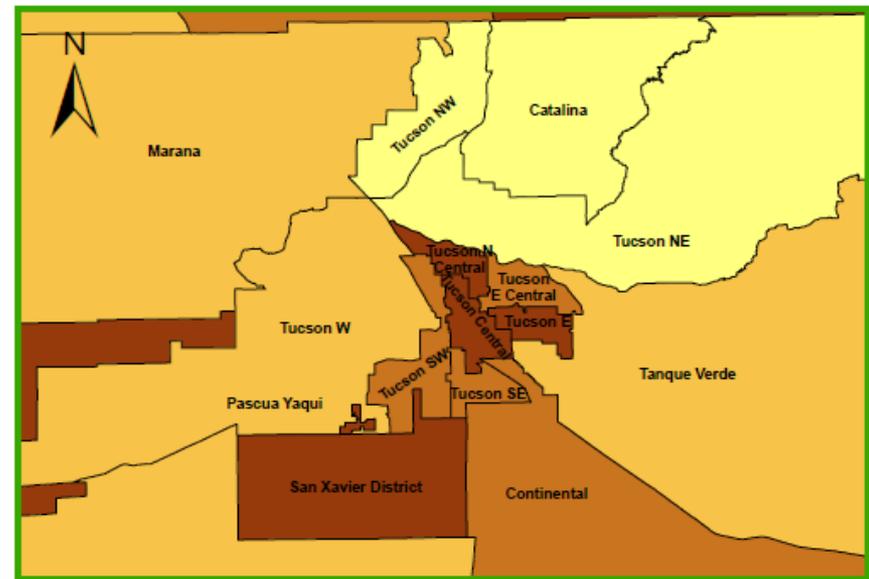
Risk Score	
Lightest Yellow	21.75 - 51.00
Light Orange	51.01 - 62.92
Dark Orange	62.93 - 78.67
Dark Brown	78.68 - 103.33
Grey	Insufficient Data



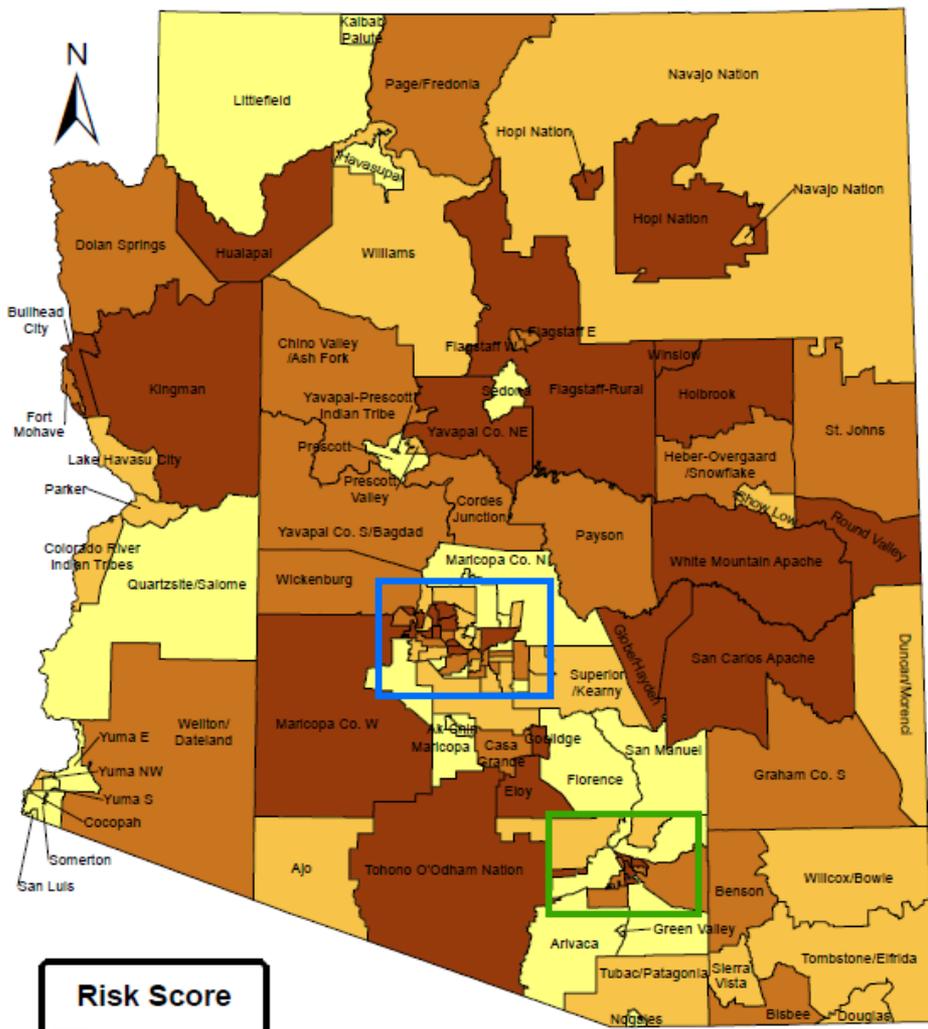
Metro Phoenix



Metro Tucson



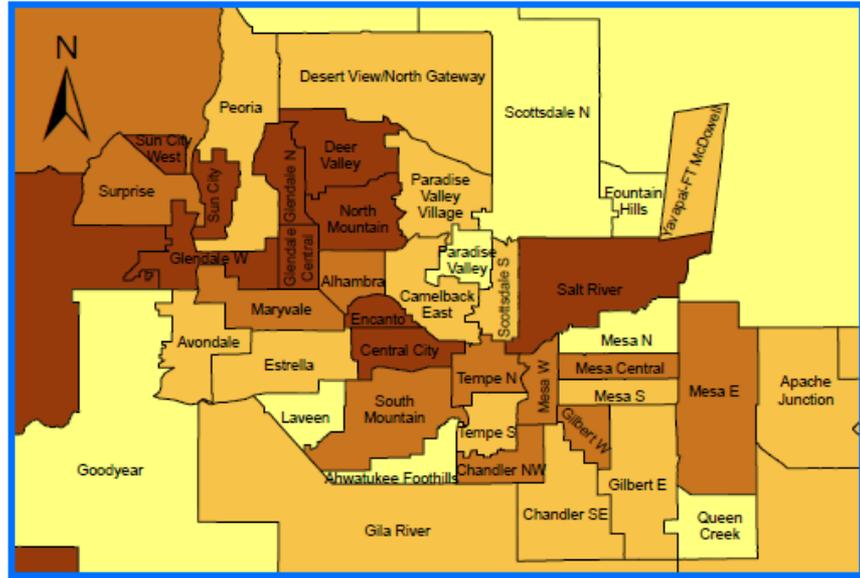
Mortality Risk by Community Health Analysis Area (CHAA)



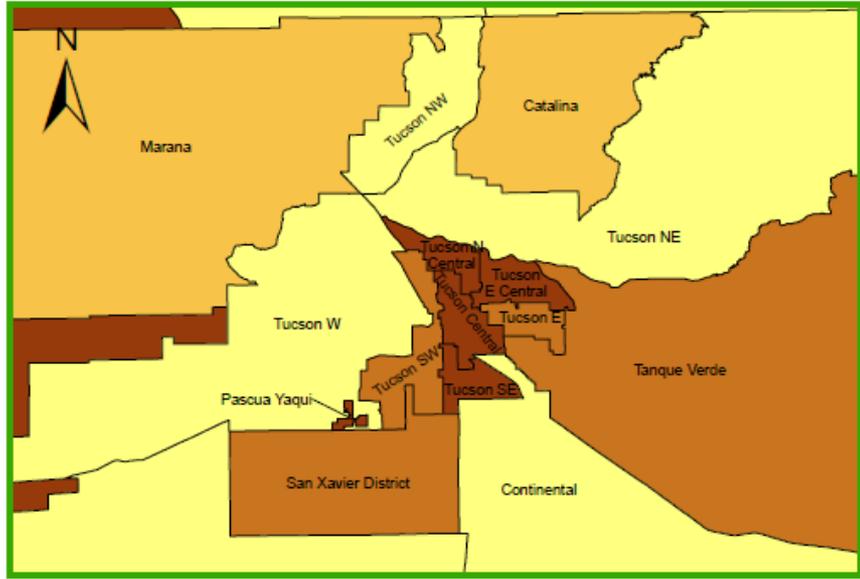
Risk Score	
6.20 - 49.95	(Lightest yellow)
49.96 - 63.50	(Light orange)
63.51 - 76.90	(Medium brown)
76.91 - 107.35	(Darkest brown)



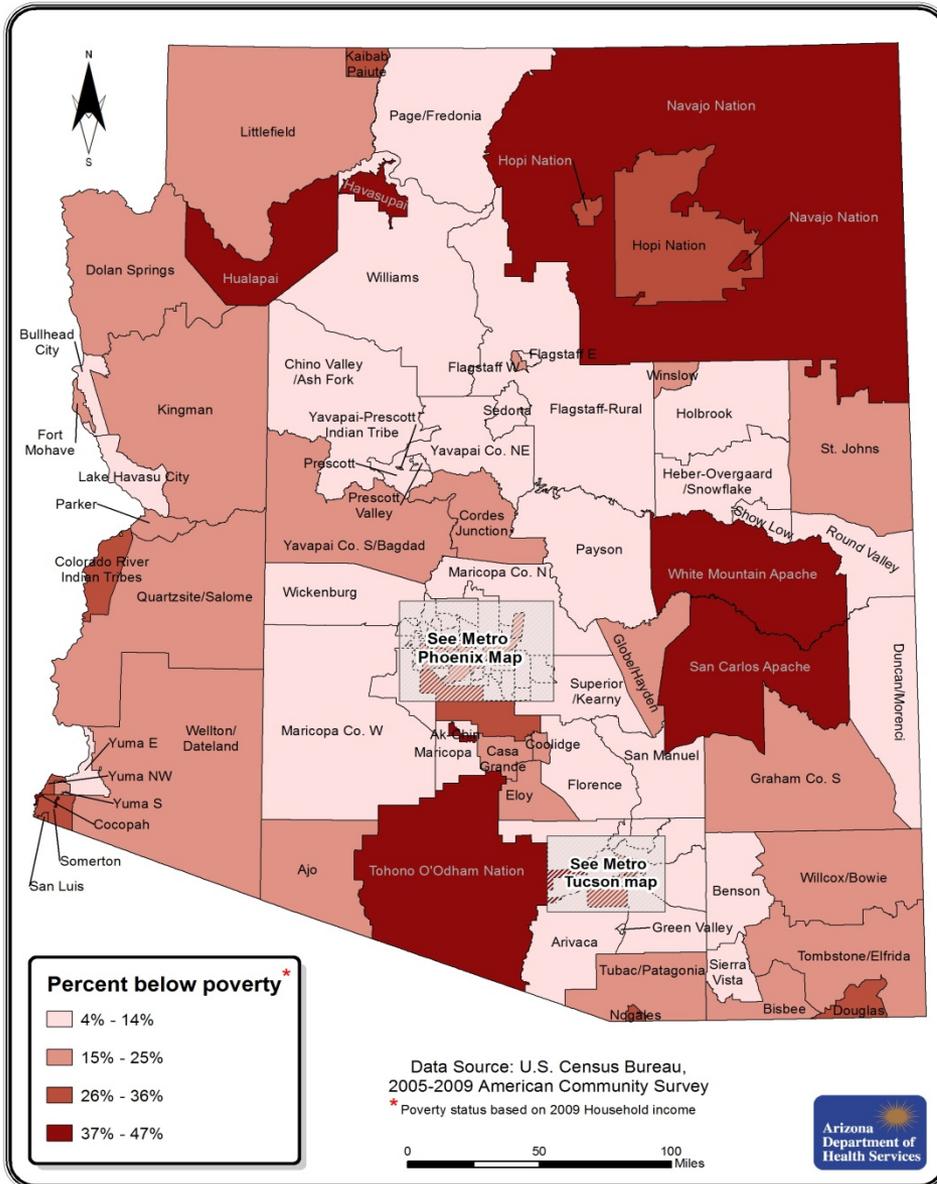
Metro Phoenix



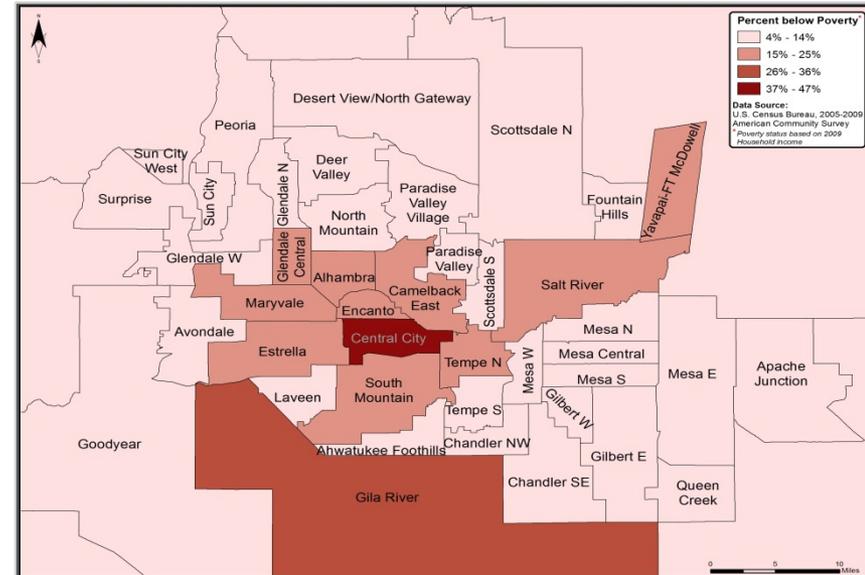
Metro Tucson



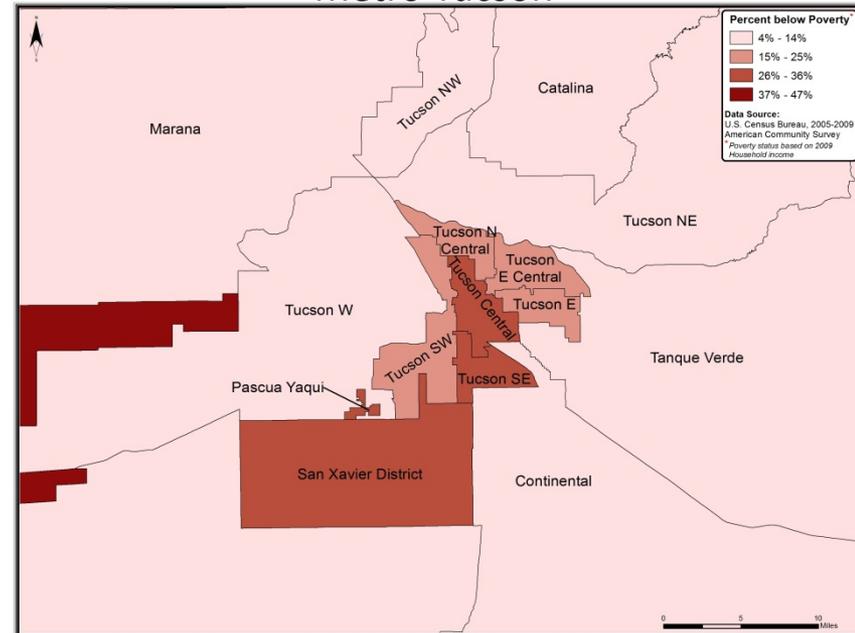
Poverty Levels



Metro Phoenix



Metro Tucson



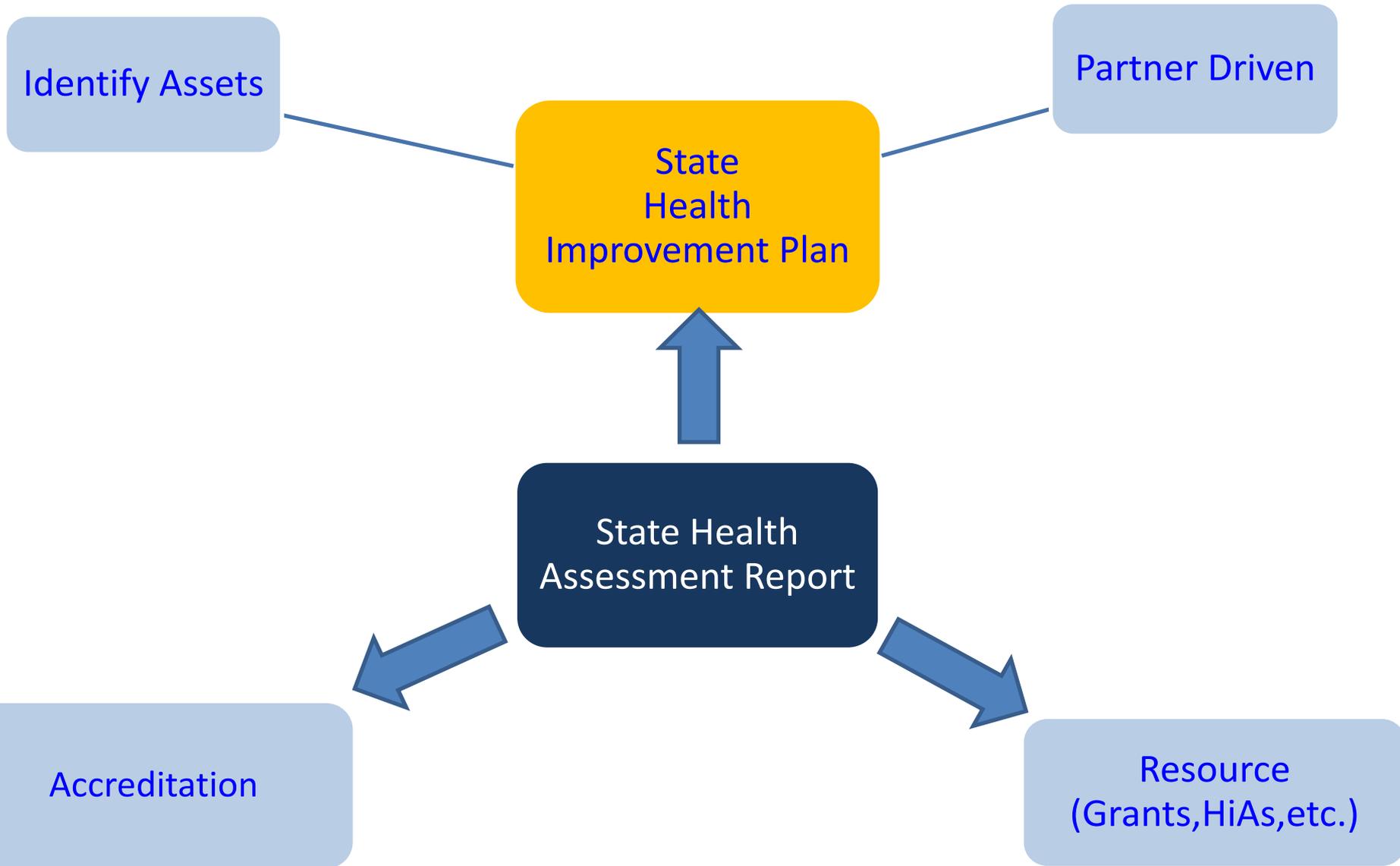
Public Health Today....

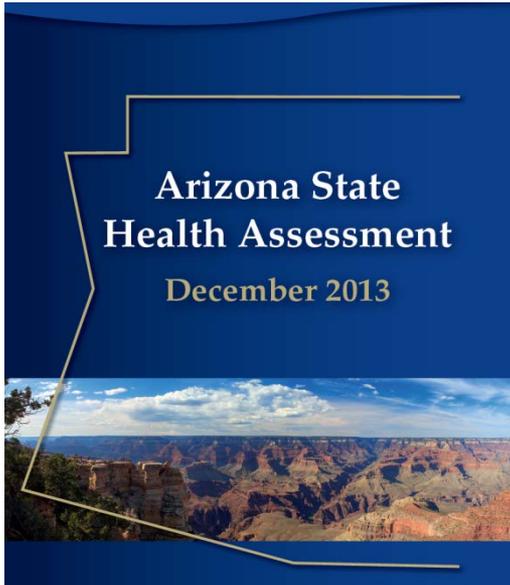
- Healthcare landscape is changing
- Shift from a sick care to a preventive health care system
- Economic recession means increased community needs
- Access to care will improve
- Categorical funding shifts to more integrated funding streams
- Increased opportunities to focus on prevention and community design
- ❖ Partnerships are our biggest resource

Discussion & Next Steps

- SHA report and partner input survey will inform the State Health Improvement Plan (SHIP)
- Partner discussions will define SHIP priority health issues, strategies and goals to track progress
- Asset Maps will be further developed with partner input
- County level Community Health Improvement Plans (CHIPs) are simultaneously moving forward

How Can You Use This Resource?





Thank you for your time and interest !

This presentation and the full 2013 Arizona State Health Assessment Report is available on the ADHS Managing for Excellence Website:

<http://www.azdhs.gov/diro/excellence>

Please take 10 minutes to give us feedback on the State Health Assessment and contribute to the State Health Improvement Plan (SHIP). You will have 2 weeks to complete the short survey linked below after reviewing the full report.

https://www.surveymonkey.com/s/SHA_PartnerSurvey



Health and Wellness for all Arizonans