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## Executive Summary

The Coconino County Public Health Service District (PHSD) held two meetings with service providers, one in the Northern Hub of the County, Page, and one in the Southern Hub, Flagstaff. The meetings drew together 71 experts in the fields of Injury associated with alcohol, Chronic Illness including diabetes, heart disease, and obesity and Access to health care. Providers were asked to identify current activities in these areas, service gaps, and strategies that PHSD could use toward eliminating gaps. Overall, providers said that PHSD should act as a coordinator between service providers, an educator of the public, an advocate for systems change, and a documenter of health care opportunities. Specific strategies with projected timelines are listed at the end of this report.

## Introduction

In February 2013, 35 health care leaders in Flagstaff and 36 health care leaders in Page convened to 1) review Community Health Assessment data for Coconino County, 2) to identify provider overlap, gaps in service coverage and community needs, and 3) to define the role of the Public Health Services District (PHSD) toward those ends. These 71 health care leaders represented non-profit organizations, government bodies, tribal representatives, community based organizations, and health care providers.

The mission of the Coconino County Community Health Improvement Plan (CHIP) group is to develop a Strategic Plan that promotes the health and wellbeing of residents by intervening in the key processes that cause unintentional injury, preventing illness associated with poor lifestyle choices and pursuing affordable and accessible health care for all residents.

Senior Management of the PHSD reviewed current health data in the Community Health Assessment, and prioritized three areas of concern: Injury associated with alcohol consumption, Chronic illness including heart disease, diabetes, and obesity, and Access to health care. The CHIP conference participants organized into break-out groups based on these three major issues.

Each break-out group met during a full day CHIP conference. A facilitator trained in ToP (Technology of Participation- Registered Trademark<sup>1</sup>) methods helped the group to identify current system-wide activities, systemic gaps in services, and goals and strategies surrounding the role of the PHSD. A community asset map, a list of gaps, and a rough strategic plan were produced. Senior Management at PHSD then evaluated the strategies and produced a list of goals they felt were achievable in the upcoming five years. The chosen goals are listed below:

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<sup>1</sup> [http://partnersinparticipation.com/?page\\_id=48](http://partnersinparticipation.com/?page_id=48)

<b>Injury Associated with Alcohol</b>		<b>Chronic Illness including heart disease, diabetes and obesity</b>		<b>Access to Health Care</b>	
<b>Page</b>	<b>Flagstaff</b>	<b>Page</b>	<b>Flagstaff</b>	<b>Page</b>	<b>Flagstaff</b>
To coordinate service providers	To coordinate service providers	To coordinate service providers	To coordinate service providers	To coordinate service providers	To coordinate service providers
To make the Page area community aware of prevention and treatment opportunities	To make the Flagstaff area community aware of prevention and treatment opportunities	To educate the Page area community including youth	To educate the Flagstaff area community with a focus on youth	To advocate for a medical services transportation system	To advocate for a medical services transportation system
			To advocate for policies that prevent chronic illness	To make the Page area community aware of low cost providers and screening opportunities	

**Table 1: CPHSD's goals as defined by CHIP participants**

These goals represent feasible solutions to the most pressing public health issues for Coconino County, and will be the focus of continuing health district intervention during the next five years. Collaboration does not end with the finalization of this report; the CHIP participants made explicit their wish to continue meeting to discuss the health care community's distribution of resources, overarching goals and collaborative potential. This plan is designed as a first step toward a more strategic and inclusive approach to community wide health care, where stakeholder-partners will strategize around their part in gap reduction. As such, this is a dynamic document that will shift as community data and feedback are reviewed.

Finally, PHSD realizes that evaluation and monitoring will be involved as the CHIP evolves. Health outcomes are expected to improve over time as we use policy and programming to address injury, alcoholism, heart disease, diabetes, obesity, and access to care. The Community Health Assessment produced in January 2013 will serve as our baseline health data. Indicators such as percentages of excessive drinking, unintentional injury, obese adults and those with health insurance will serve to measure our progress. We hope to meet or exceed Healthy People 2020 goals in the years to come. Continued meetings with partners as well as our own strategic plan will be designed toward that end.

***Thank You, CHIP Conference Participants***

The Coconino County Public Health Services District would like to thank the organizations who donated their time to make the CHIP conferences a success. The following organizations participated in the planning:

- Flagstaff Medical Center
- North Country Health Care – Williams, Page, Flagstaff staff
- The Guidance Center
- Girls on the Run
- Williams Police Department
- First Things First
- Native Americans for Community Action
- Poore Free Medical Clinic
- Northern Arizona Public Employees Benefit Trust
- Mountain Heart Association
- Alliance for a Healthier Generation
- Sacred Peaks
- Tuba City Regional Health Care Center
- Northern Arizona Regional Behavioral Health Authority
- Salt River Project Power and Water
- Banner Health Clinic
- Zion’s Way
- Page City Council
- Page Unified School District
- Coconino County Criminal Justice Coordinating Council- Page, AZ
- Pathways Recovery
- Encompass
- Rainbow Residential Treatment Center, Page, AZ
- Kaibeto District Behavioral Health System
- Kaibeto Chapter House
- Page Hospital
- Kaibeto Outpatient
- Page Head Start
- Canyonlands Health Care
- Tse Ya’ate School

## Partner Defined Strategies

### Injury Associated with Alcohol

Current situation: There are many alcohol users who never act in an unsafe way while drinking, just as there are many injuries that are purely accidental, but combine excessive alcohol consumption with driving or unstable mental health and the results are deadly. In 2010, unintentional injuries, one of the leading causes of death (72 cases/100,000pop) in Coconino County, were the only cause of death to affect individuals of all ages; a large portion of those deaths were motor vehicle accidents and many were associated with drinking alcohol. Excessive drinking among adults in Coconino County (15%) is almost twice as high as the national benchmark (8%). Teen alcohol use was roughly 30% in 2010. Violent crime and alcohol abuse rates are higher here in Coconino County than the nation. Finally, the highest percentages of arrests for “less serious” offenses in Coconino County were liquor law violations, followed by disorderly conduct and then DUI cases<sup>2</sup>. Injury associated with alcohol, whether caused by a vehicle crash, domestic violence or an assault, deserves some much needed attention.

Systemic Gaps: 1) Few treatment centers and even fewer sober living support programs post-treatment  
2) Lack of prevention activities for youth, starting at the grade and middle school levels

Strategic issue: There needs to be more prevention of alcohol abuse and more access to treatment centers for those diagnosed with alcoholism.

Key Result Areas: Providers would like to participate in semi-annual meetings to coordinate resources and activities. Community members will have access to a directory of services, which are kept updated and specific to the Northern (Page) and Southern (Flagstaff) hubs of Coconino County.

Strategies:

For Page as the Northern Hub of Coconino County:

- I. **Goal:** To coordinate service providers
  - a. Communicate grant opportunities to stakeholders
    - i. Act as a coordinator for grants that may cross jurisdictional or organizational boundaries
    - ii. Send lists of available grants via email to providers
  - b. Participate in the existing Substance Abuse Task Force
    - i. Encourage collaboration and sharing of resources between providers
    - ii. Ensure stakeholder’s efforts are not being doubled or do not conflict
- II. **Goal:** To make the Page community aware of prevention and treatment opportunities
  - a. Create a list of all available services for alcohol prevention and treatment
    - i. List treatment programs by availability and cost
    - ii. Make the list available online and in print, distribute the printed list for those with no internet access
  - b. Distribute the printed list (paper copy) to health care facilities on the Navajo and Hopi Nations

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<sup>2</sup> Unless otherwise cited, all statistics comes from the Community Health Assessment, produced by the Coconino County Public Health Services District in 2013. Accessible at <http://coconino.az.gov/index.aspx?nid=222>

For Flagstaff as the Southern Hub of Coconino County:

- I. **Goal:** To Coordinate service providers
  - a. Communicate grant opportunities to stakeholders
    - i. Act as a coordinator for grants that may cross jurisdictional or organizational boundaries
    - ii. Send lists of available grants via email to providers
  - b. Convene stakeholder meetings twice a year
    - i. Encourage collaboration and sharing of resources between providers
    - ii. Ensure stakeholders efforts are not being doubled or are conflicting
  - c. Monitor and evaluate data on alcohol-induced injury
    - i. Keep track of morbidity, mortality and alcohol consumption data
    - ii. Disseminate factual information at the stakeholder meeting
- II. **Goal:** To make the Flagstaff community aware of prevention and treatment opportunities
  - a. Create a list of all available services for alcohol prevention and treatment
    - i. List treatment programs by availability and cost
    - ii. Make the list available online and in print, distribute the printed list for those with no internet access
  - b. Run youth and school based prevention programming
    - i. Educate elementary and middle school students on alcohol abuse
    - ii. Encourage youth groups to create their own programming on alcohol abuse

### Chronic Illness including Heart Disease, Diabetes, and Obesity

Current situation: Obesity is a prominent illness in county residents and a key risk factor for several deadly chronic diseases. Heart disease, the leading cause of death for the nation as well as Coconino County, used to affect primarily the elderly. Diabetes was the same, until the recent obesity epidemic took hold. Obesity is a risk factor for half of the County's top ten leading causes of death -- cardiovascular disease, cancer, stroke, pneumonia/flu and diabetes. Twenty five percent of adults in Coconino County are obese. Lack of access to healthy foods and indoor fitness facilities, particularly in areas outside of Flagstaff, likely contribute to the obesity problem, as do poor individual nutritional choices. Food deserts, defined as locations at least 10 miles from a full service grocery store, are common in the Northern Hub; 22% of low income individuals in the county live in a food desert. Fast food restaurants are almost as common as sit-down establishments; 41% of all restaurants in the county serve high fat, high calorie, fast food. Finally, the disproportionate number of Native Americans with diabetes is concerning<sup>3</sup>; Coconino County is home to part of the Navajo Nation, the Hopi Nation, and several smaller tribal sovereignties. To protect the County's people from bearing the high burden of obesity related diseases, chronic illness has been made a priority.

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<sup>3</sup> Unless otherwise cited, all statistics comes from the Community Health Assessment, produced by the Coconino County Public Health Services District in 2013. Accessible at <http://coconino.az.gov/index.aspx?nid=222>

Systemic Gaps: 1) Uncoordinated systems of care 2) Unavailability of fresh fruits, vegetables, and safe, low-cost places to recreate 3) Lack of worksite wellness programs and school-centered physical activity

Strategic Issue: There needs to be more collaboration between nutrition and exercise professionals, more education and public outreach about weight loss and diet, and more policy that addresses the structural causes of obesity.

Key Result Areas: Providers would like to participate in semi-annual meetings to coordinate resources and activities. Schools and businesses will participate in wellness programs or educational opportunities including school gardens.

Strategies:

For Page as the Northern Hub of Coconino County:

- I. **Goal:** To coordinate service providers
  - a. Convene stakeholder meetings three times a year
    - i. Encourage collaboration and sharing of resources between providers
    - ii. Ensure stakeholder's efforts are not being doubled or are conflicting
    - iii. Break into action groups for nutrition and physical education
    - iv. Include the Navajo and Hopi Nations as key partners
- II. **Goal:** To educate the community including youth
  - a. Create community gardens
  - b. Teach health education in schools
  - c. Hold health fairs at workplaces and community events

For Flagstaff as the Southern Hub of Coconino County:

- I. **Goal:** To coordinate service providers
  - a. Convene stakeholder meetings twice a year
    - i. Encourage collaboration and sharing of resources between providers
    - ii. Ensure stakeholders efforts are not being doubled or conflicting
  - b. Communicate grant opportunities to stakeholders
    - i. Act as a coordinator for grants that may cross jurisdictional or organizational boundaries
    - ii. Send lists of available grants via email to providers
  - c. Train service provider staff for increased efficacy
    - i. Strategic thinking
    - ii. Grant writing
    - iii. Policy
- II. **Goal:** To educate the community with a focus on youth
  - a. Create gardens for exercise and food systems education
    - i. Farms to Schools programming
    - ii. Community gardens
  - b. Support the creation of worksite wellness programs in local businesses
- III. **Goal:** To advocate for policies that prevent chronic illness
  - a. Promote policy preventing chronic illness at the Hermosa Vida Policy coalition

- b. Advocate at a local and state level for chosen policies

### Access to Care

Current Situation: Though the ratio of primary care physicians to patients in the county is 1: 778, not all county residents can easily access primary care. Currently, over 70% of Coconino County's adults and almost 90% of her children have health insurance<sup>4</sup> and those numbers are expected to increase when the Affordable Care Act (ACA) takes full effect in 2014. However, poverty and distance are two larger barriers to health care for many county residents. Flagstaff and Page enjoy modern medical facilities; more rural areas of the county do not. Transportation to and from population centers is lacking. While the Navajo Transit System does provide routes to and from smaller communities on the Navajo Nation, the route timing may not suffice for attending medical appointments<sup>5</sup>. The Arizona designation of "Medically Underserved Area" applies to all but the southeast quadrant of the county, with the northern half of the county being the most underserved.<sup>6</sup> Jurisdictional issues between the Native American nations and county providers may create gaps in continuity of care. Individuals with lower socio economic status cannot afford the gas or the time off work to attend appointments far from their home base.

Systemic Gaps: 1) Many uninsured or underinsured individuals 2) Lack of transportation to and from primary to tertiary care 3) No continuity of care 4) Poverty

Strategic Issue: Affordable transportation between major population centers needs to be enacted. Though public health does not concern itself directly with poverty, medical care must be made affordable and available for rural and lower socio-economic status individuals.

Key result areas: The communities would like to see a public transportation route between Page and Tuba City for medical patients, a community health directory including free and low cost services, and a document guiding providers in the Affordable Care Act requirements.

Strategies:

For Page as the Northern Hub of Coconino County:

- I. **Goal:** To coordinate service providers
  - a. Communicate grant opportunities to stakeholders
    - i. Act as a coordinator for grants that may cross jurisdictional or organizational boundaries
    - ii. Send lists of available grants via email to providers
- II. **Goal:** To advocate for a medical services transportation system
  - a. Focus on a route from Page to Tuba City and back
  - b. Identify potential funding sources for regular medical transport vehicle

<sup>4</sup> Unless otherwise cited, all statistics comes from the Community Health Assessment, produced by the Coconino County Public Health Services District in 2013. Accessible at <http://coconino.az.gov/index.aspx?nid=222>

<sup>5</sup> <http://www.navajotransit.com/index.php/routes.html>

<sup>6</sup> <http://www.azdhs.gov/hsd/designations/DownloadWindow/BaseMaps/AZMUA.pdf>

- III. **Goal:** To make the Page community aware of low-cost providers and screening opportunities
  - a. Promote worksite wellness programs at schools and businesses
  - b. Create a list of all available low and no cost services
    - i. List treatment programs by availability and cost
    - ii. Make the list available online and in print, distribute the printed list for those with no internet access

For Flagstaff as the Southern Hub of Coconino County:

- I. **Goal:** To coordinate service providers
  - a. Convene stakeholder meetings twice a year
    - i. Encourage collaboration and sharing of resources between providers
    - ii. Ensure stakeholders efforts are not being doubled or are conflicting
    - iii. Establish a mission and vision for the health care provider community as a whole
  - b. Communicate grant opportunities to stakeholders
    - i. Act as a coordinator for grants that may cross jurisdictional or organizational boundaries
    - ii. Send lists of available grants via email to providers
  - c. Hold meetings with FMC and North Country Health Care during the ACA transition
    - i. Discuss how the health exchanges will affect coverage
    - ii. Plan assistance for exchange users between the three systems
  - d. Train service provider staff for increased efficacy
    - i. Strategic thinking and logic models
    - ii. Epidemiology
    - iii. Data monitoring and evaluation
  - e. Lead a policy coalition to address relevant issues
- II. **Goal:** To advocate for a medical services transportation system
  - a. Support the expansion of the Northern Arizona Intergovernmental Public Transportation Authority (NAIPTA)
    - i. Focus on routes to and from outlying Flagstaff communities
    - ii. Identify potential funding sources for communities not in NAIPTA's tax base

### Next Steps

The Public Health Services District looks forward to meeting with partners, formalizing roles, and addressing additional service gaps. As the strategies suggested by our partners guide our own role, we feel our role as collaborator will allow stakeholders to define the extent of their responsibilities. We envision signing Memoranda of Understanding with several of our key partners in the months to come. The data from this CHIP will inform PHSD and County decision-makers in the strategic planning phase, to begin in the winter of 2013, and we intend to convene more provider meetings to help refine our role and augment partner roles, especially as the Affordable Care Act takes effect.

## Injury Associate with Alcohol- Strategies

<b>Hub</b>	<b>Strategy</b>	<b>Associated policy change</b>	<b>Title of responsible party</b>	<b>Early Milestones</b>	<b>Date</b>
<b>Northern and Southern</b>	Communicate Grant opportunities to stakeholders	None	Grant Writer	Establish an email list of stakeholders by scope of work	Start date: July 1 <sup>st</sup> , 2013
<b>Northern</b>	Participate in existing Substance Abuse Task Force	None	Senior Manager in Page, AZ	Attend meetings regularly	Start date: Next scheduled meeting
<b>Northern and Southern</b>	Create a list of all available services for alcohol prevention and treatment	None	Administration Specialist in Flagstaff	Contact all possible providers	August 2013
<b>Northern</b>	Distribute the paper copies to health care facilities on the Navajo and Hopi Nations	None	Senior Manager in Page and Tuba City CCPHSD staff	Provide 50% of Navajo and Hopi Nation providers a copy	January 2014
<b>Southern</b>	Convene stakeholder meetings twice a year	None	Chief Health Officer	Schedule initial meeting for August 2013 and begin planning process	May 2013
<b>Southern</b>	Monitor and evaluate data on alcohol-induced injury	None	Epidemiologist	Complete annual review of data	January 2014
<b>Southern</b>	Run youth and school based prevention	Establishing enabling policies at individual	Injury Prevention Specialists	Serve 20% of county schools, making a	2014-2015 school year

programming	schools or districts	greater effort to reach schools outside the Flagstaff area
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## Chronic Illness- Strategies

<b>Hub</b>	<b>Strategy</b>	<b>Associated policy change</b>	<b>Title of responsible party</b>	<b>Early Milestones</b>	<b>Date</b>
<b>Northern</b>	Convene stakeholders meetings three times a year	None	Chief Health Officer	Schedule initial meeting for September 2013 and begin planning process	July 2013
<b>Northern</b>	Create community gardens	None	Program Manager for Arizona Nutrition Network	Schedule meetings with interested parties in Tuba City, Fredonia, and Page	September and October 2013
<b>Northern</b>	Teach health education in schools	None	Program Manager for First Things First and Arizona Nutrition Network	Continue nutrition and physical activity education with established curricula	Ongoing
<b>Northern</b>	Hold health fairs at workplaces and community events	None	Senior Manager and Health Educators in Page	Staff a booth with prevention specialists at the Back to School Fair	July 2013
<b>Southern</b>	Convene stakeholder meetings twice a year	None	Chief Health Officer	Schedule initial meeting for October 2013 and begin planning process	August 2013
<b>Southern</b>	Communicate grant opportunities to stakeholders	None	Grant Writer	Establish an email list of stakeholders by scope of work	Start date: July 1 <sup>st</sup> , 2013
<b>Southern</b>	Train service provider staff	None	Grant Writer	Coordinate with the	August 2013

	for increased efficacy			University of Arizona training programs to bring free trainings to Flagstaff	
<b>Southern</b>	Create gardens for exercise and food systems education	None	Program Manager for Arizona Nutrition Network	Schedule meetings with interested parties in Flagstaff and Williams	September and October 2013
<b>Southern</b>	Support the creation of worksite wellness programs	Adopting a county wellness policy and providing support for adoption by other worksites	Policy Analyst and County wellness team	Recruit fifteen small business owners to attend the Arizona Small Business Association's worksite wellness class	May 2013
<b>Southern</b>	Promote policy preventing chronic illness at the Hermosa Vida Policy coalition	Discussing feasibility of various chronic illness policy options	Policy Analyst	Collaborate with current Hermosa Vida policy coalition to promote Bushmaster Park's revitalization	April 2013
<b>Southern</b>	Advocate at the local and state level for chosen policies	Depending on group decision	Policy Analyst and the County Manager's office (for State level advocacy)	Meet with local leaders to propose at least one policy that will prevent chronic illness at the population level	May 2013

## Access to Care- Strategies

Hub	Strategy	Associated policy change	Title of responsible party	Early Milestones	Date
<b>Northern and Southern</b>	Communicate grant opportunities to stakeholders	None	Grant Writer	Establish an email list of stakeholders by scope of work	Start date: July 1 <sup>st</sup> , 2013
<b>Northern</b>	Focus transportation issues on a route from Page to Tuba City and back	Encouraging Navajo Transit to add twice daily service between Page and Tuba City	Senior Manager in Page	Meet with decision makers at Navajo Transit	December 2013
<b>Northern</b>	Identify potential funding sources for regular medical transport vehicle	None	Grant Writer	Develop an initial list of potential grants and due dates	July 2013 and ongoing
<b>Northern</b>	Promote worksite wellness programs at schools and businesses	Facilitating memoranda of agreement between service providers and workplaces to provide basic wellness checks on site	Senior Manager in Page	Plan for MOU's with key stakeholders	September 2013
<b>Northern</b>	Create a list of all available low and no cost services	None	Administration Specialist and Senior Manager in Page	Contact all possible providers	August 2013
<b>Southern</b>	Convene stakeholder meetings twice a year	None	Chief Health Officer	Schedule initial meeting for September 2013 and	July 2013

				begin planning process	
<b>Southern</b>	Hold meetings with FMC and North Country Health Care during the ACA transition	Expecting policy change but unknown	Access to Care Senior Manager	Establish stakeholder roles for the ACA transition at the first meeting	October 2013
<b>Southern</b>	Train service provider staff for increased efficacy	None	Grant Writer	Coordinate with the University of Arizona training programs to bring free trainings to Flagstaff	August 2013
<b>Southern</b>	Support the expansion of the Northern Arizona Intergovernmental Public Transportation Authority	Encouraging NAIPTA to add service to outlying Flagstaff area	Policy Analyst and Access to Care Senior Manager	Meet with decision makers at NAIPTA to discuss future plans	May 2013