

ARIZONA DEPARTMENT OF HEALTH SERVICES

BIENNIAL REPORT

Bureau of Tobacco and Chronic Disease

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Dear Reader,

This Biennial Report has been prepared as a snapshot of what we've accomplished in fiscal years 2015 and 2016 with the use of tobacco tax revenues provided through Proposition 200 and 303. As you will see, much has happened in those two years to decrease the use of tobacco in Arizona, which remains the leading cause of disease-related death.

First and foremost, the Centers for Disease Control & Prevention (CDC) reports that tobacco use among adults in Arizona dropped to 14% in 2015! This was a decrease from 16.5% in 2014. Yet even more noteworthy, an estimated 200,000 fewer Arizonans use tobacco than in 2011. Of equal importance, due to our many efforts to keep youth away from nicotine and tobacco products, the Youth Risk Behavior Survey (YRBS) found a parallel decline in tobacco use among youth, with a 28.6% reduction between 2014 and 2016. With 10% of Arizona youth reporting they used a tobacco product within 30 days, **tobacco rates among both adults and youth are now at all-time lows.**

On the prevention side, Students Taking a New Direction (STAND), a statewide coalition of more than 30 youth advocacy groups, was recognized by CDC as one of the nation's best programs for youth engagement. Youth in every corner of the state launched initiatives creating smoke-free parks, curbing illegal sales of tobacco to minors, and educating their peers on the risks of nicotine addiction, chronic disease, and premature death associated with tobacco.

These successes were mirrored by the response of multi-housing property managers and owners to the efforts of the Arizona Smoke-Free Coalition and Arizona Multi-Housing Association (both of which were funded by the Arizona Department of Health Services), in promoting the economic and health-related benefits of smoke-free policies in multi-housing environments. In total, this nationally-recognized public-private partnership between state government and the multi-housing industry converted 147 multi-family properties to become smoke-free communities, with nearly twice that number transitioning to smoke-free status in 2017. This will result in tens of thousands of women, children and families living longer, healthier lives free of the dangers of secondhand smoke.

Our efforts to raise public awareness on all fronts – prevention, cessation, and secondhand smoke – also hit new highs, earning awards at the state and national levels, including 18 awards from the American Advertising Federation, including Best in Show, as displayed below.

Calls to the Arizona Smokers' Helpline (ASHLine) were at an all-time high! As a result of successful marketing efforts, increased referrals from healthcare providers, and coordination with local health departments, nearly 29,000 Arizonans sought the services of the ASHLine to help them quit tobacco for good. Similar to the outcomes noted above, this represents an unprecedented number of people and underscores the overall positive trend of Arizonans deciding to quit tobacco. It is also important to note that Arizonans who enroll in the ASHLine reported a sustained quit rate of over 40%, or nearly 13 times the success rate of "cold turkey" attempts.

Working alongside our many partners across the state, and buoyed by the advice of the TRUST Commission, we are confident that further reductions in tobacco use among adults and youth across all populations will occur as we commit to having the lowest rate of tobacco use in the nation by 2020. As such, a continued decline in tobacco use will bear witness to lower premature death and the financial burdens that accompany them.



Nothing makes us happier than knowing fewer and fewer Arizonans are using tobacco. We are also proud that our tobacco prevention messages recently swept the ADDY Awards within the Phoenix Chapter of the American Advertising Federation.

According to the CDC, about half of all U.S. adults—117 million people—have one or more chronic health conditions.* In our efforts to prevent, detect and manage morbid health conditions such as cancer, cardiovascular disease, chronic lower respiratory disease, and Alzheimer’s Disease (now the fourth leading disease-related cause of death in Arizona), much of our efforts have centered on Chronic Disease Self-Management Education (CDSME), a Stanford University program model which provides high evidence in helping people effectively manage their chronic conditions and improve their overall health, while reducing health care costs.

While we have achieved success across critical areas of public health, and Arizona has retained its position as one of our nation’s leaders in tobacco control, our core concern remains: Too many Arizonans still suffer needlessly and die prematurely as a result of tobacco use and chronic disease...both of which are preventable and easily managed when addressed with strong evidence and a sense of urgency!

Stay tuned...and expect more.

**<https://www.cdc.gov/chronicdisease/overview>*



Wayne Tormala, Chief

Arizona Department of Health Services
Bureau of Tobacco & Chronic Disease

TABLE OF CONTENTS

| | |
|---|----|
| Youth Tobacco Use, Access, and Exposure..... | 5 |
| Youth Programs and Services | 6 |
| Adult Programs, Activities and Services | 7 |
| Reducing Health Disparities | 9 |
| Reducing the Burden of Chronic Disease | 11 |
| Chronic Disease Updates | 13 |
| Financials..... | 17 |
| Organizational Chart..... | 18 |

YOUTH TOBACCO USE, ACCESS, AND EXPOSURE

High School Youth

According to the Arizona Youth Risk Behavior Survey (YRBS), high school cigarette use has dropped 50% in the past 10 years, from about 21% in 2005 to 10% in 2015. However, quit attempts during the previous 12 months remained relatively stable with a slight drop during the same period, from 51% in 2005 to 49% in 2015. Current smokeless tobacco use has also remained relatively stable between 6-7%. Current cigar use has dropped from 28% in 2009 to 18% in 2015. However, current hookah use has increased from 15% in 2009 to 17% in 2015, and the number of students who ever tried hookah has increased from 28% to 39%. In 2015, electronic vapor product questions were added to the YRBS. More than half (52%) of students reported having ever tried electronic vapor products, and more than a quarter reported current use of electronic vapor products.



The YRBS also asks youth about people smoking around them as well as rules regarding smoking in their home. The percent of youth who reported being in the same room as someone who was smoking in the seven days prior to the survey has decreased from 48% in 2009 to 37% in 2015. Students who reported no-smoking policies in their homes increased from 86% from 2009 to 91% in 2015.

Middle School Youth

According to the Arizona Youth Tobacco Survey (YTS), Arizona's middle school students' current cigarette use has dropped, from 8% in 2005 to 3% in 2015. More than half of current smokers (62%) had tried to quit in the past 12 months. Only 1% of students reported currently using smokeless tobacco, and 2% reported currently using cigars. However, almost 7% reported currently using pipe tobacco, which includes hookah.

Self-Reported Access

Almost half (48%) of current middle school smokers reported being able to purchase tobacco products regardless of their age in the prior 30 days. There is a gender discrepancy, as this number is significantly higher for female students than male students (68% and 34% respectively). Current high school smokers reported obtaining their cigarettes in three main ways: borrowing them (29%), purchasing them in a store or gas station (25%), and having someone else buy the cigarettes (21%).

Statewide Enforcement of Sales to Minors

Enforcement of illegal sale of tobacco products to minors is a key component of a comprehensive tobacco prevention program. Laws prohibiting these sales are ineffective at reducing tobacco use among minors when they are not paired with an effective enforcement program. There are currently two dedicated youth tobacco inspection programs operating in Arizona:

1. The United States Food & Drug Administration (FDA) contracts with ADHS to operate the FDA Compliance Inspection Program (FDA Program).
2. ADHS contracts with the Attorney General's Office (AGO) to operate the AGO's Counter Strike Youth Tobacco Program (AGO Program).

While the FDA Program enforces the federal ban on sales to minors, the AGO Program enforces the state ban on sales to minors.

Over the last two years the FDA Program and the AGO Program have been working to improve collaboration and resource sharing between the two programs. In the fall of 2014, the programs began a pilot program exploring joint inspections. Early results indicate that the joint enforcement, which includes retailer education and retailer accountability for violations, is effective. In FY16, joint inspections were expanded, and both FDA and AGO Programs saw significant drops in failure rate to record lows. The FDA Program had an all-time low fail rate of 13.8% in FY16 while the AGO Program had the lowest fail rate since the program began in 2002 at 13.3%.

YOUTH PROGRAMS AND SERVICES

Students Taking a New Direction (STAND) is Arizona's statewide anti-tobacco youth coalition. There are more than 30 active youth coalitions working throughout the state representing urban, rural, and tribal communities. STAND coalitions are becoming known and respected on a national stage, and are recognized by CDC as a Best Practice for Youth Engagement.



Two STAND coalitions (Youth Taking Charge from the Tanner Community Development Corporation and the Graham County STARS) attended training and participated in networking sessions during FY15 and FY16 offered by the Truth Campaign and the Legacy Youth Leadership Institute.

We brought national tobacco advocates to Arizona to work with the youth on a number of topics, such as advocacy, public speaking and tobacco marketing tactics. These included Gustavo Torrez from the Campaign for Tobacco Free Kids (CTFK), LaTanisha Wright who is a noted author and national anti-tobacco speaker, and Tyra Nicolay who is the Campaign for Tobacco Free Kids West Region Youth Advocate of the Year.

STAND coalitions have successfully worked to implement a number of community policies, including implementing smoke-free parks throughout the state, restricting smoking in cars with minors in Kingman, and increasing the minimum age to 21 to purchase tobacco in Cottonwood.



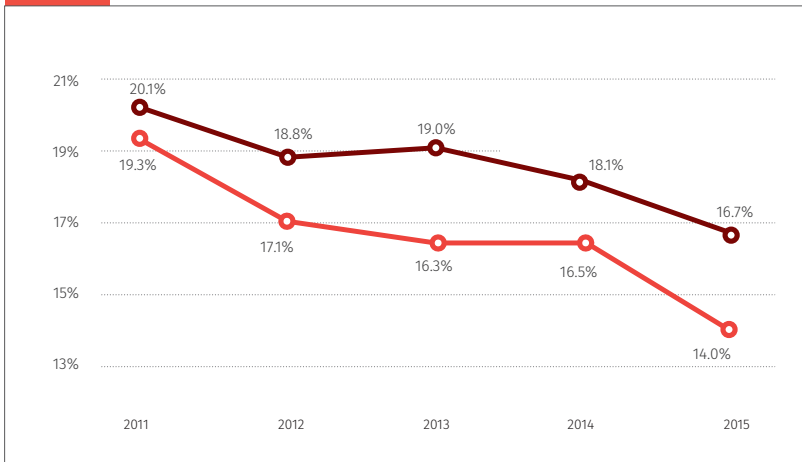
Students Taking a New Direction (STAND) has become a national model for other youth-empowered anti-tobacco coalitions.



ADULT PROGRAMS, ACTIVITIES, AND SERVICES

Arizona continues to see a dramatic decrease in the number of adult smokers according to the CDC Behavioral Risk Factor Surveillance System (BRFSS). Prevalence has dropped 27% in the past four years, from 19% in 2011 to 14% in 2015, as shown in Figure 1. Looking at 2015 adult rates from a national perspective in Figure 2, Arizona continues to have lower rates of current smokers, slightly higher rates of former smokers and higher rates of those who never smoked.

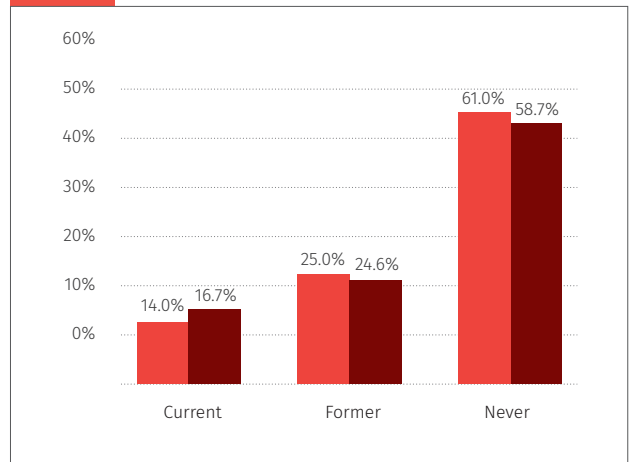
FIGURE 1



Arizona National

Percentage of national and Arizona adults that are current smokers, 2011-2015 BRFSS.

FIGURE 2



Arizona National

Comparison of Arizona and national adults that are current, former, and never smokers, 2015 BRFSS.

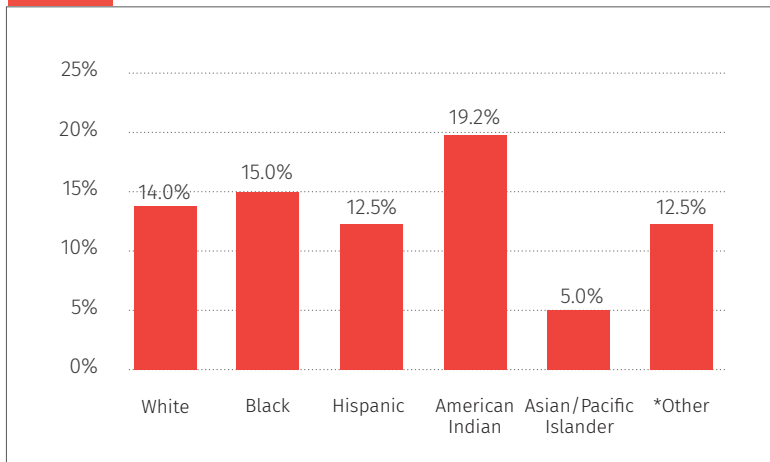
Demographics

Figure 3 analyzes the percentage of smokers by race/ethnicity. American Indians suffer from the highest smoking rates among 2015 respondents, with Asian/Pacific Islanders reporting the lowest prevalence rates. It is important to note that the statistics for American Indians come from traditional tobacco use, and do not include ceremonial use. Figure 4 looks at smoking status by age group, with the highest rates among 25-34 year olds and similar rates among 55-64 year olds. Quit attempts are highest among 18-24 year olds at 77.7% and decrease with ensuing age groups with only 44.1% of 65 and older smokers trying to quit.

Arizona Smokers' Helpline

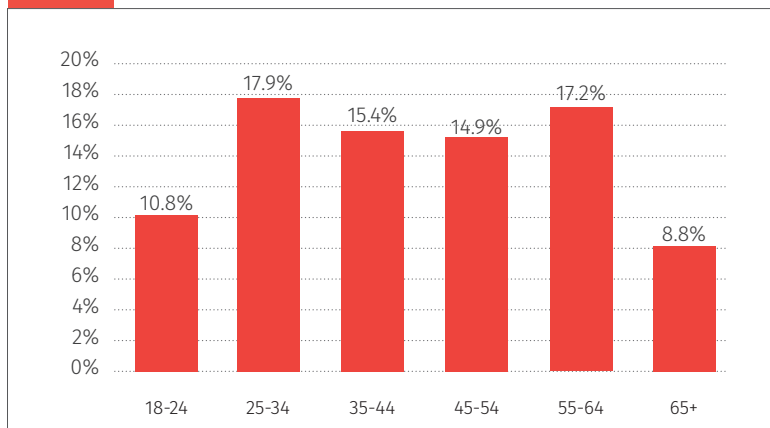
Calls to the Arizona Smokers' Helpline (ASHLine) increased by 73% from FY15 to FY16. ASHLine also worked with healthcare providers with the goal of offering tobacco users access to cessation support at every healthcare visit, resulting in over 10,000 referrals. By collaborating with ADHS, ASHLine also reached more Arizonans through large-scale media campaigns. The enrollment team enrolled 9,739 tobacco users in FY16, a 25% increase over FY15. Coaching staff were also able to better serve clients by extending nicotine replacement therapy (NRT) from two to four weeks and implementing special protocols for assisting high-risk populations (e.g. pregnant smokers, behavioral health clients, the LGBTQ/GSM community).

FIGURE 3



Percentage of Arizona adults that are current smokers by race/ethnicity, 2015 BRFSS.

FIGURE 4



Percentage of Arizona adults that are current smokers by age group, 2015 BRFSS.

REDUCING HEALTH DISPARITIES

Achieving health equity and eliminating disparities as we improve the health of all Arizonans are proud goals of BTCDC. Towards that effort, the bureau has reached out to specific populations that are disproportionately affected by tobacco use.

Tanner Community Development Corporation (TCDC)

Tanner Community Development Corporation (TCDC) is an African-American faith community which proactively addresses the economical, educational, spiritual, health and housing needs of its community. TCDC has a collaborative relationship with BTCDC, with the goal of identifying and eliminating tobacco related disparities in the African-American community. Specifically, TCDC has initiatives aimed at: (1) educating youth on the addictive nature of tobacco, (2) establishing a tobacco-free policy on church campuses, and (3) building capacity in community organizations to promote quitting. Youth Taking Charge (YTC), their dynamic advocacy group of 40-50 youth, furthers tobacco prevention efforts by focusing on advocating for smoke-free parks, smoke-free multi-unit housing, peer-to-peer education and participation in tobacco surveillance and enforcement efforts.

Tribal Efforts

BTCDC supported and participated in the 2015 “Air is Life” conference in Ft. Defiance, AZ with Navajo Tribal leaders and a variety of health organizations. The summit addressed the dangers of secondhand smoke and the benefits of casinos going smoke-free. Among the speakers at the conference were former Navajo Nation Presidents Ben Shelly, Peter MacDonald and Patricia Nez-Henderson, MD, MPH, Vice President of the Black Hills Center for American Indian Health. In addition, the Hopi and Kaibab-Paiute Tribes were contracted to continue their tobacco prevention efforts. Both tribes have strong youth coalitions that work within their community on peer-to-peer education and participate in tobacco surveillance and enforcement efforts.

LGBTQ/GSM Efforts

In FY15 & FY16, Arizona collaborated with Lesbian, Gay, Bisexual, Transgender and Questioning/Gender and Sexual Minorities (LGBTQ/GSM) community members around the state to develop an advisory group to guide LGBTQ/GSM efforts. In FY15, Arizona was awarded a Tobacco Prevention and Cessation Grant from the Centers for Disease Control and Prevention (CDC) to further LGBTQ/GSM efforts. Through a competitive process, Pima Prevention Partnership (PPP) was awarded a sub grant to implement a survey which is currently establishing a baseline for smoking rates in Arizona for this community; and to understand attitudes about tobacco prevention and cessation.

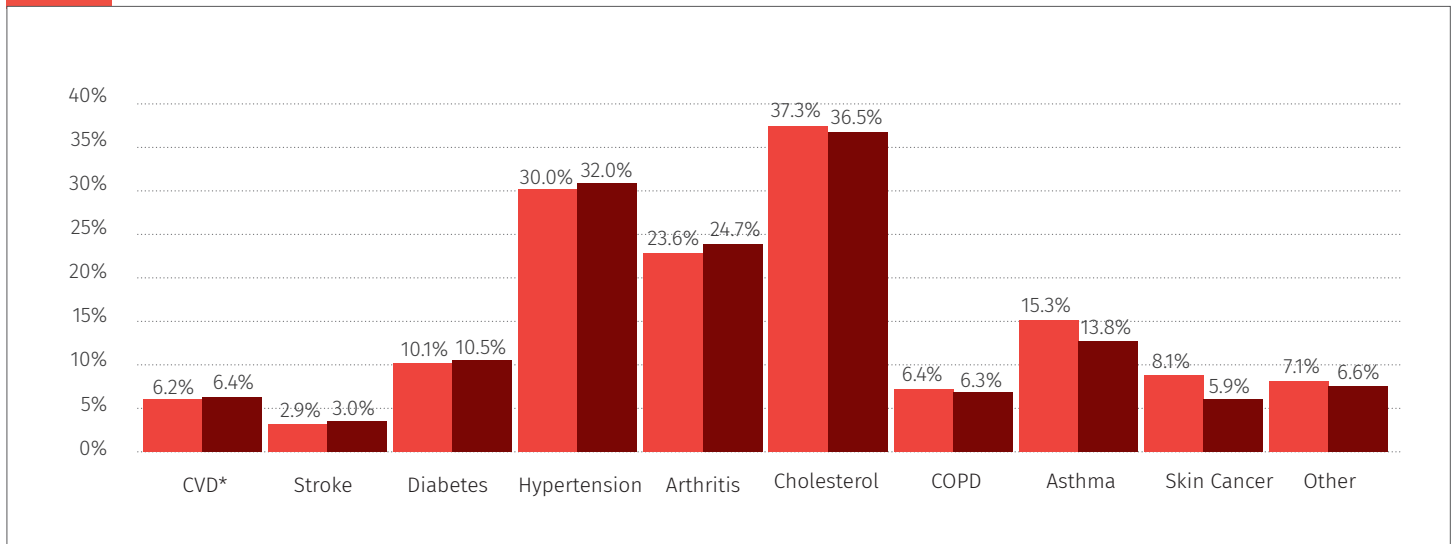


CHRONIC DISEASE

REDUCING THE BURDEN OF CHRONIC DISEASE

According to the U.S. Department of Health and Humans Services, about 80% of all deaths from chronic obstructive pulmonary disease (COPD) are caused by smoking and tobacco use. Among current smokers, chronic lung disease accounts for 73% of smoking-related conditions in the United States. Even among smokers who have quit, chronic lung disease accounts for 50% of smoking related conditions. Research from the Centers for Disease Control and Prevention has shown a direct correlation between tobacco use and chronic diseases, such as: lung, larynx, esophageal and oral cancers, heart disease, and chronic lower respiratory disease.

FIGURE 8



Arizona National

A Comparison of Arizona and national adults with reported chronic conditions, 2015 BRFSS.

Chronic Disease Self-Management Education Programs

Addressing chronic disease conditions requires strategies to delay health-related effects of aging, improve function, and address the problems that people confront in their day-to-day lives. The Stanford model of CDSMP is probably the best known and most highly regarded self-management program for people with chronic conditions in the United States. Through a partnership with the U.S. Administration of Community Living, ADHS BTCDC promotes the Stanford model through community-based workshops. In Arizona, the Stanford model is called Healthy Living Program.

The Healthy Living Program is a low-cost program that helps individuals with chronic conditions learn how to manage and improve their own health, while reducing health care costs. The program consists of workshops once a week for two and a half hours over six weeks in community-based settings, such as: senior centers, congregate meal programs, faith-based organizations, libraries, YMCAs, YWCAs, and senior housing programs. In addition to hypertension and Chronic Pain Self-Management Programs, Arizona offers Spanish-speaking programs (Tomando Control de su Salud, and Programa de Manejo Personal de la Diabetes). Led by a pair of trained facilitators, one or both of whom have a chronic condition themselves, participants focus on building the skills they need to manage their conditions by sharing experiences and providing mutual support.

For nearly a decade, ADHS BTCD has contracted with the Arizona Living Well Institute (AzLWI) to implement Stanford's Chronic Disease Self-Management Program (CDSMP) statewide. AzLWI is the lead agency that facilitates communication, coordination, and coaching for organizations and individuals, collects program data and ensures program fidelity. AzLWI also provides trainings for individuals to become CDSMP Lay Leaders and Master Trainers, provides technical assistance, and collects data. AzLWI works with over 59 organizations statewide, including 14 local county health departments, to hold CDSMP workshops.

Health in Arizona Policy Initiative

In January 2012, ADHS created the Health in Arizona Policy Initiative (HAPI) to achieve the goals of coordinated chronic disease efforts. HAPI is a collaborative effort that leverages tobacco tax and lottery funding with federal funding to address social determinants of health through a "health in all policies" approach within worksites, communities, schools and health systems. HAPI is built upon the leveraging of resources, development of relationships, and engagement of all populations on advancing efforts which make the healthy choices easy choices for populations.

In FY15, ADHS began exploring ways to leverage multiple public health programs and funding sources to increase the utilization of evidence-based community preventative services, as well as clinical preventative services to improve health. Following discussions between ADHS and county health departments, the Healthy People Healthy Communities Intergovernmental Agreement (IGA) was developed. Implemented in July 2015, the IGA brought seven previously separate programs together, including HAPI, under the guidance of one contract. As a result, counties have the opportunity to efficiently utilize resources across their health departments to generate relevant, meaningful and sustainable programs and services.

Healthy Arizona Worksites Program

Comprehensive worksite wellness programs are proven to not only help organizations control healthcare costs, including those associated with chronic conditions such as heart disease, diabetes, and pulmonary disease, but they also increase productivity among employees. Many employers, however, do not have an understanding of how to implement such a worksite wellness program, often neglecting the connection between prevention initiatives and health plan benefit design and utilization.

The Healthy Arizona Worksites Program (HAWP) provides tools, resources and technical assistance to employers to design, implement, and evaluate healthy worksite initiatives throughout Arizona. HAWP also works to create linkages between Arizona businesses engaging in healthy worksite efforts, so they can learn from each other and share experiences. The program has developed an updated website, www.healthyazworksites.org, to support employers, provide resources and manage the registration of HAWP 101 worksite wellness trainings. HAWP and the Maricopa County Department of Public Health (MCDPH) have effectively developed strategic partners to deliver trainings and market the program to employers state wide. The local county health departments, through the HAPI initiative, have hosted and promoted trainings in nearly every county.

In addition, strong partnerships have been developed with the City of Phoenix/FitPhx program, the Mesa Chamber of Commerce, the Greater Phoenix Chamber of Commerce, Employer’s Health Alliance in Pima County, the Yuma Regional Medical Center and the Northern Arizona Public Employees Benefit Trust. Regular trainings hosted by these partners have helped to scale the program and broaden the reach. In the past fiscal year, the program has provided a total of 19 HAWP 101 trainings, provided quarterly webinars and promoted the Wellness Toolkit to employers attending the HAWP trainings. A total of 225 individuals attended the HAWP 101 trainings during the past year, and 44 employers received HAWP recognition awards.

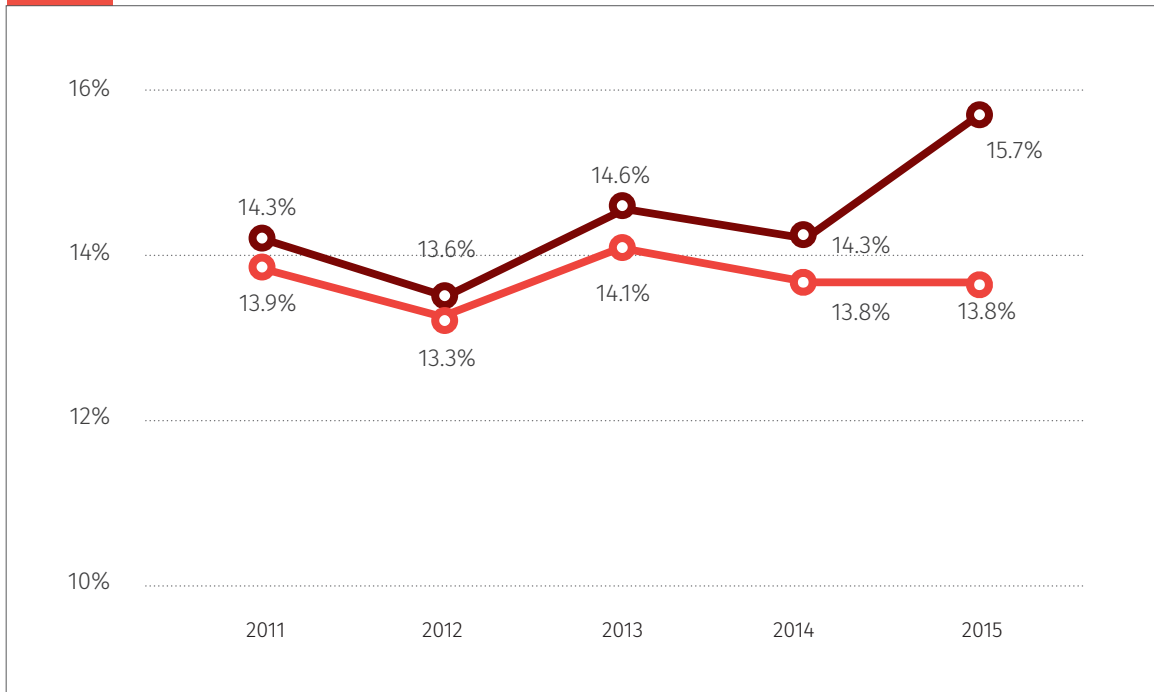
CHRONIC DISEASE UPDATES

Chronic Lower Respiratory Disease

While significant progress has been made in reducing preventable illness and death related to disease condition such as diabetes, heart disease and cancer, progress has been more incremental in addressing chronic lower respiratory disease (CLRD). CLRD, which includes the lung conditions of chronic bronchitis, emphysema and asthma, is the third leading cause of death in Arizona. To address CLRD, the ADHS BTCDC awarded a grant to the American Lung Association (ALA) to support and strengthen systems and community linkages that improve access to needed services by high-risk populations in rural and disparate communities in Arizona. ALA implemented cross-cutting, evidence-based approaches for the prevention, detection, and management of chronic lung disease where people live, learn, work and receive care. Specifically they were tasked with: increasing provider education and system development for screening for COPD; educating the public/people living with COPD, healthcare community, and decision makers about risks for chronic lung disease; developing a broad-based statewide coalition that promotes sustainable, scalable system of chronic lung disease; and building awareness of indoor air quality issues through a social media campaign, collateral material and website. They collected surveillance data to determine the impact of indoor quality as it affects COPD and other chronic respiratory conditions in Arizona. ALA provided a statewide forum for individuals living with lung disease, medical professionals and members of the healthcare industry and community agencies invested in respiratory issues to convene and build relationships with decision makers in the multi-unit housing community to assist them in creating smoke-free policies in communities throughout Maricopa County. ALA also prepared an Arizona Asthma Burden Report utilizing data from various sources that provided a clear picture of the burden of asthma in the state.

Through strong, strategic partnerships, chronic diseases are being addressed throughout a range of populations across the state.

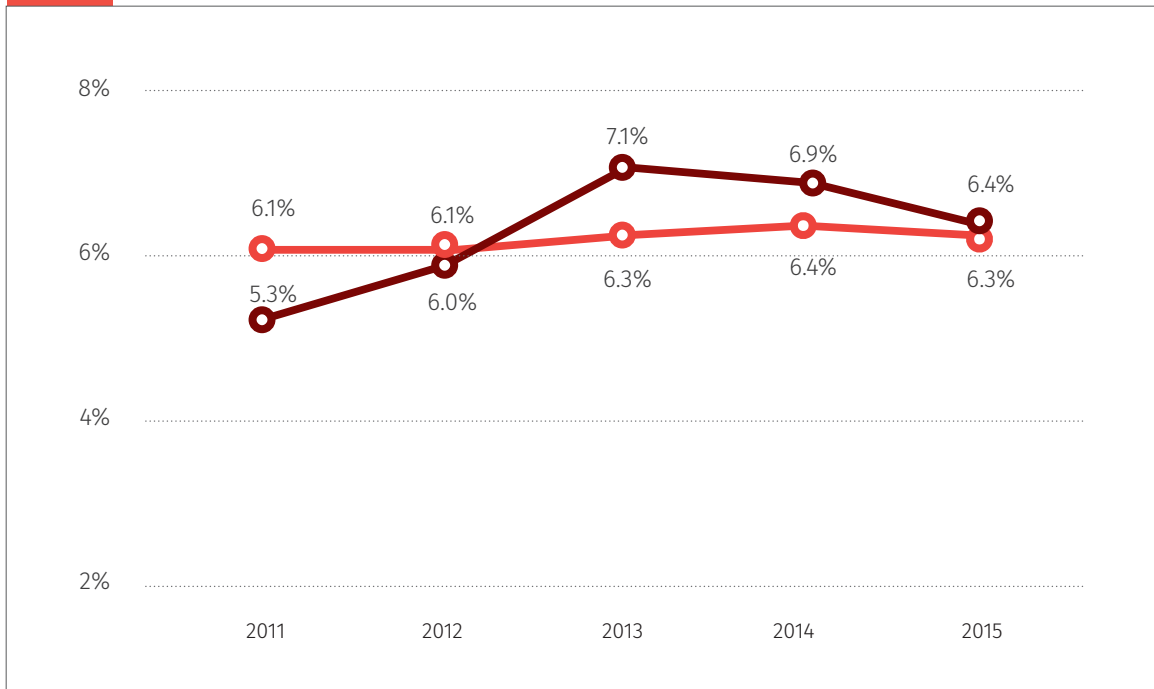
FIGURE 9



■ Arizona ■ National

A Comparison of Arizona and national adults that have been told by a doctor that they have asthma. 2011-2015 BRFSS

FIGURE 7



■ Arizona ■ National

A Comparison of Arizona and national adults that have been told by a doctor that they have COPD, 2011-2015 BRFSS

School Health Index/Advisory Councils

In 2015, ADHS BTCDC made funding available to Arizona counties to implement the School Health Index (SHI), a self-assessment and planning tool in elementary and high schools located in their communities. This tool assists School Health Advisory Councils (SHACs) to discover what their school or school district is already doing to support student health and to identify areas of improvement. SHACs are comprised of a group of individuals representing the school and the community, acting collectively to provide advice to schools or districts on aspects of school health policies and programs. In 2015, eleven Arizona county health departments worked with school districts in their areas to implement the School Health Index/School Health Advisory Council Strategy through Prop 303 funds.

Million Hearts Initiative

BTCDC provided funding to Arizona counties to support the The Million Hearts® Initiative in their communities. The Million Hearts Initiative focuses on the coordination and enhancement of cardiovascular disease prevention activities across the public and private sectors in an unprecedented effort to prevent one million heart attacks and strokes by 2017 and demonstrate to the American people that improving the cardiovascular system can save lives. The Million Hearts Initiative also scales-up proven clinical and community strategies to prevent heart disease and stroke across the nation. In Arizona, 14 counties have agreed to support the Million Hearts Initiative through leveraging their local partners and opportunities to help increase community/clinical linkages to improve care in their counties.

Alzheimer's Disease

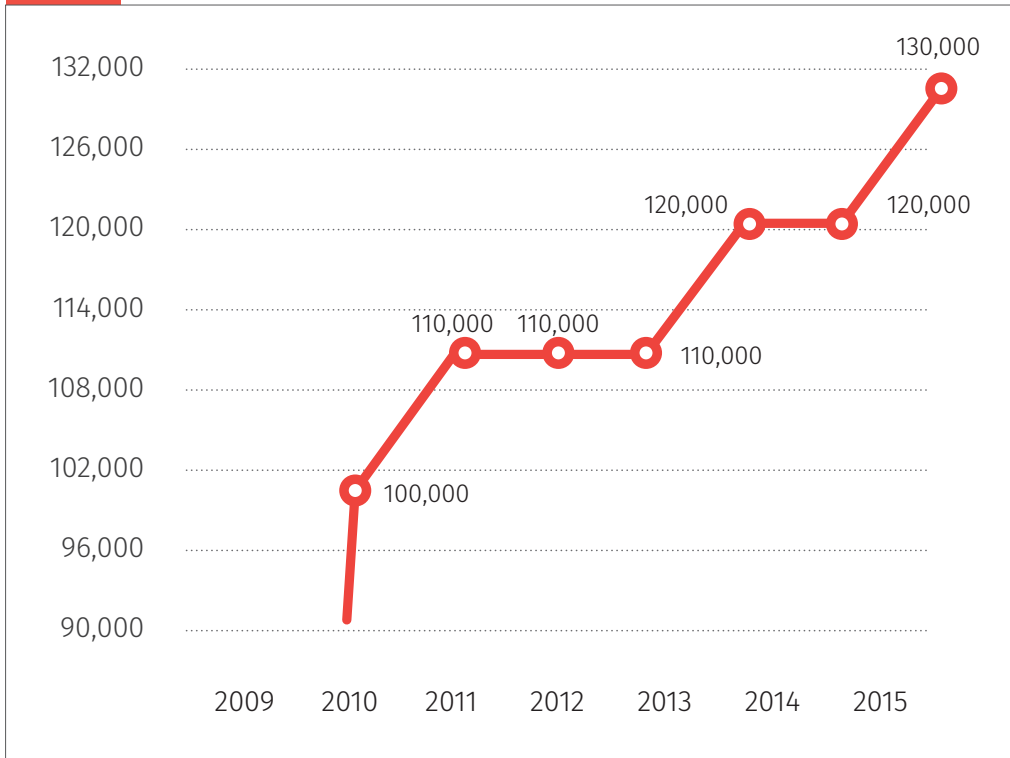
Alzheimer's disease and dementia related diseases (ADRD) are now the fourth leading cause of disease-related death in Arizona, and is the third leading cause for women over 65 years of age, who comprise about two-thirds of diagnosed cases. Currently, over 120,000 Arizonans age 65 and older have been diagnosed with ADRD and an estimated 6,000 younger adults have the disease. As the prevalence of dementia expands, so too does the number of people assuming family caregiving responsibilities. Currently, over 300,000 family members in Arizona are dementia caregivers, often juggling work and other family responsibilities with their caregiving tasks. In Arizona, we are projected to experience a 67% increase in the number of people with ADRD between 2015 and 2025 – the third-highest increase in the nation.

As one of three pillars of the ADHS Healthy Aging Program, the Bureau of Tobacco & Chronic Disease is tackling two aspects of Alzheimer's that can have high public health impact across Arizona: 1. Raising public awareness of early warning signs of ADRD; 2. Promoting ways to alleviate caregiver stress. Both of these efforts are designed to help individuals and their families plan for optimizing their community life while holding end-of-life healthcare costs to a minimum.

Upon surveying the organizational provider landscape through interviews, site visits and a review of current resources dedicated for caregivers of those living with Alzheimer's, ADHS BTCDC became even more appreciative of the high level of caring and commitment that is extended to people in need. It became very apparent that significant gaps exist in both the reach and delivery of caregiver support services across Arizona. There are as many as 400,000 unpaid caregivers, many of whom are over 55 years of age and experiencing stress associated with financial burdens, their own co-morbidities and social isolation.

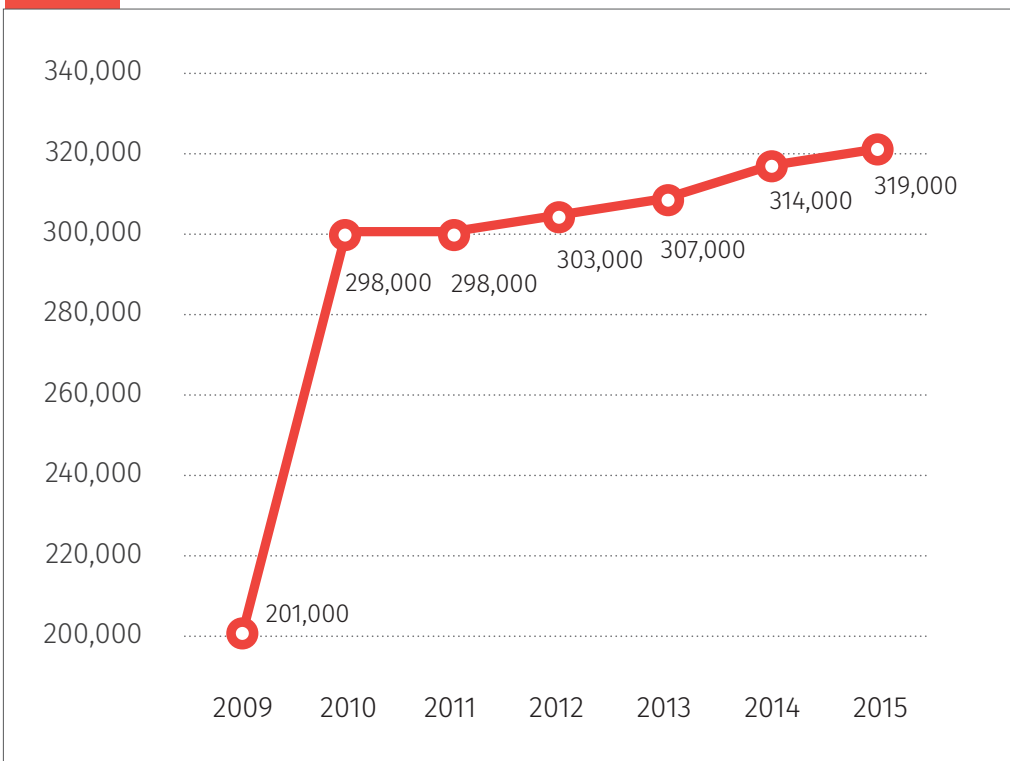
Based on the findings of the social network analysis, an action plan will be developed for funding an initiative aimed at closing the gaps that have been identified as barriers to equitable caregiver access and support across Arizona.

FIGURE 10



Number of Alzheimer's Disease diagnoses in Arizona, 2009-2015, 2011-2015 BRFSS

FIGURE 14



Number of Alzheimer's Disease Caregivers in Arizona, 2009-2015 2011-2015 BRFSS

FINANCIALS

TABLE 1

| PROP 200 EXPENDITURES AND CONTRACTS FOR FY15-FY16 | | |
|---|-------------------|-------------------|
| Projects | Expenditures | |
| | Fiscal Year 2015 | Fiscal Year 2016 |
| Administrative | 724,330 | 808,142 |
| Community Outreach | 85,849 | 168,516 |
| Evaluation | 0 | 138,027 |
| Licensing – Empower | 239,462 | 234,039 |
| Local Projects | 5,885,534 | 5,945,115 |
| Marketing and Communication | 6,802,374 | 3,581,876 |
| Native American Outreach | 96,385 | 59,312 |
| Statewide Projects | 4,044,257 | 3,920,167 |
| Total Expenditures | 17,878,191 | 14,855,194 |

TABLE 2

| PROP 303 EXPENDITURES AND CONTRACTS FY15-FY16 | | |
|---|------------------|------------------|
| Projects | Expenditures | |
| | Fiscal Year 2015 | Fiscal Year 2016 |
| Administrative | 391,466 | 289,268 |
| Community Outreach | 203,490 | 17,399 |
| Evaluation | 0 | 98,552 |
| Health in Arizona Policy Initiatives | 729,072 | 1,135,065 |
| Local Projects | 522,872 | 193,042 |
| Marketing and Communication | 219,014 | 115,996 |
| Native American Outreach | 0 | 0 |
| Statewide Projects | 399,842 | 394,979 |
| Total Expenditures | 2,465,756 | 2,244,301 |

