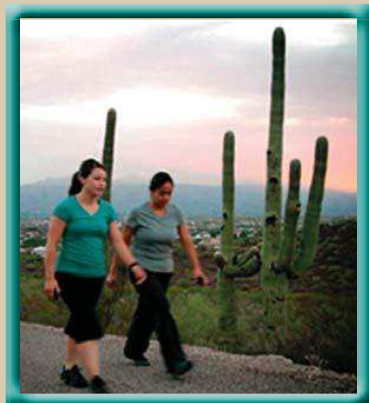


# Pima County Community Health Improvement Plan 2013-2017



Developed by the Pima County Community Health ACTION Task force (CHAT)  
Community Health Improvement Plan (CHIP) 1.0 edition, April 2013







# Letter To The Community

Dear Community Partner,

It is no small feat to develop a countywide health improvement process that accurately reflects the needs of our community and ultimately will improve health opportunities for all our residents.

I want to extend my gratitude to the members of the Community Health ACTION Task force (CHAT) for helping lead the way towards achieving *a healthy Pima County – for everyone, everywhere, everyday*. When this process first began in 2010, we were fortunate to engage committed individuals who were willing to come together to work on a shared vision and common goals for our community. These partners represent the diversity of our community and their partnership is critical to the success of this public health planning effort.

The health of communities is influenced by many factors that are beyond our control. Our CHAT members appreciate the importance of creating opportunities for all Pima County residents to be healthy, valued, and contributing members of our community. The development of this Community Health Improvement Plan is just the first of many important steps in this direction.

This plan outlines the process as it has unfolded to this point, including a summary of the Pima County Community Health Assessment that was conducted to describe the health status of Pima County residents. This Community Health Improvement Plan defines a common vision for how our partners identified and began working together to address four health priorities currently facing Pima County. These priorities and the process are explained in detail within this report. This plan will function as a guide for the Health Department, health care and community service providers, businesses, government, and educators in aligning our efforts and resources to collaboratively improve community health over the next several years.

The Health Department is honored to continue to facilitate this process as steward of Pima County's health and wellness. As the pieces of this puzzle come together, we will continue to look for support and leadership from our community partners who can make it all happen. I would like to invite all residents and community organizations to join the initiative, knowing that the greatest success will come from a truly collaborative effort. To become involved or for more information about this initiative, contact the CHAT at:

Pima County Health Department  
3950 S. Country Club, Suite 100  
Attention: Alan Bergen  
Tucson, AZ 85714  
(520) 243-7811  
pchdCHAT@pima.gov

We anticipate implementation of the Community Health Improvement Plan to begin summer 2013, with regular updates and reports available on our website at [www.pima.gov/health](http://www.pima.gov/health).

Thank you for the continued support. Together we WILL achieve a healthy Pima County: everyone, everywhere, everyday.

Sincerely,



Francisco García, MD, MPH  
Director



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This report was developed in partnership with the  
Pima County Health Department



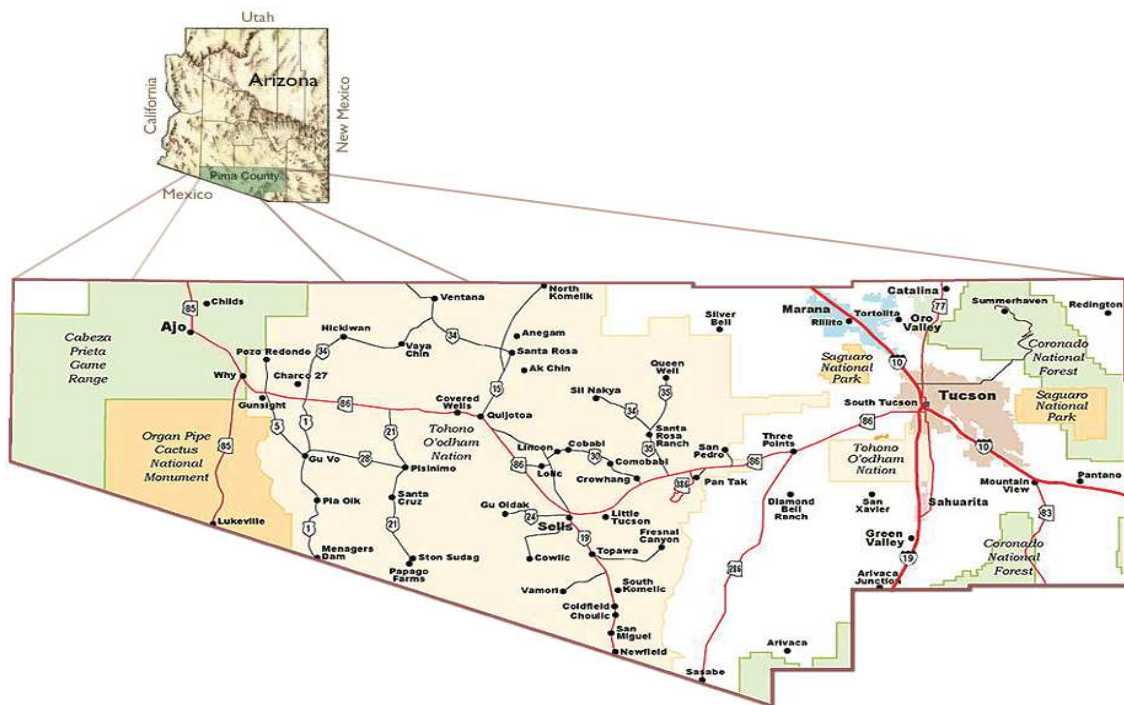
# Pima County, Arizona

Pima County, located in southern Arizona, covers 9,184 square miles and is home to just under one million residents.

It is adjacent to six Arizona counties and shares 132 miles of an international border with Mexico.

The majority of residents live in the Tucson metropolitan area.

Other population centers within Pima County include Green Valley, Marana, Oro Valley, Sahuarita, South Tucson, Vail, and the sparsely populated towns of Ajo and Sells, the capital of the Tohono O'odham Nation.





# Executive Summary

Every day we make decisions about our health. *Should I exercise after work? What should I eat for lunch? Do I have time to schedule my annual health screening?* But we do not always have the appropriate access, education, and resources to be able to live, learn, work, play, and receive care in a healthy fashion.

From 2010 to early 2013, under the leadership of the Pima County Health Department (PCHD), organizations and community members engaged in a comprehensive community health assessment and improvement planning process. The goal of this intensive, community-driven process was to examine the current health needs of Pima County residents and determine how to best address them.

The Pima County community health assessment and improvement planning process was divided into four main components modeled after Mobilizing for Action through Planning and Partnership (MAPP), developed by the National Association of County & City Health Officials (NACCHO). These four components are community engagement, community health assessment, priority identification, and health improvement planning.

Developing strong and lasting partnerships is fundamental to a healthy community. Through this initiative, the Community Health ACTION Task force (CHAT) was formed to inspire, lead, and ultimately own the community health assessment and improvement planning process. The CHAT currently has over 60 members from government, for-profit, and not-for-profit organizations, representing advocacy, behavioral health, community and faith-based services, health care, education, employers, unions, American Indian communities, and philanthropy. CHAT members are all invested in the health of our community and have a strong inclination to collaborate and are able to influence others.

The first project our CHAT worked on was conducting a community health assessment (CHA), allowing us to learn about the health status of our community. Our CHA used secondary data analysis from a wide variety of sources, community and stakeholder surveys, and group discussions with community stakeholders. PCHD took the primary lead in conducting the CHA.

The health priority identification process began in April 2011 with a facilitated retreat. At the retreat, CHAT members participated in a consensus building, decision-making process to review, interpret, and discuss information collected during the CHA, and to identify important health issues facing Pima County based on this data. This retreat resulted in the identification of health priorities for Pima County.

After a break in the process, the CHAT reconvened in November 2012 to review the original health



priorities identified. After discussion and some restructuring, CHAT members reached consensus on a revised set of health priorities, and moved directly into health improvement planning.

The purpose of health improvement planning is to work together in partnership to improve the health of the community. Action planning occurred from December 2012 through March 2013, with PCHD providing facilitation and support during the process. Action groups were formed around the health priorities to develop logic models for each health priority that included goals, outcome indicators, objectives, implementation strategies, and performance indicators. CHAT members self-selected to sit on one or more of the action groups. This process culminated in the development of the Community Health Improvement Plan for Pima County 2013-2017.

The priorities that comprise the Community Health Improvement Plan and their goals are:

**Healthy Lifestyles**

Promote and support healthy lifestyles for all Pima County residents

**Health Literacy**

Promote health literacy to Pima County residents with emphasis on populations of need

**Access to Care**

Improve urban and rural community access to medical, behavioral, and specialty health care services in Pima County

Improve workforce development in the medical, behavioral, and specialty health care fields in Pima County

**Health Disparities**

Address health disparities by promoting a better understanding of community assets, health conditions, and health status within Pima County

Moving forward, the CHAT will enter the action phase of our community health assessment and improvement planning process. Health priority action groups will reconvene during summer 2013 to begin forming work plans, establish time lines, develop evaluation benchmarks, and implement the plan.

CHAT membership will continue to be fluid as new members are always welcome and needed as the implementation phase unfolds. The MAPP process requires periodic reassessment every few years. Rather than this being a finite initiative with a clear end in sight, it is an ongoing process to address the health priorities of our community.



# Designing Our Strategic Approach

Where and how we live, learn, work, play, and receive health care affects our personal wellness, and in turn, the well-being of our community. Understanding the factors that influence health are essential to determining what needs to be addressed and how. From 2010 to early 2013, organizations concerned with the health issues of Pima County invested time and resources in a comprehensive community health assessment and improvement planning process. The goal of this multi-year process was to examine the challenges and opportunities facing the health of Pima County residents. This is the story of how we, as a community, are working together to assess the health of our County, identify priority health issues, and develop strategies to address them.

## How It All Began

Community health assessment and improvement planning began in March 2010 under the guidance of the Pima County Health Department (PCHD). In an environment of tightening financial resources earmarked for public health and health care, PCHD determined there was a need to engage community members and stakeholders in examining the current health needs of Pima County residents and how to best address them. PCHD recognized the complexity of facilitating such a community-level planning process, and solicited the assistance of CityMatCH, a national membership organization of city and county health departments'

maternal and child health programs and leaders representing urban communities in the United States.

PCHD created an internal Steering Committee comprised of employees and interns to oversee the organization and provide leadership in the development and planning of a countywide community health assessment and improvement process. The Steering Committee researched a number of best-practice, community-level strategic planning models and ultimately modeled its planning efforts after Mobilizing for Action through Planning and Partnership (MAPP) developed by the National Association of County & City Health Officials (NACCHO).<sup>1</sup>





## Mapping It Out

Everyone has a role in improving the health of our community, be it health care providers, businesses, government, or educators. MAPP, a comprehensive, community-driven planning process, has been used by local health departments nationwide to guide their community health improvement efforts. This strategic approach is designed to improve community health by identifying and using resources, considering unique community needs, and forming collaborative partnerships for action. Through this process, communities collect and analyze

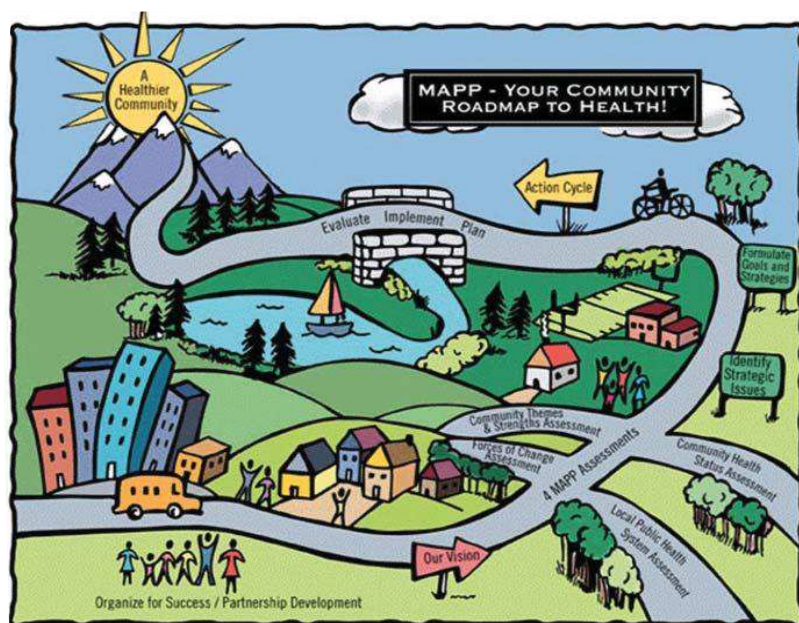
community-level health data, apply strategic thinking to prioritize local public health issues, and identify resources to address these priorities. To be successful, there must be a broad representation of the community participating in the process that share a similar vision, have a vested interest in health improvement, and are willing to work together towards common goals. What ultimately emerges from the MAPP process is the development and implementation of a community-wide strategic plan for health improvement with shared ownership of resulting outcomes.<sup>1</sup>

As we all know, health needs shift as communities change and evolve. The cyclical nature of the MAPP process requires periodic reassessment of health status, identification of new priorities, and realignment of activities and resources to address them.<sup>1</sup>

Components of MAPP that Pima County incorporated into its planning process include community engagement, community health assessment, priority identification, and health improvement planning.

### Community Engagement

Engaging communities around health planning is fundamental to developing strong and lasting partnerships. With a goal of identifying and recruiting community members and stakeholders to participate in the process, participants should bring different community perspectives, expertise, resources, and represent a variety of groups and organizations. Partners should share similar levels of interest and be able and want to participate long term. Broad participation that is





representative of the overall community is key to ensuring a community-driven and community-owned process.<sup>1</sup>

## Community Health Assessment

A community health assessment (CHA) is conducted to learn about the health status of communities. A CHA identifies areas for health improvement, determines factors that contribute to health issues, and identifies assets and resources that can be mobilized to address population health improvement.<sup>2</sup>

A CHA entails the collaborative collection and analysis of health data and information for a community. Generally, those involved in the process include the local health department and other community health organizations. The types of data collected range from demographics and socioeconomic characteristics to morbidity, mortality, and other determinants of health status. The health information collected is most often used to develop health priorities

for the community, culminating in the development of a community health improvement plan (CHIP).<sup>2</sup>

## Priority Identification

The partnership must next come together to identify the most important health issues facing the

Community partners discuss the urgency and immediacy of the health issues and consider the consequences of not addressing them. More often than not, community partners generate a rather lengthy list of health issues. It is important that community partners consolidate overlapping or related issues and reach consensus as to why certain health issues are important and why they are a priority for the community.<sup>1</sup>

## Health Improvement Planning

Health improvement planning will assist the local health department and community partners with working together to improve the health of the community. This process is community-driven and results in a community-owned health improvement plan.<sup>2</sup>

Planning efforts focus on formulating goals and strategies to address identified health priorities, determining specific actions that need to



community using the information collected during the CHA. This is usually done by holding a retreat or workshop with community partners.

Community partners review and interpret the data and findings from the CHA and use the information to brainstorm emergent health issues.



be taken, exploring available resources, and identifying the community partners that need to be involved during implementation. Throughout the process, it is important to consider any assumptions or external factors that may influence or pose barriers to implementation, such as lack of resources or support.<sup>1</sup>

To be successful, all those involved must have a common understanding and direction of anticipated results and how the community will work together to achieve them.



## Alignment With Public Health Accreditation

PCHD will pursue accreditation through the Public Health Accreditation Board (PHAB), the non-profit entity charged with administering the national public health department accreditation program. The goal of public health accreditation is to improve and protect the health of the community by enhancing the quality and performance of its public health

department, and assuring core public health services are provided.<sup>2</sup>

Conducting community health assessment and improvement planning is a foundational requirement of public health accreditation. PCHD ensured that all planning efforts aligned with public health accreditation standards and measures as it engaged community partners in the process.

**With our strategic approach designed, efforts were focused on assembling community members and stakeholders to participate in the process.**



# Assembling Our Community Health ACTION Task Force

One of the primary objectives of the Steering Committee was to assemble a community health task force to inspire, lead, and ultimately own the community health assessment and improvement planning process. The Steering Committee sketched out what the ideal task force member should look like.

The Steering Committee recruited task force members from government, for-profit, and

not-for-profit organizations, representing advocacy, behavioral health, community and faith-based services, health care, education, employers, unions, American Indian communities, and philanthropy. Individuals joined the task force by personal invitation, word-of-mouth, and member recruitment. The Community Health ACTION Task force (CHAT) currently has over 60 members.

## Ideal Task Force Member

Someone local, someone influential, a big picture thinker, with an interest in collaboratively addressing the health needs of the community, a knowledge and understanding of the community and its residents, an ability to set aside personal agendas or interests for the sake of building consensus, a willingness to actively participate, and capability of creating defined and realistic goals and strategies.



**With the CHAT assembled, assessing our community's health became the next priority.**



# Assessing Our Community's Health

The first project our CHAT worked on was exploring the health status of Pima County residents and examining their current health needs. PCHD took the primary lead in conducting the CHA. A team of epidemiologists at PCHD employed a mixed-methods approach to collecting information that involved secondary data analysis, surveys, and group discussions.

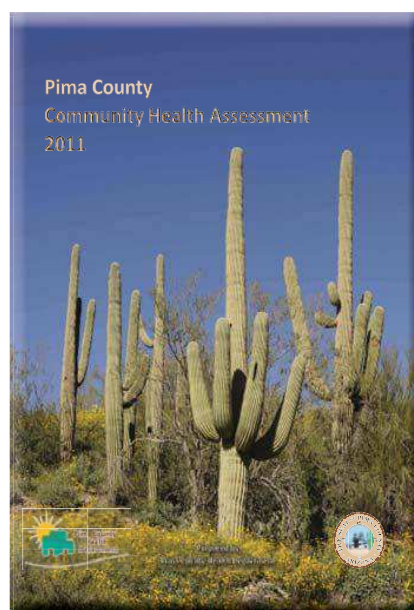
The epidemiologists conducted secondary data analysis using local, state, and national data sets that included health status, vital statistics, and statistical profiles from the Arizona Department of Health Services; census and labor data from the United States Census Bureau and Bureau of Labor Statistics; and morbidity, mortality, and behavioral risk factor surveillance data from the Centers for Disease Control and Prevention.

While the epidemiologists were analyzing secondary data, the Steering Committee developed and administered two health

status and quality of life surveys from November 2010 to February 2011, one targeting community members, and the other community stakeholders from health and human service organizations. The Steering Committee used *Our Family Services, Inc., Directory of Community Resources for Pima County* to identify potential stakeholders. Both questionnaires were similar in scope and content, with slight variations in wording. Surveys were administered online and in paper format, and available in English and Spanish. More than 700 surveys from community members and stakeholders were collected.

PCHD also facilitated two group discussions in November and December 2010 to solicit feedback from community stakeholders regarding the impacts and influences of health on Pima County residents. Discussion participants were

recruited from *Our Family Services, Inc., Directory of Community Resources for Pima County*, and an advertisement on the community stakeholder survey. Fifteen community stakeholders participated in these group discussions.



To download a copy of the completed assessment, please visit the PCHD website under Health Data & Statistics.

<http://www.pimahealth.org/health>

**The next undertaking was setting our health priorities using the data and information collected during the community health assessment.**



# Identifying Our Health Priorities

In April 2011, 14 CHAT members participated in a facilitated retreat to identify important health issues facing Pima County using the information collected during the CHA. The retreat was organized into a number of functional areas. It began with PCHD staff presenting data highlighting the current health status of Pima County as well as results from the community surveys and stakeholder discussion groups. CHAT members discussed and interpreted the information, with the following themes emerging – access to care, access to health data, health disparities, health literacy, and healthy lifestyles.

The facilitators next assisted CHAT members with exploring these themes by performing a modified strengths, weaknesses,

opportunities, and threats (SWOT) analysis.

## SWOT Analysis

In simplistic terms, a SWOT analysis asks:

*What are the community's strengths?*

*What are the community's weaknesses?*

*What opportunities are present for the community?*

*What threats does the community face?*

A SWOT analysis identifies key internal and external factors that are important to achieving community goals, such as community strengths, vulnerabilities, and important factors that influence survival, financial viability, and growth opportunities. A SWOT analysis also provides

communities direction and serves as the basis for the development of a strategic plan or plan of action.

A SWOT analysis is more than just defining strengths, weaknesses, opportunities, and threats. It is the analysis or interplay of these that form a crucial part of the process. It is a key tool in the creative development of possible strategies or actions.

Facilitators asked CHAT members to think into the future and identify the strengths and weaknesses that could influence all of their efforts as well as to consider the benefits that could be achieved and the difficulties that might be encountered.

The CHAT members were now ready to identify emerging health issues that affect Pima County residents.

<b>S</b> TRENGTHS:	passion, energy, creativity, collaboration, diversity, many levels of expertise, talents, experience, perseverance
<b>W</b> EAKNESSES:	limited resources, political environment, time constraints, lack of representation, need more stakeholders, health disparities, limited access to data, poor economy, size of Pima County, limited access to closed systems
<b>O</b> PPORTUNITIES:	healthier community, outcomes, cost savings, momentum, stronger collaboration, leveraging of resources, sense of achievement, seen as best practice model
<b>T</b> HREATS:	lack of support, burnout, legislative roadblocks, cuts in funding, unintended consequences of success, unrealistic expectations, criticism, leveraging, sense of achievement, identified as a best practice/national model



## Emerging Health Issues

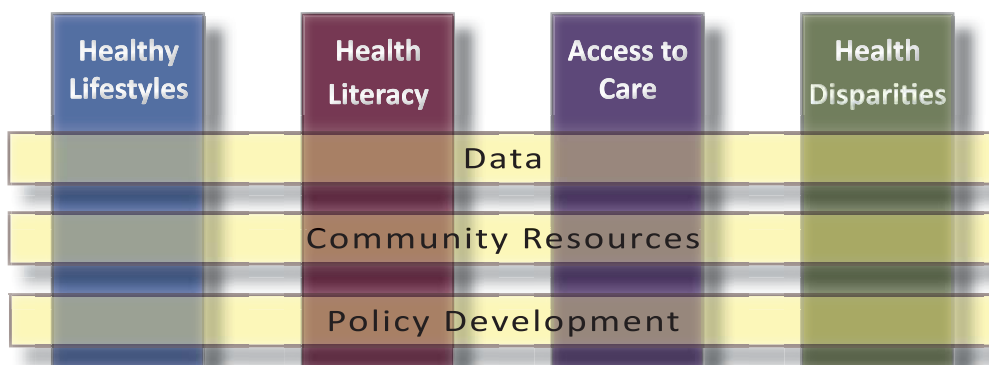
The facilitators engaged CHAT members using the Technology of Participation (ToP) method to identify emerging health issues in Pima County. Created by The Institute of Cultural Affairs, this technique allows groups to process large amounts of data and information in short periods of time. It fosters creative thinking, encourages high levels of participation, and results in consensus-based decision-making in a safe and collaborative environment. Individual ideas and contributions are pooled into larger, defined themes through the collective wisdom of the group, resulting in a set of prioritized solutions or recommendations. At the end of this process, group members are motivated and excited to take action.<sup>3</sup>

Using ToP, CHAT members were able to identify five draft health priorities for Pima County:

- *Establish easier access to resources that support healthier lifestyles*
- *Engage and coordinate community resources to improve the community's health status*
- *Develop a community-wide data collection, analysis, and dissemination system to help track and monitor determinants of health*
- *Promote health education and health literacy, especially among populations of need*
- *Identify public policies negatively impacting community health, and work together to advocate for policy change*

After a break in the process, CHAT members reconvened in November 2012 to review the five draft health priorities.

During a series of meetings facilitated by PCHD, task force members recommended that more emphasis should be placed on access to care and health disparities, and suggested that the themes of data, community resources, and policy development were not health priorities, but in fact overarching strategies that cross all priority areas and provide foundational support. It was also during these meetings that CHAT members received copies of the Arizona Department of Health Services Strategic Plan for Fiscal Year 2014-2018<sup>4</sup> and Healthy People 2020<sup>5</sup> to ensure the Pima County health priorities are reflective of state and national health agendas. This discussion led CHAT members to consensus on a revised set of health priorities.



**With the health priorities identified, it was time to start planning for a healthy Pima County.**



# Planning For A Healthy Pima County

After the retreat and identification of the health priorities, CHAT members displayed high levels of enthusiasm around working together to build a healthy Pima County and stronger partnerships. This drive led to the development of our community health improvement plan.

Action planning occurred from December 2012 through March 2013, with PCHD providing facilitation and support during the process. CHAT members self-selected to participate in health priority action groups. Health priority action groups were responsible for developing logic models for each health priority that included goals, outcome indicators, objectives, implementation strategies, and

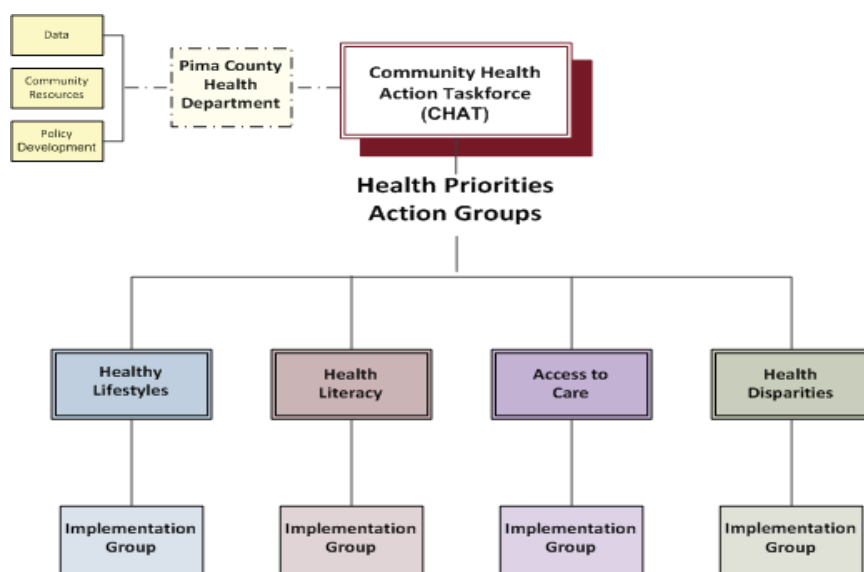
performance indicators, using the SMART criteria (specific, measurable, achievable, realistic, and time-bound). The action groups also identified target populations, potential partners, and necessary resources to achieve health priority goals. Due to the expansive nature of Pima County, CHAT members considered the needs of rural health communities - not just metropolitan Tucson - within each health priority.

Some health priority action groups decided to work together as one large group to develop their improvement plan, while others divided workload among implementation groups. For example, the Access to Care action group decided upon three objectives to meet their goal, and split into three separate

implementation groups, each one responsible for developing specific strategies, tactics, and performance indicators in support of the objective. The smaller implementation groups then reported back to the larger action group and worked together to finalize the improvement plan.

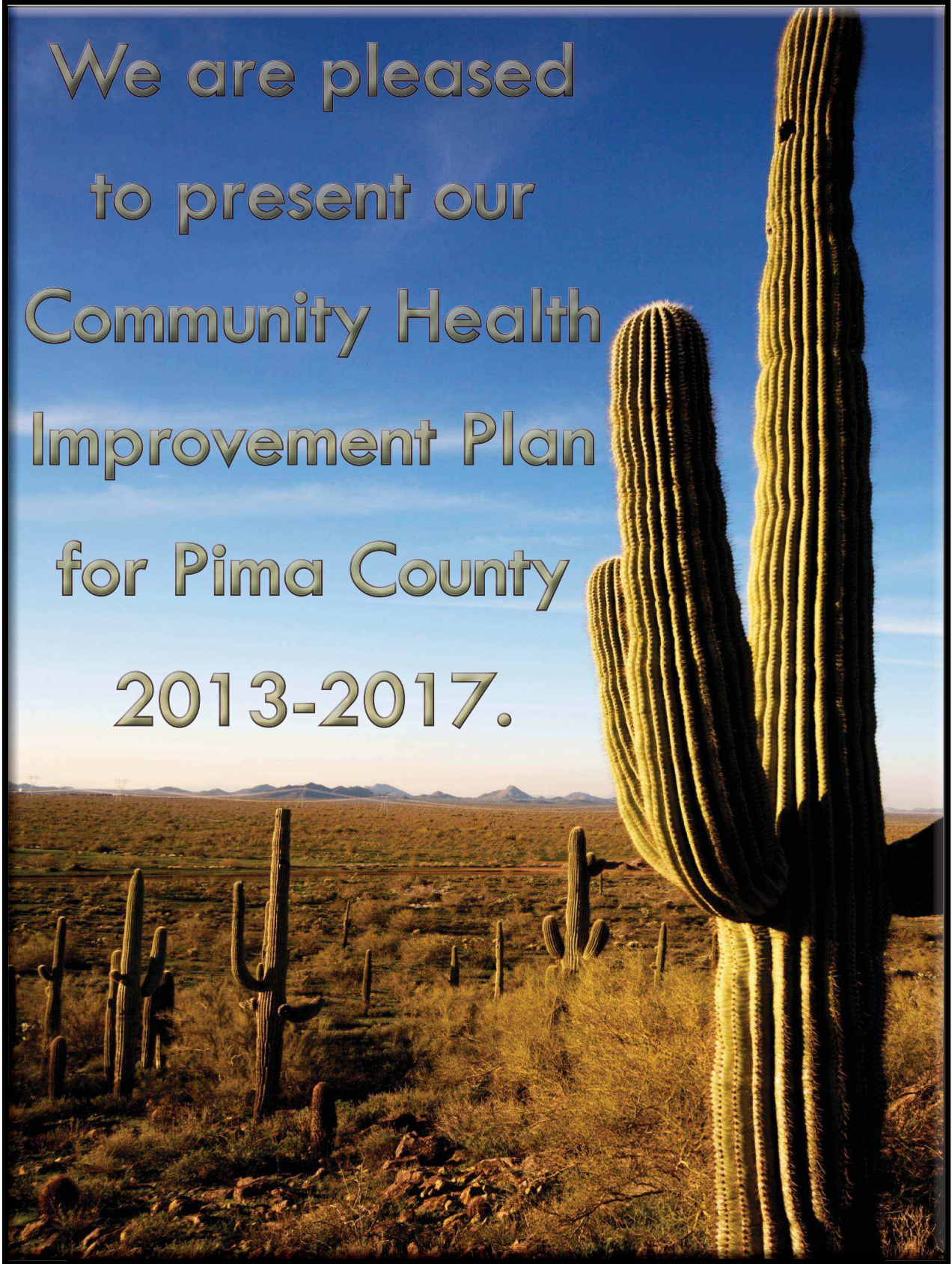
Health priority action groups reported on the progress of their improvement plans, recruitment of new task force members, and needed resources or assistance at monthly CHAT meetings.

Our planning is not happening in isolation from other community, state, and nationwide endeavors. We are making concerted efforts to align our health priorities with Healthy People 2020, and strategic plans and health improvement proposals put forth by the Arizona Department of Health Services. We are also using our work to inform the update of the Pima County Comprehensive Plan and a variety of local planning and needs assessment processes to include more focus on health and social equity. A coordinated and comprehensive effort will lead to a healthy Pima County.





We are pleased  
to present our  
Community Health  
Improvement Plan  
for Pima County  
2013-2017.





# Priority: Healthy Lifestyles

***Promote  
and support  
healthy  
lifestyles  
for all  
Pima County  
residents***

*The choice and  
ability of Pima  
County residents to*

*lead healthy lives emerged as a critical health priority from the community health assessment. This health priority encompassed many behavioral and medical concerns, access issues, and environmental factors in our community, all of which limit the success of people achieving healthy lifestyles.*





Obesity, fueled by unhealthy lifestyle behaviors, such as lack of physical activity and poor eating habits, was identified as the number one threat to the health of Pima County residents by community members and stakeholders.

Stakeholders highlighted the link between obesity and some of the leading causes of death in Pima County, including cardiovascular disease, stroke, and diabetes.<sup>7</sup>

Opportunities for active living and access to healthy food were two important factors to healthy lifestyles identified by community members and stakeholders. Data support that healthy food choices and recreational facilities and programs

are not easily accessible to many people. While Pima County residents have better access to recreational facilities than the average Arizonan, our community still falls behind the national average.<sup>8</sup>

**More than ONE  
in FOUR  
people  
in Pima County  
are obese.<sup>6</sup>**

Community members and stakeholders indicated some of the most important health services that need to be available to Pima County residents are wellness and preventative health programs and nutrition, as well as fitness

services.<sup>7</sup> CHAT members also recognized that initiatives focusing on urban agriculture could help address existing food deserts and increase access to healthy food options within neighborhoods and underserved communities.

Community members and stakeholders clearly expressed the need for built environments and public infrastructure that are safe and support healthy lifestyles.<sup>7</sup> A clean environment, safe and diverse transportation systems, and accessible parks and recreational facilities, particularly within neighborhoods, are the foundation of a healthy Pima County. CHAT members were encouraged that substantial momentum exists within Pima County to develop safe and diverse transit options through models such as Complete Streets, but there is still much work to be done.

**14% of Pima County's population  
lives in a food desert.<sup>9</sup>**



Community members and stakeholders indicated that behavioral health conditions, including alcohol and drug abuse and suicide, are a health concern and a contributor to the leading causes of

Our community must first be and feel safe in order to be healthy. Crime within our neighborhoods has proven to cause fear, stress, and poor mental health. Furthermore, street harassment

**The SECOND leading cause of hospitalization for Pima County residents is mental disorders or psychoses.<sup>11</sup>**

**Bullied youth are at increased risk for depression, anxiety, sleep difficulties, and poor school adjustment.<sup>10</sup>**

and fear of violence may limit access to public spaces and healthy activities, such as walking, jogging, and bicycling. The Pima County Attorney's Office reports that

practices in violence and bullying prevention are readily available in our community such as Safe Sites, but not implemented as widespread as they should be.

hospitalization and death.<sup>7</sup> CHAT members recognized there are many resources within the community, such as the Crisis Response Center and a strong network of behavioral health service providers, that can be leveraged to benefit those dealing with behavioral health conditions.

our crime index exceeds both state and national rates.<sup>12</sup> Community members and stakeholders have indicated that strong families, social support systems, and safe neighborhoods are important factors that impact the health of Pima County residents.<sup>7</sup> Best

**Youth who bully others are at increased risk for substance use, academic problems, and violence later in adolescence and adulthood.<sup>10</sup>**



# Healthy Lifestyles

## GOAL

Promote and support healthy lifestyles for all Pima County residents

### OBJECTIVE #1

Increase access to resources and healthy options that support physical health and wellness for all residents of Pima County by 2017

### OUTCOME INDICATORS

- Increased percentage of Pima County residents participating in regular physical activity
- Increased access to urban agriculture and healthy food

### STRATEGIES

- Identify facilities and programs available for physical activity
- Promote physical activity among school-aged youth
- Expand opportunities for urban agriculture
- Solicit input from community stakeholders on physical activity and exercise

### PERFORMANCE INDICATORS

- Physical activity resource list
- Dissemination plan
- Sustainability protocol
- Research summaries
- Increased school wellness policies
- Increased joint-use agreements
- Revised jurisdictional land use codes
- Increased number of community gardens

### OBJECTIVE #2

Increase access to resources that support behavioral health and wellness for all residents of Pima County by 2017

### OUTCOME INDICATORS

Increased utilization of behavioral health resources

### STRATEGIES

Create awareness of resources, programs, and training opportunities in behavioral health, especially for youth

### PERFORMANCE INDICATORS

- Print and web-based materials
- Dissemination plan
- Increased community-based training opportunities



# Healthy Lifestyles

## OBJECTIVE #3

Increase access to interpersonal violence prevention programs and resources for Pima County residents by 2017

## OUTCOME INDICATORS

- Increased utilization of bullying and violence prevention resources
- Decreased bullying and violence experienced by youth

## STRATEGIES

- Promote programs and resources that enhance interpersonal safety
- Promote policies and programs that reduce public and street harassment

## PERFORMANCE INDICATORS

- Resource list of bullying and violence prevention programs
- Increased number of professionals and adults completing training on bullying and violence prevention
- Increased Safe Site affiliates
- Increased zero tolerance public transportation policies

## OBJECTIVE #4

Establish new and improve current built environments and green infrastructure that support healthy lifestyles in Pima County by 2017

## OUTCOME INDICATORS

- Reduction in number of motor vehicle accidents and fatalities
- Increased built environments and green infrastructure

## STRATEGIES

- Incorporate Complete Streets principles in jurisdictional planning to make streets safe for all users, including pedestrians, bicyclists, and public transit users
- Integrate green infrastructure into capital and development projects, such as providing shade, mitigating for urban heat island effects and rising regional temperatures, and managing localized storm water issues, that reduce health and safety concerns for users, including pedestrians, bicyclists, and public transit users

## PERFORMANCE INDICATORS

- Revised jurisdictional planning and design manuals
- Revised jurisdictional design standards



# Priority: Health Literacy



***Promote health literacy to Pima County residents with emphasis on populations of need***

*Health literacy is a contributing factor to the health of our community. CHAT members identified a pressing need to coordinate*

*our community's efforts around health literacy promotion and education through the community health assessment and improvement planning process.*



Within Pima County, there exist disparate levels of health literacy. Strategies to address this issue must consider and be sensitive to the needs of ALL our community's diverse groups. In a national survey of health literacy performance, a larger proportion of Hispanic, African American, and Native American adults had basic and below basic health literacy levels compared to Caucasian adults.<sup>13</sup>

Low health literacy also has been linked to a higher risk of death and more emergency room visits.<sup>14</sup>

**Only 11% of adults nationally have a proficient health literacy level.<sup>13</sup>**

Community stakeholders identified two primary barriers to improving the health literacy and education of Pima County

**13% of people 25 years or older in Pima County did not complete high school or have less than a 9th grade education.<sup>15</sup>**

residents. First, many community behavioral health and medical service providers are unaware of the importance of utilizing resources and techniques that reflect their clients' level of health literacy. Second, residents are not aware of existing health literacy and education programs due to insufficient marketing or information sharing by service providers.<sup>7</sup>

CHAT members identified a number of approaches for addressing health literacy in Pima County beyond increasing awareness of the issue.

These include:

- enhancing our education system,
- promoting public

understanding of and familiarity with key health-related issues and concepts, and

- implementing cultural- and gender-specific outreach strategies, such as promotora or lay advisor models.

Our future efforts will build upon the successful work of existing literacy coalitions and programs, and focus on expanding the reach of health literacy resources to underserved populations within our community.

**The **COST** of low health literacy to the U.S. economy is between \$106 billion to \$238 billion annually.<sup>14</sup>**



# Health Literacy

## GOAL

Promote health literacy to Pima County residents with emphasis on populations of need

### OBJECTIVE #1

Increase public awareness of relevant, reliable, and trustworthy health information resources in Pima County by 2017

### OUTCOME INDICATORS

- Increased health literacy
- Increased access to health information and education resources
- Increased promotion and utilization of health literacy guidelines and standards

### STRATEGIES

- Identify health literacy awareness and needs of health care providers and community members
- Adopt health literacy guidelines and standards
- Disseminate health information and education resources to community

### PERFORMANCE INDICATORS

- Summary report of findings from surveys
- Health information and education resources list
- Repository of health information and education resources

### OBJECTIVE #2

Enhance health literacy practices of health care (including behavioral health) and health information\* providers in Pima County by 2017

### OUTCOME INDICATORS

- Increased health literacy
- Increased access to health literacy education and training opportunities

### STRATEGIES

- Identify health literacy education and training materials for health care and health information providers
- Promote health literacy education and training opportunities for health care and health information providers

### PERFORMANCE INDICATORS

- Priority health literacy needs identified
- Health literacy education and training materials
- Health literacy education and training opportunities
- Repository of health literacy education and training materials

\*A health information provider is anyone working with members of the community regarding health information needs, including parish nurses, librarians, promotoras, volunteers, or peers.



# Priority: Access to Care

***Improve urban and rural  
community  
access to  
medical,  
behavioral,  
and  
specialty  
health care  
services***



*The phrase  
access to care*

*has different meanings. For some, it means the availability of affordable health coverage. For others, it means having transportation to and from your doctor's office. Community members and stakeholders named access to care the most important factor in creating a healthy Pima County.<sup>7</sup>*



Specifically, community members and stakeholders were concerned with the many factors that limit accessibility of health services within the community, including knowledge of available services, affordability of services, quality of care, and the importance of a diverse and competent health care workforce that meets the needs of all population groups residing within Pima County.

Health coverage is critical for our ability to afford and receive health care, be it behavioral, dental, medical, or specialty services. Reimbursement for services is equally critical for maintaining a wide-reaching and diverse network of health care service providers in our community. Currently, the majority of Pima County residents hold private insurance coverage offered by

their employers. With changes to the health insurance environment brought about by the Affordable Care Act, more Pima County residents may obtain affordable health coverage through public programs or employers who previously did not provide coverage. CHAT members recognized the importance of identifying populations that will be impacted by these changes and disseminating information and resources that will facilitate these uninsured and under-insured people gaining health coverage.

**14.8% of adults  
and  
10.7% of children  
in Pima County are  
uninsured.<sup>16</sup>**

**55%  
of Pima County's  
population resides  
in MEDICALLY  
UNDERSERVED  
areas.<sup>17</sup>**

The United States Department of Health and Human Services, Health Resources and Services Administration, in conjunction with the Arizona Department of Health Services, have identified significant portions of Pima County as health professional shortage and medically underserved areas. For example, in primary care health professional shortage areas, there are more than 2,000 residents per primary care provider. CHAT members recognized the need for the development of our

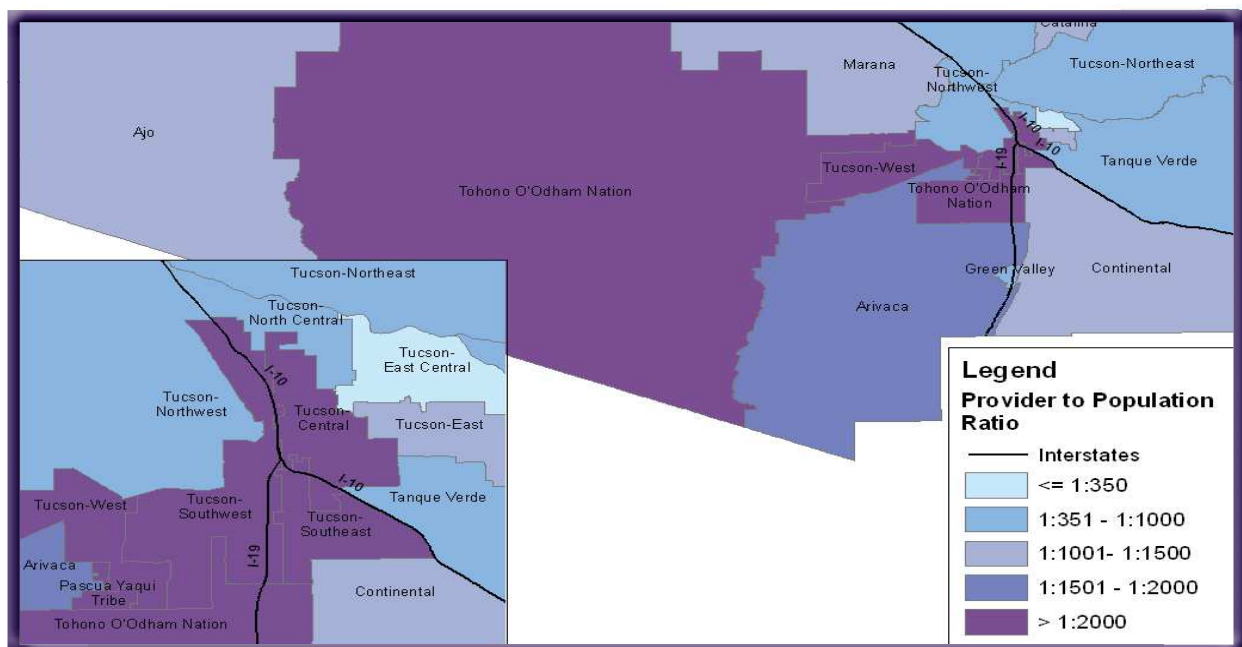


clinician workforce not only in behavioral, medical, and specialty areas, but also health professionals and non-traditional health care providers working for community and faith-based service providers. Specific workforce development efforts to address current and projected shortages must be targeted geographically by community groups and workforce personnel type to ensure sufficient access to care. CHAT members also acknowledged that additional information

gathering and community discussions are necessary to understand the barriers to care that exist within our community and how public sector, private

organizations, and community members can work together to creatively address these issues.

**Pima County residents  
living in RURAL AREAS  
are more likely to have  
LIMITED ACCESS to primary,  
emergency,  
and specialty HEALTH CARE.<sup>18</sup>**





# Access to Care

## GOAL #1

Improve urban and rural community access to medical, behavioral, and specialty health care services in Pima County

### OBJECTIVE #1

Increase community-level communication and information related to accessing medical, behavioral, and specialty health care services

### OUTCOME INDICATORS

- Increased access to health care services in Pima County
- Decreased barriers to accessing health care

### STRATEGIES

- Identify populations that will not be covered by the ACA, may be eligible for coverage under the ACA, but will have barriers to coverage
- Define barriers to accessing health care services and potential solutions
- Disseminate information regarding the ACA to disparate populations and employers

### PERFORMANCE INDICATORS

- Research summary on uncovered populations
- Report describing barriers to accessing health care services in Pima County
- Resource list of access to care partners
- Barriers to accessing health care services implementation plan
- ACA education materials resource list
- ACA educational materials
- ACA education and information dissemination plan

## GOAL #2

Improve workforce development in the medical, behavioral, and specialty health care fields in Pima County

### OBJECTIVE #1

Determine professional health care workforce requirements needed to meet new demand from the Affordable Care Act (ACA)

### OUTCOME INDICATORS

Increased health care workforce development in Pima County

### STRATEGIES

- Conduct analysis of current health care workforce status and projected workforce needs due to the ACA, including the root causes of shortages and the barriers to accessing health care services in Pima County
- Work with Primary Care Areas (PCA) and providers to address health care workforce development in Pima County
- Leverage existing health care resources in Pima County to meet identified workforce demands and fill gaps in access

### PERFORMANCE INDICATORS

- White paper describing current workforce capacity, future workforce needs, identified gaps, and recommendations to impact policy making at the County and state levels
- Workforce development forums
- Workforce development plan, including ancillary health care providers



# Priority: Health Disparities

***Address health disparities by promoting a better understanding of community assets, health conditions, and health status within Pima County***



*We have a clear vision for health equity in our community. Pima County will achieve and sustain a culture of inclusion, equity, and accessibility towards health and wellness.*



Social determinants of health (SDH), including behavioral health, are defined as conditions in the social, physical, and economic environment

in which people are born, live, work, and age. They consist of policies, programs, institutions,

government, community factors, and other aspects of the social structure.<sup>5</sup> In many ways, SDH drive health disparities. Yet, there is not enough data that describes the connection between the two. There is a pressing need to include this connection in our data collection to ensure more meaningful statistical descriptions for the Pima County population.

After reviewing data

collected during the community health assessment, CHAT members clearly articulated the importance of reducing

health disparities in chronic illness, disease, behavioral health challenges, quality of life, and untimely

death that exist among underserved and stressed populations. Addressing health disparities within our communities requires more than just managing the disease. It requires ensuring the conditions that foster healthy lifestyles. Healthy lifestyles result from the choices that people are able to make in response to the options that they have.

Because SDH are present well before health issues manifest themselves, there is an opportunity to prevent many chronic diseases and conditions. For us to take up this charge, we need to have strong collaborations and take a holistic approach that involves not just health professionals, but individuals from justice, land use, economics, education, environment, and labor, in addition to having diverse sets of data available to us.

**17.4% of the Pima County population is living in poverty.<sup>15</sup>**

**20.4% of Arizonans with disabilities do not have a personal doctor.<sup>19</sup>**



How do we describe and measure health disparities, SDH, and community assets in our community? CHAT members recognized a need for increased access to and availability of this information for the Pima County population. CHAT members generated strategies aimed at using data collection and sharing to increase awareness about SDH and inequity, and utilization of evidence-based, participatory decision-making and action throughout the community.

Implementation of these strategies will be fundamentally driven through community



engagement. The recently released *Arizona Health Equity Stakeholder Strategies* will be used as a guide.<sup>20</sup>

The work of this action group was also driven by two Healthy People 2020 goals<sup>5</sup>:

- To achieve health equity, eliminate disparities, and improve the health of all groups.
- To create social and physical environments that promote good health for all.

Eliminating health disparities and strengthening community assets can only be achieved through collaboration with one another, recognizing current community efforts, and building on them.

**34.6%**  
**of Pima County**  
**adults 65+ years old**  
**have a disability.<sup>16</sup>**



# Health Disparities

## GOAL

Address health disparities by promoting a better understanding of community assets, health conditions, and health status within Pima County

### OBJECTIVE #1

Increase accessibility to community assets and health disparities data in Pima County by 2017

### OUTCOME INDICATORS

- Increased sharing of public health data
- Increased collaborative efforts around health disparities research

### STRATEGIES

- Research and assess available public health data as well as other data systems (such as census data and behavioral health data systems)
- Study feasibility of creating an academic-public partnership to collect, monitor, use, and report data on community assets and health disparities that exist within Pima County

### PERFORMANCE INDICATORS

- Resource and inventory list of available public health data
- Health disparities forums
- Sustainable data sharing infrastructure

### OBJECTIVE #2

Facilitate inclusion of community asset and health disparities data in surveillance, priority setting, and action planning in Pima County by 2017

### OUTCOME INDICATORS

- Increased utilization of community assets and health disparities data to drive priority setting and action planning
- Increased health disparities resources

### STRATEGIES

- Describe community assets and health disparities as well as social and structural factors within Pima County, including behavioral health
- Engage stakeholders, health coalitions and grassroots groups, and jurisdictional officials in data sharing and interpretation
- Advocate for the use of community assets and health disparities data in priority setting and action planning

### PERFORMANCE INDICATORS

- Report describing community assets and health disparities in Pima County
- Health disparities forums
- System for communicating health disparities issues and recommendations



# Moving Forward

We want to keep the momentum moving forward with our community health assessment and improvement planning process. Up next is the action phase of our CHIP. Health priority action groups will reconvene during summer 2013 to form work plans, establish time lines, develop evaluation benchmarks, and recruit even more task force members to assist with the implementation of the CHIP.

Our CHIP is dynamic and evolving. It is a living document, not a static or fixed plan. Hence, we have affectionately dubbed it our 1.0 edition. As we move through implementation and successfully achieve our objectives and strategies, we will incorporate new opportunities that continue to challenge us. Likewise, as we evaluate our work, we may change our direction to best serve our community. As the CHAT, we will update this plan annually and produce future editions that will reflect revisions, and invite you to follow our progress.

## How You Can Help

The level of our success as a community can only be measured by collaboration. If you or your organization would like to become involved in this initiative or would like more information, please contact the CHAT at:

**We look forward to  
working with you to  
build a healthy Pima  
County!**

**Pima County Health Department  
3950 South Country Club Road, Suite 100  
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Tucson, Arizona 85714  
520.243.7811**

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# CHAT Member Organizations

The Pima County Community Health Improvement Plan was developed through the generous support of CHAT member organizations that contributed their time, talent, and resources to the effort. Sincere appreciation is expressed to the individuals who served on the CHAT for their invaluable insight, expertise, and commitment to a healthy Pima County.

7G Consulting, LLC

Arizona Business Coalition on Health

Carondelet Health Network

City of Tucson

*Housing and Community Development  
Department*

*Office of Conservation and Sustainable  
Development*

Coalition for African American Health and  
Wellness

Community Food Bank of Southern Arizona

Community Gardens of Tucson

Community Partnership of Southern Arizona

Desert Senita Community Health Center

El Rio Community Health Center

Fund for Civility, Respect, and Understanding

Jewish Family and Children's Services of  
Southern Arizona

Luz Social Services, Inc.

Pima Community Access Program

Pima Council on Aging

Pima County Government

*Attorney's Office*

*Administration*

*Health Department*

*Human Resources*

*Public Library*

Pima County Medical Society

St. Elizabeth's Health Center

Service Employees International Union, Local 48

Southern Arizona Center Against Sexual Assault

Sunnyside Unified School District

The Aurora Foundation of Southern Arizona

The Haven

The University of Arizona

*Arizona Health Sciences Library*

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*College of Nursing*

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*Mel and Enid Zuckerman College of Public Health,  
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The University of Arizona Health Network

The University of Arizona Medical Center

Tucson Medical Center

Tucson Unified School District

United Way of Tucson and Southern Arizona

YMCA of Southern Arizona



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