



ARIZONA DEPARTMENT
OF HEALTH SERVICES

BIENNIAL REPORT

SFY 2021-2022

JULY 2020 - JUNE 2022

Bureau of Chronic Disease & Health Promotion



KATIE HOBBS
Governor

azhealth.gov

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Dear Reader,

This Biennial Report has been prepared as a snapshot of what the Arizona Department of Health Services (ADHS), Bureau of Chronic Disease & Health Promotion, Office of Tobacco Prevention and Cessation (OTPC) and Office of Chronic Disease & Population Health (OCDPH) have accomplished in 2021 and 2022 with the use of tobacco tax revenues provided through Propositions 200 and 303, and in consort with the Tobacco Revenue Utilization, Spending and Tracking (TRUST) Commission. As you will read, much was accomplished in the two years to address the use of tobacco; and the four leading causes of disease-related death, in rank order: cardiovascular disease, cancer, chronic lower respiratory disease, and Alzheimer's disease, in Arizona.

Like other programming at ADHS, the OTPC & OCDPH are slowly transitioning out of a state of emergency due to the COVID-19 pandemic. During the state of emergency, and with limited programming at the state and local levels, the OTPC & OCDPH engaged partners both internally and externally in a year long strategic planning process during calendar year (CY) 2021. In February 2022, the OTPC was pleased to announce the release of its Arizona Tobacco Control Program (ATCP) Five-Year Strategic Plan 2022 - 2026. ADHS and the OTPC would like to send a "Thank you" to all our partners who engaged with us in the process, and helped envision what Arizona's Tobacco Control programming would look like moving forward. The OCDPH has plans to engage partners in strategic planning for the Office in CY 2024.

During the last two years, the University of Arizona's, Arizona Center for Tobacco Cessation was the statewide vendor for Arizona Smokers' HelpLine (ASHLine) tobacco cessation services. Over this time period, ASHLine received 12,333 calls from tobacco users across the state, and ASHLine coaches exchanged nearly 49,000 text messages with clients. In addition, during state fiscal year (SFY) 2022, ASHLine received 9,412 referrals from health care partners. In CY 2022, ADHS made the decision to open a competitive bid for the ASHLine services. In June 2022, ADHS awarded the ASHLine services contract to National Jewish Health (NJH). ADHS is thankful for the many years of partnership with the University of Arizona, and their dedication and service to helping thousands of Arizonans quit tobacco.

The following are highlights from the Biennial Report:

- The Students Taking A New Direction (STAND) youth coalition model remains as a Centers for Disease Control and Prevention (CDC) national Best Practice for Youth Engagement.
- Cigarette use among Arizona youth is at an all-time low (3.4%, as reported in the 2021 Youth Risk Behavior Survey), which represents a decrease of approximately 52% since the 2017.
- The use of e-cigarettes, commonly known as vaping, among Arizona youth has decreased from 48% in 2019 to 40% in 2021. (*Arizona YRBS*)
- Arizona continues to report an adult tobacco smoking prevalence rate (12.7%) that is below the national average (14.0%). (*Arizona BRFSS*)

- In Arizona, the percentage of young adults (ages 18-24) who are current smokers decreased from 11.1% in 2019 to 6.5% in 2022. (*Arizona BRFSS*)
- In 2020, Arizona saw an increase in the mortality rates for two of the four leading causes of disease related-death in Arizona, cardiovascular disease and Alzheimer's Disease. Cancer saw a decrease in its mortality rate.
- Two hundred forty- three (243) worksites across Arizona were recognized as Healthy Arizona Worksites by the statewide Healthy Arizona Worksite Program over the two year period.

Moving forward our OTPC and OCDPH will continue to support and integrate the efforts of ADHS' Arizona Health Improvement Plan (AzHIP) and its five priorities areas defined in 2021 - Pandemic Recovery, Health Equity, Social Determinants of Health (SDOH), Rural and Urban Underserved Areas/ Populations, and Mental Well Being. In addition, there are future opportunities for the Office's to address using data to influence action, population health, integrating systems change, workforce capacity and retention, and emerging issues.



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LINK BETWEEN TOBACCO AND THE LEADING CAUSES OF DEATH IN ARIZONA

Tobacco Use and Chronic Diseases

Tobacco use and secondhand smoke are closely tied to chronic diseases as shown in **Table 1 (1)**. According to the Centers for Disease Control and Prevention (CDC), tobacco use is the leading preventable cause of death in the United States. Smokers are 2-4 times more likely to develop heart disease and 25 times more likely to develop lung cancer than nonsmokers. Smokers are 12-13 times more likely to die of chronic obstructive pulmonary disease (COPD) than nonsmokers. Cigarette smoking causes nearly one in every five deaths in the United States each year. (2)

TABLE 1 Modifiable Risk Factor	Heart Disease and Stroke	Respiratory Disease/ Asthma	Type 2 Diabetes	Cancer	Alzheimer's Disease
Tobacco Use and Secondhand Exposure	✓	✓	✓	✓	✓
Unhealthy Diet or Obesity	✓		✓	✓	✓
Insufficient Physical Activity	✓		✓	✓	✓
Excessive Alcohol Use	✓			✓	✓

Leading Causes of Death in Arizona

In SFY21 and SFY22, a portion of the tobacco tax revenues through Propositions 200 and 303 directly supported work to combat three* of the top five leading causes of disease-related death in Arizona as reported in the Arizona Health Status and Vital Statistics 2020 Annual Report. The next sections provide data surrounding these conditions and current programming initiatives.

1. Heart Disease*
2. Cancer (3)
3. COVID-19
4. Chronic Lower Respiratory Disease*
5. Alzheimer's Disease*

(1) Adapted from the *Epidemic of Chronic Disease in Wisconsin: Why it matters to the economy and what you can do to help* (Wisconsin DHS, 2010).

(2) CDC Health Effects of Cigarette Smoking, 2020:

https://www.cdc.gov/tobacco/data_statistics/fact_sheets/health_effects/effects_cig_smoking/index.htm

(3) Cancer programming at ADHS receives federal funding from the CDC and through a State line item, which is not derived from tobacco tax revenues. Therefore, extensive cancer data is not described in this report. For more information and data on cancer and other diseases, please visit the Bureau of Chronic Disease and Health Promotion [online](#).

SNAPSHOT OF YOUTH TOBACCO USE IN ARIZONA

Tobacco Use

- According to the Arizona Youth Risk Behavior Survey (YRBS), current cigarette use by high school youth has dropped 80% in the past 10 years. The rate of high school youth who currently smoke cigarettes dropped from 5.3% in 2019 to 3.4% in 2021.
- High school youth who reported smoking cigarettes daily decreased, from 3.7% in 2019 to 0.7% in 2021.
- Approximately 1.7% of high school youth reported using smokeless tobacco (i.e., chewing tobacco, snuff, dip, snus, or dissolvable tobacco products) within the past thirty day before the survey in 2021, down from 2.5% in 2019 and 4.6% in 2017.
- Cigar or cigarillo use—on at least one day during the thirty days before the survey—among high school youth decreased, from 4.9% in 2019 to 1.6% in 2021.

Electronic Vapor Products

- Approximately 40% of the high school youth reported having ever used an electronic vapor product (i.e., e-cigarettes, e-cigars, e-pipes, vape pipes, vaping pens, e-hookahs, and hookah pens) in 2021 - a decrease from 48% in 2019. This rate is higher in females (46%) than males (34%).
- Frequent use of electronic vapor products among high school youth had been increasing steadily, from 3.1% in 2015, to 5.3% in 2017, to 7.8% in 2019. In 2021, it decreased to 7.4%.
- High school youth reporting daily use of electronic vapor products, on all 30 days during the 30 days before the survey, stayed steady at 5.7% in both 2019 and 2021.





YOUTH PROGRAMS AND SERVICES

Students Taking a New Direction (STAND)

Students Taking a New Direction (STAND) is Arizona's statewide anti-tobacco youth coalition. In July 2020, there were 30 active local youth coalitions working throughout all 15 counties of the state, representing urban, rural, and tribal communities. STAND coalitions are known and respected on a national stage, and are recognized by the Centers for Disease Control and Prevention (CDC) as a Best Practice for Youth Engagement.

The COVID-19 pandemic significantly impacted STAND coalition activity, as access to both youth and community outreach/engagement were hindered by pandemic restrictions. Many coalitions attempted to maintain activity through virtual means, but youth experienced virtual fatigue from online school and limited social interactions with their peers. Once schools returned to in-person teaching, coalitions were faced with a new set of barriers in limited access to campuses for non-district employees and competing priorities with schools addressing education, social, and emotional needs after the lockdown.

Due to pandemic challenges, the number of STAND Coalitions and participating youth decreased - from over 400 youth members in FY2020, to approximately 200 youth members in FY2022. STAND youth members continue to dedicate themselves to conducting cross-age peer education and community awareness campaigns. Coalitions also work towards pursuing policy education focused on reducing teen access to tobacco products and reducing exposure to secondhand smoke.

STAND Coalition Highlights

Despite reduced activity over fiscal years 2021-2022 due to the pandemic, STAND coalitions were able to achieve the following successful local health policy changes:

- A new smoke-free parks ordinance was passed in the city of Nogales, AZ.
- The Parks and Recreation Board approved a smoke-free policy for the City of Phoenix parks system in March 2021. The policy prohibits the use of tobacco products on all city park property and areas outside of community/recreation centers.

STAND continues to be a national model for other youth-empowered anti-tobacco coalitions. COVID-19 restrictions prevented the usual regional training workshops and annual summer conference. Instead, the program utilized this time launch a few new initiatives:

- Five STAND youth participants were featured in the state-funded youth vape prevention campaign “[Unvape Generation](#)”, launched in April 2022.
- The first ever STAND Youth Advisory Board (YAB) was created in June 2022, composed of youth participants across the state. The YAB will advise on statewide STAND programming.
- Also a first, a survey was conducted with STAND youth in March - May 2022 in an effort to keep youth at the forefront of program strategies and activities. Fifty-six (56) youth completed the survey, which asked about their reasons for joining STAND and the benefits of participating, their coalition priorities and challenges, and recommendations to improve coalitions.



Youth Prevention Media & Marketing

The [Unvape Generation](#) campaign, launched in April 2022, sought to give teens respect and empower them to make healthy choices rather than shaming those who are vaping. The campaign included multiple creative executions and hyper-local, peer-to-peer creative to ultimately lower the number of teens in Arizona who vape. Aimed at youth ages 13-17 and with a budget of \$464,975, the media was delivered through Instagram, Snapchat, TikTok, YouTube, gaming rewarded video and streaming services.

(4) LeCroy & Milligan Associates, Inc. (2022). STAND Anti-Tobacco Youth Coalition Survey Report. Tucson, AZ.

Statewide Enforcement of Sales to Minors

Enforcement of illegal sale of tobacco products to minors is a vital component of a comprehensive tobacco prevention program. Laws prohibiting these sales are ineffective at reducing tobacco use among children when they are not paired with an effective enforcement program.

There are currently two dedicated youth tobacco inspection programs operating in Arizona:

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

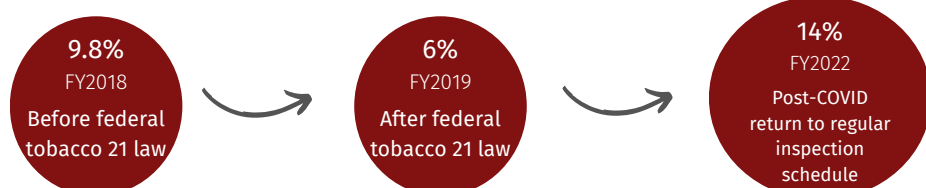


While the FDA Program enforces the **federal** ban on sales to minors, the AGO Program enforces the **state** ban on sales to minors. Since the fall of 2014, the AGO and FDA Programs have been conducting regular joint inspections, leveraging extensive collaboration and resource sharing. As a result of this joint enforcement model, compliance rates have significantly improved since 2014. State enforcement also provides opportunities for retailer education, resulting in approximately 85% of citations being resolved through attendance at an **Arizona Retail Tobacco Training (ARTT)** diversion class. While both programs hold retailers accountable for violations, the federal program includes potential penalties of up to \$11,000 and imposes No Tobacco Sale Orders (NTSO) for repeat violators. Only one retailer in Arizona has received a NTSO to date.

The Tobacco Enforcement System (TES) Mapping Tool provides tobacco retailer compliance data.

In December 2019, Congress passed a federal law raising the minimum age of sale for tobacco products to 21. Following the increase in the minimum age of sale, compliance rates showed a marked improvement with failure rates dropping to **6%** (down from 9.8% in FY2018). Due to safety concerns surrounding the COVID-19 pandemic, youth tobacco compliance inspections were suspended beginning in March 2020 through June 2021. After this significant pause in enforcement, failure rates were 11% in FY2021 with only 213 inspections and 14% in FY2022 with inspections back to nearly pre-pandemic frequency. *FY2023 saw failure rates back down to 9%, but the initial dramatic improvement from the increase in the federal age of sale was lost.*

Inspection Fail Rates



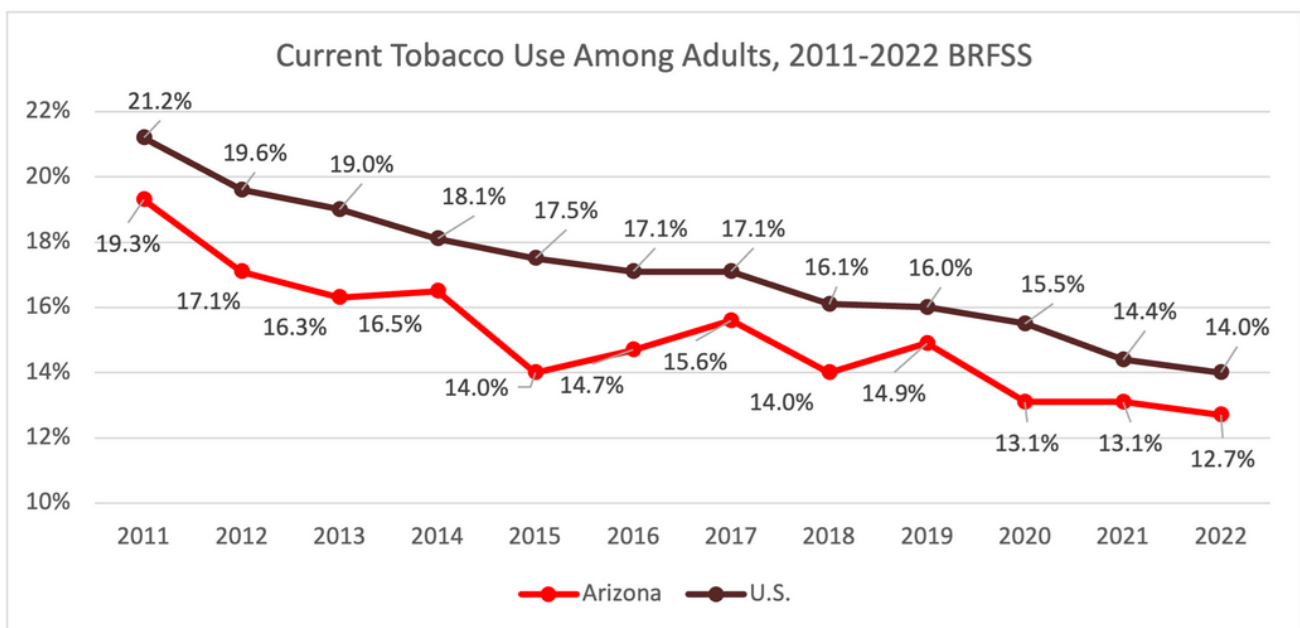


ADULT PROGRAMS, ACTIVITIES, AND SERVICES

Snapshot of Adult Tobacco Use in Arizona

There are an estimated 733,000 adult smokers in Arizona. Current smoking among Arizonan adults has decreased significantly in the past decade (from 19.3% in 2011 to 12.7% in 2022), and has remained consistently below national estimates during this time period (*Figure 1*). When comparing U.S. and Arizona adults who are current, former, or never smokers, prevalence in these categories for Arizona mirrored national estimates (see *Figure 2*). In 2021, based on reported state prevalence of current smoking, Arizona was ranked **16th** nationally on America's Health Rankings scorecard.

Figure 1



In Arizona, the percentage of young adults (ages 18-24) who are current smokers decreased from 11.1% to 6.5% over the past few years.

SNAPSHOT OF ADULT TOBACCO USE IN ARIZONA

Demographics

Figure 3 illustrates the percentage of current smokers in Arizona by age group. Adults between the ages of 25 and 64 had the highest percentage of current smokers (approximately 16%). The percentage of young adults ages 18-24 who are current smokers declined significantly, from 11.1% in 2019 to 6.5% in 2022.

Figure 4 shows the percentage of current smokers in Arizona by race/ethnicity. Arizona adults identifying as Multiracial, non-Hispanic had the highest prevalence of current smoking at 23.2%.

Figure 2

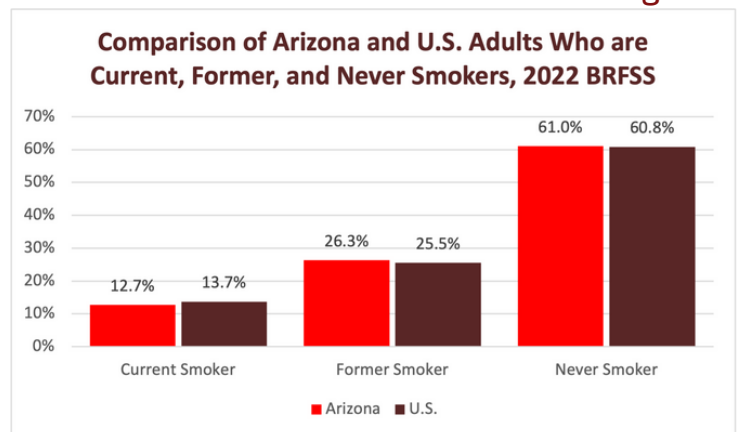


Figure 3

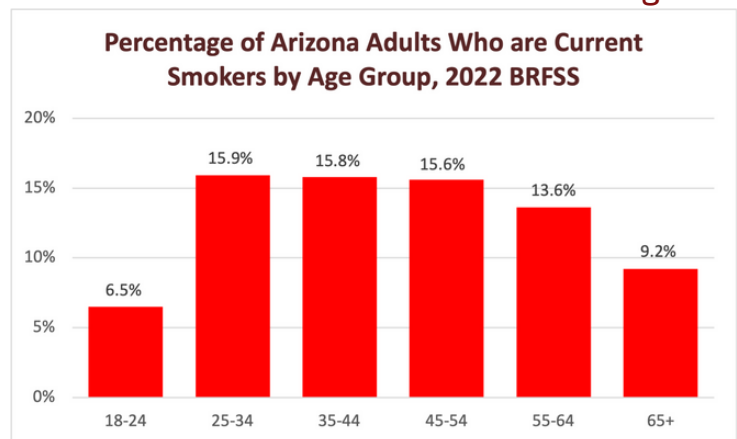
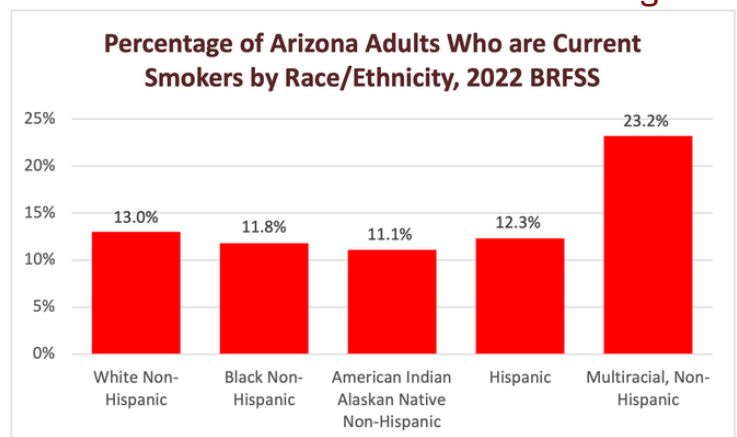


Figure 4



Arizona Smokers' Helpline (ASHLine)

The Arizona Center for Tobacco Cessation (Center) at the University of Arizona, Phoenix provided Arizona Smokers' Helpline (ASHLine) services during the report period. Since 1995, the ASHLine has been providing evidence-based quit coaching and over-the-counter cessation medications to eligible Arizona clients.

In FY21 and FY22, ASHLine received 12,333 calls from tobacco users across the state - just half of the calls received in the previous reporting period. However, ASHLine coaches also exchanged nearly 49,000 text messages with clients. The decrease in calls could be attributed to the lack of motivation to quit due to the COVID-19 pandemic and a minimal media and marketing presence across Arizona during the pandemic.



In FY21-22, ASHLine received 9,412 referrals from health care partners. The top three referring health sectors were Hospitals – Acute Care, Federally Qualified Health Centers, and Medical Practices. During this 2-year reporting period, ASHLine's average quit rate among clients at 7-month post enrollment was 32% in FY21 and 30% in FY22.

Nearly nine out of ten (88%) of ASHLine clients reported having at least one behavioral health condition at the time of enrollment, and almost half reported having both a behavioral health condition and a chronic health condition. Understanding the specific needs of those with behavioral health conditions helped ASHLine management make informed, evidence-based decisions to develop tailored program protocols to enhance the services that these individuals receive.

Table 2 FY21-22 Arizona Center for Tobacco Cessation Performance Indicators

Indicator	Result
Number of healthcare providers trained	1,823
Number of referrals to the ASHLine	9,412
Number of calls to the ASHLine	12,333
Number of text messages sent from coaches to clients	48,905
Number of enrollments	6,476
Percent of clients receiving at least 1 coaching call	76% FY21; 78% FY22
Percent of clients who reported using cessation medication	65% FY21; 62% FY22
Overall statewide quit rate	32% FY21; 30% FY22

Arizona Center for Tobacco Cessation - Tobacco Cessation Training Institute

To reach priority populations, the Training Institute used two strategies:

1. Build the capacity of county health departments, healthcare providers, and healthcare systems to educate patients/clients on the dangers of tobacco/vape use and how to systematically screen for tobacco use and refer to treatment
2. Expand tobacco education and cessation reach by coordinating with partners and organizations that provide services to priority populations: uninsured, AHCCCS, and pregnant/ postpartum women and patients/clients that are diagnosed with a mental illness or substance abuse disorder.

FY 2020

Trained 1,034 health providers in 154 organizations.

FY 2022

Trained 789 health providers in 60 organizations.
Provided TA to additional 288 providers.

Award of New ASHLine Contract

National Jewish Health (NJH) was awarded the state quitline contract for the Arizona Smokers' Helpline (ASHLine) in June 2022. State agencies and quitline service partners must respond to the ever-changing landscape of tobacco use and tobacco disparities. Within the last decade, this has meant the expansion of cessation services to include digital options and addressing the rise of e-cigarettes and other non-conventional tobacco products. NJH's personalized coaching and online resources have helped people quit smoking, vaping, and using other tobacco products. They reach populations across the United States with customized and culturally appropriate information developed for multiple audiences, and provide Arizona with new opportunities for program enhancements BCDHP had been trying to develop for several years:

Technology-mediated program enhancements: cessation podcast; text messaging enhancements; expanded online Nicotine Replacement Therapy (NRT) order capability; Short-code enrollment into ASHLine's text message program.

Expanded Eligibility and NRT Offering: Increased to 4 weeks with option of combination therapy for all eligible participants; Culturally-tailored American Indian Commercial Tobacco Program (AICTP).

Individual Services for Priority Populations: special programs for populations including American Indians, pregnant/postpartum individuals, youth, young adults, and people living with behavioral health conditions.

Provider Education Model: support health providers in screening, treating, and connecting patients to the ASHLine, with on-demand training for delivering brief evidence-based interventions.

Justice-Involved Tobacco Cessation

In May 2019, the Criminal Justice Tobacco Cessation Equity Project - Community of Practice (CoP) was launched. The CoP is a structured, peer-learning environment combining didactic experience (webinars and masterclasses) and companion peer-learning sessions (Learning Community Calls) which are facilitated by the University of Colorado, Behavioral Health & Wellness Program (BHWP) subject matter experts. The CoP allows geographically dispersed ADHS stakeholders to share ideas and resources on how to address the tobacco cessation needs of persons who have been involved with or who or at risk of being involved with the criminal justice system. Seven county health departments agreed to participate in the CoP in Fiscal Year 2022: **Apache, Coconino, Greenlee, Maricopa, Navajo, Pima, and Pinal.**

BHWP provided ongoing technical assistance and training to ADHS and county health departments that chose the justice involved population as a target health disparity population. This included quarterly webinars on evidence-based and emerging topics related to serving the tobacco control needs of justice-involved individuals, and providing Motivational Interviewing for Behavior Change training to county health department staff.



Adult Cessation Media & Marketing

In Fiscal Year 2021, three new adult cessation productions were conceptualized, filmed and produced: *The Run*, *Anything for Your Kids*, and *Milestones*. No media ran in this year due to the state's priority on infectious disease communications at the height of the pandemic.

The Run and *Anything for Your Kids* campaigns ran March - June 2022, aiming to increase calls to the ASHLine quitline and drive traffic to the ASHLine website. Both campaigns targeted AHCCCS-eligible adults statewide (ages 18-40 with *The Run*, and parents/guardians/caregivers ages 25+ with *Anything for Your Kids*), and ran through a variety of media channels: broadcast and streaming television, billboards, and digital (native display/video, Facebook, Instagram, paid search, Pandora, Pinterest, Snapchat, Spotify, Tik Tok, and YouTube). Some highlights:

Digital Ads delivered
26 million
impressions

1,869
ASHLine calls
during the
campaign
period

Paid
digital/social
drove **48,823**
new users to
the website

77,287
total website
sessions
(88.9% new
users)

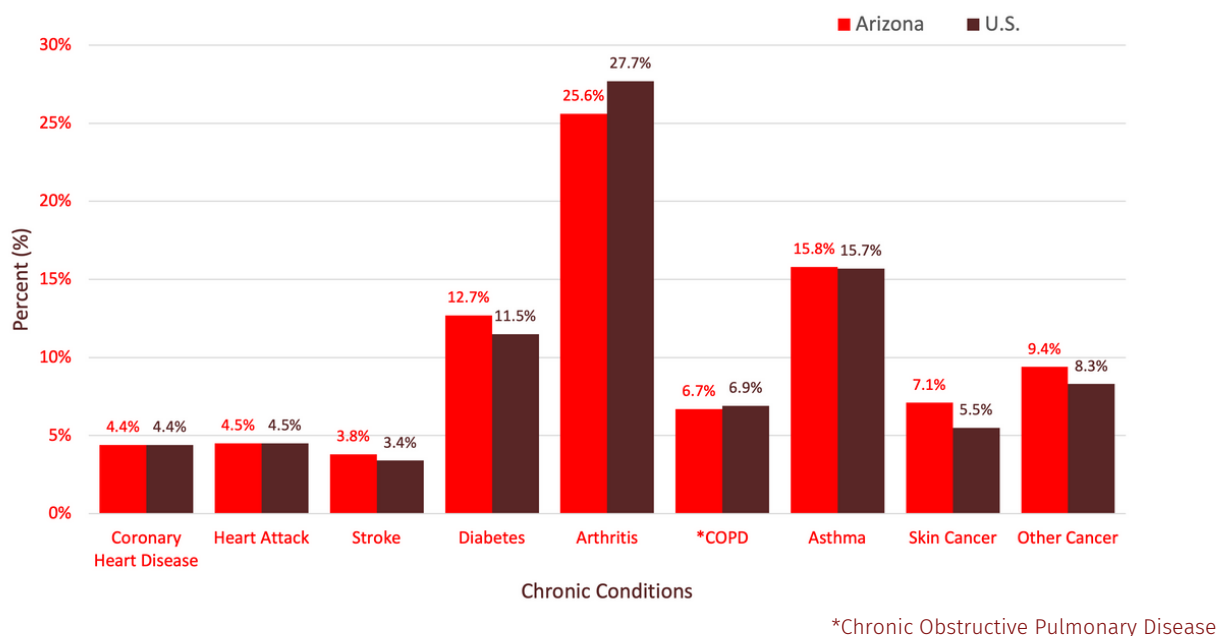
REDUCING THE BURDEN OF CHRONIC DISEASES

Six (6) in ten Americans live with at least one of the chronic conditions listed in *Figure 5*. These and other chronic conditions are the leading cause of death and disability in America and the leading drivers of healthcare cost (5). In Arizona, the leading cause of death is heart disease followed by cancer. In 2020, 14,185 deaths were linked to heart disease, and 12,671 were related to cancer (6). COVID-19, unintentional accidents, chronic lower respiratory diseases, and Alzheimer's disease made up the top six leading causes of death in 2020 for Arizona.

The prevalence of chronic conditions such as heart disease, stroke, diabetes, and chronic obstructive pulmonary disease are determined using data from the Behavioral Risk Factor Surveillance System (BRFSS) (7). In 2022, Arizona had a higher percentage of adults reporting stroke, diabetes, asthma, skin cancer, and other cancer as compared to the national rate (*Figure 5*). The percentage of Arizona adults reporting other chronic conditions was either the same or slightly lower than the national rate (*Figure 5*).

Figure 5

Percentage of Adults That Have Been Told They Have a Chronic Condition, BRFSS 2022



(5) CDC National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP):

<https://www.cdc.gov/chronicdisease/about/index.htm>

(6) Arizona Public Health Vital Statistics, 2020

(7) CDC Behavioral Risk Factor Surveillance System: <https://www.cdc.gov/brfss/index.html>

Health in Arizona Policy Initiative (HAPI)

In January 2012, ADHS created the Health in Arizona Policy Initiative (HAPI) program to achieve the goals of coordinated chronic disease efforts, including (in rank order) heart disease, cancer, CLRD, Alzheimer’s Disease and dementia. HAPI is a collaborative effort that leverages tobacco tax Prop 303 and Women, Infants, and Children (WIC) lottery dollars 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 healthy choices easy for community members. Across Arizona, the participating 13 counties and 1 town have selected HAPI strategies based on the needs, gaps, and barriers identified in their County Health/Needs Assessments.



TABLE 3: HAPI Strategy Areas Selected Based on County Health Assessment Data

Strategy Area	Description	Number of Counties
Chronic Disease	Using community-based strategies to decrease deaths from the heart disease, cancer, dementia and chronic lower respiratory disease in Arizona.	14
Healthy Aging	Promoting good health and quality of life for all older Arizonans and family caregivers.	11
Healthy Worksites	Create healthier worksites by supporting Arizona workplaces in selecting and using evidence-based wellness strategies.	10
School Health	Working with schools to improve nutrition and physical activity, while decreasing screen-time for Arizona students.	6
Healthy Community Design	Informing healthy community design and access to bike lanes, gardens, and affordable healthy food.	5
Clinical Care	Improving clinical outcomes through policy, system, and health literacy work.	2
CLRD: School Inhaler Program	Equipping schools to be able to administer emergency inhaler treatments if a student or staff is experiencing respiratory distress.	2



Healthy Arizona Worksites Program (HAWP)

Comprehensive worksite wellness programs are proven to help organizations control healthcare costs, including those associated with chronic conditions such as heart disease, diabetes, and pulmonary disease. Worksite wellness programs also increase

productivity among employees. Many employers have little understanding of how to implement a worksite wellness program that connects public health prevention efforts with health plan benefit design and utilization. The Healthy Arizona Worksites Program (HAWP) provides tools, resources and technical assistance to employers throughout Arizona to design, implement, and evaluate healthy worksite initiatives. HAWP also works to create linkages between Arizona worksites engaging in healthy worksite efforts so that worksites can share lessons learned with each other.

The HAWP has developed many strong partnerships with partners such as Dignity Health, Kayenta Health Center, City of Yuma, Arizona State University, Yuma Regional Medical Center, Cigna, IHS, among others. The HAWP offers *HAWP 101* worksite wellness training and technical assistance statewide, with partners assisting in hosting in-person and virtual training sessions that has helped to scale the program and broaden its reach. The HAWP recognized 122 worksites statewide in 2021 and 121 worksites in 2022 for promoting worksite wellness strategies.

243 worksites across Arizona were recognized as Healthy Arizona Worksites by HAWP over the 2021-2022 two year period.

The Maricopa County Department of Public Health (MCDPH) successfully oversaw the program until mid-year 2022, when the program transitioned back to the Arizona Department of Health Services (ADHS). ADHS worked with the MCDPH to transition all program components back to ADHS under the Office of Chronic Disease and Population Health. ADHS now solely oversees the statewide HAWP.

Heart Disease Initiatives

The heart disease prevalence rate among adults in Arizona increased from 3.7% in 2021, to 4.4% in 2022 (*Figure 6*), and continues to be the number one cause of death in Arizona. Through HAPI, several counties worked on initiatives to address heart disease.

Self-Measured Blood Pressure

Mohave County partnered with an organization to implement a self-measured blood pressure (SMBP) program within their county to increase awareness and management of risk factors. Pima County worked with the American Heart Association (AHA) to provide training and guidance for Federally Qualified Health Centers (FQHC) to implement the AHA SMBP program, including developing screening program processes.



Chronic Disease Self-Management Program

The Chronic Disease Self-Management Program (CDSMP) is an evidence-based model developed by Stanford University to help people with chronic conditions learn how to manage their health. The intervention utilizes a small-group 6-week workshop to teach individuals with chronic conditions skills and strategies to manage their health, resulting in improved quality of life and reductions in pain, fatigue, and depression. Each session is led by a pair of trained peer facilitators, at least one of whom has a chronic condition themselves, and covers topics such as problem solving; dealing with difficult emotions; communicating effectively with family, friends, and health care professionals; healthy eating; safe exercise; managing pain and fatigue; using medications appropriately; and getting a good night's sleep.

Three counties (Pima, Pinal and Yuma) delivered CDSMP programming within the reporting period through collaboration with local partner organizations. Yuma County worked to increase public awareness and referral mechanisms for CDSMP and *Tomando Control De Su Salud* (the Spanish version of CDSMP). Pima County trained local businesses and behavioral health organization staff as CDSMP and *Tomando Control De Su Salud* lay leaders to provide classes to community members from high social vulnerability index (SVI) neighborhoods.

Community Outreach and Education

Several counties conducted community education to increase awareness of risk factors, prevention, screening and management of heart diseases and high blood pressure. Others implemented cooking classes/demonstrations and strategies to increase physical activity in the community.

Figure 6
Adults Ever Told They Have Coronary Heart Disease, BRFSS 2012-2022

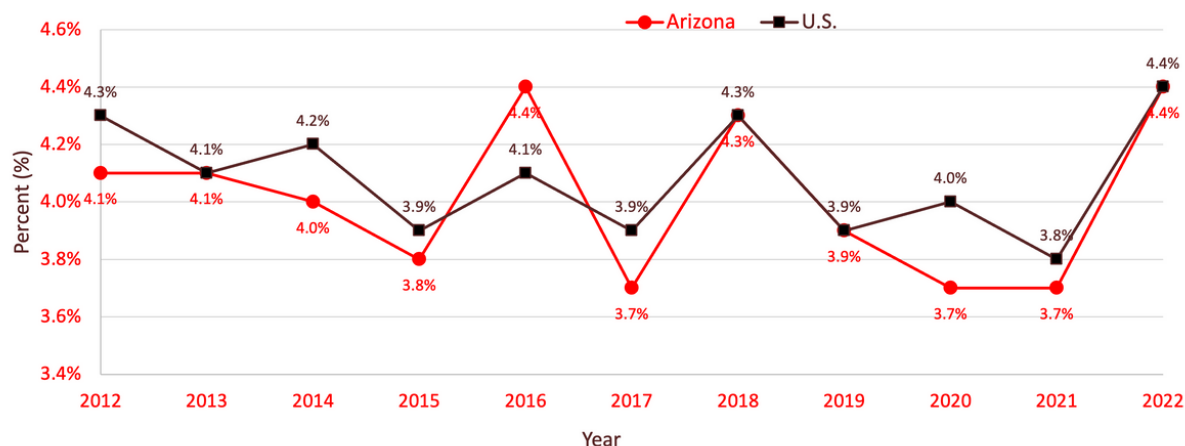
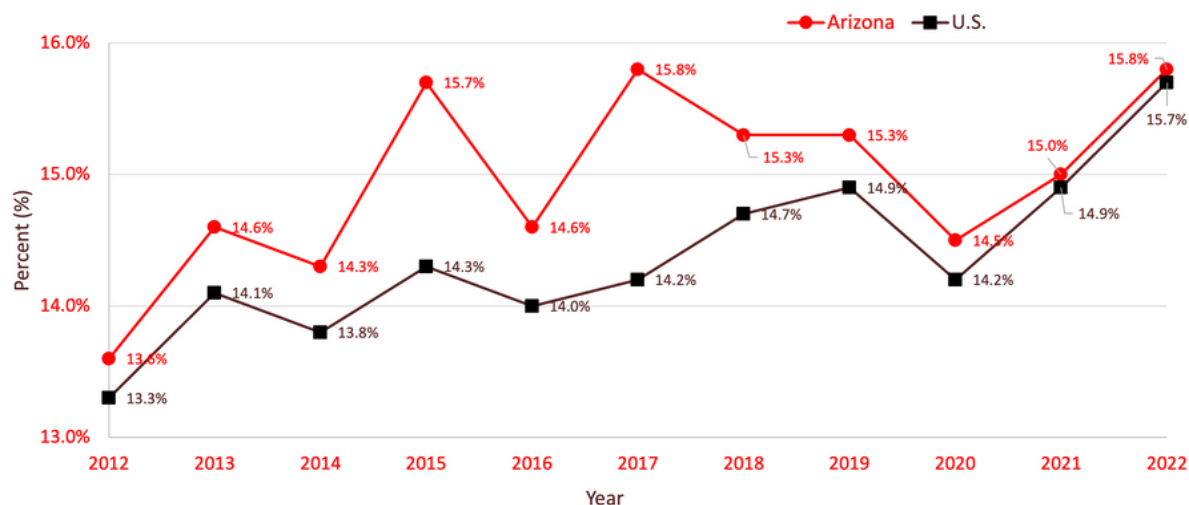


Figure 7
Adults Ever Told They Have Asthma, BRFSS 2012-2022



Chronic Lower Respiratory Disease Initiatives

Chronic Lower Respiratory Disease (CLRD) is an umbrella term used to describe a group of diseases affecting the lungs which include chronic bronchitis, emphysema, Chronic Obstructive Pulmonary Disease (COPD), and asthma. It is estimated that 50% of lung disorders go undiagnosed, and therefore untreated. CLRD is the fourth leading cause of disease-related death in Arizona (2020). Arizona's asthma prevalence rate for adults has increased over the past two years, from 14.5% to 15.8%. (*Figure 7*)

On a local and state level, the impact of CLRD and its group of diseases can be lessened through the implementation of clean air policies, increasing resources and support for home and school-based interventions, disease management programs, and professional development of healthcare professionals. A 2017 state law and Arizona State Board of Education regulation made it possible for schools to administer emergency inhaler treatments to students experiencing respiratory distress. This can reduce emergency calls and transports, and thus health care costs, as well as improve health outcomes of children with asthma.



Two county health departments have elected to implement a school inhaler program through their HAPI work. Pinal County recruited schools into the Stock Inhaler Program educated school administration and school nurses on the importance of the program, and assisted with ongoing program implementation.

Pima County partnered with the University of Arizona to implement the School Surveillance Medication Program (SSMP) with schools participating in the Pima County Stock Inhaler Program for better tracking of inhaler usage. They also worked with the University to develop COVID guidelines on how to safely administer stock inhalers as part of the Pima County Stock Inhaler Program.

Arizona's asthma prevalence rate for adults has increased over the past two years, from 14.5% to 15.8%.

Alzheimer's Disease and Related Dementias (ADRD)

In Arizona, there are 150,000 citizens aged 65 or older with Alzheimer's disease, and that number is expected to grow to 200,000 by 2025. (8) Currently, Alzheimer's disease is the fifth leading disease-related cause of death in Arizona. (6) With an increased prevalence of Alzheimer's disease comes an increased demand for caregivers and dementia support resources. In 2022, there were approximately 261,000 dementia caregivers in Arizona. Of these caregivers, a total of 511 million hours of work went unpaid (i.e., adult children, spouses, and other family members) helping loved ones with dementia. (8)



Caregivers are often burdened by additional stressors related to their role, such as their own co-morbidities, social isolation, and financial burdens. Many caregivers report having to take time off work, having difficulty with transportation, and experiencing financial strain from additional medical and housing costs. Each year, the need to better support dementia caregivers in Arizona increases as ADRD rates increase.

Dementia Caregivers Self-Management Program

ADHS BCDHP collaborates with Duet: Partners in Health & Aging, an Arizona nonprofit organization, to implement its *Finding Meaning and Hope* (FM+H) program through county health departments. FM+H is a ten-part video discussion series led by trained facilitators and intended to build self-management skills among dementia family caregivers.

Nine county health departments offered the FM+H program during State Fiscal Years 2021 and 2022 (Apache, Cochise, Coconino, Graham, Mohave, Pinal, Town of Parker, Yavapai, and Yuma), reaching a total of 63 dementia family caregivers.

Tai Chi

Tai Chi offers many advantages for seniors, including improving balance, helping to reduce falls and strengthening muscles in legs to include flexibility and stability. Four counties offered Tai Chi classes during the report period for falls prevention and healthy aging support (Coconino, Navajo, Town of Parker, and Yavapai). These classes were either offered by trained county staff during community events or in partnership with local Area Agencies on Aging (AAA), senior centers, or other community locations. Navajo County also offered these classes with local employers and internal county program staff to encourage promotion of Tai Chi among the aging populations each employer/program worked with.

(8) Alzheimer's Association, *Alzheimer's Disease Facts and Figures*, 2023, <https://www.alz.org/alzheimers-dementia/facts-figures>

Alzheimer's Disease and Related Dementias (ADRD)

Matter of Balance

Matter of Balance helps older adults reduce the fear of falling and set goals for increasing activity levels, encouraging changes to reduce fall risks at home, and ways to exercise to increase strength and balance. Three counties offered Matter of Balance classes in SFY21 and SFY22 for falls prevention and healthy aging support (Coconino, Navajo, and Yavapai). Like Tai Chi, the classes were offered to community members by trained county staff or in partnership with local Area Agencies on Aging (AAA).

Other Community Education and Outreach

Some of the counties also conducted community education and other outreach efforts to increase awareness of Alzheimer's disease and related dementia risks factors, screening, treatment/support, and local/state resources. This included presentations for community members and groups, resource gathering or mapping, 211 engagement to increase resource upload, support for caregivers, and Dementia Friendly Communities program promotion.

Community Health Workers

Two counties included strategies to engage and support Community Health Workers (CHWs) in their SFY 2021 and 2022 HAPI Action Plans.

Pima County expanded capacity of CHWs to promote chronic disease prevention, education and access through creation of a CHW training plan that includes CHW core competency and chronic disease focused modules. They also assisted with the establishment and ongoing support for the Pima County Community Health Worker (CHW) coalition.



Maricopa County focused on increasing community engagement efforts to build capacity of CHW networks and professionals within the five regions of Maricopa County to address health disparities and the four leading causes of chronic disease death. This included collaborating with local and state Continued Community Actions Boards, coalitions, and the Arizona Community Health Worker Association (AzCHOW) to increase training and technical assistance opportunities for CHWs. Maricopa County also manages the *Unidos* grant to establish a partner clinical linkage model between FQHCs and CHWs to address chronic disease.

APPENDIX A:

DATA RESOURCES

BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM (BRFSS)

The Behavioral Risk Factor Surveillance System (BRFSS) is an annual population-based telephone survey administered by the Centers for Disease Control and Prevention (CDC) and conducted by state, territorial or tribal government departments of health. The survey is conducted nationally as well as in the District of Columbia and in three United States (U.S.) territories. Individuals selected to participate in the survey include non-institutionalized adults, aged 18 years and older. The survey collects data about their health-related risk behaviors, chronic health conditions, healthcare access, and use of preventive services. Additional information about BRFSS survey design, sampling methods, data collection, and survey weights is available at: <https://www.cdc.gov/brfss/>.

YOUTH RISK BEHAVIOR SURVEILLANCE SYSTEM (YRBSS)

The Youth Risk Behavior Surveillance System (YRBSS) is a biennial school-based survey administered by the Centers for Disease Control and Prevention (CDC) and conducted by state, territorial or tribal government departments of health and education. The survey sample includes 9th through 12th grade students enrolled in public and private schools. The data collected is used to monitor six priority health behaviors that contribute to the leading causes of morbidity and mortality, disability, and social problems among youth and young adults in the United States. The YRBSS was designed to enable public health professionals, educators, policy makers, and researchers to:

- Determine the prevalence of health behaviors among youth
- Assess trends in health behaviors over time
- Monitor progress toward achieving objectives or program indicators

Additional information about the YRBSS survey design, sampling methods, and data collection is available at: www.cdc.gov/healthyyouth/data/yrbs/index.htm.

APPENDIX B:

MORTALITY TREND GRAPHS - ALZHEIMER'S DISEASE AND CHRONIC LOWER RESPIRATORY DISEASE

Figure 8
Alzheimer's Disease Age-Adjusted Mortality Rates (2015-2020)

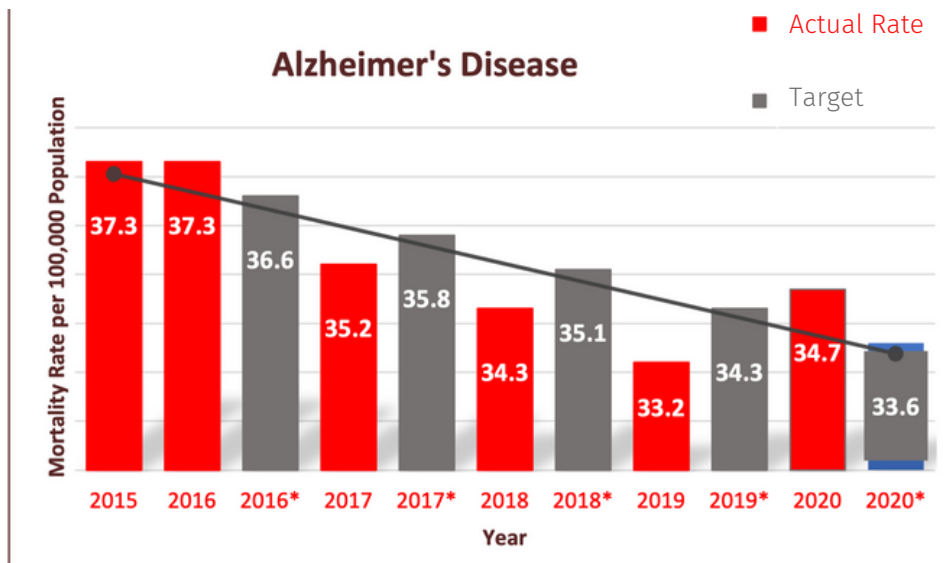
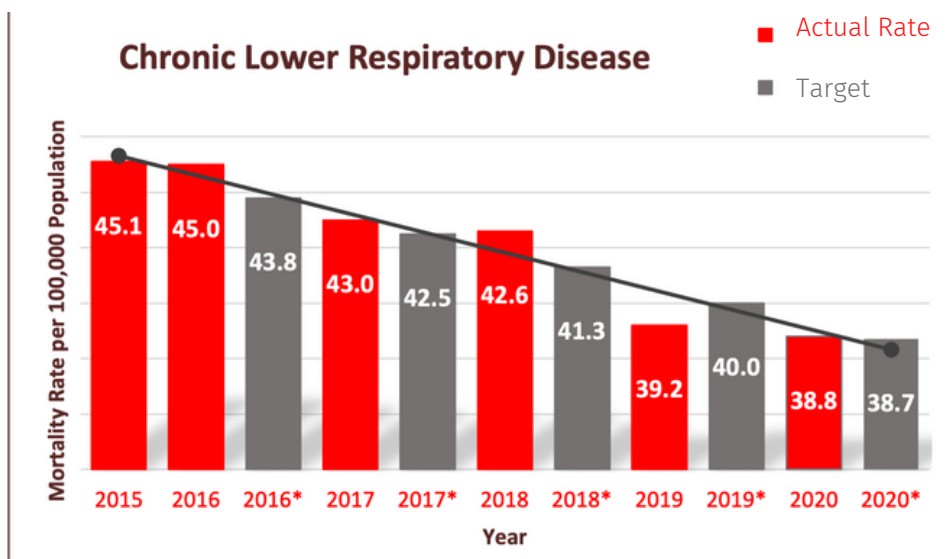


Figure 9
Chronic Lower Respiratory Disease Age-Adjusted Mortality Rates (2015-2020)



*The mortality rate targets were established by the 2016-2020 Arizona Health Improvement Plan, and are based on a 10% decrease in 2020 from the 2015 rate.

Source: Arizona Vital Records, 2015-2020

APPENDIX B:

MORTALITY TREND GRAPHS - HEART DISEASE AND CANCER

Figure 10

Heart Disease Age-Adjusted Mortality Rates (2015-2020)

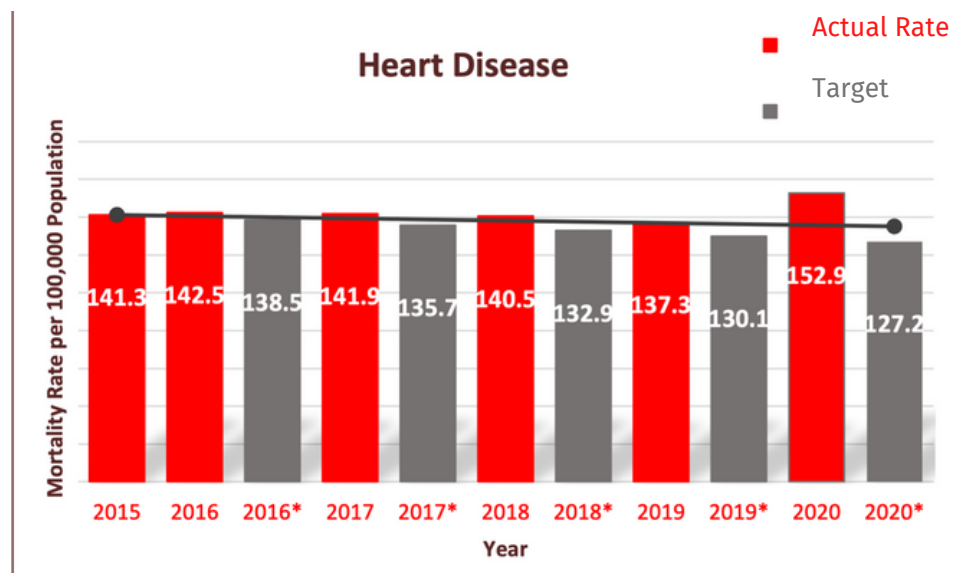
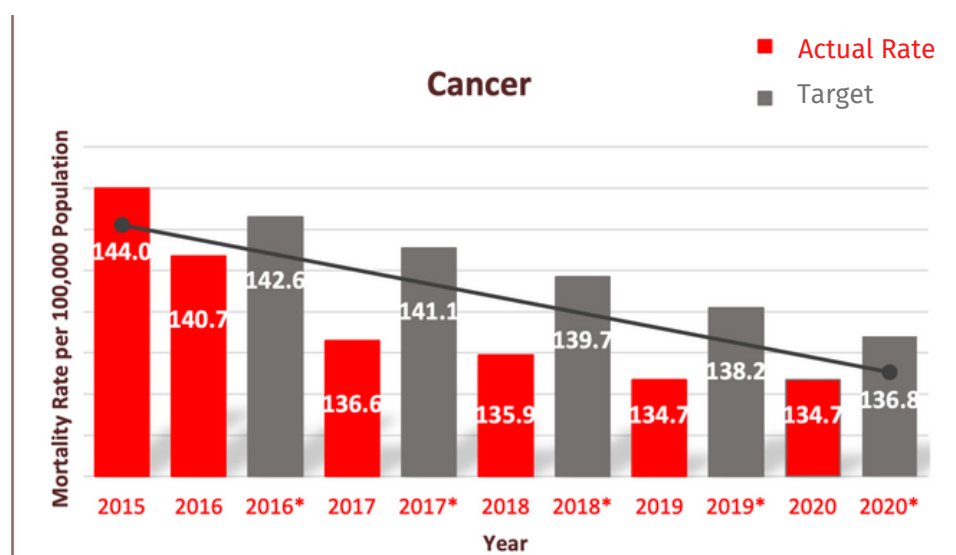


Figure 11

Cancer Age-Adjusted Mortality Rates (2015-2020)



*The mortality rate targets were established by the 2016-2020 Arizona Health Improvement Plan, and are based on a 10% decrease in 2020 from the 2015 rate.

Source: Arizona Vital Records, 2015-2020

APPENDIX C:

FINANCES

TABLE 4: PROP 303 Expenditures and Contracts SFY21 and SFY22

Projects	Expenditures	
	State Fiscal Year 2021	State Fiscal Year 2022
Administration	\$282,154	\$355,069
Community Outreach	\$17,200	-
Evaluation	-	-
Health in Arizona Policy Initiatives	\$1,138,149	\$1,020,021
Local Projects	-	-
Marketing and Communication	\$142	\$5,701
Statewide Projects	\$26,800	\$42,558

Expenditure Category Definitions - PROPOSITION 303: CHRONIC DISEASE PROGRAM

- *Administration* – Employee Related expenditures i.e. payroll, supplies, equipment, travel and software licenses
- *Community Outreach* - Category not included in expenditure
- *Evaluation* - Category not included in expenditure
- *Health in Arizona Policy Initiatives (includes HAWP)* - County/City Intergovernmental Agreements for Tobacco & Chronic Disease Program activities (Healthy People Healthy Communities)
- *Local Projects* – Category not included in expenditure
- *Marketing & Communications* – Program Marketing and Messaging
- *Statewide Projects* - Statewide contracts in which contractor(s) provide program services throughout the state

APPENDIX C:

FINANCES

TABLE 5: PROP 200 Expenditures and Contracts SFY21 and SFY22

Projects	Expenditures	
	State Fiscal Year 2021	State Fiscal Year 2022
Administration	\$598,196	\$491,522
Community Outreach	\$156,628	\$275,553
Evaluation	\$18,900	-
Licensing - Empower	\$228,969	\$290,756
Local Projects	\$5,584,795	\$4,976,558
Marketing and Communication	\$431,545	\$1,303,769
Native American Outreach	\$241,466	\$148,676
Statewide Projects	\$2,345,278	\$2,218,245

Expenditure Category Definitions - PROPOSITION 200: TOBACCO PROGRAM

- *Administration* – Employee related expenditures i.e. payroll, supplies, equipment, travel and software licenses
- *Community Outreach* – Community focused contracts that serve Arizonans, i.e. Arizona Retail Tobacco Training in Maricopa County, and the University of Colorado School of Medicine & Behavioral & Wellness to work with counties to develop wellness strategies within their county communities.
- *Evaluation* – Contracted Program Evaluated Services
- *Licensing* – Empower Program
- *Local Projects* – County/City, Intergovernmental Agreements supporting Tobacco and Chronic Disease Program activities (Healthy People Healthy Communities)
- *Marketing & Communications* – Program Marketing Campaigns and Messaging for Adult Cessation and Youth Vape Prevention
- *Native American Outreach* – Intergovernmental Agreements with Tribes
- *Statewide Projects* – Statewide contracts in which contractor(s) provide program services throughout the state, i.e. Quitline Services, Arizona Office of the Attorney General – Retail Tobacco Inspections

APPENDIX D:

BUREAU RESOURCES

Bureau of Chronic Disease and Health Promotion

150 North 18th Avenue, Suite 310
Phoenix, Arizona 85007
602.364.0824

Office of Tobacco Prevention & Cessation

Website: <https://www.azdhs.gov/prevention/chronic-disease/tobacco-free-az/index.php>

- Arizona Smokers' Helpline (ASHLine)
- Students Taking a New Direction (STAND)
- U.S. Food and Drug Administration (FDA) Tobacco Compliance Program
- Tobacco, Revenue, Use, Spending and Tracking Commission (TRUST Commission)

Office of Chronic Disease and Population Health

Website: <https://www.azdhs.gov/prevention/chronic-disease/index.php>

- Diabetes Prevention and Control Program
- Arizona Diabetes Coalition
- Community Health Worker Program
- Arizona Heart Disease & Stroke Prevention Program
- Arizona Healthy Aging Program

Cancer Prevention and Control Programs

Website: <https://azdhs.gov/prevention/tobacco-chronic-disease/cancer-prevention-control/>

- Well Woman HealthCheck Program
- Breast and Cervical Cancer Treatment Program (AHCCCS)
- Arizona Cancer Coalition