



**COCONINO COUNTY  
COMMUNITY HEALTH  
IMPROVEMENT PLAN**

**(CHIP)**

**UPDATE**

**August 2016**

**Working collaboratively with community health partners  
to create a sustainable healthy future for Coconino County residents**

## CONTRIBUTORS


- Dr. Marie Peoples, Chief Health Officer, CCPHSD
- Michael Oxtoby, Assistant Chief Health Officer, CCPHSD
- Denise Burley, Division Manager, CCPHSD
- Randy Phillips, Division Manager, CCPHSD
- Mare Schumacher, Epidemiologist, CCPHSD
- Trish Lees, Public Information Officer, CCPHSD
- Eve Ford, Consultant, Eve Ford Consulting

## COCONINO COUNTY BOARD OF DIRECTORS

- Art Babbott                      District 1
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Reviewed and adopted September 2016

Marie Peoples  
Printed Name

  
\_\_\_\_\_  
Signature

Chief Health Officer  
Title

9- 1-2016  
Date



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## CCPHSD MISSION AND VISION

### **Vision**

Coconino County – where every resident achieves their fullest health potential.

### **Mission**

Empowering people, confronting inequities, influencing policy, and bettering lives.

Always improving.

### **Guiding Principles:**

- Integrity
- Compassion
- Dedication
- Embracing collaboration to provide quality services to communities

The CHIP Update is intended to be a supplement to the 2014 CHIP, and not a stand-alone document. Information not found in this update may be available in the original 2014 CHIP.



## EXECUTIVE SUMMARY

### **Background**

In May 2016, the Coconino County Public Health Services District (CCPHSD) invited over 200 individuals from a diverse group of agencies and organizations from all over Coconino County that comprise the local health system to develop goals and strategies for an updated Community Health Improvement Plan (CHIP). The two meetings were conducted in the northern region (Page) and southern region (Flagstaff) to ensure the unique needs of the areas were addressed. Additionally, participants were asked to join work groups to ensure continued progress is made in addressing the three important health priorities:

- **Access to care**
- **Chronic disease**
- **Injury prevention**

These priorities were identified in the 2013 Community Health Assessment (CHA) from epidemiological data, previous stakeholder meetings, and community input. The three priorities were confirmed by a recent update of the CHA, a separate process that combined input from partner meetings in November 2015 with new public health data. CCPHSD built on the results of the CHA update by starting work on the CHIP Update 2016, a strategic action plan for the community health improvement process. This CHIP Update 2016 document describes the public health system partners who were engaged, the process used, and dynamic action plan created to implement the CHIP.

### **CHIP Partners and Stakeholders**

The list of CHIP stakeholders and the partner agencies invited (see Appendix #1) includes a wide variety of tribal health agencies, non-profit social services, schools, health care organizations, public safety, housing and transportation agencies, elected officials, faith-based organizations, universities, and numerous other links in the public health system.

## **Process and Goals of the Partner Meetings**

The CHIP Update 2016 process was developed using the Association for Community Health Improvement (ACHI) model, which is nationally recognized for health assessments. The CHIP Update is intended to be a supplement to the 2014 CHIP, and not a stand-alone document. Information not found in this update may be available in the original 2014 CHIP.

When the prior CHIP was developed in 2014, there was an expectation among community health partners that CCPHSD would be responsible for developing and delivering the programs and services addressing the three priority areas. A major focus of the CHIP Update 2016 is to build up the partnerships and collaborative processes needed to bring the different parts of the public health system together to implement the updated goals and strategies in a sustainable manner. With the broad engagement of diverse health agencies and community organizations, successful implementation of the CHIP will continue over the next few years.

The primary goals of the May 2016 CHIP meetings were:

- Convene a diverse group of community health partners to update the CHIP.
- Present the key data points from the updated Community Health Assessment (CHA) necessary to shape the CHIP.
- Work together in small groups to create action plans with SMART (strategic, measurable, achievable, realistic and time-related) goals and strategies to address the three health priority areas above, and set target dates to measure progress.
- Encourage local leadership to build collaboration, share resources, and improve communications within the public health system.

As a result of the May 2016 meetings, the northern and southern regions each formed three CHIP health priority work groups that will meet in-person, by telephone conference, or electronically several times to refine and make progress on goals set for the health priority areas. This flexible approach allows for increased participation and reduced barriers to partner involvement. As the CHIP health priority groups implement the goals and strategies chosen, the action plans may be modified to address changing community needs. In keeping with the mission statement of CCPHSD, community health partners and stakeholders will be encouraged to include strategies to promote health equity in the CHIP implementation. Results of the work groups will be monitored over the next two or three years and used as a foundation for the next complete CHIP planned in 2018 or 2019.

# CHIP GOALS AND STRATEGIES – NORTHERN REGION

As of 6/06/16

## Northern Region Goals and Strategies – Access to Care



Priority Area:	Access to Care		
<b>Goal #1</b>	To increase prevention services and health education by partnerships between medical agencies and school districts by increasing the number of school based clinics and education programs by June 2018.		
	<b>Strategy</b>	<b>Date to be Completed</b>	<b>Person(s) Responsible</b>
<b>Strategy 1</b>	School districts coordinate with each other to share information, curriculum resources and programs.	6 /2018	Jocelyn Beard
<b>Strategy 2</b>	Develop a collaborative Umbrella Committee between medical agencies and schools to identify key areas for implementation via clinics or health education programs within the school setting.	6 /2018	Jocelyn Beard

<b>Strategy 3</b>	Develop networking partnership between school programs and medical agencies to determine viable billing codes that offset costs to provide school-based clinics and health education programs.	6 /2018	Jocelyn Beard
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Priority Area:	Access to Care		
<b>Goal #2</b>	<b>Reduce distance barriers</b>		
	Strategy	Date to be Completed	Person(s) Responsible
<b>Strategy 1</b>	Invite appropriate providers/participants to work group	7/04/2016	Christy Riddle Jocelyn Beard
<b>Strategy 2</b>	Identify resources and needs	11/30/2016	Work Group  Jocelyn Beard
<b>Strategy 3</b>	To promote existing resources (e.g. mobile, satellite, etc.)	4/30/17	Work Group  Jocelyn Beard

Priority Area:	Access to Care		
<b>Goal #3</b>	<b>Establish centralized resource tools</b>		
	Strategy	Date to be Completed	Person(s) Responsible
<b>Strategy 1</b>	Media regional networking – emails, website, meeting (Agency)	8/2016	Michele Grim
<b>Strategy 2</b>	Create centralized resources for Northern Arizona (Public)	5/2017	Lynne Hoffman
<b>Strategy 3</b>	Pursue joint grant (Agency)	Year 2 (2017)	Brian Keller, Miranda Morales



Other strategies considered:

1. Collaboration of events, organized subjects/topics
2. Emergency volunteer medical squads in communities (ER, EMT, CERT, Law/fire)
3. Transportation satellite
4. Satellite clinics
5. Telemedicine
6. Networking to create a better outcome

## Northern Region Goals and Strategies – Injury Prevention



Priority Area:	Injury Prevention		
Goal #1	Educate children on “Stranger Danger”		
	Strategy	Date to be Completed	Person(s) Responsible
Strategy 1	Contact schools, parents, chapter houses and others who have contact with parents.	11/2016	Phyllis Yazzie
Strategy 2	Develop educational materials with input from groups above by (both strategies)	11/2016	Phyllis Yazzie

<b>Priority Area:</b>	<b>Injury Prevention</b>		
<b>Goal #2</b>	<b>Improve parent involvement and supervision of children</b>		
	<b>Strategy</b>	<b>Date to be Completed</b>	<b>Person(s) Responsible</b>
<b>Strategy 1</b>	Contact organizations (parents, chapter houses, etc.)	5/2017	Teddy Bedoni, Louise Bedoni, Phyllis Yazzie
<b>Strategy 2</b>	Get message out via media, social media	5/2017	Teddy Bedoni, Louise Bedoni, Phyllis Yazzie

<b>Priority Area:</b>	<b>Injury Prevention</b>		
<b>Goal #3</b>	<b>Prevent alcohol abuse</b>		
	<b>Strategy</b>	<b>Date to be Completed</b>	<b>Person(s) Responsible</b>
<b>Strategy 1</b>	Assist in the development of substance abuse (SA) prevention curriculum to prevent SA to all northern region police and fire department heads to present to schools two times/year.	8/2016	Lola Riggs
<b>Strategy 2</b>	Contact local schools by Nov 2016 to ensure curriculum is ready to present to students.	11/2016	Lola Riggs
<b>Strategy 3</b>	Hold art contest in northern region schools to develop education billboard (anti substance abuse) to post on Highways 98, 160, 89, SR 264.	11/2016	Lola Riggs

## Northern Region Goals and Strategies – Chronic Disease



Priority Area:	Chronic Disease		
<b>Goal #1</b>	Strengthen the local food system by opening a farmers market		
	<b>Strategy</b>	<b>Date to be Completed</b>	<b>Person(s) Responsible</b>
<b>Strategy 1</b>	Find an insurance-free space and a local sponsor	11/2016	To be determined
<b>Strategy 2</b>	Develop workshops for gardening/growing education, i.e. Garden Expo	Spring 2017	To be determined
<b>Strategy 3</b>	Solicit participation from farmers, gardeners, and growers	Spring 2017	Judy Franz

Priority Area:	Chronic Disease		
Goal #2	Coordinate community partners		
	Strategy	Date to be Completed	Person(s) Responsible
Strategy 1	Inventory chronic disease programs in northern Coconino County	8/2016	Brian Barg, Judie Keyonnie
Strategy 2	Create newsletter/calendar to share information, Brian to recruit	5/2017	Brian Barg
Strategy 3	Share updates with public, Brian to recruit	Year 2 (2017)	Brian Barg

Other goals considered:

1. Educate, motivate, take action on community nutrition, healthy living to motivate change
2. Create community trails and sidewalks
3. Domestic violence
4. Motor vehicle enforcement
5. Suicide prevention education

Other strategies considered:

1. Coordinate mobile outreach efforts e.g., food pantry, medical/dental, SNAP sign-ups, health education, JMI, farmer’s market
2. Expand farmers market, school garden, home gardening, and community gardens.
3. Consistent health PA programs in community – lack of faculty/schools.
4. Healthy living education for families
5. Education to community on healthy living, nutrition
6. Measure baseline, evaluate after
7. Focus training to parents on allergy/asthma management from school and community wide (doesn’t seem to happen at school)
8. Create trail system.
9. Enforcement of alcohol abuse laws
10. Use data to look at alcohol abuse

11. Domestic violence issues: elderly, children, bullying, teen pregnancy, spousal abuse.
12. Fire, firearm, home safety education.
13. Car seat safety, seatbelt safety, cell phone use
14. Training of adults (parents, counselors, teachers, behavioral health providers, etc.) who work with teens and others on suicide prevention.

# CHIP GOALS AND STRATEGIES -- SOUTHERN REGION

As of 6/06/16

## Southern Region Goals and Strategies – Access to Care



Priority Area:	Access to Care		
Goal #1	Increase communication and collaboration		
	Strategy	Date to be Completed	Person(s) Responsible
Strategy 1	Insure stakeholders coordinate and share services/resources among all providers	7/01/2017	Crystal Hepp
Strategy 2	Identify telemedicine and community integrated paramedicine roles and how they best support the existing and future system	7/01/2017	Mark Wilson

<b>Priority Area:</b>	<b>Access to Care</b>		
<b>Goal #2</b>	<b>Empower individuals around health literacy</b>		
	<b>Strategy</b>	<b>Date to be Completed</b>	<b>Person(s) Responsible</b>
<b>Strategy 1</b>	Develop a fact sheet on payment and insurance options in Coconino County	6/2017	Work Group Members
<b>Strategy 2</b>	Develop a best practice model based on research for health literacy for direct health service personnel (training model)	6/2018	Work Group Members
<b>Strategy 3</b>	Develop a best practice model based on research for health literacy educating the individual patient (same as #2 but for the patient)	6/2018	Work Group Members

<b>Priority Area:</b>	<b>Access to Care</b>		
<b>Goal #3</b>	<b>Reduce distance barriers</b>		
	<b>Strategy</b>	<b>Date to be Completed</b>	<b>Person(s) Responsible</b>
<b>Strategy 1</b>	Get people to needed services; participate in coordinated transportation plans.	1/2017	To be determined (NAIPTA and NACOG)
<b>Strategy 2</b>	Bring needed services to people's homes; increase appropriate access to home health care through technology, and have the ability for homes visits through existing resources.	1/2018	To be determined (NAU, NCHC and providers)
<b>Strategy 3</b>	Create more places to get medical services; map available services; work to identify gaps in services, and resolve them.	6/2016	To be determined



Other strategies considered for Access to Care:

1. Community integrated paramedics- house calls, outreach, lower ED visits
2. More comprehensive meetings coordinated by neutral party; also continuous meetings
3. Participation in health information exchange (HIE)- continuum of care, decrease duplicative services
4. Increase cultural competency among providers (education by providers)
5. Ability to pay
6. Provider recruitment (e.g. student loan repayment programs to offset cost of living)
7. Expand primary care/urgent care through AHCCCS to NAU faculty and staff
8. Increase number of clinics in schools
9. Use public bus or Uber for transportation
10. Strategies to target health literacy
11. Kids CARE
12. Identify funding sources for medical transport vehicles and expansion of NAIPTA

Other goals considered for Access to Care:

1. Create specialized, multijurisdictional teams to target high risk populations
  - a. Targeted efforts to address integrated/holistic services for special populations (SMI, homeless, Hepatitis C, HIV, etc.)
  - b. Improved system for frequent users of mental, behavioral, and physical health services

## Southern Region Goals and Strategies – Injury Prevention



Priority Area:	Injury Prevention		
Goal #1	Improve injury data collection at the community level		
	Strategy	Date to be Completed	Person(s) Responsible
Strategy 1	Evaluate and review the current data sources	8/01/2016	To be determined
Strategy 2	Identify the gaps in data sources	10/01/2016	To be determined
Strategy 3	Create a strategy to fill those data gaps	12/2016	To be determined

<b>Priority Area:</b>	<b>Injury Prevention</b>		
<b>Goal #2</b>	<b>Reduce child abuse (Safe child care environments)</b>		
	<b>Strategy</b>	<b>Date to be Completed</b>	<b>Person(s) Responsible</b>
<b>Strategy 1</b>	Review and revise existing education and resource materials	11/2016	Coalition for Children/PIG/ASCC
<b>Strategy 2</b>	Expand message to more people with full public health system support	5/2017	Coalition for Children/PIG/ASCC
<b>Strategy 3</b>	Reference new data and reorganize		Coalition for Children/PIG/ASCC

<b>Priority Area:</b>	<b>Injury Prevention</b>		
<b>Goal #3</b>	<b>Reduce substance abuse and misuse in Coconino County</b>		
	<b>Strategy</b>	<b>Date to be Completed</b>	<b>Person(s) Responsible</b>
<b>Strategy 1</b>	Compile a comprehensive list of existing substance abuse prevention and treatment programs to identify gaps and distribute that list of services to all stakeholders	6/2017	Melissa Griffin w/NAU and Amy Simonds Taylor w/Guidance Center
<b>Strategy 2</b>	Gather solid baseline data on substance abuse and misuse across subpopulations in Coconino County by December 2016,	12/2016	Sharon Montoya w/CASA and Mare Schumacher w/CCPHSD
<b>Strategy 3</b>	Identify additional resources to expand substance abuse programming (financial, human, community resources) by September 2016 (categories) and June 2017 (list/strategy)	9/2016 and 6/2017	Work Group Members

Other Injury Prevention strategies considered, but not put forward for plan:

1. SBIRT screening by providers
2. Community Awareness on Priority Issues
3. Narrowing down data by community
4. Get funding for data collection and analysis

Other goals considered for Injury Prevention, but not put forward for plan:

1. Improve Environmental Safety
  - a. Upgrading playground equipment (Assessment)
  - b. Education on safe environments
  - c. Teen Education: Identify risky behavior- Coping tools education
2. Improve Suicide Prevention/Intervention
  - a. Expand mental health first aid
  - b. Expand suicide prevention initiative throughout Reservation and expand sexual (D2L); Suicide prevention, e.g. "Darkness & Light"
  - c. Teen Education: Suicide prevention education
3. Improve Coordination and Collaboration
  - a. Improve coordination between prevention programs
4. Increase Safety Awareness
  - a. Teen Education: Driving Ed requirement
  - b. Restraint and education, re: Motor vehicle restraint such as seatbelts; Restraint use
  - c. Transportation safety
  - d. Slower speed limits
5. Improve Concussion Recognition
  - a. Concussion prevention and recognition

## Southern Region Goals and Strategies – Chronic Disease



Priority Area:	Chronic Disease		
<b>Goal #1</b>	<b>Prioritize data sharing and technology</b>		
	<b>Strategy</b>	<b>Date to be Completed</b>	<b>Person(s) Responsible</b>
<b>Strategy 1</b>	Convene a stakeholder taskforce of community partners with access to currently silo-ed data	7/2016	Work Group Members
<b>Strategy 2</b>	Create a data sharing plan	5/2017	Work Group Members
<b>Strategy 3</b>	Create a report to stakeholders	5/2017	Future Work Group Members

<b>Priority Area:</b>	<b>Chronic Disease</b>		
<b>Goal #2</b>	<b>Increase access and engagement in healthy lifestyle and behavior programming throughout Coconino County</b>		
	<b>Strategy</b>	<b>Date to be Completed</b>	<b>Person(s) Responsible</b>
<b>Strategy 1</b>	Increase low cost diabetes screenings and link to care resources	1/2018	Work Group Members
<b>Strategy 2</b>	Raise awareness and engagement of families and adults in existing nutritional and fitness programs	1/2019	Work Group Members
<b>Strategy 3</b>	Hold at least one community/provider event that presents ACES (Adverse Childhood Experiences) findings and how to apply findings to prevent chronic disease (trauma informed services)	12/2018	Amanda Guay

Other strategies considered for Chronic Disease, but not put forward for plan:

1. Inter-city and inter-employer worksite wellness programs to a community level with a combined technology platform (e.g. Louisiana (replicate), Rhode Island)
2. Prioritization of issues and identification of evidence based practices linked to priorities (collection, analysis, discovery)
3. Education and training on social marketing to match community values to health initiatives
4. Expanding nutrition programs to community as a whole- support groups and education and nutrition counseling
5. Fit kids and programming- continue and expand

Other goals considered for Chronic Disease, but not put forward for plan:

6. Public Health Policy and Dissemination around chronic disease/built environment
  - a. Use behavior change model (vs. punitive response), e.g. “token trips” for driving ordinance
  - b. Youth tobacco (and related emerging technologies) prevention effort

## CONCLUSION AND SUSTAINABILITY PLAN

A key goal for the planning process and successful implementation of the 2016 CHIP Update is to encourage local leadership, build collaboration, share resources, and improve communications within the public health system in Coconino County. Without shared responsibility for progress and collaborative work among all the community partners, success and sustainability would be tenuous or perhaps impossible.

CCPHSD has many of the same challenges as most local health departments across the United States: decreased funding levels, on-going cuts to programs, declining numbers of public health staff, and increased service demands from the public. As the CHIP is implemented and evolves over time, CCPHSD will continue to encourage wide participation by partners and a sustainable approach to the work in the following ways:

- Commitment to engaging the public health system as a whole.
- Serving as the primary convener of the public health system, using shared leadership with all health agencies and encouraging participation of community organizations.
- Keeping the CHIP work groups open to new members and renewing the invitation for community health stakeholders to participate.
- Keeping the community health stakeholders informed of progress. The goal is for CCPHSD to send email updates on a quarterly basis and hold large group public meetings on a semi-annual basis.
- Emphasis on sustainability of the CHIP work, including limitation of goals and strategies to focus the available resources on what a few partners can reasonable accomplish as they work together.
- Encourage community health partners and stakeholders to include health equity strategies in the CHIP implementation.
- Commitment to facilitating the process and content of the work in order to satisfy and perhaps exceed the standards for public health accreditation as set by the Public Health Accreditation Board.

For more information about the CHIP Update 2016, please contact Coconino County Public Health Services at [communityhealth@coconino.az.gov](mailto:communityhealth@coconino.az.gov) or call (928) 679-7282. To view copies of this report online, see <http://www.coconino.az.gov/health>. The CHIP Update is intended to be a supplement to the 2014 CHIP, and not a stand-alone document. Information not found in this update may be available in the original 2014 CHIP.

## APPENDIX #1

The following individuals and organizations were invited to participate in the CHIP Update 2016 process and meetings:

### Community Health Partners List for the CHIP Update 2016

#### Organizations by type

##### Government Organizations

City of Flagstaff, Mayor  
City of Flagstaff, City Manager CEO  
City of Flagstaff, Metropolitan Planning Organization  
City of Flagstaff, Grants Director  
City of Page, Mayor  
City of Page, City Manager  
City of Page, Counselor  
City of Fredonia, Mayor  
City of Fredonia, Vice Mayor  
City of Williams, Mayor  
City of Williams, Vice Mayor  
To'Nanees'Dizi Local Government (Tuba City), Executive Manager  
To'Nanees'Dizi Local Government (Tuba City), Chapter President  
Town of Tusayan, Acting Mayor  
Town of Tusayan, Town Manager  
LeChee Chapter, Chapter Vice Pres.  
K'ai'bii'to Chapter President  
City of Sedona (for northern part of Sedona and Oak Creek)

Coconino County Board of Supervisors, Board Chair  
Coconino County Board of Supervisors, Board Member  
Coconino County, County Manager  
Coconino County, Deputy County Manager  
Coconino County, Government Relations Director  
Coconino County Juvenile Court Services  
Coconino County Community Services  
Coconino County Career Center

##### CCPHSD Staff

Coconino County - Chief Health Officer  
Coconino County - Deputy Chief Health Officer  
Coconino County - Division Manager  
Coconino County - Division Manager Environmental Health  
Coconino County - Epidemiologist  
Coconino County - Community Relations  
Coconino County - Finance



Coconino County - Clinic Manager  
Coconino County - Health Policy  
Coconino County - Northern Region Program Manager  
Coconino County - Consultant

Northern Arizona Council of Governments, Executive Director  
Northern Arizona Council of Governments, Transportation Committee  
Northern Arizona Council of Governments, Community Action Board  
Northern Arizona Council of Governments, NA Child Development  
Northern Arizona Council of Governments, Regional Council on Aging  
Northern Arizona Council of Governments, Social Services Advisory Committee  
Northern Arizona Council of Governments, Economic Development  
Northern AZ Intergovernmental Public Transit Authority

InterTribal Council of Arizona, Health & Human Services Director  
InterTribal Council of Arizona, Health Systems Director  
InterTribal Council of Arizona, Tribal Epidemiology Director  
InterTribal Council of Arizona, Emergency Preparedness  
InterTribal Council of Arizona, Executive Director

#### **Social Services Organizations**

United Way of Northern Arizona, President CEO  
Arizona First Things First, Coconino Regional Council, Chair Volunteer  
Arizona First Things First, Chief Executive Officer  
Catholic Community Services (Flagstaff)  
Salvation Army (Flagstaff)  
Alliance for a Healthier Generation  
Goodwill of Northern Arizona  
Parenting Arizona, Director  
Boys & Girls Club  
Citizens Against Substance Abuse  
Coconino Coalition for Children & Youth  
Flagstaff Family Food Center  
Child & Family Support Services

#### **Schools/ Universities/ School Districts**

Northern Arizona University, President  
Northern Arizona University, VP of Health Research Initiatives  
Northern Arizona University, Health Policy Institute  
Northern Arizona University, Center for American Indian Resilience  
Northern Arizona University, Assistant Professor  
Northern Arizona University, Medical Services Manager  
Northern Arizona University, Executive Vice President/Chief of Staff  
Northern Arizona University, Student Health Services  
Coconino Community College, President  
Flagstaff Unified School District, Superintendent  
Flagstaff Unified School District, FACTS

Page Unified School District, Superintendent  
Page Unified School District, School Board  
Tse'Yaato High School, Principal  
Fredonia Unified School District  
Williams Unified School District  
Greyhills Academy High School, Tuba City Principal  
Blue Ridge Unified School District  
Grand Canyon Unified School District  
Kaibeto Boarding School  
Flagstaff Unified School District - Nurse Supervisor  
Maine Consolidated School District (in Parks)  
University of AZ Cooperative Extension, Family Consumer & Health Services  
Tuba City Unified School District #15  
Dzil Libei Elementary School  
TCUSD#15-Tsinaabaas Habitiin Elementary School  
Tsinaabaas Habitiin/Dzil Libei  
Tse'Yaato High School, Principal

### **Health Care Providers & HC Organizations**

Northern Arizona Healthcare (Flagstaff Medical Center), Interim CMO  
Northern Arizona Healthcare (Flagstaff Medical Center), Population Health  
Northern Arizona Healthcare (Flagstaff Medical Center), Injury Prevention  
Northern Arizona Healthcare (Flagstaff Medical Center), Care Coordination  
Pathfinder Health ACO (NAH/FMC)  
Fit Kids of Arizona (part of FMC/NAH)  
Native Americans for Community Action, Manager CEO  
Native Americans for Community Action, HR Specialist  
Native Americans for Community Action, Board President  
Native Americans for Community Action, Health Educator  
Native Americans for Community Action, Health Promotion Manager

North Country Health Care, CEO  
North Country Health Care, Director of Community Health  
North Country Health Care, Director of Education & Technology  
North Country Health Care, Health Coach  
North Country Health Care (Girls on the Run)  
North Country Health Care (Williams), Clinic Manager  
North Country Health Care, Community Organizer  
Poore Medical Clinic  
Tuba City Regional Health Care Corporation, Board President  
Tuba City Regional Health Care Corporation, Community Health Services Chief  
Tuba City Regional Health Care Corporation, PHN Manager  
Tuba City Regional Health Care Corporation, MSPI Director  
Tuba City Regional Health Care Corporation, Patient Benefits Coordination Manager  
Tuba City Community Health Workers

Sacred Peaks (part of TCRHCC)  
Health Choice Integrated Care (formerly NARBHA)  
Health Choice Integrated Care, CMO  
Health Choice Integrated Care, CEO/President  
Flagstaff Commonwealth (Accountable Care Organization)  
Encompass Medical Center, Clinical Director  
Encompass Medical Center, Prevention Coordinator  
Encompass Medical Center, Detox Center, Rural Substance Abuse  
Canyonlands Healthcare  
Mountain Heart Medical LLC  
Banner Health Clinic, Primary Care  
Banner Page Hospital  
The Guidance Center, CEO  
The Guidance Center, Chief Clinical Officer  
The Guidance Center, Director of Out Patient Substance Abuse  
Navajo Nation Community Health Representative/PHN  
Alliance for a Healthier Generation

**Housing & Homeless Shelters**

Navajo Housing Authority, Chief Executive Officer  
Navajo Housing Authority, Housing Technician  
Flagstaff Shelter Services (homeless shelter)  
Sunshine Rescue Mission/ Hope Cottage (homeless shelters)

**Police/ Criminal Justice/Fire Departments**

Criminal Justice Coordinating Committee, Program Coordinator  
Williams Police Department  
Coconino County Sheriff's Department  
Flagstaff Police Department  
Northern Arizona University Police  
Camp Navajo Fire Department  
Highlands Fire Department  
Pinewood Fire Department  
Ponderosa Fire Department  
Flagstaff Fire Department  
Mormon Lake Fire Department  
Sedona Fire Department  
Summit Fire Department  
Federal Bureau of Investigation

**Other**

Red Cross, Grand Canyon Area Northern Arizona Chapter  
Flagstaff Chamber of Commerce, Executive Director  
Page Chamber of Commerce, Executive Director  
Friends of Flagstaff's Future, Development and Program Director  
Rotary Club, Flagstaff President

Lions Club, Flagstaff  
Sunnyside Neighborhood Association, Flagstaff  
Northern Arizona Public Employees Benefit Trust  
Arizona Community Foundation, Regional Director  
Northern AZ Interfaith Council (faith-based)  
Native Food System, Tuba City Food Bank  
Life Sharing Center, Director  
Sandstone Highland Senior Center  
Page Regional Domestic Violence Services  
Another Way  
Citizens Against Substance Abuse

**CHA Update Advisory Committee Members** (invited to participate in the CHIP Process)

Northern Arizona University, Professor of Epidemiology  
Former Maricopa County Epidemiologist  
Navajo Nation Department of Health, Epidemiology Center  
Navajo Nation Department of Health, Epidemiology Analyst  
Arizona Department of Health Services, Office of Infectious Diseases  
Northern Arizona University, Vice President Health Research Initiatives (ex-officio member)

## Appendix #2 – Updated Asset Lists by Region

(provided by participants at the November 2015 community health meetings)

### Northern Region – Changes and Updates to Asset Lists/Maps

#### Chronic Illness

- Banner Page - Smoking now for inpatient only
- Specialists – cardio, GI both retiring
- Pain specialist coming
- Zion’s Way – home health only
- Canyonlands – OB/GYN back, diabetes program, urgent care
- Encompass - Pain management, urologist, psychiatric care
  - WOW
  - Healthy Living Group
- Head Start – dietician not in-house
- Care for You –gone
- Kaibeto – no more outpatient treatment center
- SRP does employee wellness only
- Fitness Room not open to public – employees only
- CHRs in Tuba City, Kaibeto
- NACOG (Northern Arizona Council Of Governments)—AAA
- Beehive
- Indian Health Services
  - Tuba City—hospital
  - LeChee—clinic
  - Inscription—clinic
- Titanium & Crossfit Exercise Clubs
- DBHS—NN – mental health, substance abuse
- City of Page Pool/Sports Complex
- Detox Center
- COP = Sports Complex (P/R Dept)
- Community Center (Meals on Wheels)
- T of F = Senior Center, Park, Swimming Pool, Softball field, Shooting Ranger
- CCPHSD = N.E.O.P.P.

## **Injuries Associated with Alcohol**

- Exodus – not available in Northern Coco County
- Another Way – shelter, offender counseling
- Church of Latter Day Saints – addiction recovery program
- Schools – Freshman Focus – DUI prevention for high school freshmen
- Alcoholics Anonymous (multiple locations)
- Encompass – matrix program, sober living house
- Pathways now gone
- Rainbow Bridge
- Juvenile Probation - Addictions Anonymous for teens
- SADD – Students Against Destructive Decisions
- Page Regional Domestic Violence Services (PRVDS)
- Family Bargain Center
- Addictions Anonymous
- RSATF/Detox
  - Page Community Behavioral Health Services RSATF, provides rehabilitation services
- LeChee Clinic and Pharmacy
- Encompass—Matrix (integrated health care, clinic)
- Banner Med Cop Clinic
- CDS Addiction Recovery

## **Access to Care**

- Safeway and Walmart adult immunizations
- Banner—
  - Mobile clinic
  - Wellness Wednesdays
  - Visiting Pain Specialist
- Lake Powell Medical—Family Planning
- Page Regional Domestic Violence Services (PRVDS)
- Family Bargain Center
- Addictions Anonymous
- RSATF/Detox
  - Page Community Behavioral Health Services RSATF, provides rehabilitation services
- LeChee Clinic and Pharmacy

- Encompass—Matrix (integrated health care, clinic)
- Banner Med Cop Clinic
- CDS Addiction Recovery

#### **Gaps in Asset Map – Injuries and Substance Abuse**

- Substance abuse counseling
- Halfway homes
- Public intoxication laws (can have reason to address)
- Homeless/chronic inebriants services – One Stop Shopping
- Collaboration with Navajo Nation
- Partnerships with Kaibab-Paiute for Fredonia
- More resources for Fredonia
- Beyond DARE for Fredonia (other resources)
- School programs
- Services in rural/underserved areas – partnerships with Fredonia and surrounding areas

#### **Gaps in Chronic Disease Asset Map**

- Access to specialty care, even telemedicine
- Access to primary care/primary care shortage
- Transportation to services
- Too few providers/low capacity
- No youth recreation program
- School district – what programs does it have for chronic?
- Teacher turnover at schools
- Community turnover
- Understanding Affordable Care Act /insurance benefits
- Contracted providers only – have to be recognized
- No prevention education
- Coordination of patient education – doctor, public health, OB all telling new mom the same thing

## **Southern Region – Changes and Updates to Asset Lists/Maps**

(provided by participants at the November 2015 community health meetings)

### **Access to Care -- changes**

Some primary care doctors – gone

CJCC – added

Sacred Peaks – added

Vera Clinic (NAPEBT) – added

Hermosa Vida – gone

North Country Healthcare – Williams - Added:

- Health coaches
- Chronic disease management/health coaches
- Primary care medical home model (one stop shopping)
- Behavioral health intervention
- Visiting specialists – cardiology, orthopedics in Williams
- Family health advocate
- Affordable Care Act – new employers offer coverage
- New urgent care clinics
- Medical marijuana – emerging issue?
- E-cigarettes – emerging issue?
  
- New things at Flagstaff Medical Center (FMC)
  - Tele-urgent care/primary care 24/7 starting in January
  - Community paramedicine program
  - Expanded care mgt services
  - Pathfinder health Accountable Care Organization (480+ provider network)
  - Meds @ the Bedside (Sacred Peaks and FMC pharmacy)
  - PIG (Prevention Injury Group) Collaboration
  - Community Care Network – network for patients when get out of hospital
  - Collaborative health demonstration project (in CCPHSD)
  - THRIVE – collaboration translational health research initiative – Northern Arizona University, National Institute of Health
- Child-Family Support Services – not new but not on list
- CRN/TEROS – crisis response
- Mountain Heart Updates
  - For health screenings – veins, sleep apnea



- Psychology services
- Pediatric sleep care
- Durable medical equipment
- Provider CME programs
- Services in Holbrook - stopped
- Nationally ranked top doctors – stopped
- Northern Arizona University (NAU) research labs

Added:

- NACOG Area Agency on Aging
- FMPO/NAIPTA/NACOG – coordinated meeting – enhancing mobility for seniors, others
- University of Arizona – Cooperative Extension
- First Things First – Coconino and Navajo Councils (Coconino wasn't on asset map)
- NAU – Civic Service Institute
- Vera Clinic (NAPEBT) – employee clinic

Dropped:

- Hermosa Vida
- Safe routes to school
- Dental clinic

Added:

- Terros – mobile crisis assessment
- Law enforcement entities: Flagstaff Police Department, Coconino County Sheriff
- Veterans Affairs clinics
- NAU Campus Health Service
- NAU College of Health Professions
- Coconino Ct Jail and Juvenile Detention
- Vera Clinic
- SW Behavioral Health Services
- Flagstaff Senior Meadows
- Flag Athletic Center and other similar (Summit, YMCA)
- Family Food Center
- Better Bucks
- Change name – NARBHA is now Health Choice Integrated Care

Added (or not on list):

- Veterans services
- Catholic charities
- Community gardens
- United Blood Service
- Sunnyside Neighborhood Association

Added:

- Navajo Nation Department of Health
  - Social hygiene program – std program
  - Community health representative
  - TB program
- PHSD TB, STI Teen clinic
- NACOG – Head Starts – access to care, elderly programs, aging, teen pregnancy, support/transport meals on wheels
- Update NARBHA to new name Health Choice Integrated Care
- Flagstaff Unified School District school nurses
- County Collective Impact Committee

#### **Assets for Injuries Associated with Alcohol (IAA)**

- Native Americans for Community Action (NACA) and suicide prevention program
- NAU sends out alcoholism warning-type surveys
- CRN/TEROS
- Winslow: community bridges
- HCIC
- NAU Voluntary survey
  - Dr. apt check-in
  - Counseling services
  - SBIRT (Screening, Brief Interview, Referral to Treatment -- a comprehensive program at NAU)
- Distracted driving
- Flagstaff Metropolitan Planning Organization: Bike & pedestrian crash data
  - Alcohol involvement
- DV victim/perp services
- Access to specialists (liver etc.)
- NAU Safe Ride (voluntary service available to all students)
- Chemical Dependent Residential—still there at least for Medicaid
- Alcohol Anonymous + ALANON (to add)

- Sharon Manor-related to alcohol and DV
- Drug Court (added)
- Vet's Court (added)
- Vet's Services (added)
- Flagstaff Shelter Services (added)
  - Have an on-site non-profit now which is new (?)
- Questions by a group
  - Are there shelters for alcoholics/intoxicated persons?
  - Faith based services?
  - NAU health promotion program?
- Court mandated/probation
  - Mental health cover
  - (vets court and drug court—higher up)
- TGC (The Guidance Center)
  - Remove ASU, replace with stabilization chairs
  - CRN/TERROS
- North Country + NAU + FMC
  - SBIRT (Screening, Brief Intervention, Referral to Treatment)
- Dialysis centers
- Vocational Rehabilitation (via Dept of Economic Security DERRSA (?)) does rehabilitation for people whose lives have been drastically affected by alcoholism, i.e., trying to get them stable, back to work, economically supported

### **Gaps for Access To Care (ATC)**

- Fringe populations
  - Lack of healthcare coverage
  - Getting services from your health insurances
- Employers with part-time workers to avoid paying for benefits
- Limited access to dental care
- Shift in prevention from public health to providers has led to some disconnected gaps, some failures in transition
  - Need more coordination
  - Adjustment to new mandates via Affordable Care Act
- Prohibitively expensive care for out of state students
- EMRs: transfer of information between different players
  - a lot of work being done in this area, but a huge project
  - “interoperability”

- Lack of continuity of care
- Initiative and incentives to take part in preventive care/health
- Access to updated/relevant health data (i.e. recent, geographically specific)

### **Gaps for Injuries Associated with Alcohol (IAA)**

- Legislation to make establishments more responsible for IAA
  - Graham laws (grand laws?)
- Rebranding Flagstaff
- Housing
- Lack of understanding of the issue
- Lack of rehab beds, long-term rehab (esp. longer than stabilization)
  - Affordability component
  - Huge need for youth for subst. abuse and alcohol in particular
    - For youth also, difficult for parents to help accommodate need for services (i.e. take time off, childcare for other children)
    - Same issues for people in need of rehab
- Recreational activities for youth

### **Assets for Chronic Illness**

- Native American Cancer Prevention Program
- North County-assets from access to care list
- Poore Clinic provides chronic care to its patients
- N. AZ increase in employee wellness programs
  - More typical now for large employers, i.e. Gore
- Telecare (FMC, North Country, Mountain Heart)
  - Dietician services specific to HIV grants and certain chronic diseases
- North Country clinic in Grand Canyon.
- Northern Arizona Healthcare and MCIC are all doing population health initiatives (care mgmt., data review and adjustment from a combination perspective)
- Fiscal and occupational therapy that produce providers, increased resources for underserved areas.
- Have a great built environment, infrastructure investments in making an environment conducive to physical safety and activity, ex: Bushmaster park renovation
  - Increasing at present with new projects
- Generally ongoing community wellness programs (SNAP \$ doubled, farmer's market, Whole Foods working w/ FMC)
- Appear to have more peer and support groups than previous.

## Gaps for Chronic Illness

- Access to public transportation and safe spaces for recreation/exercise
- Co-morbidities
  - Silo-ing them rather than discussing/addressing them in a holistic way.
- Affordability of chronic care management needs.
- Safe Routes to School county programs in funding danger (lost and or losing)
- Affordability of recreational programs, not just for families living in poverty
  - Even local programs that are more affordable are being dominated by kids who do both club and local level.
  - For those without these, difficult for kids to get involved in sports and develop lifelong healthy exercise and activity habits
- Education programs related to chronic illness
  - In schools, little time to focus on pushing health in kids
- Prescription drug addiction resulting from chronic illness
  - Educational component would help?