Maricopa County Public Health Community Action Plan

Preliminary Report
June, 2012
Maricopa County, Arizona

This report was written by staff of the Maricopa County Department of Public Health and the Arizona Department of Health Services. This report is a precursor to the 2012 Maricopa County Community Health Improvement Plan.

This activity and report was supported by funds made available from the Centers for Disease Control and Prevention, Office for State, Tribal, Local and Territorial Support, under 5U58CD001275.

The content of this report are those of the authors and do not necessarily represent the official position of or endorsement by the Centers for Disease Control and Prevention.

© 2012 Maricopa County Department of Public Health

The Community Health Assessment Community Team of Maricopa County
Embraces the following Vision and Values

OUR VISION

Empowered communities working together to REACH optimal health and quality of life for all.

OUR VALUES

Diversity – Understanding, respecting, celebrating, and welcoming all people regardless of ethnicity, income, gender, age, heritage, or lifestyle

Health Equity – Optimizing health conditions for all groups, especially for those who have experienced socioeconomic disadvantages or historical injustices

Collaboration – Networked communities working together with mutual respect and cooperation

Access – Providing quality, comprehensive healthcare, and community services that are navigable, accessible, and affordable to all community members

Education – Providing tools, encouragement, and knowledge to all people so that they can make positive, informed decisions resulting in healthy lifestyles and positive health outcomes

Executive Summary

In 2011, a Community Advisory Board and Community Team guided staff from the Arizona Department of Health Services (ADHS) and the Maricopa County Department of Public Health (MCDPH) to conduct a Community Health Assessment and determine public health priorities for Maricopa County. This 18-month process included more than 1,000 residents, health professionals, and community partners. Utilizing the Mobilizing for Action through Planning and Partnership (MAPP) framework, four comprehensive assessments were conducted to gather both quantitative and qualitative data. Input was collected from residents through community surveys, focus groups, stakeholder clusters reviewing the comprehensiveness of the local public health system, and an assessment of forces likely to impact the health of the public in the near future. Through this systematic research and data collection process, the Team identified five issues as health priorities. They are:

- Obesity
- Diabetes
- Lung Cancer
- Cardiovascular Disease
- Access to Health Care

In 2012, the Team convened a Community Action Planning day to set the key directions and strategies to impact these conditions within the next five years. Over 80 participants met to form this initial phase of a community health improvement plan.

In order to coordinate with the simultaneous development of the Arizona Chronic Disease State Plan, the same framework was used to identify strategies along four community sectors: *Where We Live, Where We Work, Where We Learn,* and *Where We Seek Care*. Because the five health priorities are impacted by similar risk factors and social determinants of health, strategies were categorized by the following topics: *tobacco use, physical activity, nutrition,* and *linkage to care*. The planning meeting resulted in the development of an interrelated set of evidence-based strategies and policy, systems, and environmental approaches.

The next stage in this process is to finalize an action plan of specific goals and strategies to impact the five public health strategic priorities. Currently, task forces composed of health professionals, governmental, and community partners are being formed along the same planning framework. Many task force members have been drawn from organizations engaged in the process to date, and other community residents are encouraged to step forward to implement the five year plan.

By collaborating on priority health issues, local residents and community organizations will exhibit their deep commitment to maintaining Maricopa County as a healthy place to live and work.

Purpose

The overarching goal of this collaborative effort is to foster successful partnerships among diverse segments of our community in order to improve the health of Maricopa County residents. The foundational work that has been laid through extensive data collection and qualitative research has resulted in a comprehensive health assessment that reveals timely, critical health priorities of our community. Additional efforts, as noted further in this report, have been made by members of the public health community and other stakeholders to identify goals and evidence-based strategies to impact health outcomes.

We must now build upon that work further as we move into the next phase of the process, developing the Community Health Improvement Plan (CHIP). Now, we'll shift our focus from looking at how our organizations' *individually* serve to impact these public health priorities in given populations, to the way in which the activities of *many* organizations contribute to community health improvement. Through these coordinated, collaborative efforts, we can significantly change the health landscape of our community and improve outcomes.

This new health plan will become a foundational document in the ongoing planning process for community health initiatives in Maricopa County. Organizational participation from each sector of the community (*Where We Live; Where We Work; Where We Learn; Where We Receive Care*) is integral and essential to CHIP development. Data will continue to be reviewed every five years, both to monitor progress toward identified goals, and to establish new goals and priorities as necessary.

Public Health Strategic Priorities

Following the community health assessment process, members of the public health system, including the health departments, participated in developing a list of the most important issues facing the community. Strategic issues are identified by exploring the convergence of the results of the four MAPP Assessments and determining how those issues affect the achievement of the shared vision.

The following five public health strategic priority areas emerged through the systematic prioritization process described above. Each of these areas was selected using a data-driven process, some of which is described below. Besides each focus area are quotes from community members that participated in the focus group sessions.

Focus Area #1: Obesity

Obesity was selected as a priority area based on the following key data for 2010 unless noted:

> ***"Being fat is a sign of good health. Skinny means you are sick. This is the way it is, historic. However, we are living in a generation and society that tells us skinny is good."***

- 1 in 4 Maricopa County adults are obese[1]
- 1 in 7 Maricopa County children are obese
- 15.5% of children under 5 are obese in 2009[2]
- Risk factor for breast cancer, heart disease, and diabetes
- 30,914 potential years of life lost from heart disease and diabetes alone
- 2nd most important health problem chosen by community members (African American, American Indian, Asian American, Hispanic)
- 2nd most important health problem chose by health professionals at MCDPH
- Hispanics more likely to be obese (32.8%) when compared to Whites (22.8%)[3]
- In 2020, if obesity continues to rise, Maricopa County adults will spend $910 million more on health care

> ***"…lack of grocery stores. We don't have a grocery store close to us. We don't have health food stores either. Our stores are mom & pop and they sell beer, candy, and tobacco products."***

[1] BRFSS 2010
[2] Maricopa County - PedNSS, 2009
[3] BRFSS 2010

Focus Area #2: Diabetes

Diabetes was chosen as a priority area based on the following key data from 2010 unless noted:

- 702 deaths
- 5,407 emergency room visits
- 6,378 hospital visits
- 7,083 years of potential life lost
- 7th leading cause of death
- 1st most important health problem chosen by community members (African American, American Indian, Asian American, Hispanic)
- Diabetes death rate higher in Blacks, Hispanics, American Indians

"…kids not as active. It's all about the computer, internet, cell phone. There is an increase of kids with diabetes."

"We have young children with diabetes and who are overweight. PE classes are limited to two to three times per week…My daughter wanted to play T-ball but it was $250 per season. Options for local sports not affordable. The Boys & Girls Clubs are expensive and there are additional fees for different activities."

- In 2006 costs totaled $3.4 billion including $2.3 billion in medical bills for diabetes care and $1.1 billion in indirect costs.

Focus Area #3: Cardiovascular Disease

Cardiovascular disease was selected as a priority area based on the following key data from 2010 unless noted:

- 2nd leading cause of death
- 58,176 hospital stays
- 21,413 emergency room visits
- 5,143 deaths
- 30,000+ years of potential life lost
- High blood pressure, a major risk factor for cardiovascular disease, was the 4th most important health problem chosen by community members
- 1 in 4 Maricopa County adults are obese

"Nutrition in the school is not very good, especially for the 'gorditos.' They serve them hamburgers, hot dogs, and pizza; it's better to send them with a lunch from home." (Translation from Spanish)

"We are busy working…we don't pay attention to our health. Plus, we worry too much and we get stress…that will affect to our health…high blood pressure and stroke…"

- 1 in 4 Maricopa County residents have been told by the doctor that they have high blood pressure
- 1 in 8 Maricopa County adults binge drink[4]
- In Arizona, hospital charges from heart disease totaled nearly $3.8 billion
- Charges associated with stroke were another $400 million. (This does not include in-patient physician charges, non-hospital direct costs such as outpatient charges, or indirect costs associated with missed work, early deaths, etc.).

Focus Area #4: Lung Cancer

Lung cancer was chosen as a priority area based on the following key data from 2010 unless noted:

- 1st leading cause of death
- 16,318 hospital stays
- 5,508 deaths
- 1,164 emergency room visits
- 3rd most important health problem chosen by community members (African American, American Indian, Asian American, Hispanic)

"…how are we going to help people in our community to express their feeling in front of doctors? I've seen many people don't feel comfortable to discuss with their doctors when they're having cancer. It will be too late for them when they realize that."

- Lung cancer causes more deaths than any other cancer, and is the easiest to prevent
- 1 in 7 Maricopa County adults smoke

"…Another obnoxious thing is smoking…The US Government treats people who sell cigarettes really well and are afraid of offending them. If they cannot sell it to Americans, they will sell it to Chinese."

- Lung cancer death rate highest among Whites (57.1%)[5]
- Approx. $3.72 billion was spent on cancer in Arizona in 2004
- Total direct medical cost in our state was $1.36 billion in 2004

[4] BRFSS, 2010
[5] ADHS, Death certificates, Maricopa County residents, 2010

Focus Area #5: Access to Care

> ***"I'm a professional, an entrepreneur; I do not qualify for health care. My neighbors are immigrants. They don't know where to go. For them as well, health care is secondary. Health care is a crisis based on need. No insurance for preventive care. Where do I go? Nowhere. I wait until it's an emergency and go to the emergency room."***

Access to care was identified as a priority due to the following key data from 2010 unless noted:

- 1st most important health problem chosen by health professionals at MCDPH
- 6th most important factor affecting the quality of life chosen by community members (African American, American Indian, Asian American, Hispanic)
- Has the ability to influence all other components of health
- 1 in 6 do not have health insurance in Maricopa County[6]

> ***"Need a program that supports those who have worked. I worked for 25 years, I paid into systems, I am unemployed now, I need a program that will provide me health care."***

- 1 in 6 delayed or didn't get medical care because of cost in Maricopa County[7]
- Lower income residents less likely to visit a doctor[8]
- 1 in 4 Maricopa County residents have not seen a provider in the past year[9]

> ***"If you're in a community where a lot of people don't have health insurance, it's a stressful thing."***

[6] Arizona Health Survey 2010, St. Luke's Health Initiative
[7] Arizona Health Survey 2010, St. Luke's Health Initiative
[8] 65.6% (of those up to the 200% of the Federal Poverty Line), Arizona Health Survey 2010, St. Luke's Health Initiative
[9] Arizona Health Survey 2010, St. Luke's Health Initiative

Key Directions

The Formulate Goals and Strategies phase of the MAPP process occurs when participants take the strategic issues identified in the previous phase and formulate goal statements related to those issues. This first step occurred with a Community Action Planning meeting in late June, 2012. The broad spectrum of participants set the following key priorities for ongoing community health improvement planning:

To Impact Obesity

- Five Communities will have Complete Street and Health Impact Assessment (HIA) Policies Adopted in Jurisdictional General Plans
- 50% Title I schools boost school policies requiring 150 minutes Physical Activity
- Healthy and Affordable Food Environment for All
- Common Messaging for Healthy Eating and Active Living
- Improved Data Collection and Dissemination Methods
- Public and Private Employers are Creating Healthier Environments for Employees
- All Babies are Breast Fed for 6 Months

To Impact Lung Cancer

- Improve Health Outcomes for Those Diagnosed
- Decrease Second Hand Smoke Exposure
- Decrease Access to Tobacco Product
- Increase Education and Awareness
- Improve Cessation Access

To Impact Cardiovascular Disease and Diabetes

- Affordable Access To Physical Activity
- Healthy Food Procurement Policies
- Increase Clinic-Community Linkages
- Easy Access To Healthy Food
- Implementation Of Social Marketing and Media Strategies
- Healthy Food Legislation and Policy

To Impact Access to Care

- Successful Implementation of Affordable Care Act (ACA)
- Universal Cultural & Linguistically Appropriate Services (CLAS) Compliance
- Coordination of Public & Private Resources
- Expand Non-Traditional Service Delivery & Geographic Diversity
- Everybody Has a Medical Home
- System that Supports Efficient & Effective Access to Care

Suggested Strategies

The following pages detail the strategies developed by participants in the Community Action Planning meeting that were determined important to include in the Community Health Improvement Plan. They have not been prioritized or finalized. As previously noted, the framework for the strategies follows that of the Arizona Chronic Disease State Plan along four community sectors: *Where We Live, Where We Work, Where We Learn,* and *Where We Seek Care*. They also are categorized by risk factors and social determinants of health, the Centers for Disease Control and Prevention's (CDC) Chronic Disease Prevention and Health Promotion Domains, and substantiation of evidence-based practices.

Key to Identifiers in the Strategy Matrix

Risk Factors and Social Determinant Topics

- Nutrition N
- Physical Activity P
- Tobacco Use T
- Linkage to Care LC

CDC Chronic Disease Prevention and Health Promotion Domains

- Epidemiology and Surveillance Domain 1
- Environmental Approaches Domain 2
- Health Systems Interventions Domain 3
- Strategies to Improving Community-Clinical Linkages Domain 4

Evidence-Based Practices

"Evidence-based" is a term in popular use in public health today and with good reason. Evidence-based interventions should provide the best outcomes for patients and populations. The following definition for evidence-based public health practice that is currently being used by some public health departments:

Evidence-based practice in public health is the careful, intentional, and sensible use of current best scientific evidence in making decisions about the choice and application of public health interventions.

- Recommended: A practice with positive effects that has been rigorously examined, reviewed using strong scientific methods, and replicated across multiple settings.
- Promising practice: A practice that demonstrates generally positive effects, but may lack rigorous scientific design methods or multiple scientific reviews that strongly demonstrate replicable positive effects across settings.
- Insufficient evidence: A practice with inconclusive effects, or those which lack scientific data or examination.
- Not Recommended: A practice that has been demonstrated as having no effect, being potentially harmful or having negative effects.
- ADHS: Strategies recommended by the Arizona Department of Health Services.
- [Left blank]: No information is available on the evidence for this practice.

Where We Live	Topic	CDC Domain	Evidence-Based
Provide incentives to food retailers to locate and/or offer healthy food and beverage choices in underserved areas to improve availability of healthy food options.	N	2	Recommended
Create public/private partnerships to open and sustain full-service grocery stores in communities without access to healthy food.	N	2	Recommended
Community partnerships and collaboration that helps incentivize and encourage convenience stores and bodegas to offer healthy food options.	N	2	Recommended
Education programs and campaigns to increase and enhance application of nutrition information on menus (chain restaurants, publicly funded property) and informed use of info by customers to encourage healthy eating.	N	2	Promising practice
Increase accessibility, availability, affordability, and identification of healthful foods in communities, including provision of full service grocery stores, farmers markets, small store initiatives, mobile vending cars, and/or restaurant initiatives.	N	2	ADHS
Improve geographic availability of fresh food vendors.	N	2	Recommended
Impose portion limits in restaurants.	N	2	
Provide incentives to produce and procure healthy foods from local farms.	N	2	Recommended
Promoting affordable healthy food and beverage: improve geographic availability of supermarkets in underserved areas in order to increase access to healthy food.	N	2	Recommended
Industry develops and adheres to marketing and advertising guidelines that minimize the risk of obesity for youth.	N	2	Promising practice
Food and beverage companies use creativity, resources, and marketing to advertise and promote healthful diets for children and youth.	N	2	Promising practice
List main ingredients.	N	2	
Food served or sold in government facilities (including schools, prisons, and administrative buildings) meets the USDA guidelines for Americans.	N	2	Promising practice
Soda excise taxes to reduce consumption of soda while raising revenue (with proceeds going to Medicaid, higher education, or public health prevention programs).	N	2	Promising practice
Fund SNAP programs.	N	4	
Interim land use policies that promote nutrition and physical activity; permit use of vacant lots for gardens, recreational space, or public art displays.	P N	2	Promising practice
Community-wide campaigns and multi-component strategies to increase physical activity and physical fitness.	P	2	Recommended

Where We Live	Topic	CDC Domain	Evidence-Based
Strategies to create safe communities that support physical activity: improve access to public transportation.	P	2	Recommended
Strategies to create safe communities that support physical activity: enhance personal safety in mixed use areas.	P	2	Recommended
Require a min% of highway funds to be allocated for walkways & bike paths.	P	2	Promising practice
Enhance infrastructure to support biking.	P	2	Recommended
Enhance infrastructure to support walking.	P	2	Recommended
Promote active lifestyles; facilitate joint-use agreements between communities and schools.	P	2	Recommended
Creation of or enhanced access to places for physical activity combined with information outreach to increase physical activity and fitness levels.	P	2	Recommended
Establish community design standards to make streets safe for all users, including pedestrians, bicyclists, and user of public transit.	P	2	ADHS
Establish community design protocols through Health Impact Assessment's (HIA's) to assess the impact of community design changes on community health and wellbeing.	P	2	ADHS
Increase tobacco use cessation: mass media campaign combines with other interventions.	T		Recommended
Reducing tobacco use initiation: mass media campaign combined with other intervention to raise tobacco prices, provide school-based education, or other community-based education program.	T	2	Recommended
Use of online networks and resources (viral marketing, social networks, and blogs) for targeted, tailored tobacco control messaging.	T	2	Recommended
Increase tobacco use cessation: increasing unit price of tobacco products.	T		Recommended
Increase tobacco tax.	T	2	
Reducing tobacco use initiation: increasing unit price of tobacco products to reduce use among adolescents and adults, reduce population level consumption, and increase cessation.	T	2	Recommended
Tobacco free living: policies that prohibit smoking or all tobacco products on residential, commercial, or health care facility properties.	T		Recommended
Reducing secondhand smoke exposure: smoking bans and restrictions, used alone or as part of a multi-component community or workplace intervention.	T	2	Recommended

Restricting minors' access to tobacco products: community mobilization combined with additional interventions (laws, enforcement, and retailer education).	T	2	Recommended

Where We Live	Topic	CDC Domain	Evidence-Based
Restricting minors' access to tobacco products: sales laws directed at retailers, implemented alone.	T	2	
Support and/or facilitate tobacco prevention and/or control coalition developments, and links to related coalitions with shared goals	T	2	Recommended
Promote insurance coverage to include tobacco use treatment.	T	3	Recommended
Improve tobacco cessation incentives.	T	3	
Multiple risk factor interventions using counseling and educational methods aimed at behavior change to reducing coronary heart disease mortality in high-risk hypertensive and diabetic populations.	T	4	Promising practice
Tobacco cessation: expand and tailor culturally competent quit line services for diverse populations and languages.	T	4	Promising practice
Social media to increase health services utilization per ACA.	LC	2	
Outreach strategies that expand health insurance coverage among eligible children.	LC	2	Promising practice
Specialist outreach programs and outreach clinics to improve access to care, quality of care, health outcomes and patient satisfaction.	LC	3	Promising practice
Multi-component interventions targeting health professionals and health organizations at primary care, outpatient, or community settings that increase continuity of care and diabetes management.	LC	3	Recommended
Self-management education programs led by lay leaders for people with chronic conditions.	LC	3	Promising practice
Obesity prevention and control: technology supported multi-component coaching or counseling interventions to reduce weight.	LC	4	Recommended
Implement chronic disease-based treatment protocols and/or self-management programs.	LC	4	ADHS

Where We Work	Topic	CDC Domain	Evidence-Based
Employers offer and promote access to healthy foods and beverages and opportunities for physical activity.	P N	2	Recommended
Increase opportunities for physical activity in the workplace.	P	2	ADHS
Incentives in worksites for employees to be more physically active.	P	2	
Enhance infrastructure to support biking.	P	2	Recommended
Enhance infrastructure to support walking.	P	2	Recommended
Require a minimum percentage of highway funds (1%) be allocated for walkways and bike paths.	P	2	Promising practice
Community level urban design, land use policies, and practices that support an increase physical activity in urban areas.	P	2	Recommended
Increase policies and practices to support breastfeeding in the workplace.	N	2	ADHS
Improve procurement policies around the nutrition quality of foods served in institutional cafeterias and/or vending machines.	N	2	ADHS
Healthy eating: food served or sold in government facilities (including schools, prisons, and administrative buildings) meets the USDA guidelines for Americans.	N	2	Promising practice
Workplaces and employers offer and promote access to healthy foods and beverages and opportunities for physical activity.	N	2	Recommended
Decreasing tobacco use among workers: smoke free policies.	T	2	Recommended
Improve tobacco cessation incentives.	T	2	Insufficient Evidence
Incentivize insurance costs for living tobacco free.	T	3	
Worksite incentive to encourage employees to get preventive care.	LC	2	
Social media to increase health services utilization per ACA.	LC	2	
Continuing education meetings and workshops for professional practice, either alone or combined with other intervention components, that improve health care practices and health care outcomes for patients.	LC	3	Recommended
Worksite programs intended to improve diet and/or physical activity behaviors and outcomes- multiple strategies.	LC	4	Recommended
Obesity prevention and control: technology supported multi-component coaching or counseling interventions to maintain weight loss or reduce weight.	LC	4	Recommended
Assessment of health risks with feedback and combined with health education programs to improve employee health behavior; implemented with or without additional components.	LC	4	Recommended

Where We Learn	Topic	CDC Domain	Evidence-Based
Require a minimum percentage of highway funds to be allocated for walkways and bike paths.	P	2	Promising practice
School-based physical education programs that increase physical activity lengths or activity levels to improve physical activity and fitness levels.	P		Recommended
Schools districts policies that include 150 minutes of physical activity/week.	P	2	Promising practice
Require standards-based physical education classes taught by certified physical education teachers.	P	2	Recommended
Require all schools (K- 12) to include time for all children to be physically active every day.	P	2	Recommended
Healthy eating: food served or sold in government facilities (including schools, prisons, and administrative buildings) meets the USDA guidelines for Americans.	N	2	Promising practice
Creating healthy eating and active living environments: offer and promote only healthy foods and beverages to students.	N	2	Recommended
Improve the nutrition quality of foods and beverages served in schools.	N	2	ADHS
Reducing secondhand smoke exposure: smoking bans and restrictions, used alone or as part of a multi-component community or workplace intervention.	T	2	Recommended
Social media to increase health services utilization per ACA.	LC	2	
Obesity prevention: implement BMI screenings in schools with confidential reporting results to parents.	LC	2	Promising practice
Sharing cost savings and increasing efficiencies.	LC	2	
Obesity prevention: integration of school based health centers (SBHCs) into school settings and allow for reimbursement through managed care organizations, as well as CHIP.	LC	3	Promising practice
Obesity prevention and control: technology supported multi-component coaching or counseling interventions to reduce weight.	LC	4	Recommended

Where We Seek Care	Topic	CDC Domain	Evidence-Based
Conduct physical activity assessments by a health professional, provide counseling, and refer patients out to allied health care or fitness professionals to promote more active lifestyle.	P	4	Promising practice
Food served or sold in government facilities (including schools, prisons, and administrative buildings) meets the USDA guidelines for Americans.	N	2	Promising practice
Encourage breastfeeding: implement community interventions that increase support for breastfeeding (for the first 4-6 months of life) in health care settings to reduce pediatric obesity.	N	2	Recommended
Increase tobacco use cessation: provider reminders with provider education.	T	3	Recommended
Tobacco cessation: expand and tailor culturally competent quit line services for diverse populations and languages.	T	3	Promising practice
Social media to increase health services utilization per ACA.	LC	2	
Integration of behavioral health physical health.	LC	3	
Diabetes prevention and control: disease management programs to improve glycemic control, provider monitoring of glycated hemoglobin, screening for diabetic retinopathy among those with type 1 or 2 diabetes.	LC	3	Recommended
Encouraging use of Culturally and Linguistically Appropriate Services (CLAS) standards.	LC	3	
Equalizing the pay for primary care providers.	LC	3	
Obesity prevention: integration of school based health centers (SBHCs) into school settings and allow for reimbursement through managed care organizations, as well as CHIP.	LC	3	Promising practice
Integrated behavioral and medical (traditional and non-traditional).	LC	3	
Sharing cost savings and increasing efficiencies.	LC	3	
Organizational effectiveness, coaching, process improvement, assessment.	LC	3	
Obesity prevention and control: technology supported multi-component coaching or counseling interventions to reduce weight.	LC	4	Recommended
Standardized training for community health workers.	LC	4	
Mental health and mental illness: collaborative care for management of depressive disorders.	LC	4	Recommended

Community Health Assessment Participant Partner Organizations as of June, 2012

Organizations	Sector
Advisory Council on Indian Health Care	Tribal- health
Alzheimer's Association - Desert Southwest Chapter	Private- health
American Academy of Pediatrics - Arizona Chapter	Private- health
Area Agency on Aging	Non-profit- government funded
Arizona Association for Home Care	Private- health
Arizona Association of Community Health Centers	Non-profit- government funded
Arizona Department of Education	Education- public
Arizona Department of Emergency & Military Affairs	Government- emergency management
Arizona Department of Health Services	Government- health
Arizona Health Disparities Center	Government- health
Administrative Counsel & Rules	Government- health
Bureau of Nutrition and Physical Activity	Government- health
Bureau of Public Health Emergency Preparedness	Government- health
Bureau of Public Health Statistics	Government- health
Bureau of State Laboratory Services	Government- health
Bureau of Tobacco and Chronic Disease	Government- health
Bureau of Women's and Children's Health	Government- health
Division of Behavioral Health Services	Government- health
Epidemiology & Disease Control	Government- health
HIV prevention Program	Government- health
Arizona Department of Transportation	Government- built environment
Arizona Diabetes Coalition	Non-profit- health
Arizona Partnership for Immunization	Non-profit- health
Arizona Public Health Association	Professional association- health
Arizona Public Health Training Center	Education- post-secondary
Arizona State University	Education- post-secondary
College of Nursing & Healthcare Innovation	Education- post-secondary
Southwest Interdisciplinary Research Center	Education- post-secondary
Asian Pacific Community in Action	Non-profit- minority focused
Banner Health Systems	Health care
Black Nurse Association of Greater Phoenix	Professional association- health
Carl Hayden High School	Education- public
Catalina Ventura/Alhambra School District	Education- public
Catholic Health Partners	Health care
Center for Health Information Research	Non-profit- health
Children's Action Alliance	Advocacy
City of Phoenix Housing	Government- social services
Community Housing Partnership	Non-profit- social services
Concilio Latino de Salud	Non-profit- health
Desert Thunder/Avondale Elementary School District	Education- public
Emergency Management	Government- health
FIT Clinic	Private- health
Foundation for Senior Living	Non-profit- social services
Garfield Elementary School	Education- public

GateWay Community College	Education- post-secondary
Glendale Care Center	Private- health
Glendale Fire Department Public Information Officer	Government- safety
Golden Gate Community Center	Education- post-secondary
Greenway High School	Education- public
Griffith Elementary School	Education- public
J.B. Sutton Elementary School	Education- public
Kivel Care Center- Phoenix	Private- health, seniors
Leukemia & Lymphoma Society	Non-profit- health
Maricopa Association of Governments	Government- built environment
Maricopa County Board of Health	Government- health
Maricopa County Department of Air Quality	Government- safety
Maricopa County Department of Emergency Management	Government- safety
Maricopa County Department of Environmental Services	Government- safety
Maricopa County Department of Public Health	
Clinic, STD Programs	Government- health
Clinic, TB Control	Government- health
Community Health Nursing	Government- health
Community Health Services	Government- health
Healthcare for the Homeless	Government- health
Office of Health Promotion and Education	Government- health
Office of Performance Improvement	Government- health
Office of Preparedness and Response	Government- health
Office of Public Health Policy	Government- health
Office of the Director	Government- health
Office of Tobacco and Chronic Disease	Government- health
Ryan White Planning Council	Government- health
Maricopa County Sheriff's Office Department of Counter Terrorism	Government- safety
Maricopa Integrated Health Services	Non-profit- government funded
Refugee Women's Health Clinic	Non-profit- government funded
Mayo Clinic Hospital	Private- health
Midwestern University - Glendale	Education- post-secondary
Mountain Park Health Center	Non-profit- government funded
Phoenix Fire Department	Government- safety
Phoenix Indian Center	Tribal- social services
Phoenix Police Department	Government- safety
Phoenix Revitalization Corporation	Non-profit- housing
Phoenix Union High School District	Education- public
Rose Howe and Associates	Private- health
Sanford Brown College - Phoenix	Education- post-secondary
Scottsdale Healthcare	Private- health
Southwest Center for HIV/AIDS	Non-profit- health
Spectrum Medical Group	Private- health
St. Joseph's Hospital and Medical Center/Dignity Health and Catholic Healthcare West	Non-profit- health

St. Luke's Health Initiatives	Non-profit- health
Tanner Community Development	Non-profit- social services
Terros	Non-profit- health
The Keogh Health Foundation	Non-profit- health
University of Arizona College of Medicine Phoenix	Education- post-secondary
Valley Metro	Government- transportation
Volunteers with the American Heart Association	Non-profit- health
Wesley Community Center	Non-profit