



State Medicaid Advisory Committee (SMAC)

Wednesday, January 9, 2019

AHCCCS
GOLD ROOM 3rd Floor
701 E. Jefferson Street
1 p.m. – 3 p.m.

Agenda

I. Welcome	Director Jami Snyder
II. Introductions of Members	ALL
III. Approval of October 17, 2018 meeting summary	ALL
Agency Updates	
IV. SMAC Revised Bylaws	ALL
V. AHCCCS Updates	Jami Snyder
VI. State Health Assessment Update	Sheila Sjolander Carla Berg
VII. Committees/Councils Presentation Schedule to SMAC	ALL
VIII. Call to the public	Jami Snyder
IX. Adjourn at 3:00 p.m.	ALL

*2019 SMAC Meetings

Per SMAC Bylaws, meetings are to be held the 2nd Wednesday of January, April, July and October.

****Unfortunately due to scheduling conflicts the meeting dates have changed****

All meetings will be held from 1 p.m.- 3 p.m. unless otherwise announced at the AHCCCS Administration
701 E. Jefferson, Phoenix, AZ 85034, 3rd Floor in the Gold Room:

January 9, 2019

April 11, 2019

July 11, 2019

October 18, 2019

October 2018 Meeting Summary

State Medicaid Advisory Committee (SMAC) Meeting Summary
Wednesday, October 17 2018, AHCCCS, 701 E. Jefferson, Gold Room
1:00 p.m. – 3:00 p.m.

Members in attendance: Jami Snyder Cara Christ (phone) Tara McCollum Plese David Voepel Kim VanPelt Marcus Johnson Greg Ensell	Daniel Haley (phone) Leonard Kirschner Steven Jennings Gina Judy (phone) Phil Pangrazio (phone)
Members Absent: Kathy Waite; Kevin Earle; Amanda Aguirre; Peggy Stemmler; Vernice Sampson; Frank Scarpati; Kathleen Collins Pagels	
Staff and public in attendance: Yisel Sanchez, HRC Coordinator, AHCCCS Dana Hearn, AHCCCS Tim Walker, FEI SYSTEM Brendon Blake, AARP Erin Vredeveld, Canyon Physical Therapy Kelly Vredeveld, Canyon Physical Therapy	Kamita Bernstein, FTF Erika Mach, AACHC Shannon Grosppenber, JNJ Brian Hummell, ACA CAN Shirley Gunther Josh Crites, AHCCCS Jim Hammond, The Hartel Report Jennifer Carusetla, HSAA

AGENDA

- | | | |
|-------------|---|--------------------|
| I. | Welcome & Introductions | Jami Snyder |
| II. | Introductions of Members | All |
| III. | Approval of October 17, 2017 Meeting Summary/Minutes | Unanimous |

AGENCY UPDATES

- | | | |
|------------|--|--------------------|
| IV. | SMAC Revised Bylaws <ul style="list-style-type: none"> ○ Revised bylaws to be sent to member for review ○ Discussion at January 2019 meeting | All |
| V. | AHCCCS Updates <ul style="list-style-type: none"> ○ AHCCCS Strategic Plan ○ SFY20 Budget Request ○ ACC ○ Post Go-Live Monitoring ○ AHCCCS Contract Timeline ○ State Opioid Grant ○ State Opioid Response ○ SOR Program Activities ○ Behavioral Health Service Schools ○ Strategies in CYE19 | Jami Snyder |

- Pending Waiver Requests
- AHCCCS Works
- Prior Coverage
- On the Horizon

VI. DEMO ACC Update

Angela Aguayo

- DUGless Background
- Demographics Data
- Transition
- 3 Pronged Strategy
- Online Portal
- Data Elements
- Online Portal Reporting
-

IX. Housing Update

Josh Crites

- Housing and Homeless in Arizona
- AHCCCS play an important part in affordable housing throughout the state
- Over 3000 units of affordable housing for members
- Housing for SMI, GMH/SU, ALTCS and ACC
- Who has the Funding?
- ACC and Housing Human Services Campus
- Driving Changes
- Goal 1, Capital Investment
- Laurel Tree, Surprise
- Goal 2, Innovative Rental Subsidy
- Emerald Program, Prescott Valley/Flagstaff
- Goal 3, Meaningful Public Housing Partnerships
- Goal 4, Homeless Systems Collaboration
- Mercy Care's Phoenix Rise Program
- Goal 5, Deliver Outstanding Supportive Housing Services
- Upcoming Initiatives

X. Call to the Public

Jami Snyder

XI. Adjourn at 3:07 p.m.

All

Bylaws

**BYLAWS FOR THE
A.H.C.C.S
STATE MEDICAID ADVISORY COMMITTEE (SMAC)**

MISSION

The SMAC will participate in the development of policy and program administration for the Arizona Health Care Cost Containment System (AHCCCS). Participation will include review of policy, rules and administrative issues for applicable AHCCCS programs. . The SMAC will advise the Director of AHCCCS on policy and administrative issues of concern to the SMAC member constituency.

To facilitate accomplishing its mission, the SMAC will, whenever practicable, recommend issues and/or policies for inclusion on the SMAC agenda in order to allow for consideration prior to implementation. SMAC membership may also request background information and/or policy papers in advance of SMAC meetings, allowing for a deliberative discussion of the issues with AHCCCS Senior Management during the SMAC meeting.

AUTHORITY

The SMAC operates in accordance with 42 CFR 431.12 and the State Medicaid Plan.

DEFINITIONS

“AHCCCS” or “Administration” means the Arizona Health Care Cost Containment System defined in Arizona Revised Statutes (A.R.S.) §§ 36-2901, -2931, -2971 and -2981.

“SMAC” means the State Medicaid Advisory Committee, as appointed by the Director.

“Director” means the Director of AHCCCS as specified in A.R.S. §§ 36-2901, -2931, -2971 and -2981.

SMAC COMPOSITION

The SMAC shall include the AHCCCS Director or designee, the Director of the Arizona Department of Health Services (ADHS) or a designee, and the Director of the Department of Economic Security (DES) or a designee. The remaining authorized members shall be no less than seventeen (17), as follows: eight (8) health care providers or professionals with a direct interest in the AHCCCS program; and nine (9) members of

the public (e.g. a Medicaid recipient, a consumer advocate, a representative of a tribal community, or a representative of the educational community, etc.).

APPOINTMENT PROCESS AND LENGTH OF TERM

The AHCCCS Director or a designee, the ADHS Director or a designee, and the DES Director or a designee positions are ex-officio (i.e. permanent position by virtue of the position with their respective State agency). The remaining seventeen (17) committee members shall be appointed by the AHCCCS Director. A term shall last for two years from the date of appointment and no member shall serve more than three terms. After serving as a member for three consecutive terms, a member may be appointed again after a waiting period of 24 months.

The AHCCCS Director or a designee is the SMAC chairperson and is responsible for setting meeting agendas. Special meetings of the SMAC may be called by the chairperson. Written notice of a special meeting shall be given at least five (5) days before the meeting, specifying the date, time and purpose of the meeting. The chairperson shall preside at all meetings, and shall facilitate discussion by the members.

Any vacancy shall be filled by the AHCCCS Director. The SMAC shall submit to the Director a list of nominees for expiring terms. The Director may solicit or receive nominations from other sources. The appointment process will occur annually in October. At that time, new appointments will be made for seats for members who have served the maximum of three, two-year terms. Any appointed member of the SMAC may resign by giving written notice to the SMAC, SMAC chairperson or SMAC Liaison. Any such resignation shall take effect at the time specified therein, or, if not specified therein, upon its receipt.

Any SMAC member appointed by the Director may be removed by the SMAC or the Director whenever it is deemed to be in the best interest of the SMAC and AHCCCS.

STAFF ASSISTANCE

Staff assistance from the Administration shall be available to the SMAC at the request of the chairperson or the committee as a whole. The designated SMAC Liaison shall provide staff assistance. Independent technical assistance shall be available at the request of the SMAC, if determined necessary by the Director and appropriate funds are available.

MEETINGS

SMAC meetings are open to the public. The meetings shall be held quarterly on the 2nd Wednesday of January, April, July and October or otherwise as the Director deems appropriate.

A member may participate in a meeting by tele-conference or online, so long as that method does not detract from other participants' ability to communicate with one another. Participating in this manner shall constitute in person attendance. . If a SMAC member is unable to attend a meeting, that member is requested to notify the SMAC Liaison of their absence prior to the date of the meeting. Members are encouraged to send a representative to meetings they are unable to attend. Members are requested to notify the SMAC Liaison with the name of the individual who will be attending on their behalf.

MEETING MATERIALS

When available, handouts for the current agenda will be mailed two weeks in advance of the meeting. Members shall bring all mailed handouts to the meeting to facilitate discussion.

If a member is unable to attend the meeting and is sending a representative, please forward the handouts to the representative to bring to the meeting.

FEDERAL FINANCIAL PARTICIPATION

Medicaid recipient members shall be reimbursed for necessary costs, such as transportation and childcare, to facilitate their attendance at committee meetings.

If determined necessary and available by the AHCCCS Director, Federal financial participation at 50 percent shall be secured for expenditures for the participation of the Medicaid recipient members and for committee activities, including independent technical assistance costs.

AMENDMENT

These Bylaws may be altered, amended or repealed and new or revised bylaws may be adopted by a majority of the SMAC at any regular meeting or special meeting, provided that at least ten (10) days written notice is given of intention to alter, amend, or repeal or to adopt new Bylaws at such meeting.

42 Code of Federal Regulations (CFR)

Part 431-State Administration

Subpart A-Single State Medicaid Agency

42 CFR 431.12 § 431.12 Medical care advisory committee.

(a) Basis and purpose. This section, based on section 1902(a)(4) of the Act, prescribes State plan requirements for establishment of a committee to advise the Medicaid agency about health and medical care services.

(b) State plan requirement. A State plan must provide for a medical care advisory committee meeting the requirements of this section to advise the Medicaid agency director about health and medical care services.

(c) Appointment of members. The agency director, or a higher State authority, must appoint members to the advisory committee on a rotating and continuous basis.

(d) Committee membership. The committee must include –

(1) Board-certified physicians and other representatives of the health professions who are familiar with the medical needs of low-income population groups and with the resources available and required for their care;

(2) Members of consumers' groups, including Medicaid recipients, and consumer organizations such as labor unions, cooperatives, consumer-sponsored prepaid group practice plans, and others; and

(3) The director of the public welfare department or the public health department, whichever does not head the Medicaid agency.

(e) Committee participation. The committee must have opportunity for participation in policy development and program administration, including furthering the participation of recipient members in the agency program.

(f) Committee staff assistance and financial help. The agency must provide the committee with –

- (1) Staff assistance from the agency and independent technical assistance as needed to enable it to make effective recommendations; and
 - (2) Financial arrangements, if necessary, to make possible the participation of recipient members.
- (g)** Federal financial participation. FFP is available at 50 percent in expenditures for the committee's activities.

*Excerpts from SMAC Bylaws Rev. 5/2018



**State Medicaid Advisory Committee
(SMAC)**

I _____ (please print name) affirm to commit to attending all quarterly State Medicaid Advisory Committee meetings during the 2018 – 2019 calendar years. When I am unable to attend a meeting(s), I will send a delegate who can represent the views of the constituency I represent.

If I am unable to meet this commitment as a member of the SMAC, I will notify the AHCCCS Director's Office immediately to allow a new committee individual to be appointed to my committee slot.

(Signature)

(Date)

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AHCCCS Update



AHCCCS Update

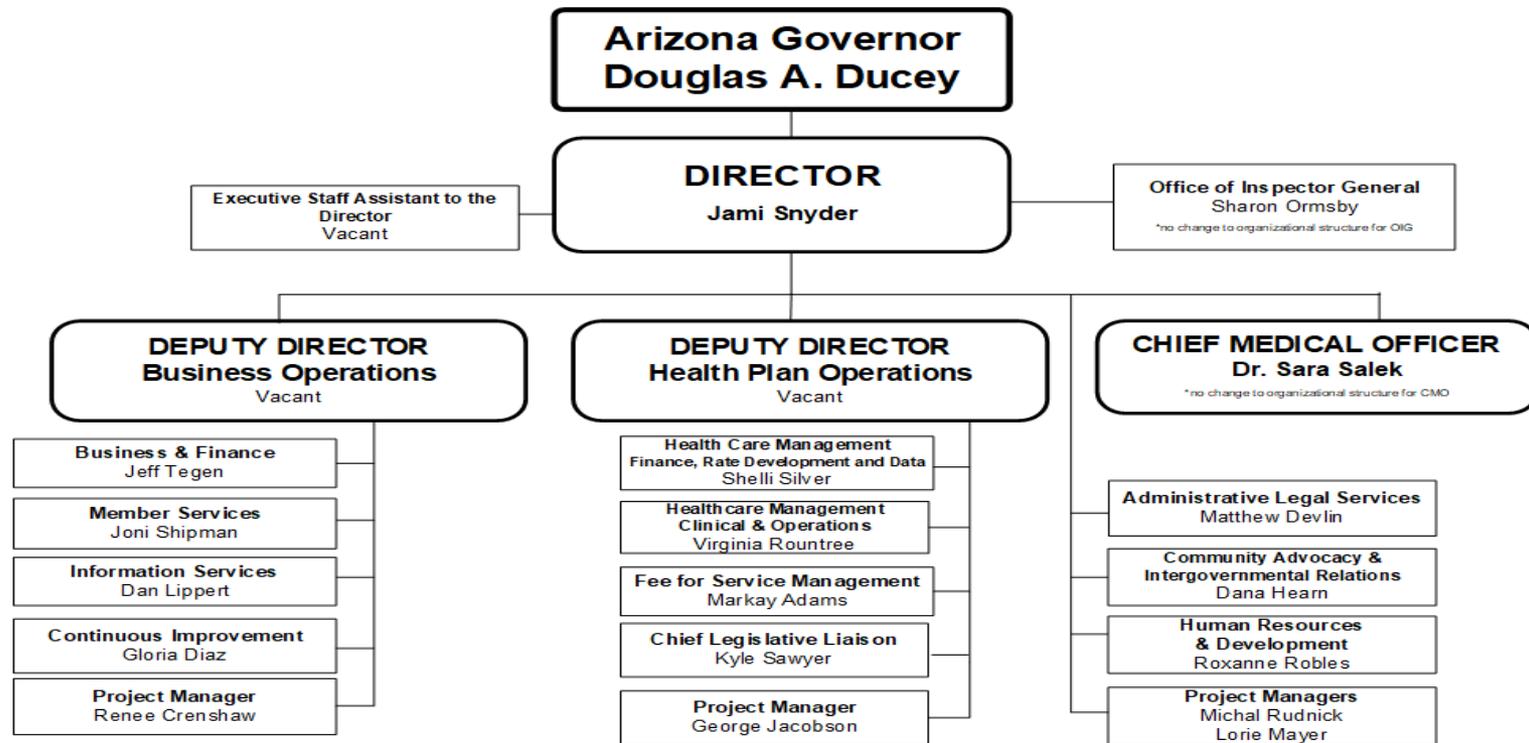
State Medicaid Advisory Committee
January 9, 2019



Organizational Structure



AHCCCS Organizational Structure



01/08/19

2019 Strategic Plan



AHCCCS Strategic Plan

Goals	Goal Performance Indicator(s)	Objectives FY 2019
1: AHCCCS must pursue and implement long term strategies that bend the cost curve while improving member health outcomes.	Percentage of Health Plan spend in alternative payment models	a) 47% of Health Plan spend in alternative payment models
	Number of regulatory flexibilities approved	b) 3 regulatory flexibilities approved
	Number of members receiving a Medicaid behavioral health service in schools	c) Increase the number of members receiving a Medicaid behavioral health service in a school by 10%
2: AHCCCS must pursue continuous quality improvement	Percent of measures which exceed the National Committee for Quality Assurance (NCQA) mean	a) 50% of measures exceed the NCQA mean
	Number of facilities achieving medical home status	b) 8 facilities achieve medical home status
	Overall number of prescribed opioids	c) 13% reduction in overall number of opioids prescribed
3: AHCCCS must reduce fragmentation driving towards an integrated sustainable healthcare system	Percent of AHCCCS enrollees served in a fully integrated health plan	a) 98% of AHCCCS enrollees served in a fully integrated health plan by October 1, 2018
	Percent of Targeted Investment (TI) participants retained	b) Retain 95% of TI participants
	Number of provider organizations participating in the Health Information Exchange (HIE)	c) Increase number of provider organizations participating in the HIE to 580
	Percent of members who receive at least one BH service per month during their first six months of CMDP enrollment	d) Increase percent of members who receive at least one service per month during their first six months of CMDP enrollment from 76% to 80%
	Percent of pre-release inmates who receive a service within 3 months of release from incarceration	e) Increase percent of pre-release inmates who receive a service within 3 months of release from 43% to 50%
4: AHCCCS must maintain core organizational capacity, infrastructure and workforce planning that effectively serves AHCCCS operations	AHCCCS Overall Employee Engagement Score	a) Increase engagement score to 9
	ADOA system security evaluation score	b) Increase ranking on the ADOA system security evaluation score to 725

2019 Legislative Initiatives



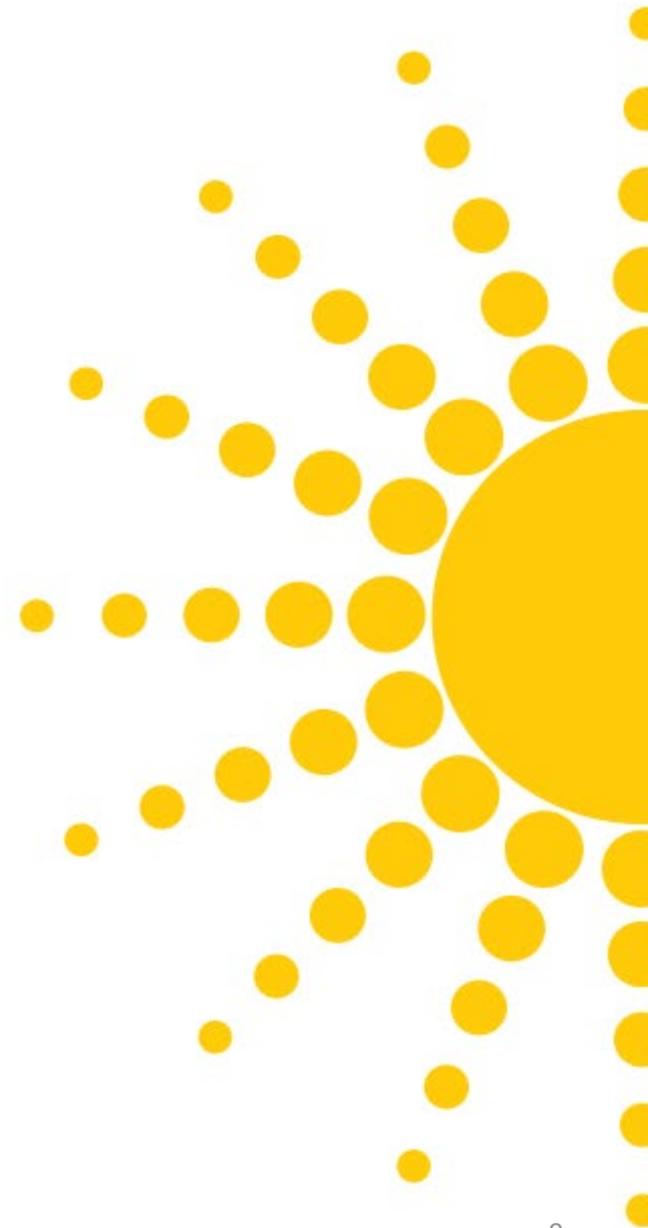
AHCCCS Legislation

- SMI Housing Trust Fund Flexibility
 - Sen. Carter bill will allow AHCCCS to use the SMI Housing Trust Fund for rental assistance
- DCW-Assisted Living Caregiver Training Alignment
 - Arizona Leading Age is running a bill to align the training requirements for assisted living caregivers and DCWs

Other Legislation

- KidsCare
- Dental Benefit for Pregnant Women
- Telemedicine
- Chiropractic Services
- HIE Clean Up
- Diabetes Education Services

On the Horizon



Medicaid Innovation Challenge

- Partnership with Adaptation Health and the Centers for Healthcare Strategies
- Brings the State Medicaid Office and MCOs together with healthcare innovators who can provide novel and sustainable solutions for addressing specific needs
- Applications due by 02/15/19
- Medicaid Innovation Challenge to take place on 03/29/19

Medicaid Innovation Challenge

- Areas of focus
 - Social determinants of health
 - Assess member risk, share/house SDOH data, identify/aggregate referral options, referral feedback
 - Digital member engagement
 - Technologies to assist individuals in better managing their care, accessing appropriate services, and empowering them to adopt healthier behaviors

Questions



SHA Presentation

Arizona State Health Assessment

January 9, 2019

Presenting to
State Medicaid Advisory Committee (SMAC)

Sheila Sjolander, MSW | Assistant Director
Carla Berg, MHS | Chief Strategy Officer



ARIZONA DEPARTMENT
OF HEALTH SERVICES

Health and Wellness for all Arizonans

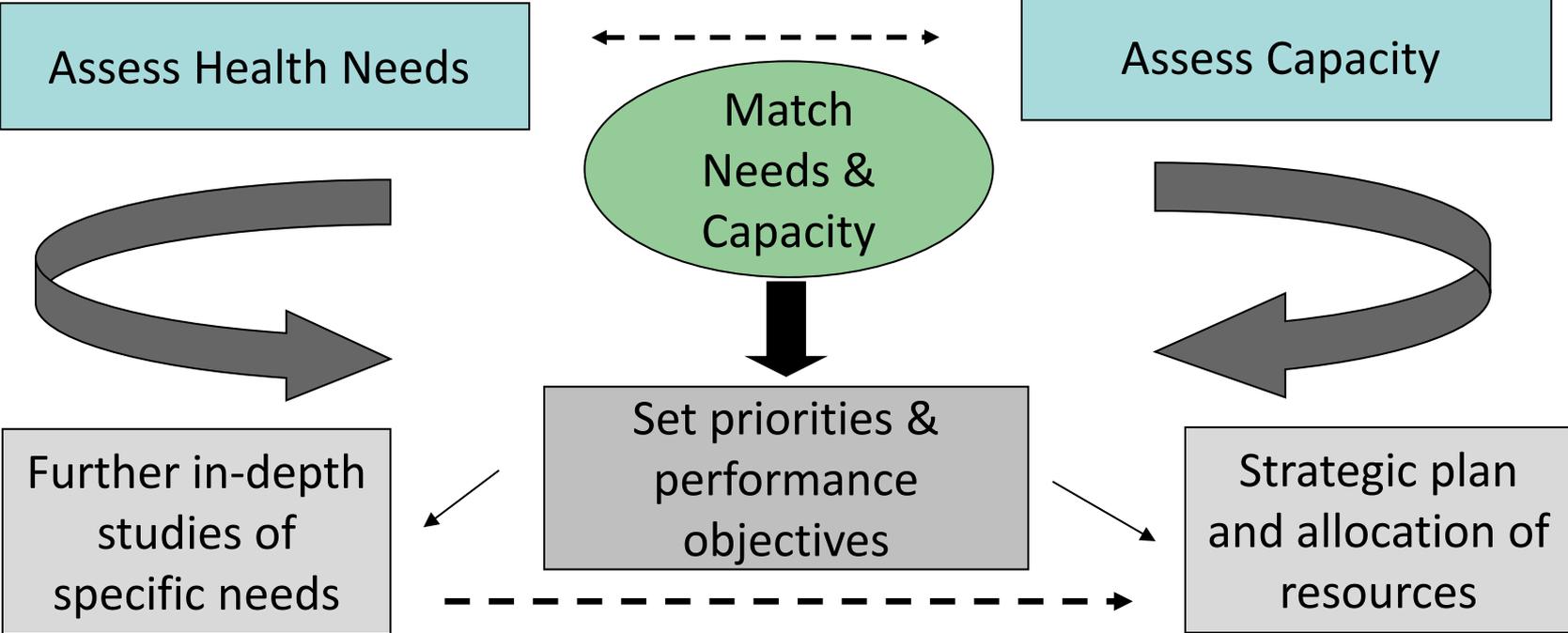
STATE HEALTH ASSESSMENT BACKGROUND



ARIZONA DEPARTMENT
OF HEALTH SERVICES

Health and Wellness for all Arizonans

Assessment Framework



Arizona Health Improvement Plan 2016

First Edition of the AzHIP Published in 2016, included:

- Asthma & Chronic Lower Respiratory Diseases (CLRD)
- Cancer
- Diabetes
- Healthcare Associated Infections (HAI)
- Heart Disease & Stroke
- Maternal & Child Health
- Obesity
- Oral Health
- Tobacco
- Unintentional Injury

Arizona Health Improvement Plan

AzHIP Additions Released in 2017, included:

2 Health Priorities

- Suicide
- Substance Abuse

4 Cross-Cutting Issues

- Worksite Wellness
- Access to Care
- Built Environment
- School Health

Arizona Health Improvement Plan
Healthy People, Healthy Communities
2016-2020



2017/2018 Update

www.azhealth.gov/azhip/

Healthy People, Healthy Communities

- ✓ Healthy People
- ✓ Outcomes Across the Lifespan
 - Maternal, Child, and Adolescent Health
 - Healthy Adults
 - Healthy Aging
- ✓ Healthy Communities
 - Neighborhood Impact
 - Social Influences
 - Tribal Health
- ✓ Opportunities for Health



Main Data Sources

- ADHS Vital Records:

Birth and death certificates filed with ADHS and filed in other states but affecting AZ residents.

Pregnancies are the sum of live births, spontaneous terminations of pregnancy and induced terminations of pregnancy.

- Behavioral Risk Factor Surveillance System (BRFSS):

Annual Random selection telephone survey initiated in 1984 that collects data from Arizonan adults aged 18 and older. Results are used to monitor selected public health objectives related to general health status, health-related quality of life and well-being, determinants of health and disparities.

Since BRFSS is used nationwide, comparisons can be made to other states and to the national average.

- Youth Risk Behavior Surveillance System (YRBSS):

National school-based survey developed in 1990. Monitors six categories of health-related behaviors that contribute to the leading causes of death, disability, and social problems among youth and adults.

Survey is completed every 2 years (recent years 2013, 2015, and 2017).



HEALTHY PEOPLE

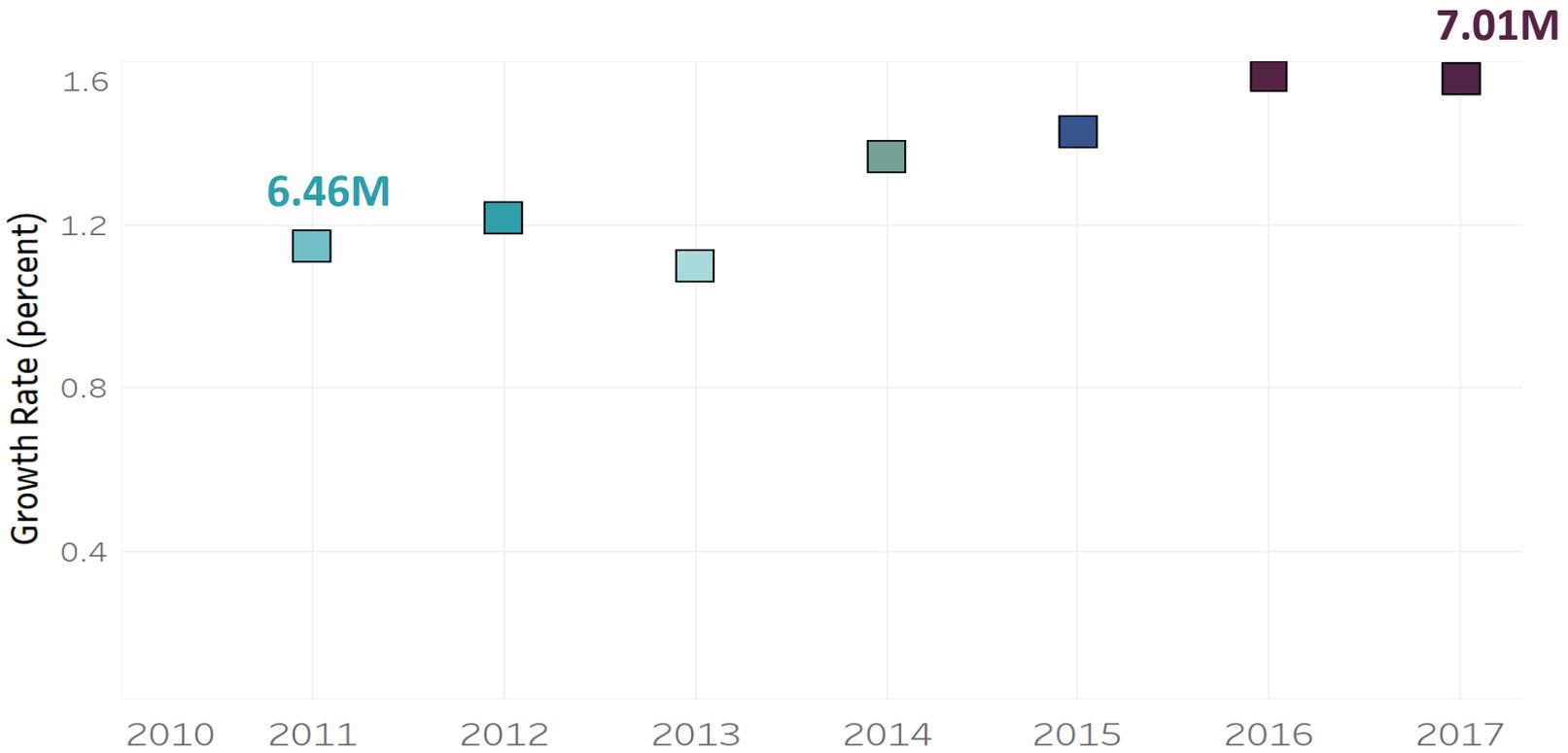


ARIZONA DEPARTMENT
OF HEALTH SERVICES

Health and Wellness for all Arizonans

Arizona's population is the 6th fastest growing in the United States.

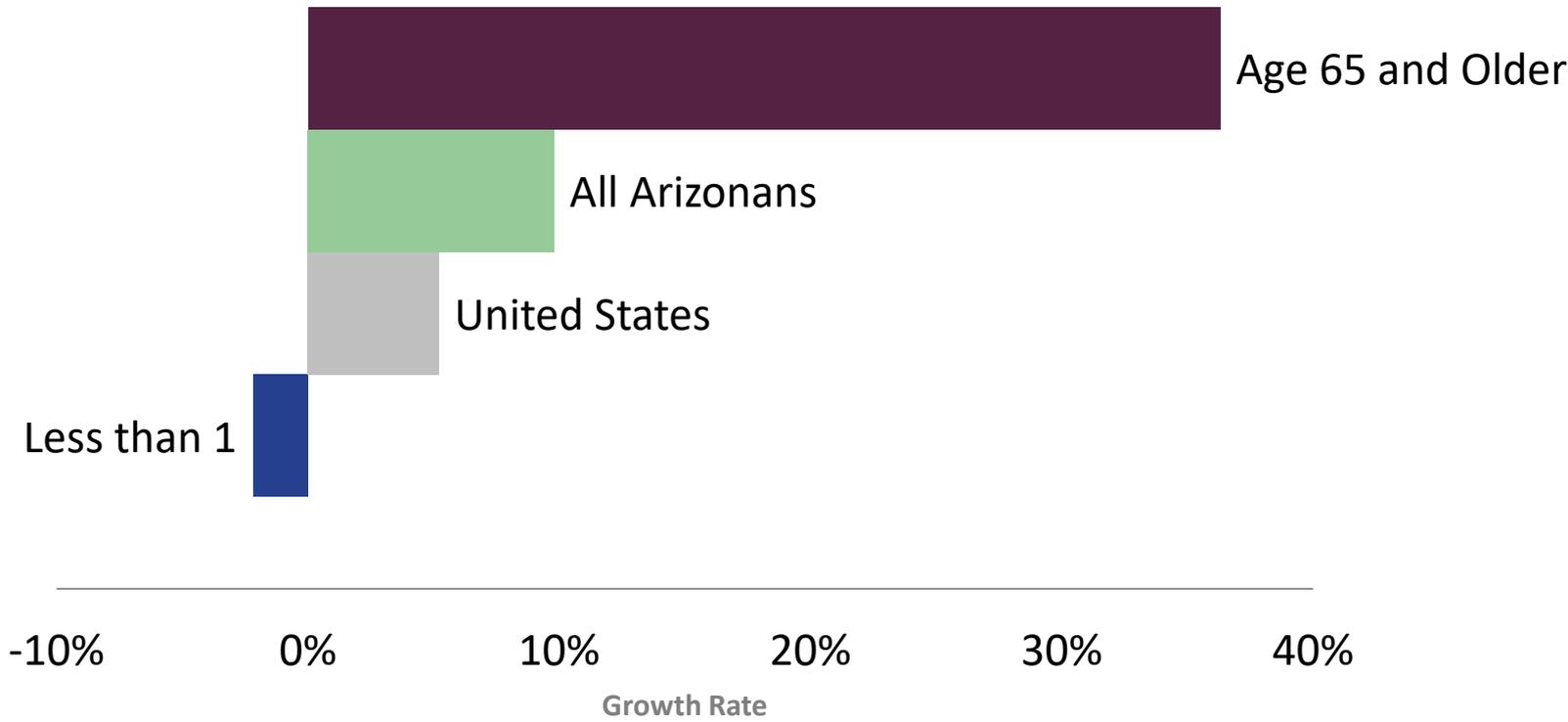
Since 2010, the average population growth rate is **1.4%**.



U.S. Census Bureau, National Population by Characteristics: 2010-2017

Between 2010 – 2017, the largest population growth (36.3%) has been among residents ages 65 and older.

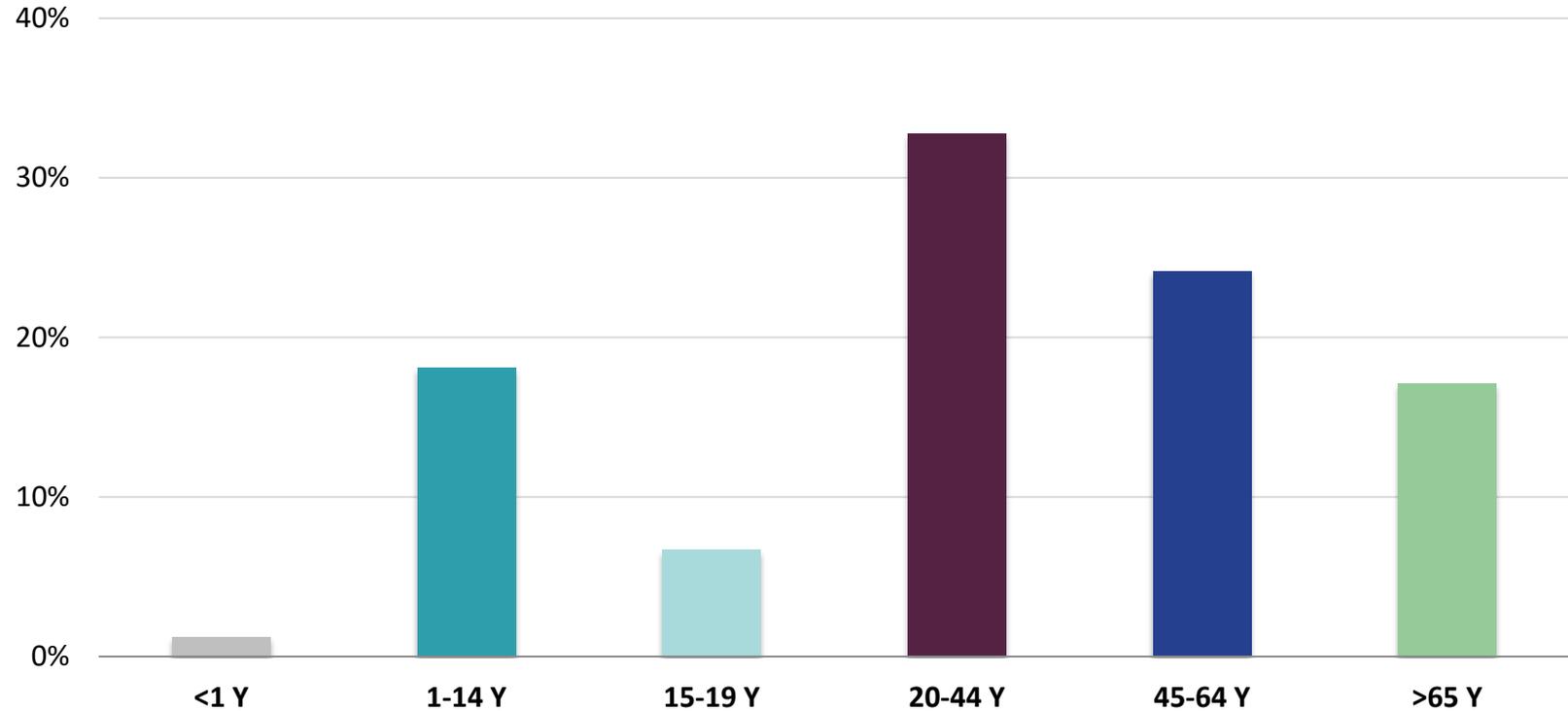
Arizona's population has decreased among infants by **2.2%**.



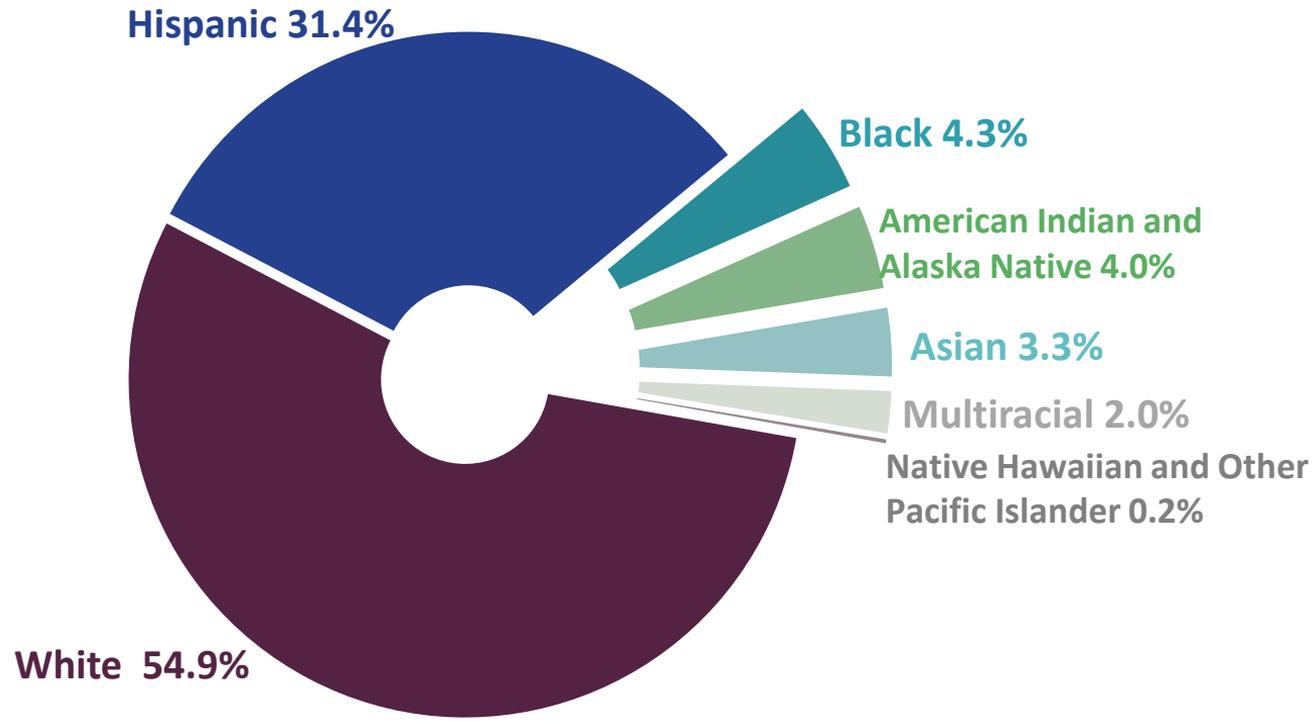
U.S. Census Bureau, National Population by Characteristics: 2010-2017

The largest percentage of Arizonans are between 20 – 44 years of age.

32.7% of residents are within 20 and 44 years of age with 24.1% between ages 45 and 64.

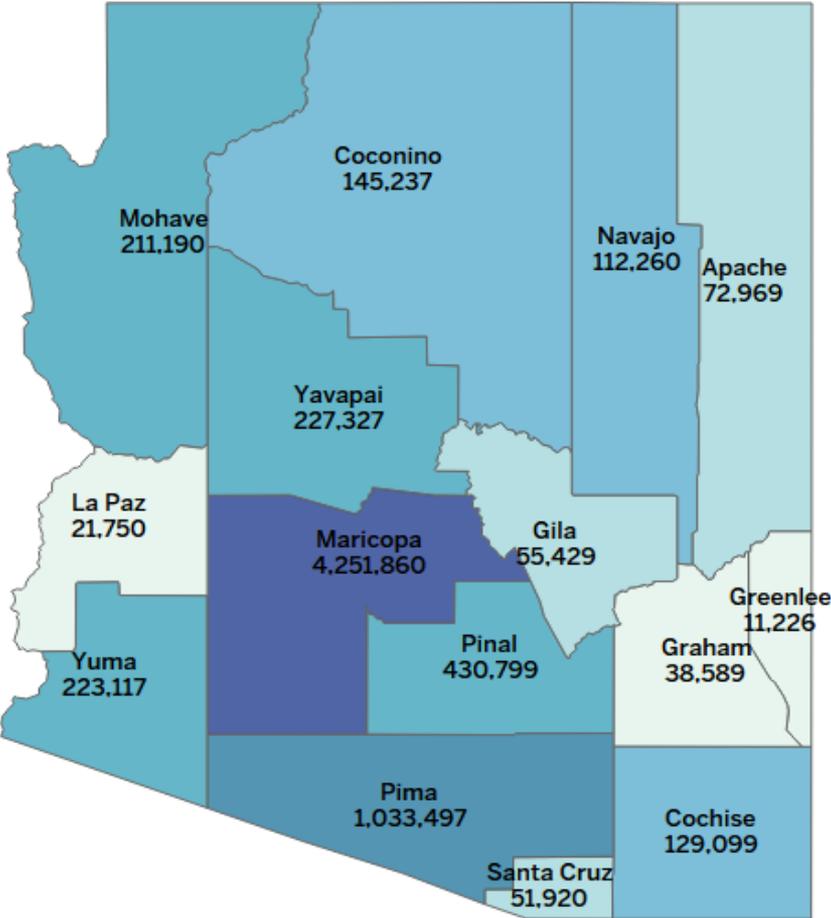


More than 85% of Arizonans are **White** or **Hispanic/Latino**.



U.S. Census Bureau, National Population by Characteristics: 2010-2017

Over 75% of Arizonans reside in Maricopa and Pima counties.



OUTCOMES ACROSS THE LIFESPAN



ARIZONA DEPARTMENT
OF HEALTH SERVICES

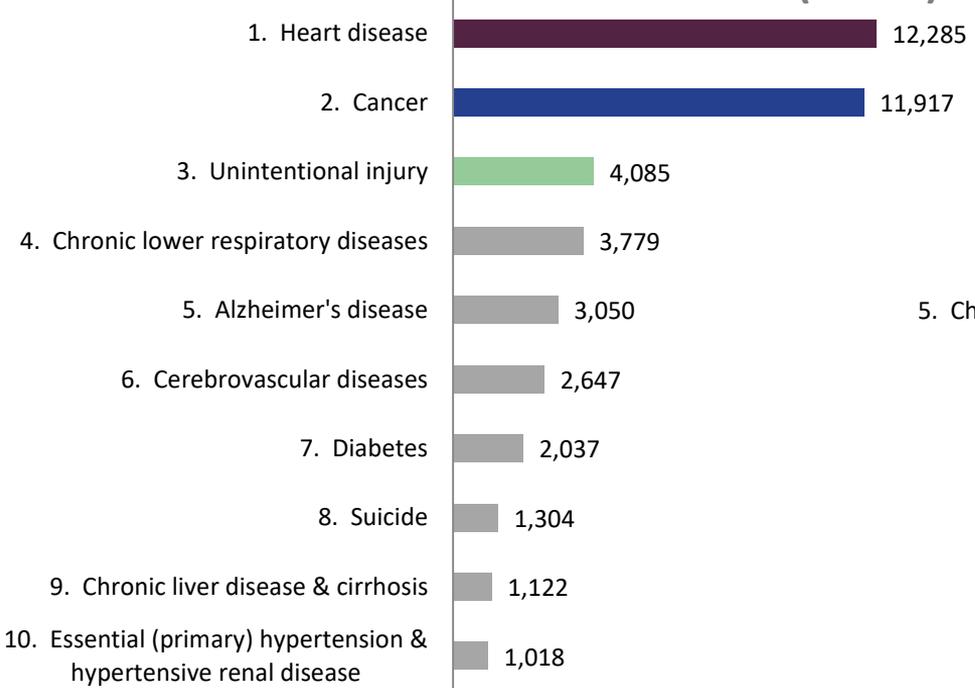
Health and Wellness for all Arizonans

Leading cause of death by age group in 2017

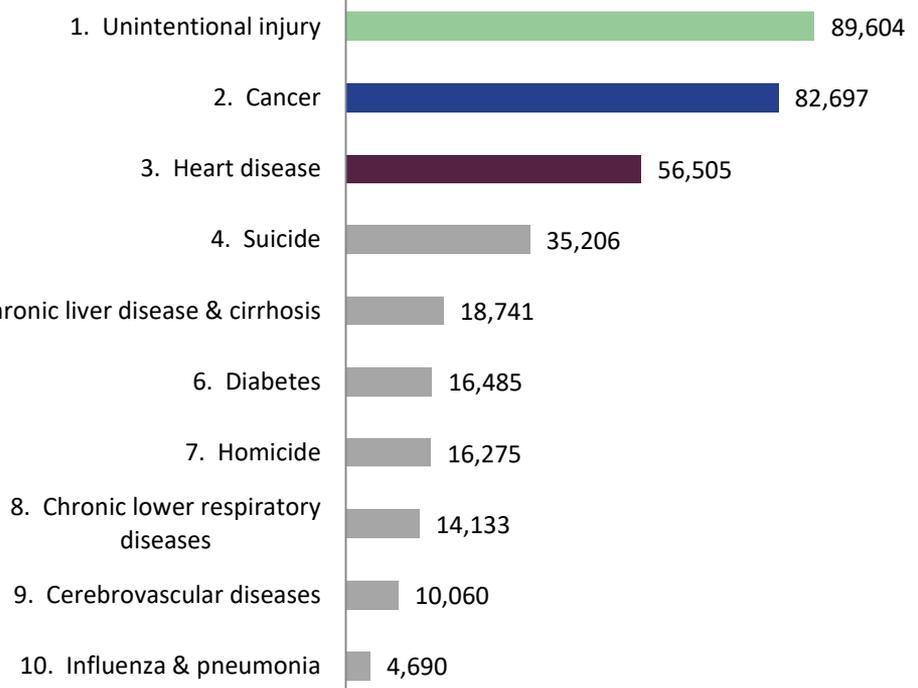
Rank	<1Y	1-14Y	15 - 19Y	20-44Y	45-64Y	65+Y
1	Congenital Anomalies 92	Unintentional Injury 76	Unintentional Injury 107	Unintentional Injury 1,219	Cancer 2,727	Heart Disease 10,171
2	Short Gestation 64	Cancer 30	Suicide 62	Suicide 514	Heart Disease 1,853	Cancer 8,850
3	Maternal Complications 31	Suicide 16	Homicide 32	Cancer 301	Unintentional Injury 1,175	Chronic Lower Respiratory Disease 3,293
4	Unintentional Injury 23	Congenital Anomalies 13	Cancer 8	Homicide 268	Liver Disease 591	Alzheimer's Disease 2,997
5	SIDS 14	Homicide 10	Heart Disease *	Heart Disease 248	Diabetes 545	Stroke 2,292
6	Intrauterine hypoxia 11	Influenza & Pneumonia *	Abnormal Findings *	Liver Disease 149	Chronic Lower Respiratory Disease 460	Unintentional Injury 1,485
7	Homicide 10	Chronic Lower Respiratory Disease *		Diabetes 77	Suicide 413	Diabetes 1,411
8	Respiratory Distress 6	Asthma *		Obesity 45	Stroke 304	Hypertension 850
9	Influenza & Pneumonia *			Stroke 44	Hypertension 149	Parkinson's Disease 737
10				HIV 20	Influenza & Pneumonia 125	Influenza & Pneumonia 697

The 3 leading causes of death by both count and years of potential life lost (YPLL) are heart disease, cancer and unintentional injury.

Cause of Death (count)



Cause of death (YPLL)



For 2018, Arizona ranked 30th according to America's Health Ranking Annual Report.



Top Positive Impacts:

- ✓ Cancer Deaths
- ✓ Preventable Hospitalizations
- ✓ Smoking

Top Negative Impacts:

- ✗ Violent Crime
- ✗ Air Pollution
- ✗ High School Graduation

✓ *Positive impact includes measures where Arizona is standard deviations from the national average.*

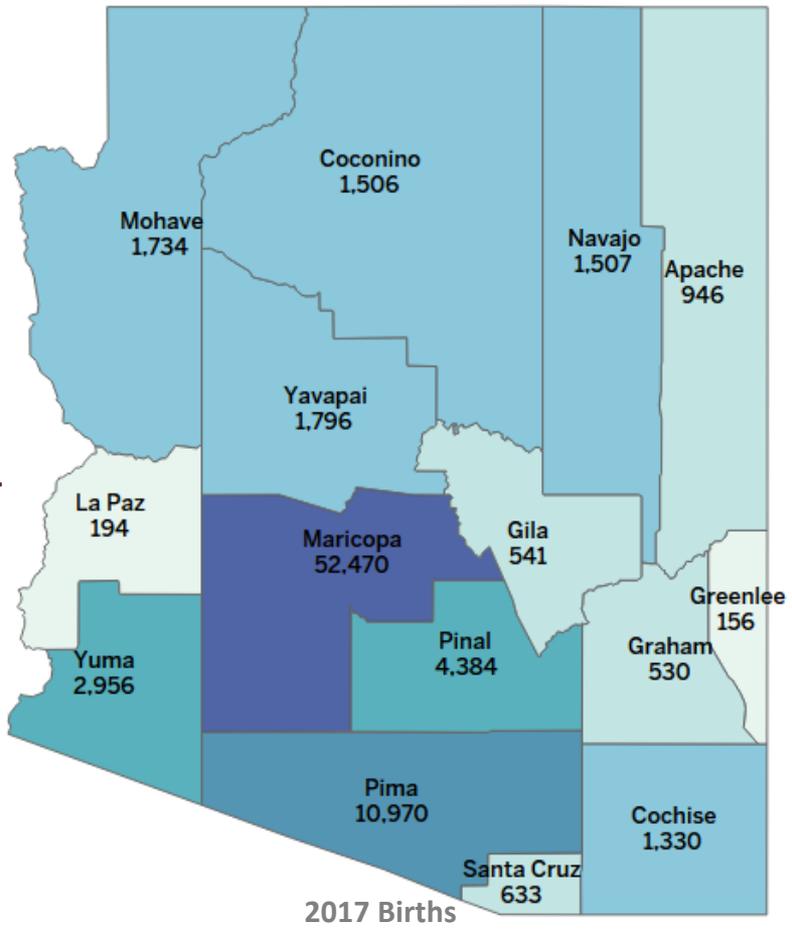
MATERNAL & CHILD HEALTH



ARIZONA DEPARTMENT
OF HEALTH SERVICES

Health and Wellness for all Arizonans

Infant births over the last 10 years have decreased from more than 102,000 to 81,664.



2017 Births

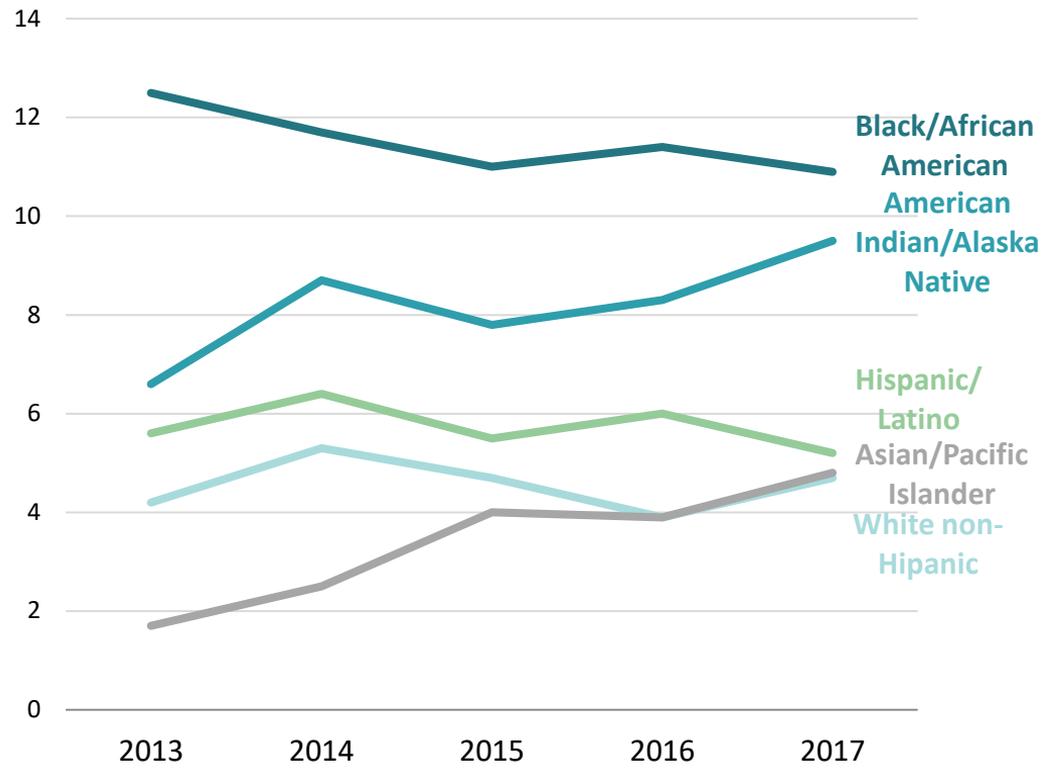
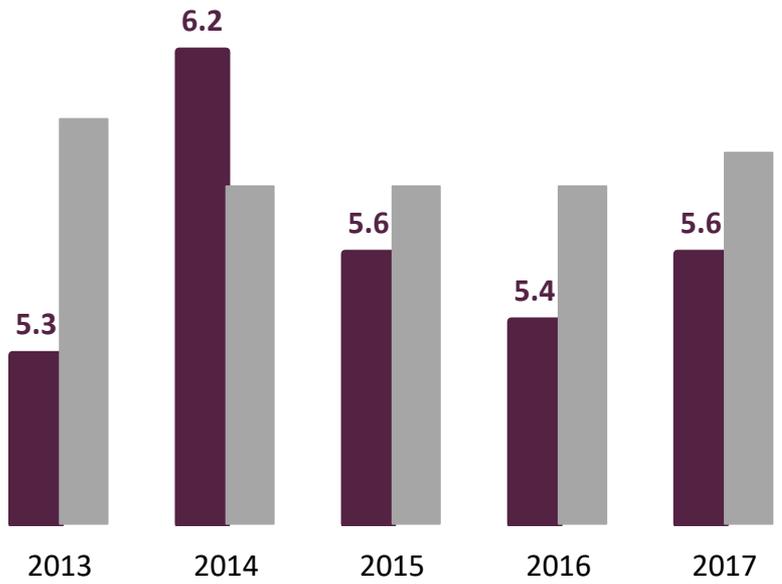
< 200	200 - 5,000	5,000 - 10,000	10,000 - 20,000	20,000 - 50,000	> 50,000
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Note: May include records with unknown county of residence.

In 2017, the infant (less than 1) mortality rate was lower than the national average.

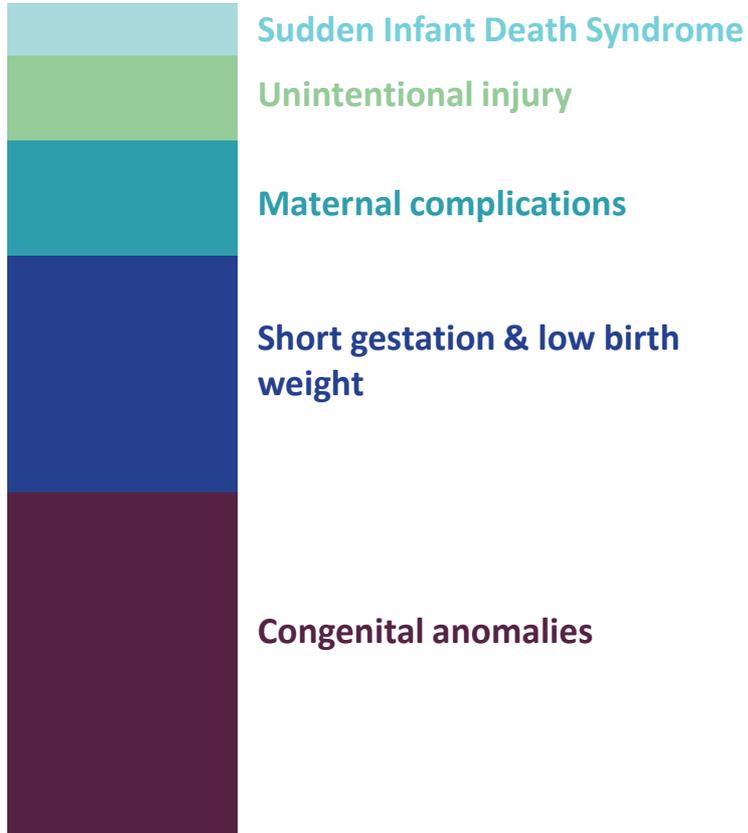
Black, American Indian/Alaska Native, and Hispanic Arizonans are disproportionately impacted.

Arizona and **U.S.**
infant mortality rate, per 1,000 live births



In 2017,

**Congenital malformations,
deformations and chromosomal
abnormalities were the leading cause
of infant deaths.**



Infant Mortality

A Snapshot of Preconception Health

Women ages 18-45 were included in this analysis.



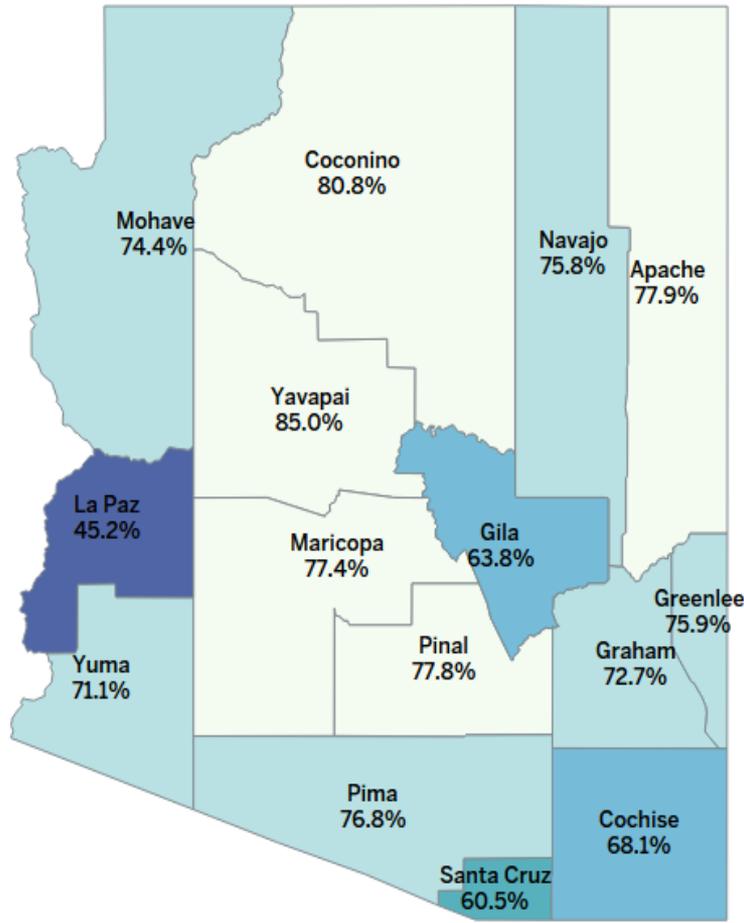
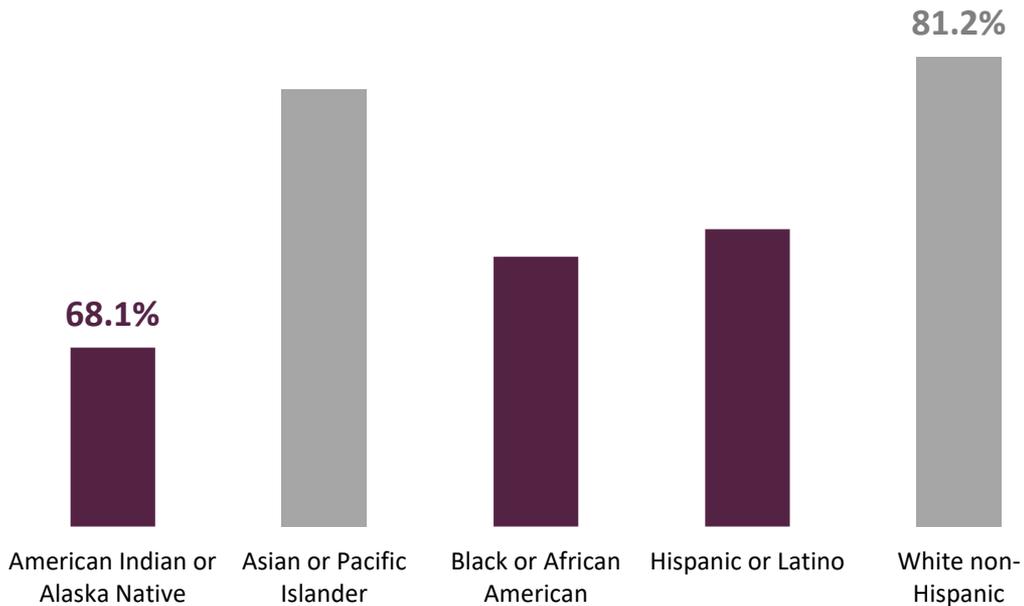
Less than half of women have received advice about ways to prepare for healthy pregnancy



3 in 10 women prepare for healthy pregnancy with daily folic acid

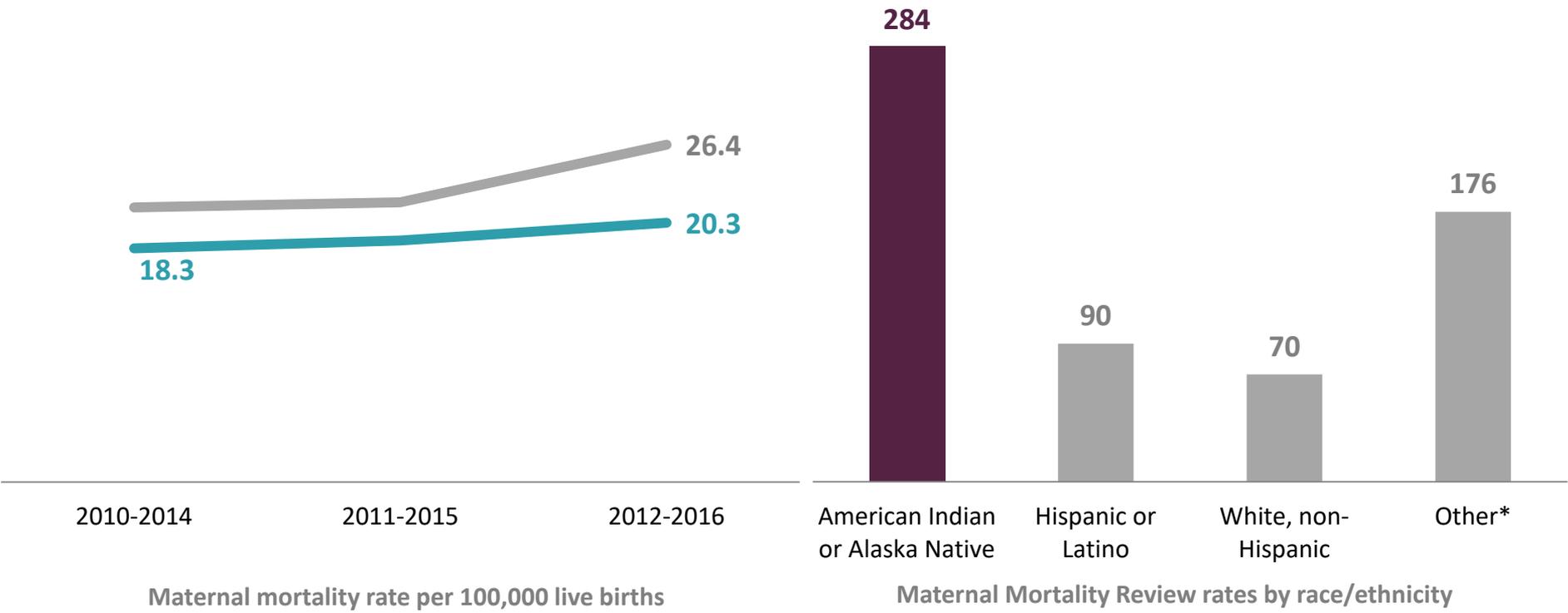
Between 2014 – 2017, 8 in 10 pregnant women in AZ received adequate prenatal care.

Percent receiving intermediate or adequate prenatal care by race/ethnicity



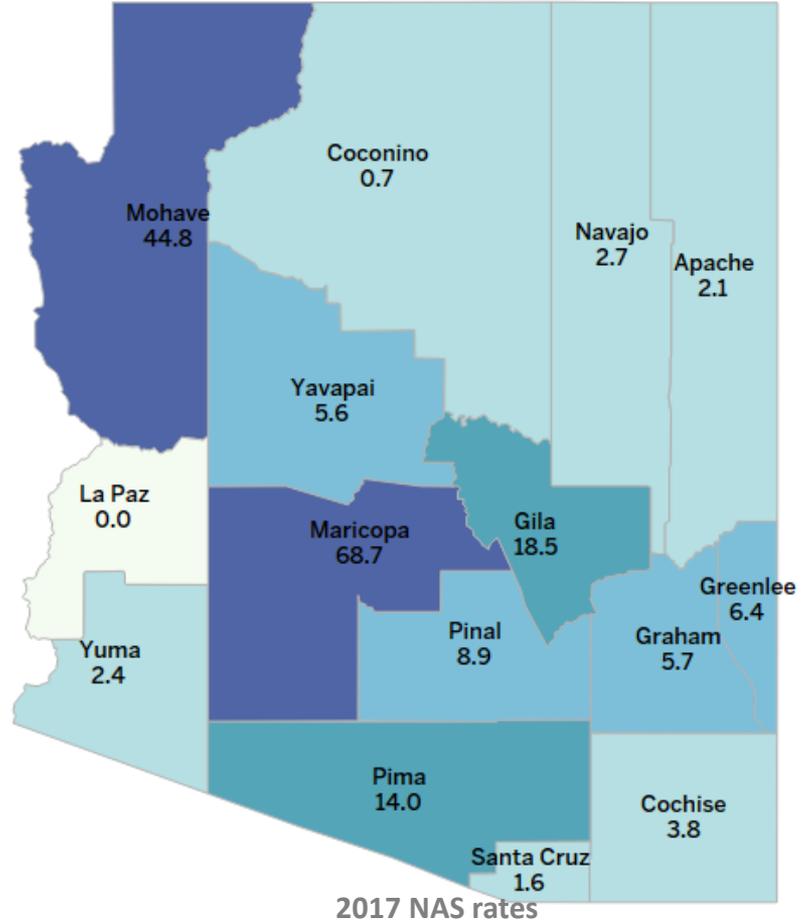
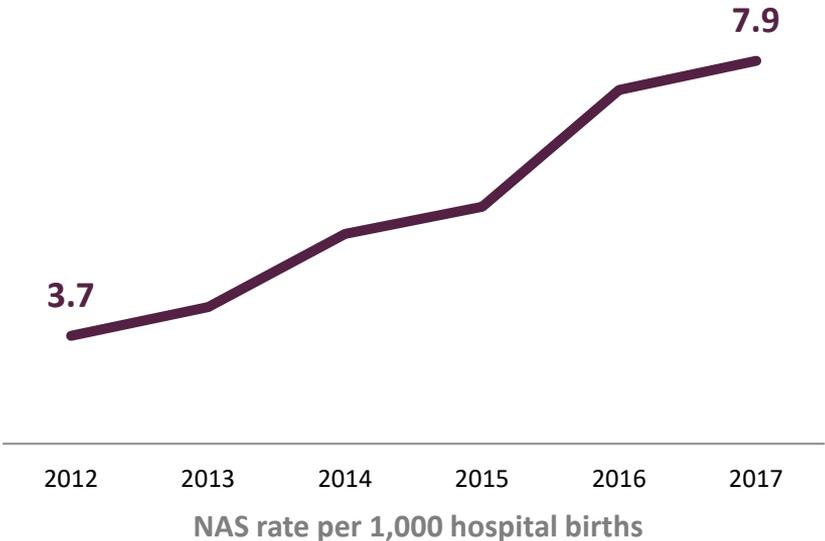
Rates of maternal mortality are on the rise both in Arizona and nationally.

Based on the most recent Maternal Mortality Review, **American Indian or Alaska Native** women had the highest rate at **284** per 100,000 live births.



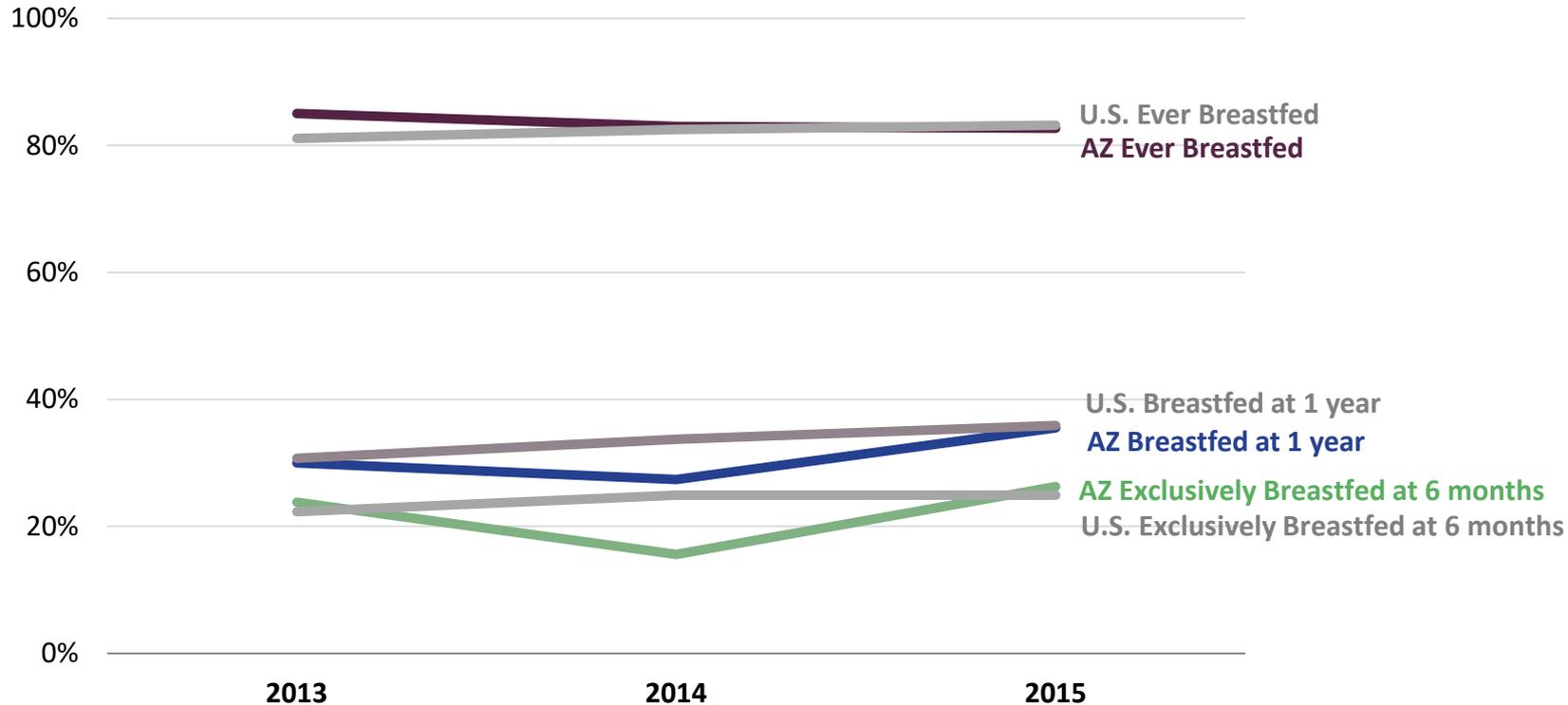
ADHS Vital Records 2010 – 2016 and Arizona Maternal Mortality Review Program, 2012 – 2015

Since 2012, Neonatal Abstinence Syndrome (NAS) rates in Arizona have more than doubled.



Breastfeeding rates in Arizona follow national trends.

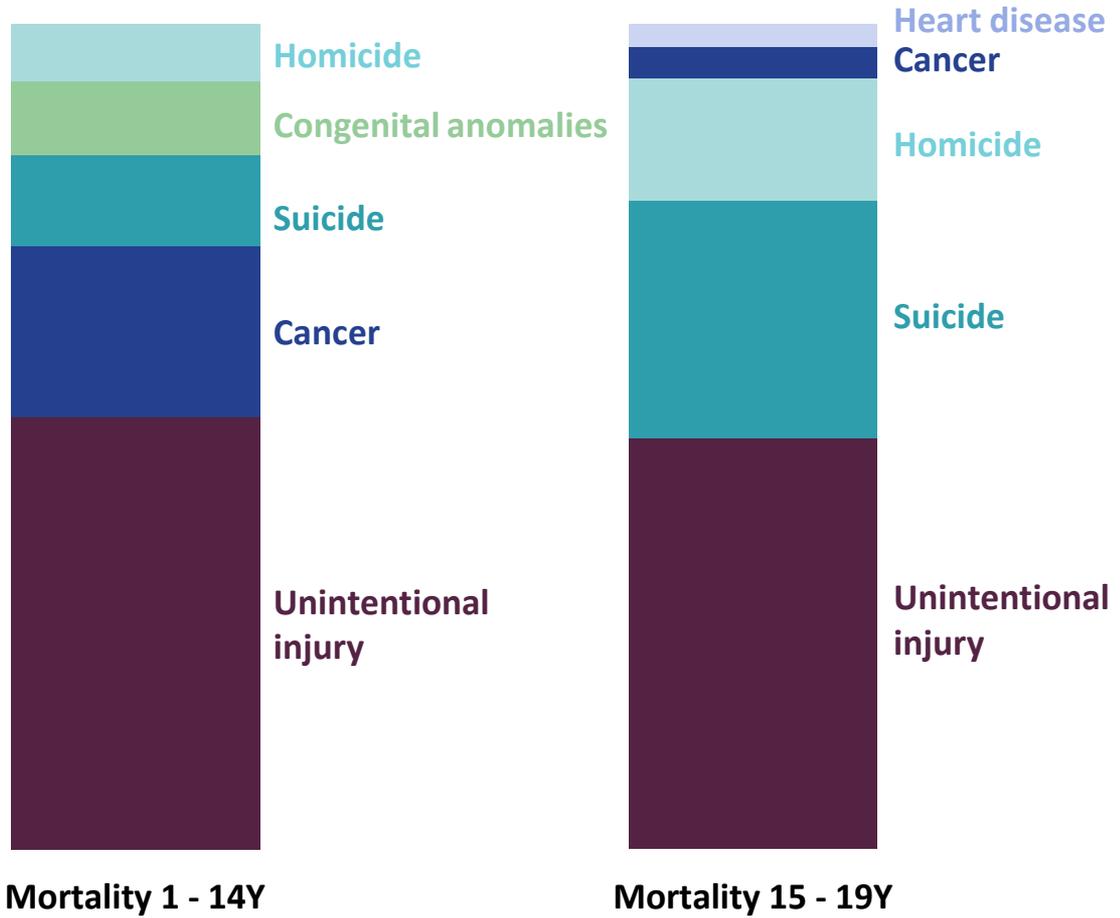
82.7% of Arizona's infants born in 2015 were breastfed with 26.3% exclusively breastfed at 6 months.



National Immunization Survey, 2013 – 2015

In 2017,

**Unintentional injury
was the leading cause
of death among
children and
adolescents.**



Tooth decay is the #1 chronic disease in Arizona children.

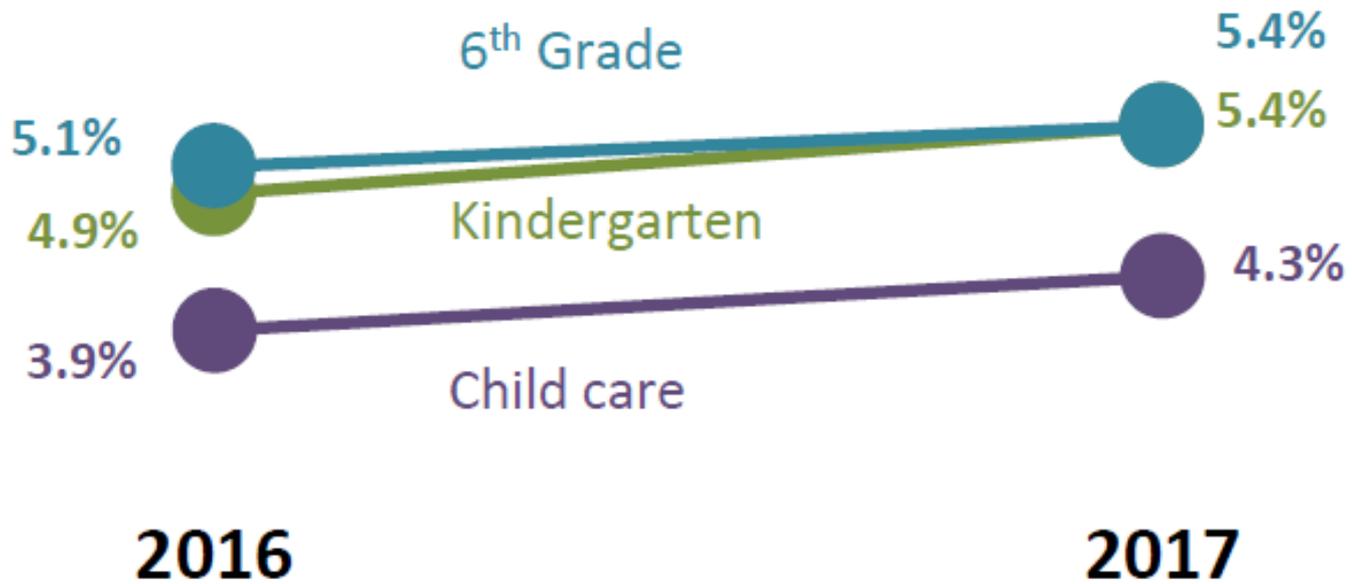


More than 6 out of 10 children are affected by tooth decay



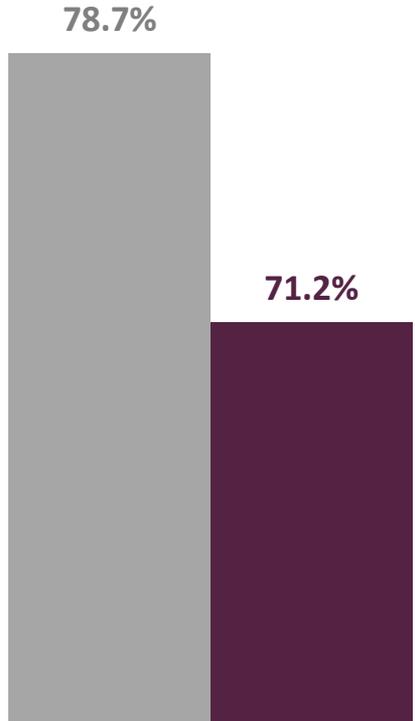
3rd grade children in Arizona are affected by tooth decay

Non-medical exemption rates for childhood immunizations have increased across age groups.
In the event of an outbreak, over 5,000 Arizona kindergarteners would be at risk for measles.



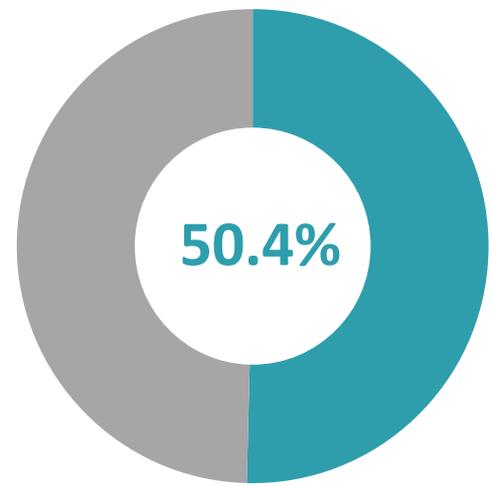
71.2% of Arizona's adolescents ages 12 to 17 completed a preventive medical visit in past year compared to **78.7%** nationally.

Half of those adolescents without a preventive medical visit were insured.

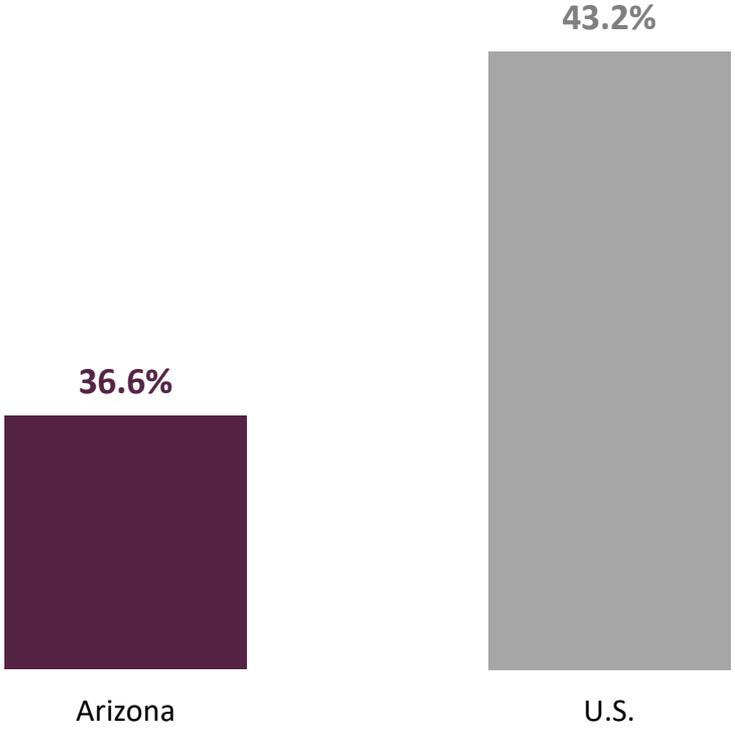


Completed Preventive Medical Visit

Percent insured among those without a preventive medical visit

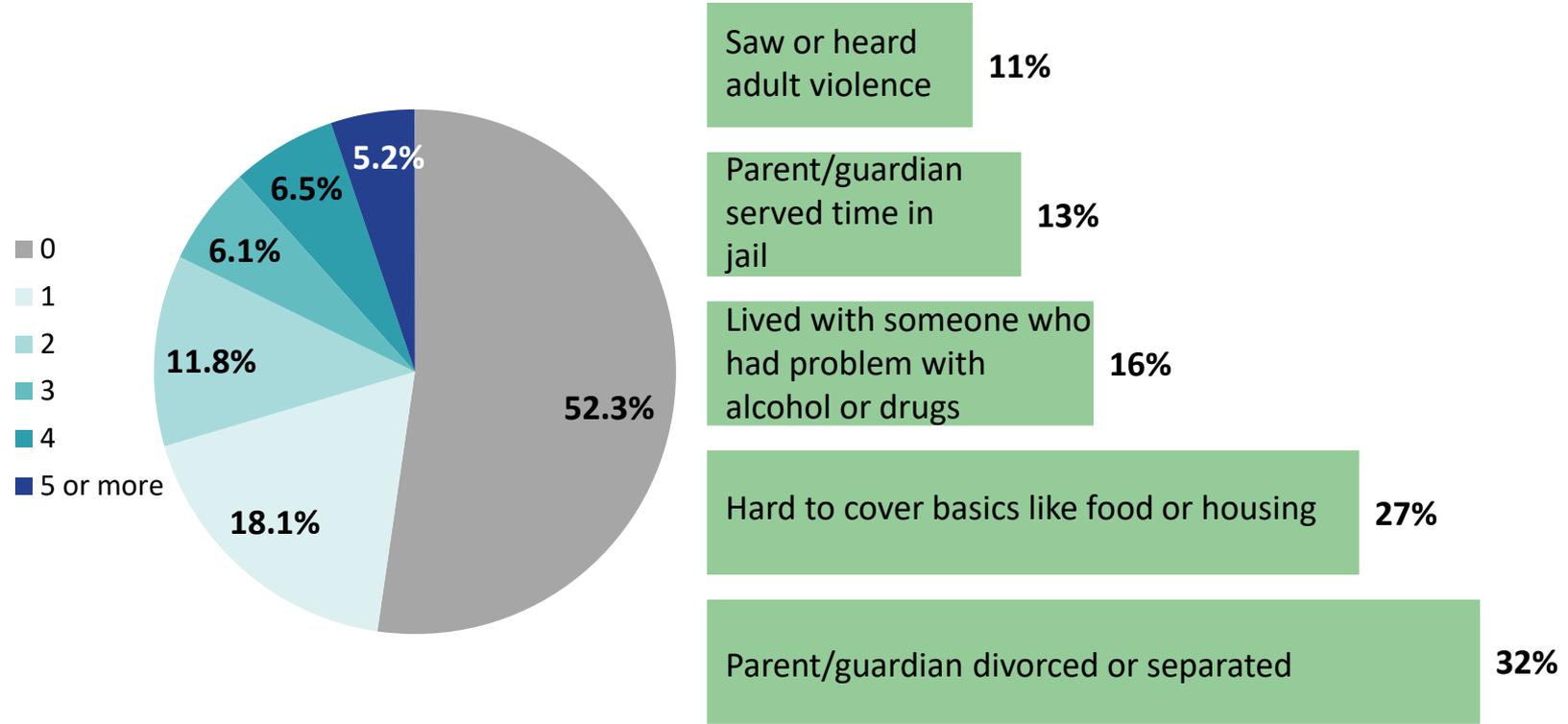


Among Arizona's children with a special healthcare need, **36.6%** have a medical home. (**Arizona vs. U.S.**)



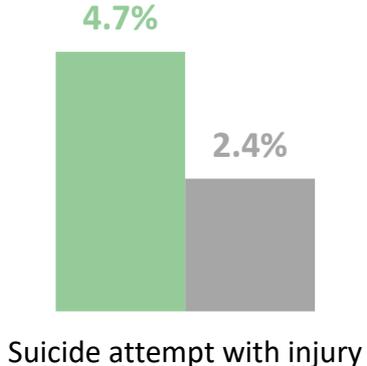
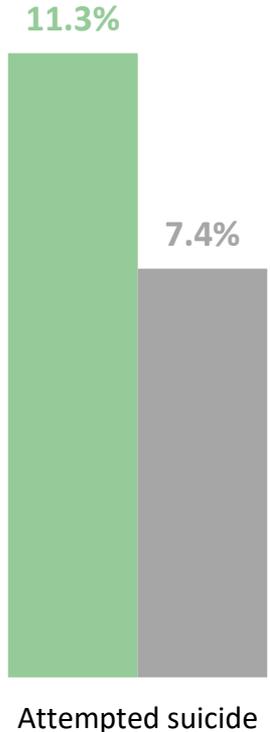
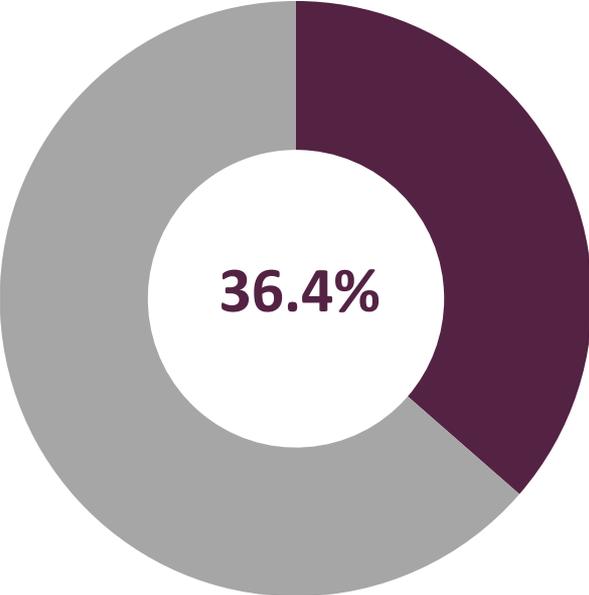
Arizona ranks last in the country as the state with the highest proportion of children ages 0 – 17 who have experienced 2 or more ACEs at 30%.

Parental separation or divorce and economic hardship are the most common ACEs in Arizona.

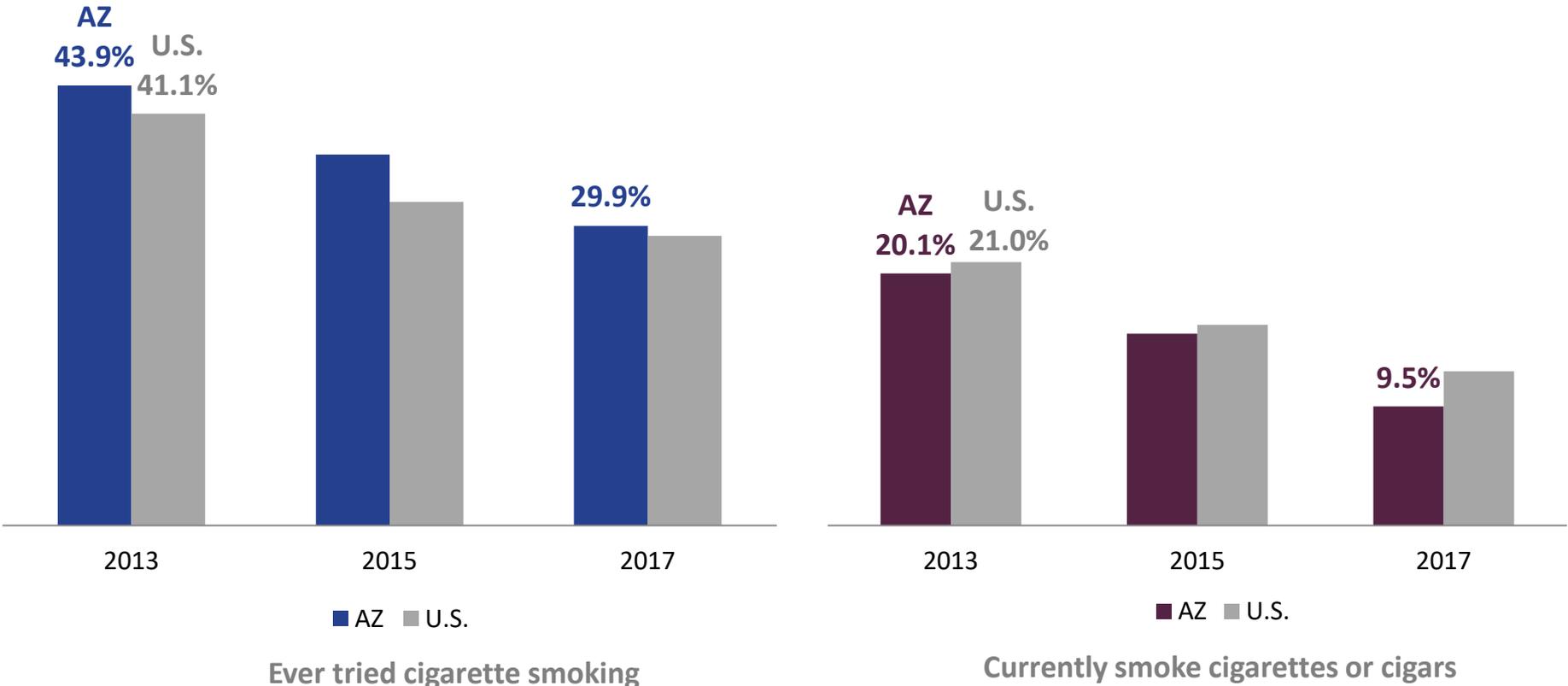


36.4% of students report feeling sad or hopeless almost every day for 2 weeks or more in a row so that they stopped doing some usual activities.

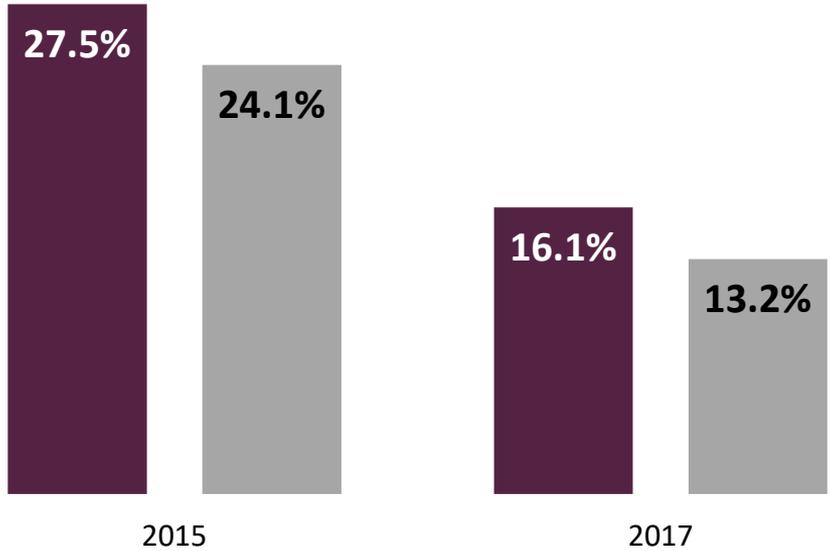
Additionally, more than 1 in 10 Arizona youth indicating attempting suicide with 4.7% requiring medical treatment as a result of a suicide attempt. (AZ vs. U.S.)



Fewer teens reported smoking in 2017 compared to 2013.

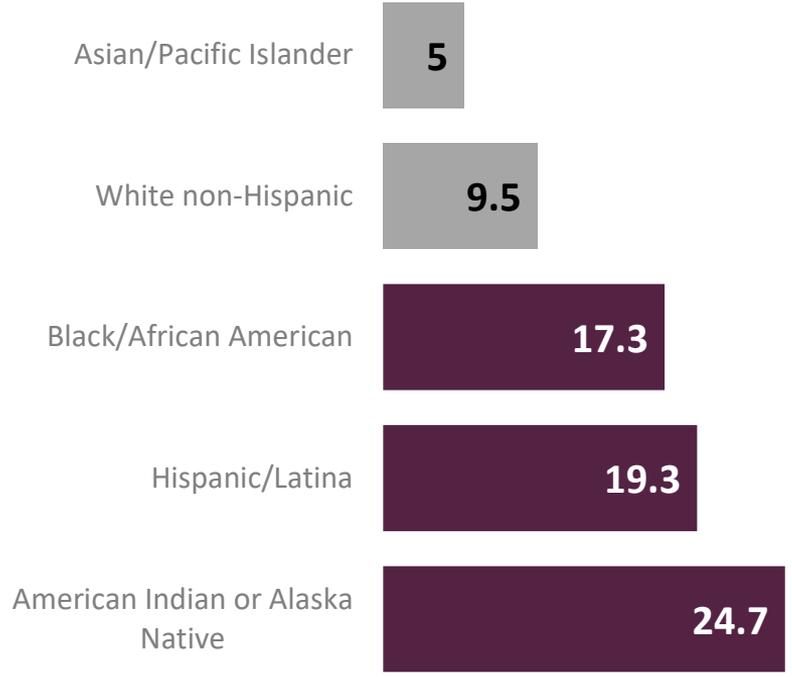
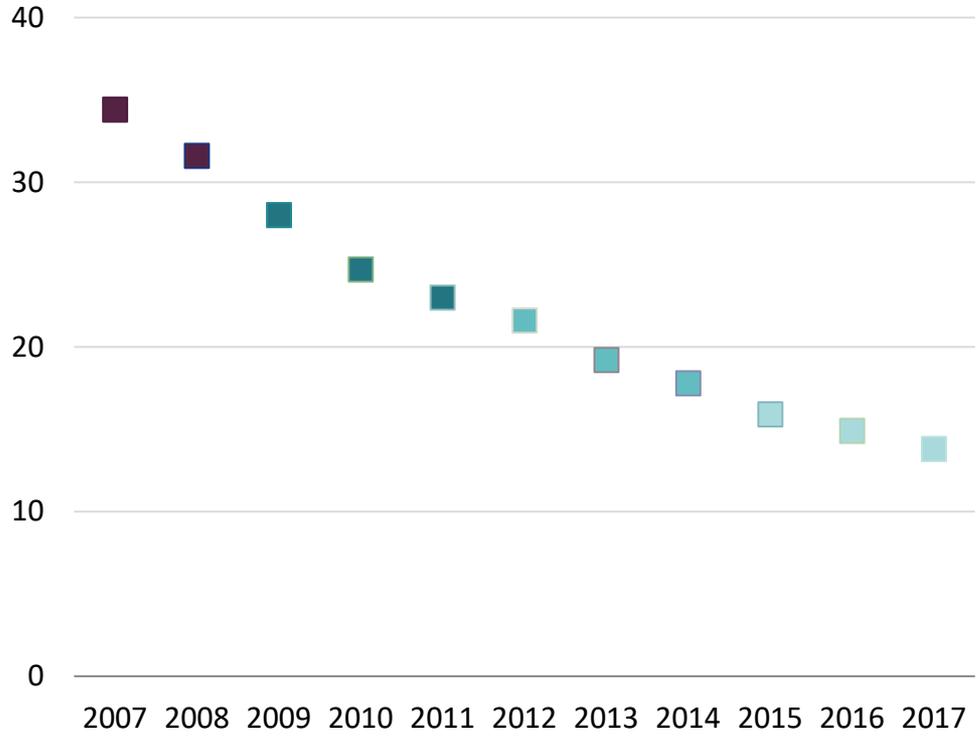


While **1 in 2** teens have ever used an electronic vapor product, **16.1%** report current use. Current use of electronic vapor products has **decreased** from 27.5% in 2015. (**AZ** vs. **U.S.**)



Arizona's teen pregnancy rate has decreased to a low at 13.8.

Teen pregnancies accounted for 6.7% of pregnancies in the state in 2016 with a greater impact on American Indian/Alaska Native, Hispanic, and Black/African American female teens.



2016 Teen Pregnancy rate per 1,000 live births

HEALTHY ADULTS



ARIZONA DEPARTMENT
OF HEALTH SERVICES

Health and Wellness for all Arizonans

In 2017,

Unintentional deaths was the leading cause of death among adults ages 20 – 44.



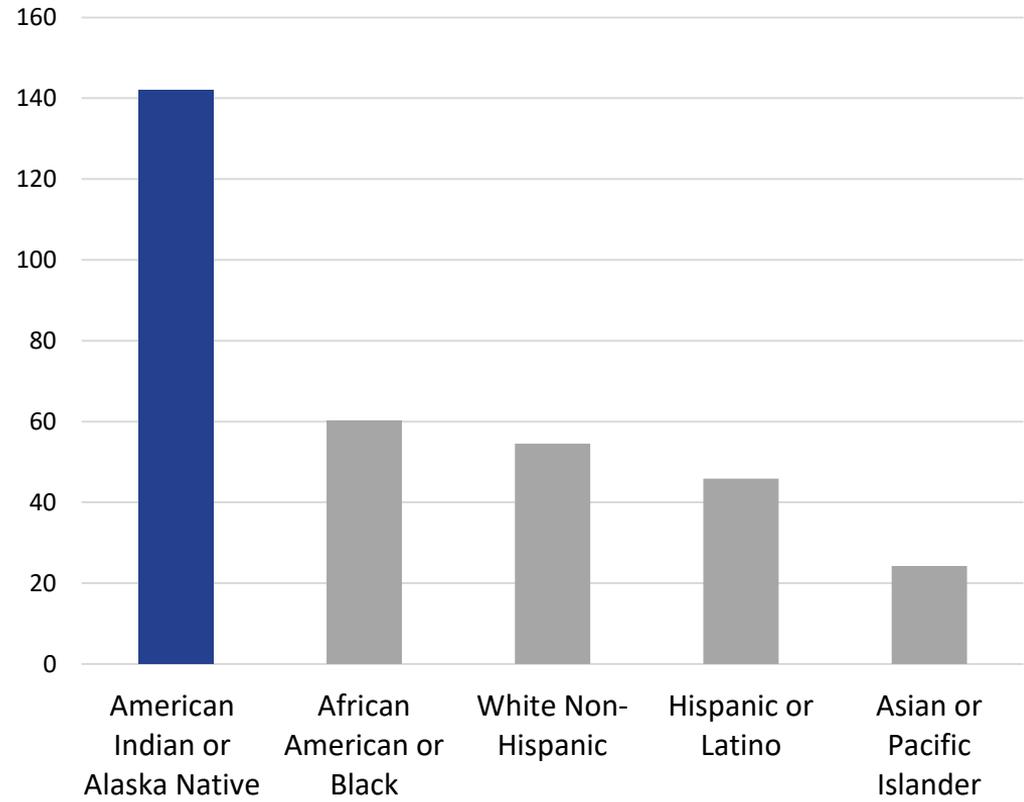
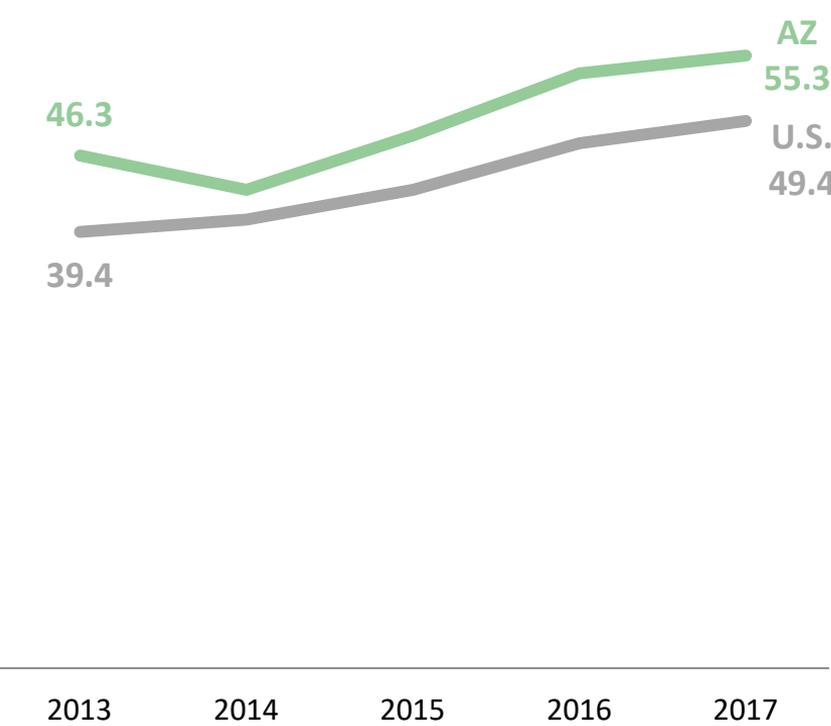
Mortality 20 - 44Y

Cancer was the leading cause of death among adults ages 45 – 64.



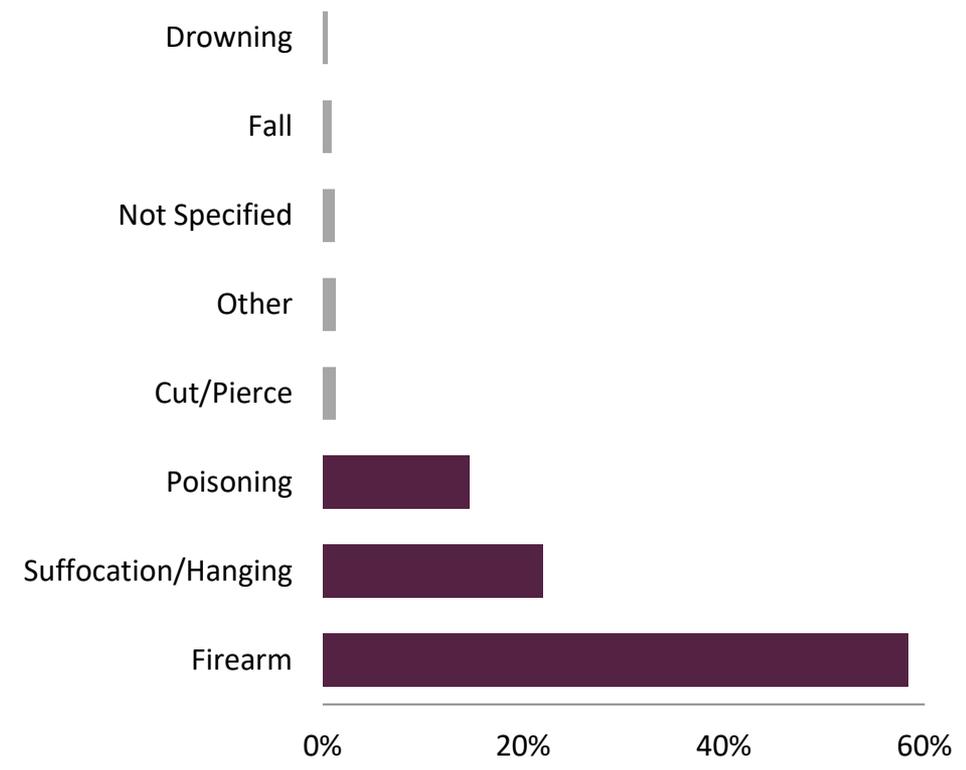
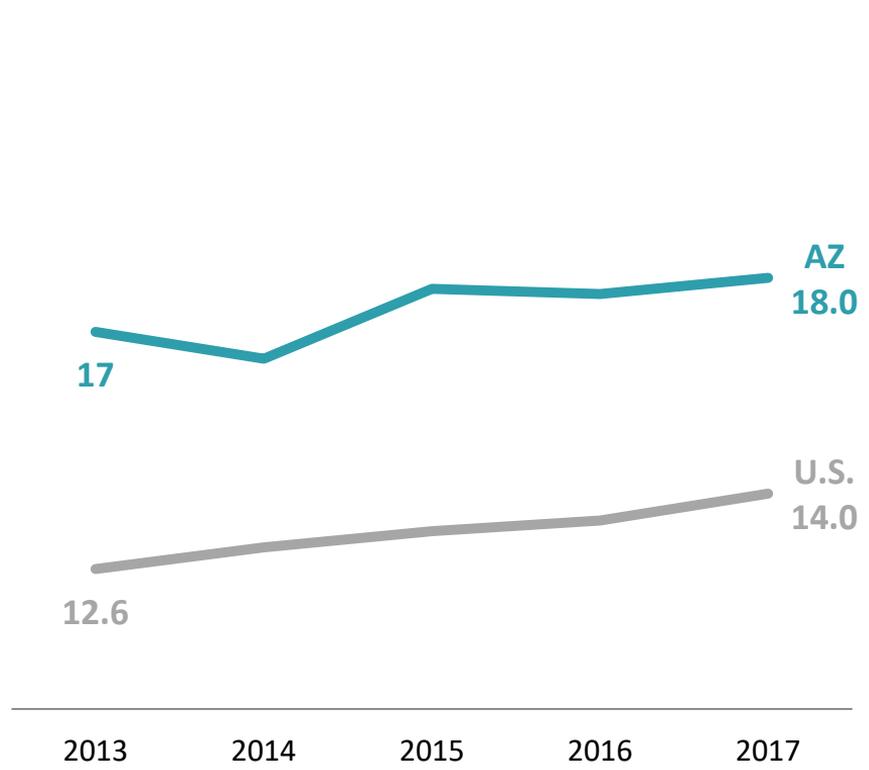
Mortality 45 - 64Y

Unintentional injury-related mortality rates are on the rise both in Arizona and nationally with rates more than 2.5 times higher among American Indian Arizonans.



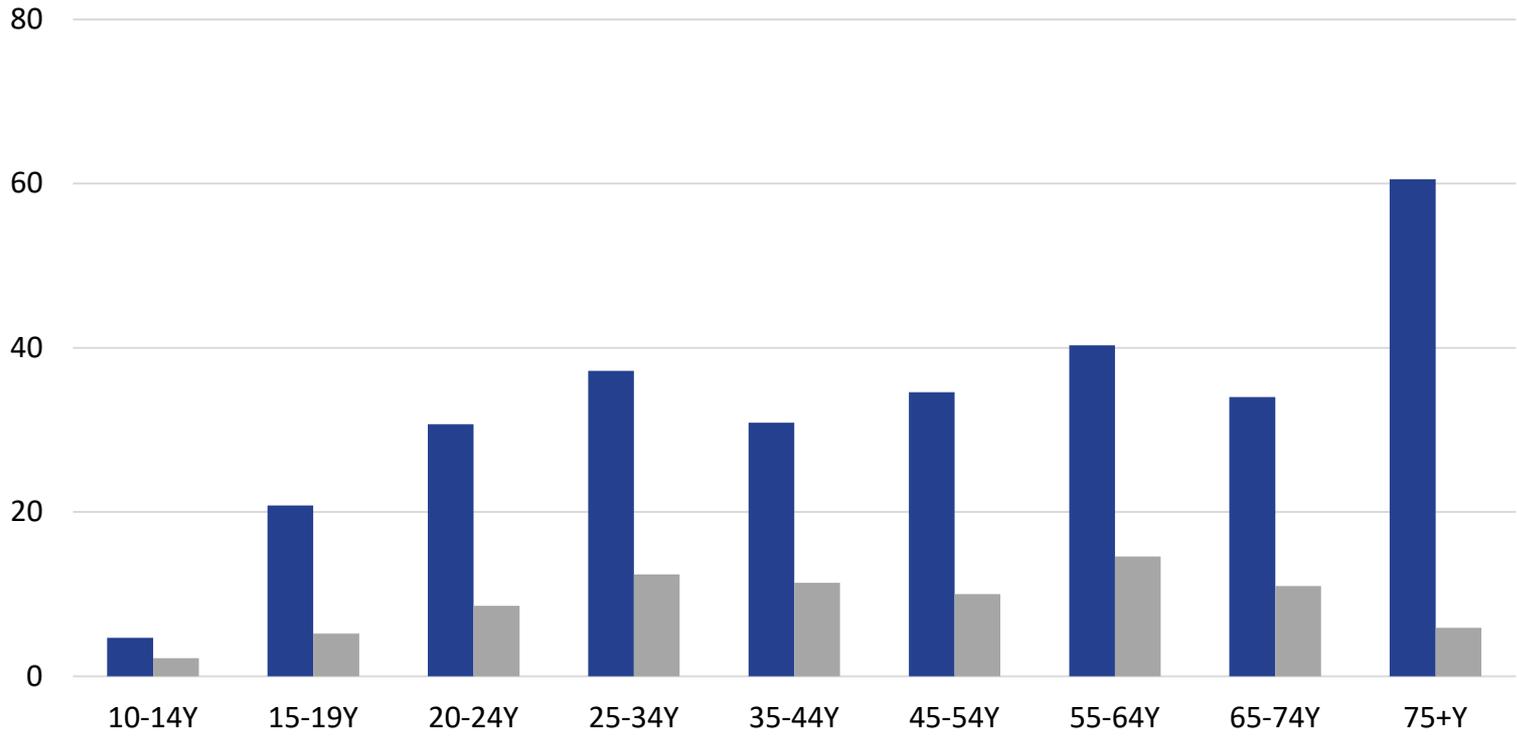
Suicide mortality rates in Arizona remain higher than national rates.

Suicide deaths accounted for the loss of 1,304 Arizonans in 2017 with more than half identifying firearm as the injury type.



Males accounted for more than 75% of the suicide deaths in Arizona last year.

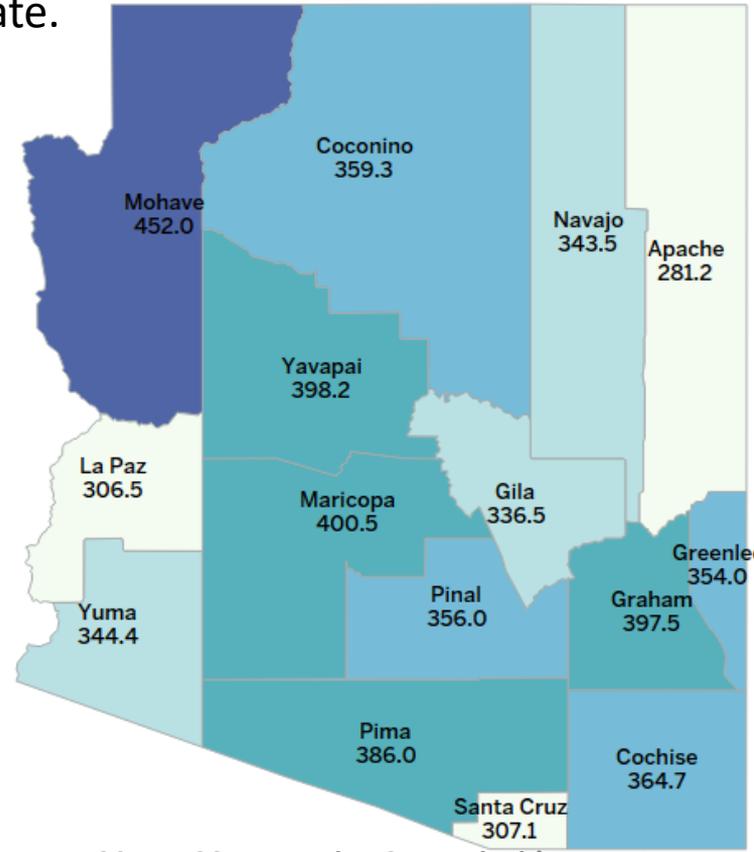
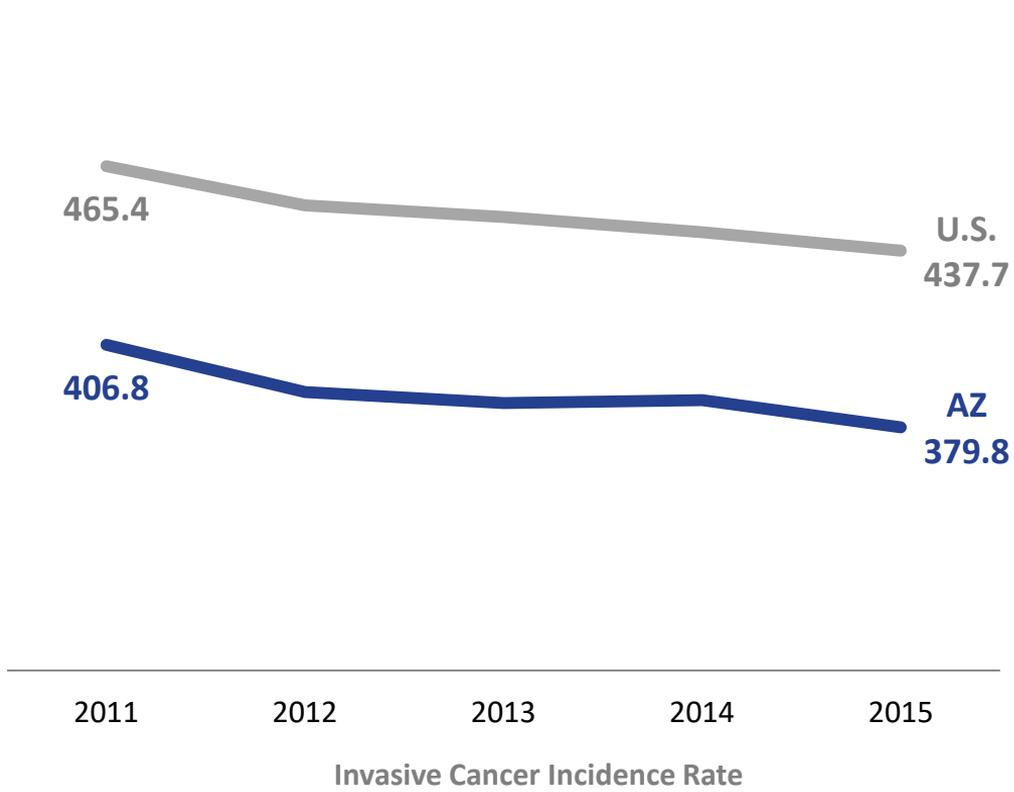
The highest rates are seen among men ages 55 to 64 and over 75. (Male vs. Female)



Mortality rates by age group and sex

The invasive cancer incidence rate from 2011 to 2015 impacted an average of 29,943 people each year.

Arizona's incidence rate remains **lower** than the national rate.

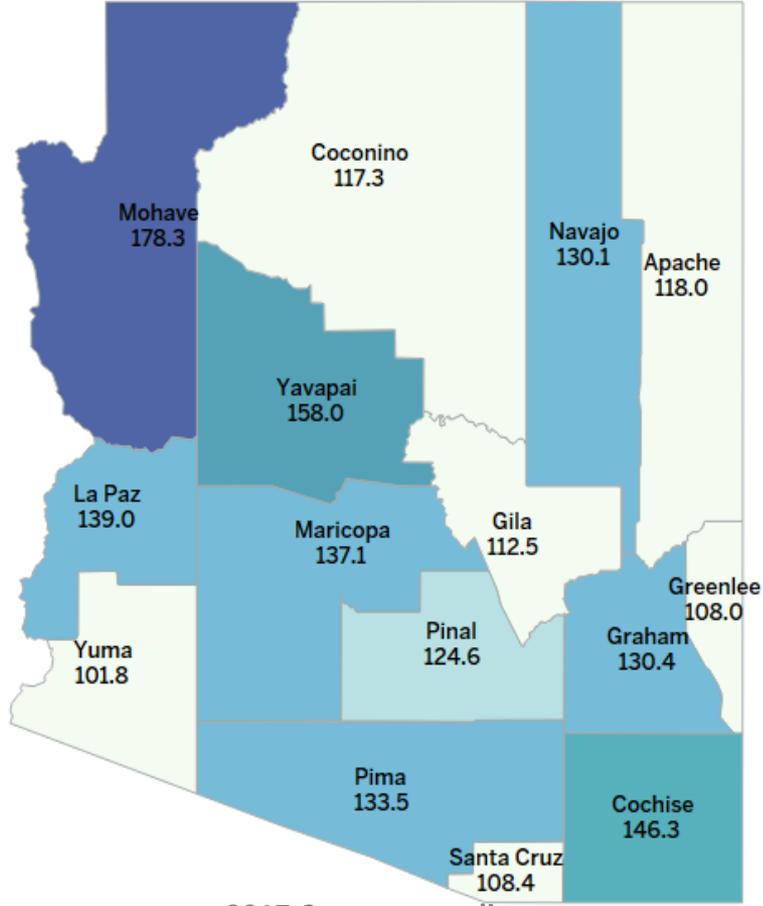
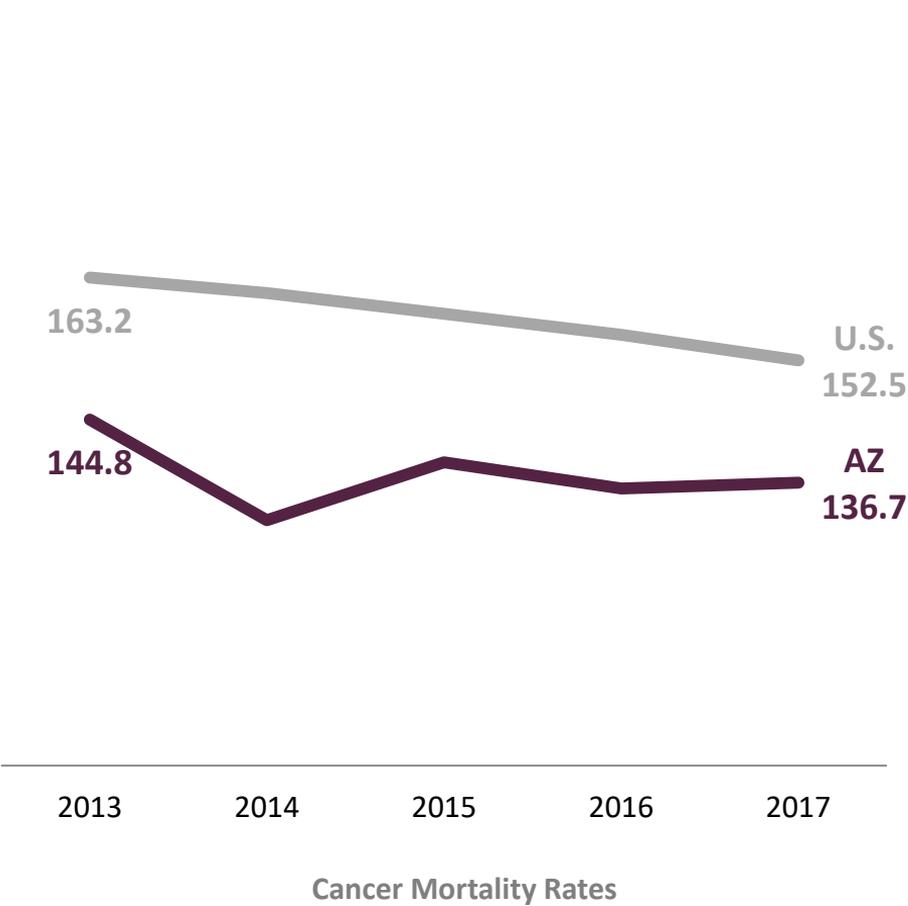


2011 – 2015 Invasive Cancer incidence rates

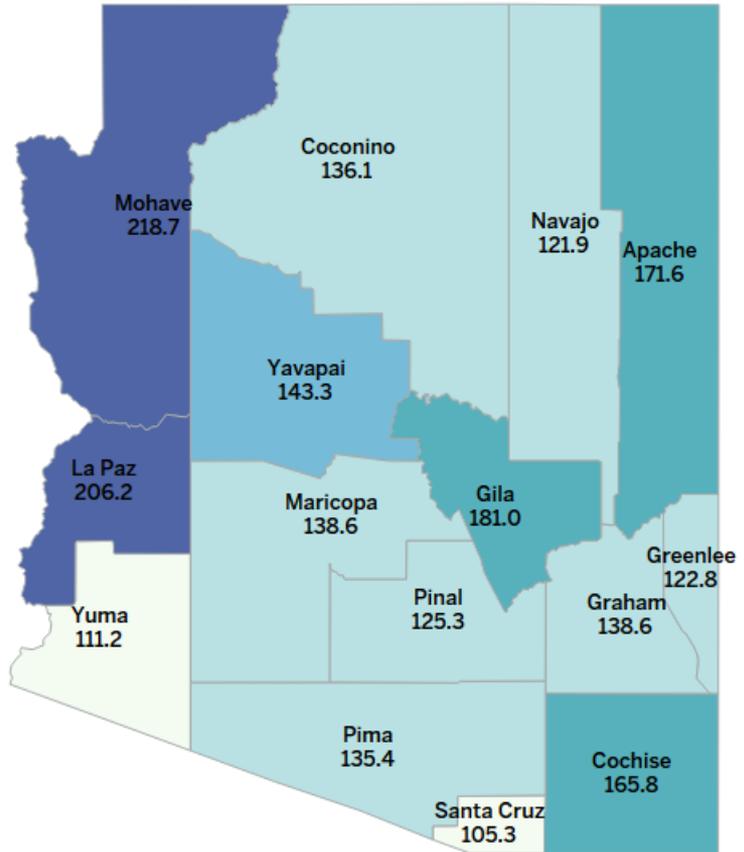
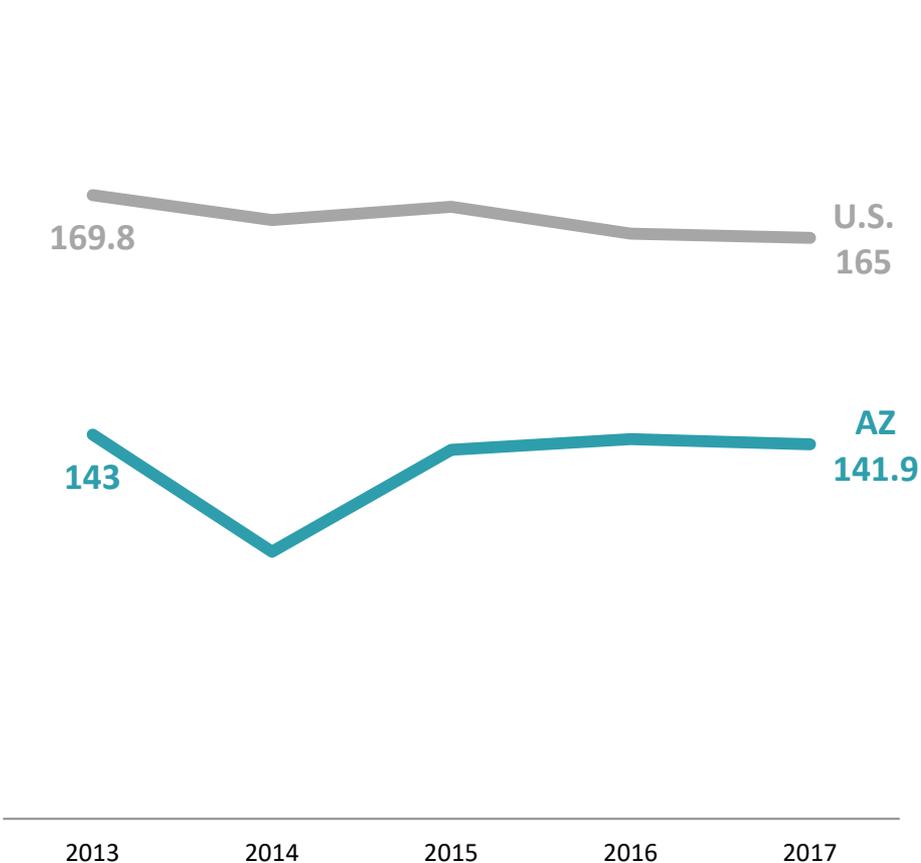
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U.S. Cancer Statistics , CDC and National Cancer Institute

Cancer mortality rates in Arizona remain lower than national rates.



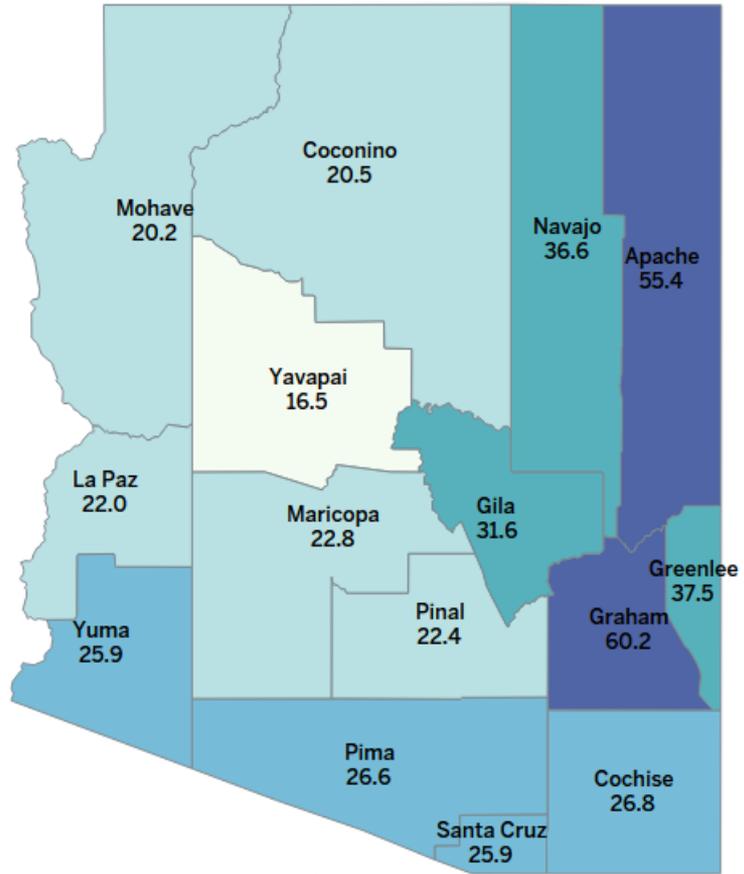
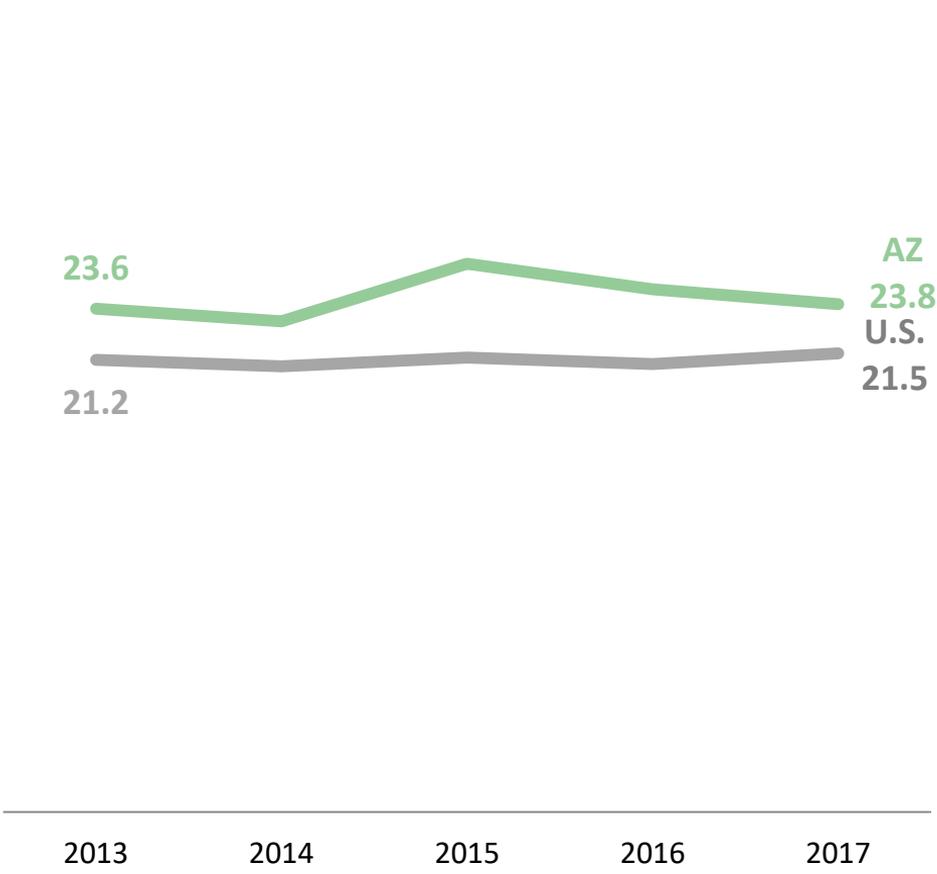
The Arizona age-adjusted mortality rate for heart disease, the state's leading cause of death, has remained below the U.S. rate over the last 5 years.



2017 Heart disease mortality

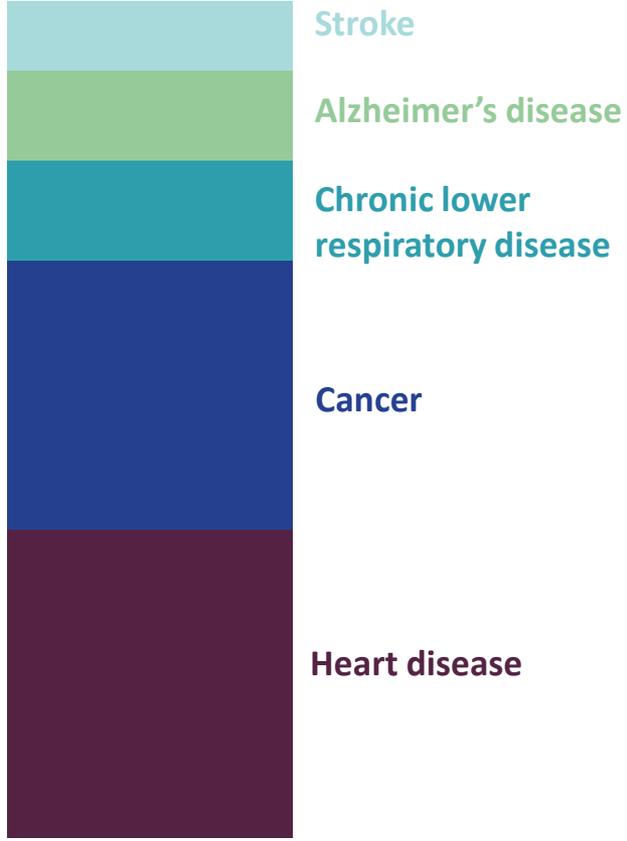


The Arizona diabetes mortality rate was 23.8 deaths per 100,000 population in 2017 with rates ranging from 16.5 to 60.2 by county.



In 2017,

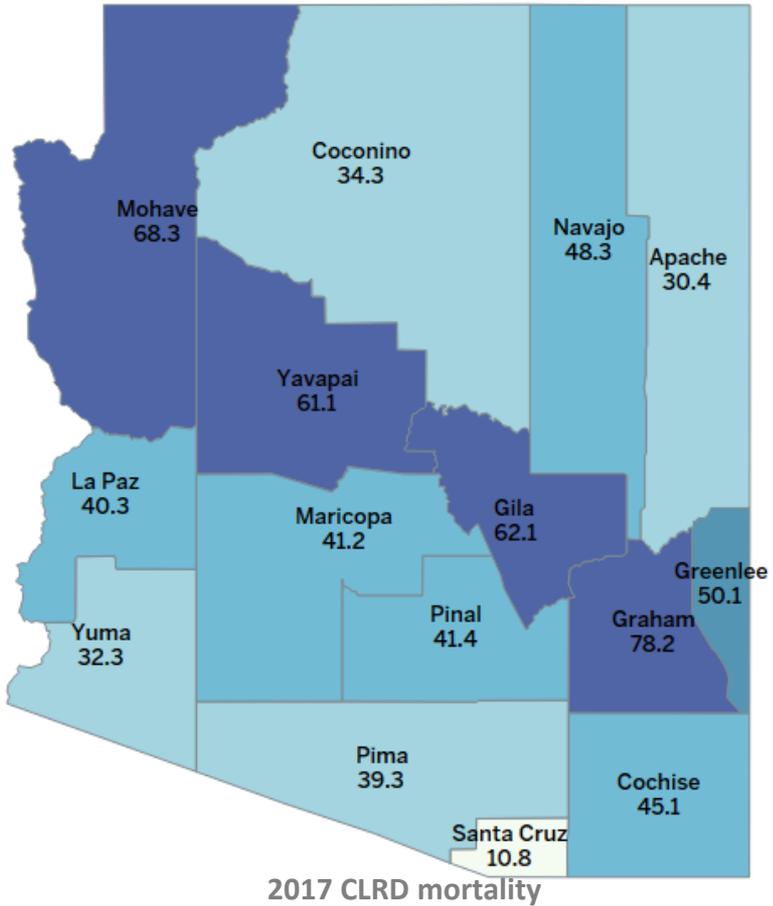
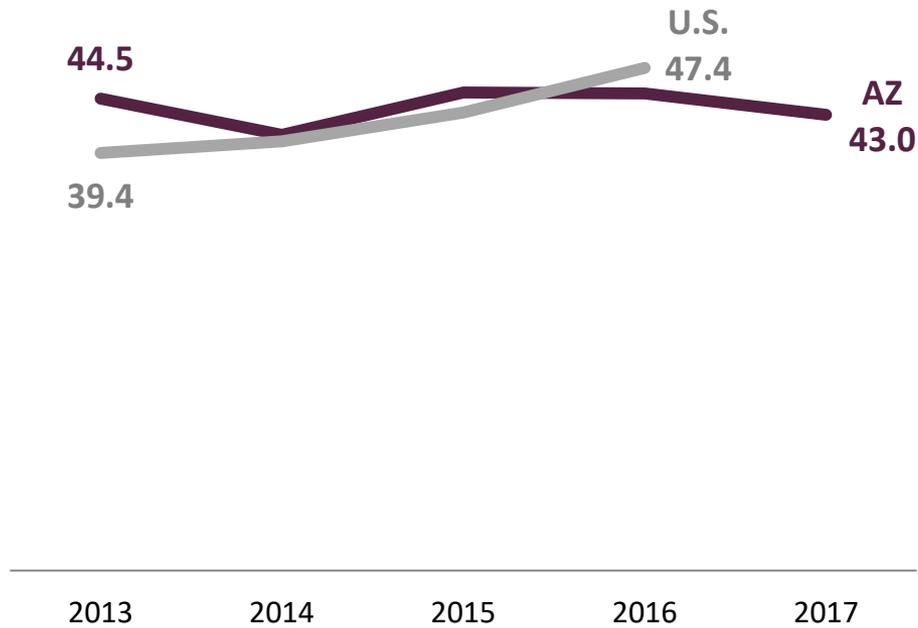
**Heart disease
was the leading
cause of death
among Arizonans
ages 65 and
older.**



Mortality 65+

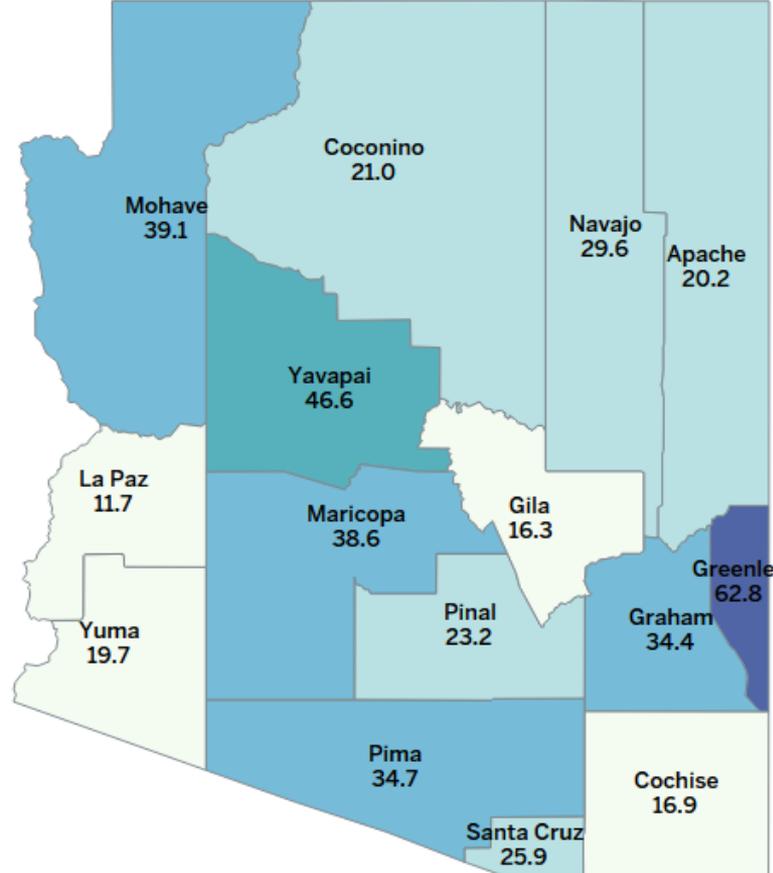
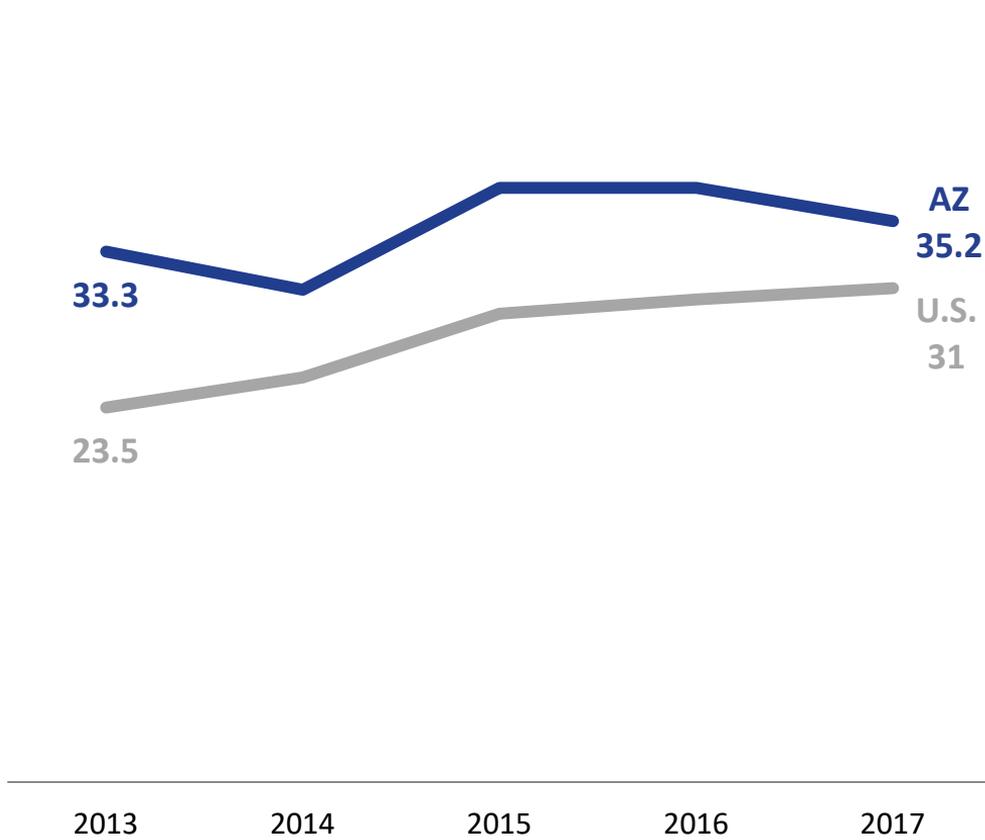
3,780 Arizonans died due to Chronic Lower Respiratory Disease (CLRD) in 2017.

The 2017 CLRD mortality rate was 43 deaths per 100,000 residents.

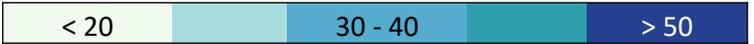


Arizona lost 3,050 Arizonans to Alzheimer's disease in 2017.

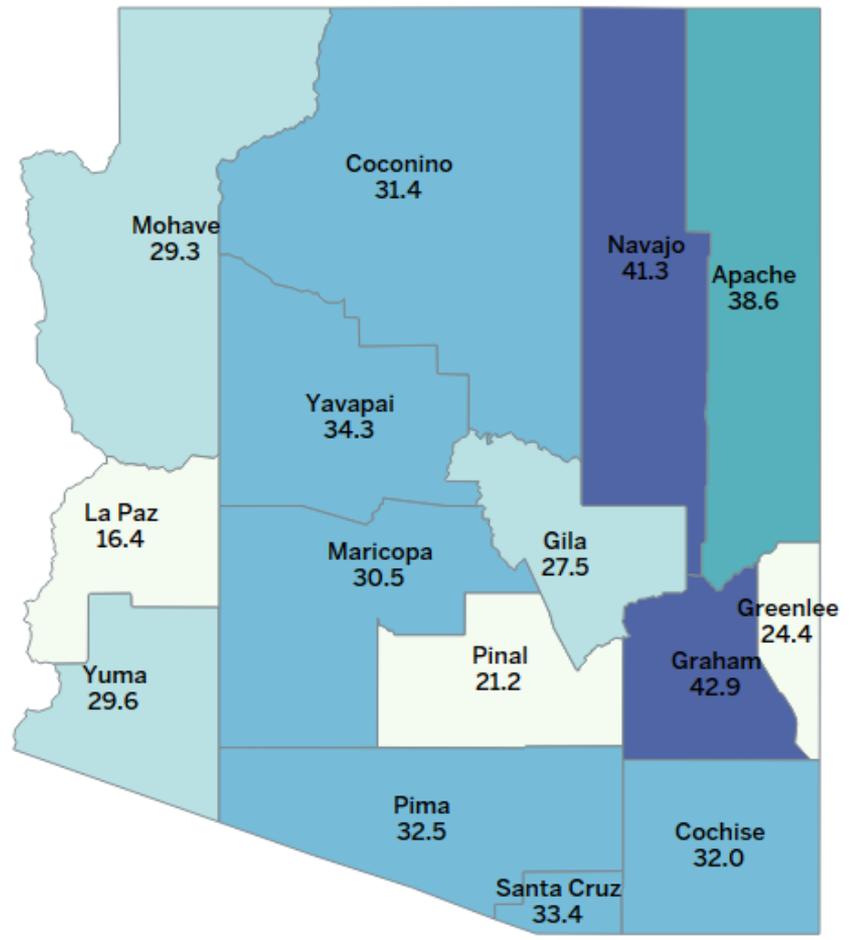
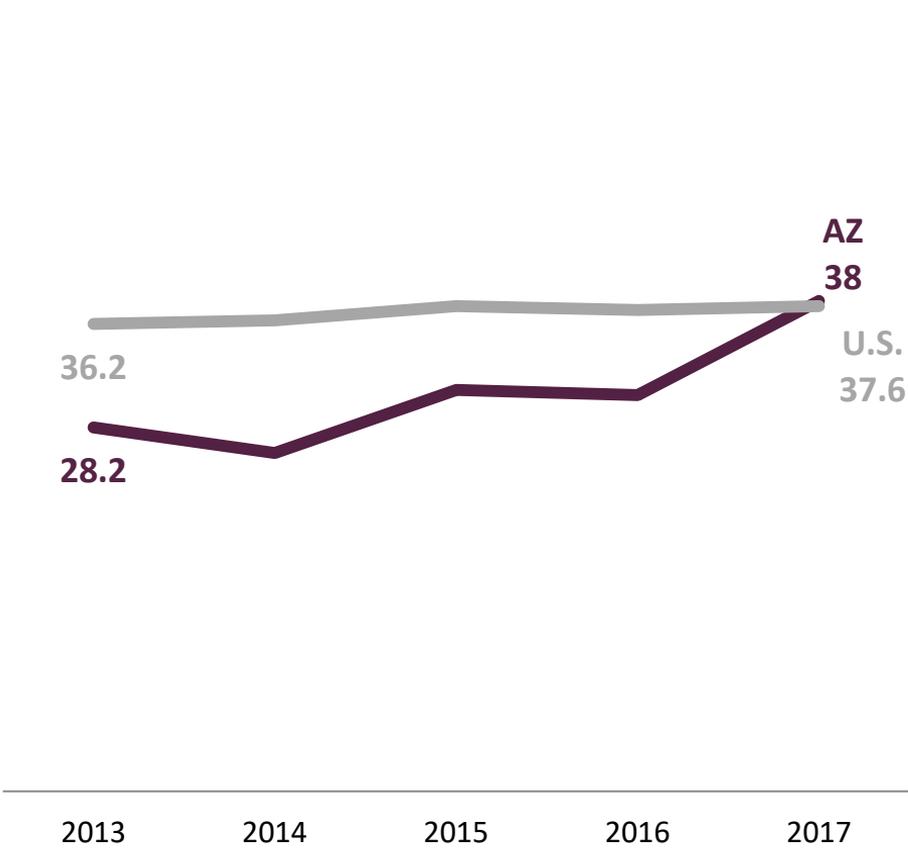
The Alzheimer's disease mortality rate in **Arizona** remains higher than the **national** rate.



2017 Alzheimer's disease mortality



Over the last 5 years, the stroke mortality rate in Arizona has increased.



Behavioral Risk Factors

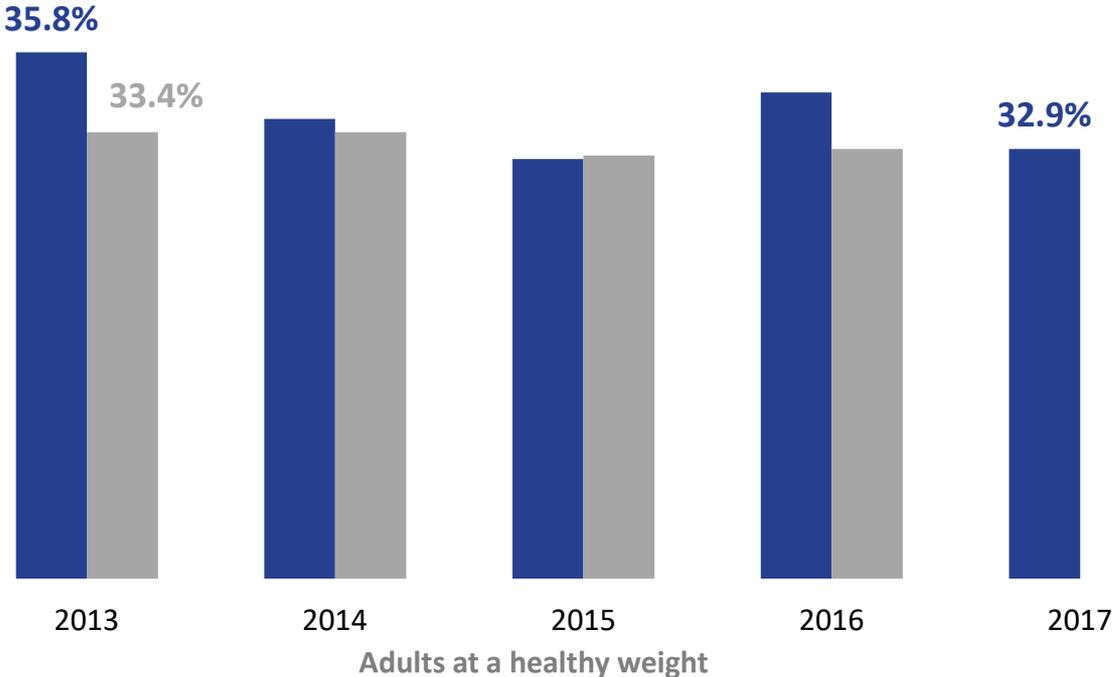
HEALTHY ADULTS



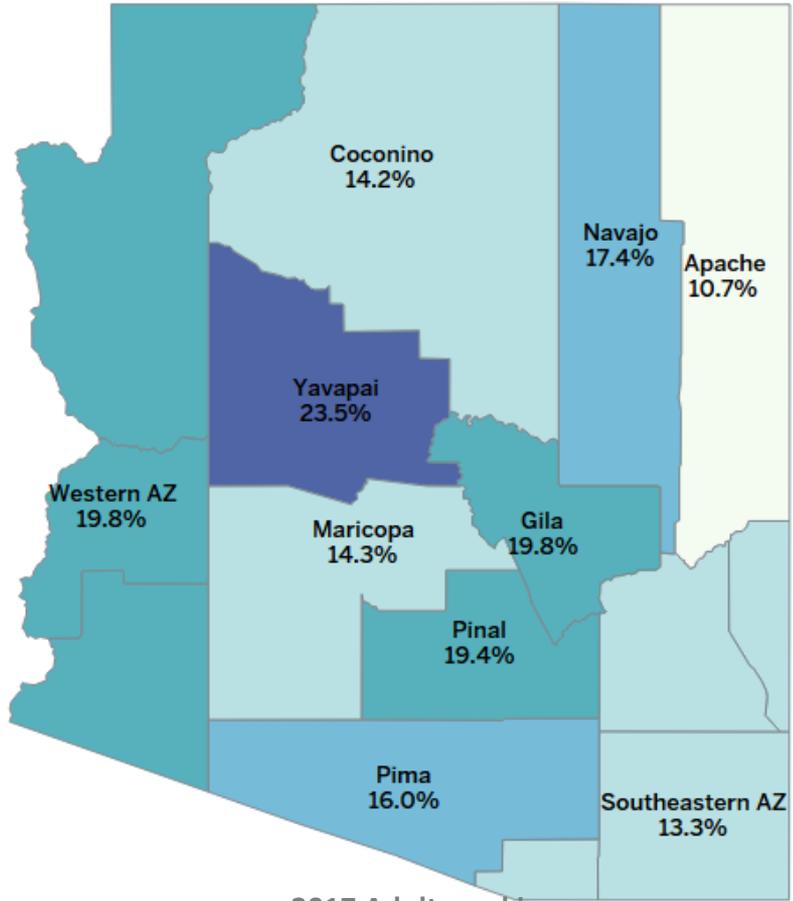
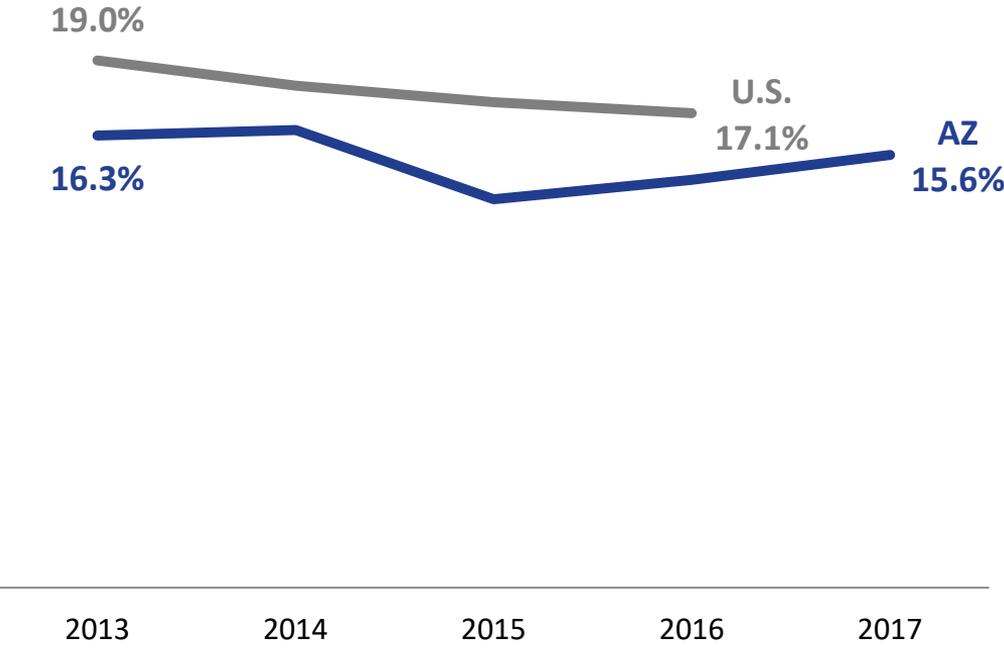
ARIZONA DEPARTMENT
OF HEALTH SERVICES

Health and Wellness for all Arizonans

Arizona continues to follow the national average for healthy weight, overweight, and obesity. (Arizona vs. U.S.)



Over the last 5 years, the percentage of Arizonans who reported currently smoking has remained below the national average.



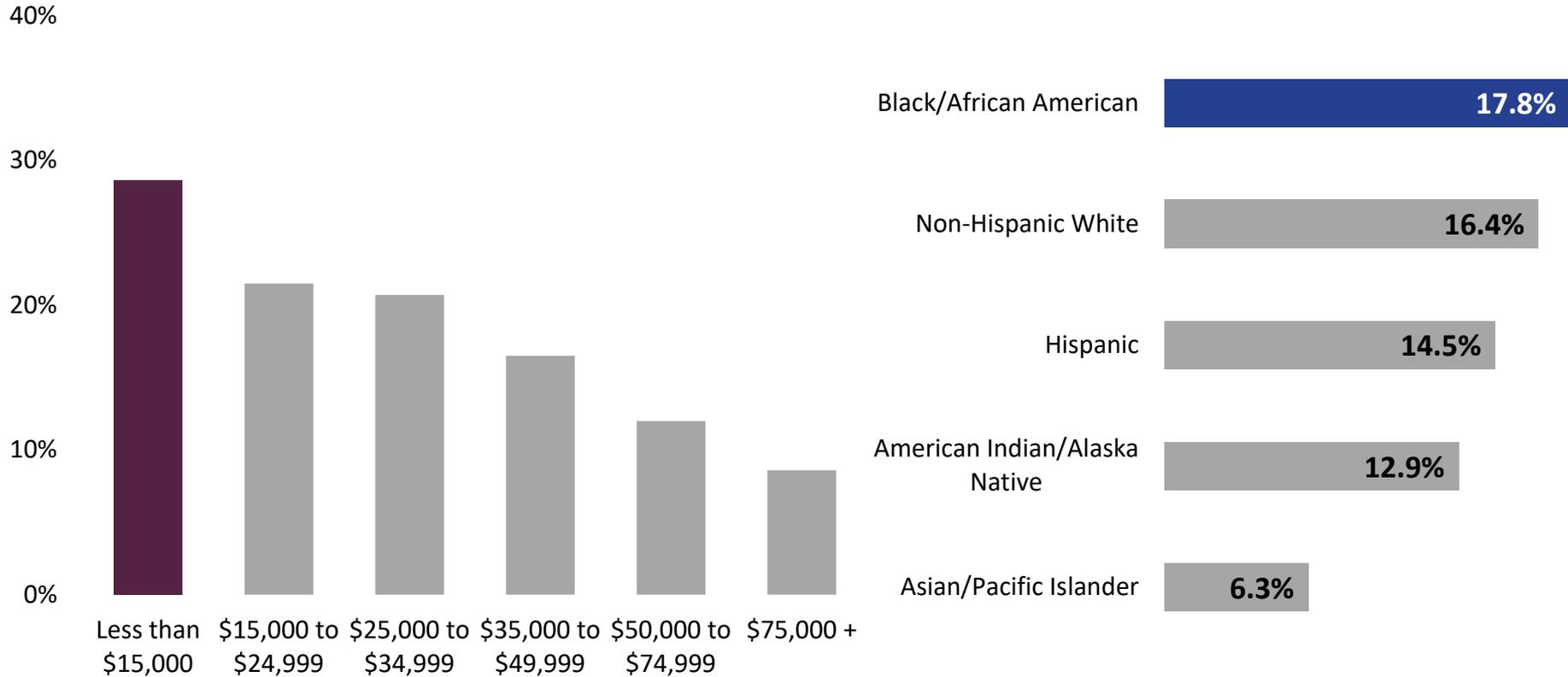
2017 Adult smoking

< 11% > 20%

2013 – 2017 BRFSS

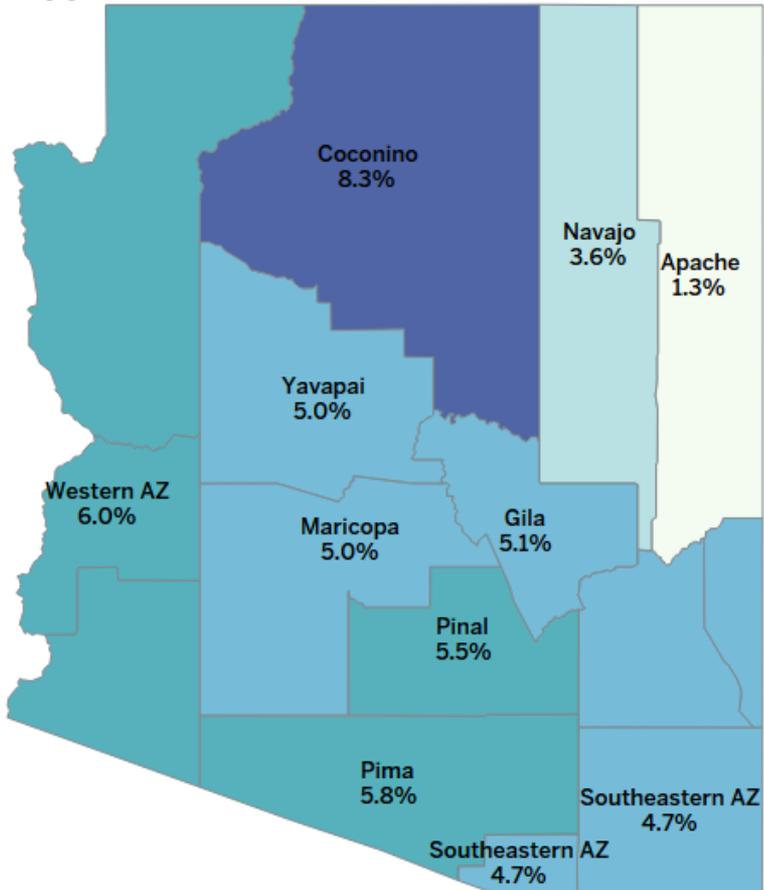
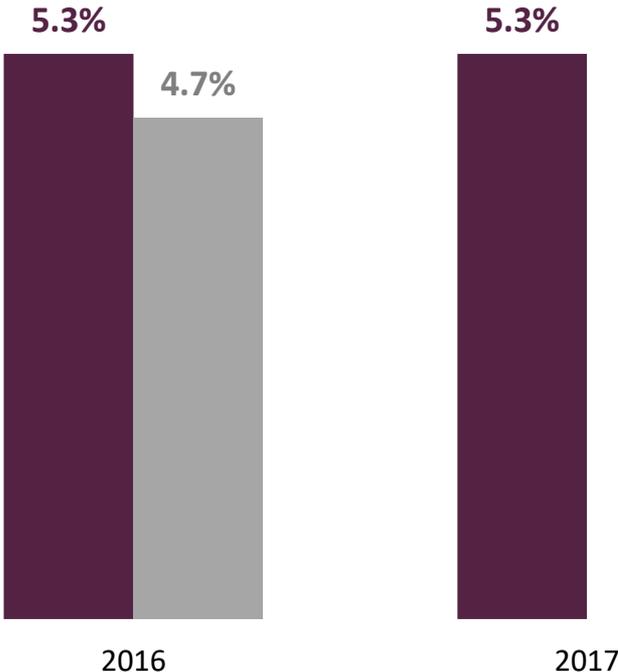
Disparities in income and race/ethnicity exist for smoking prevalence in the state.

28.6% of Arizonans with an income less than \$15,000 and 17.8% of African American Arizonans are current smokers.

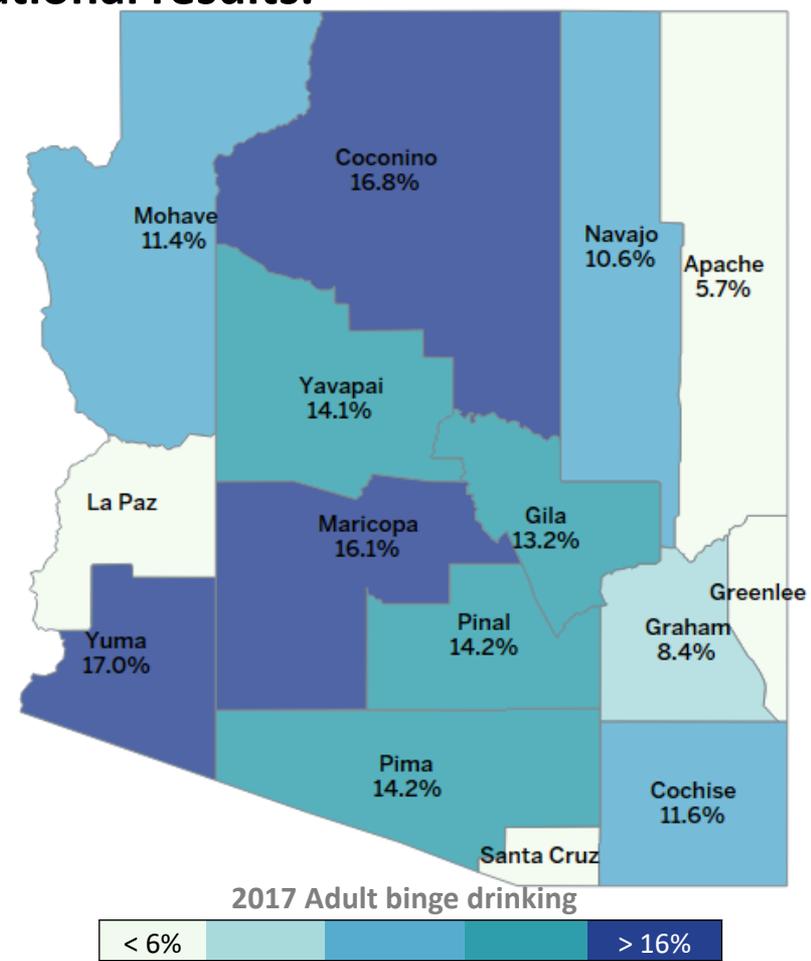
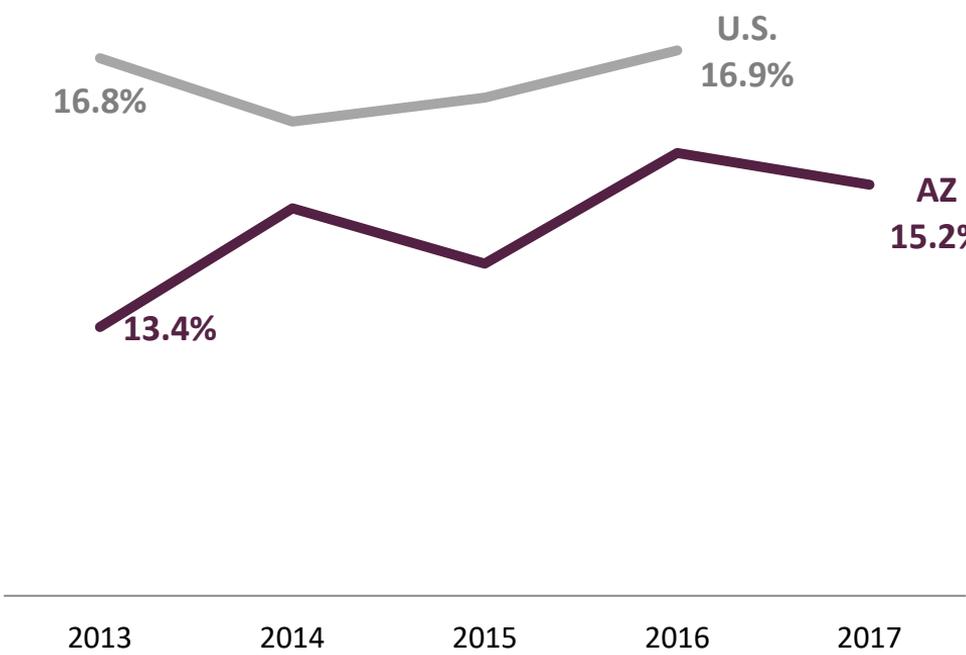


5.3% of Arizonan adults use e-Cigarettes.

Use of eCigarettes was initially captured in the 2016 BRFSS.

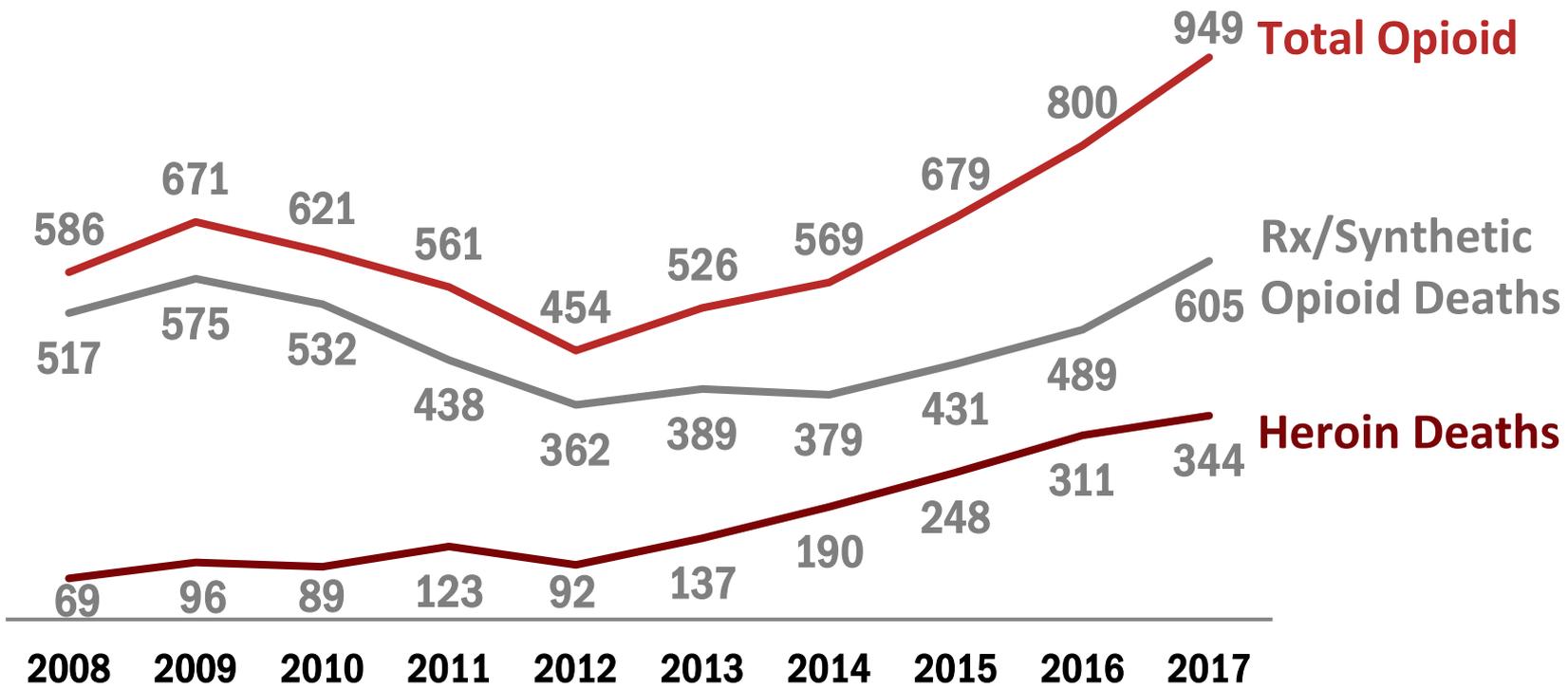


15.2% of Arizonans report binge drinking which has been below the national average for the last 5 years with pending 2017 national results.

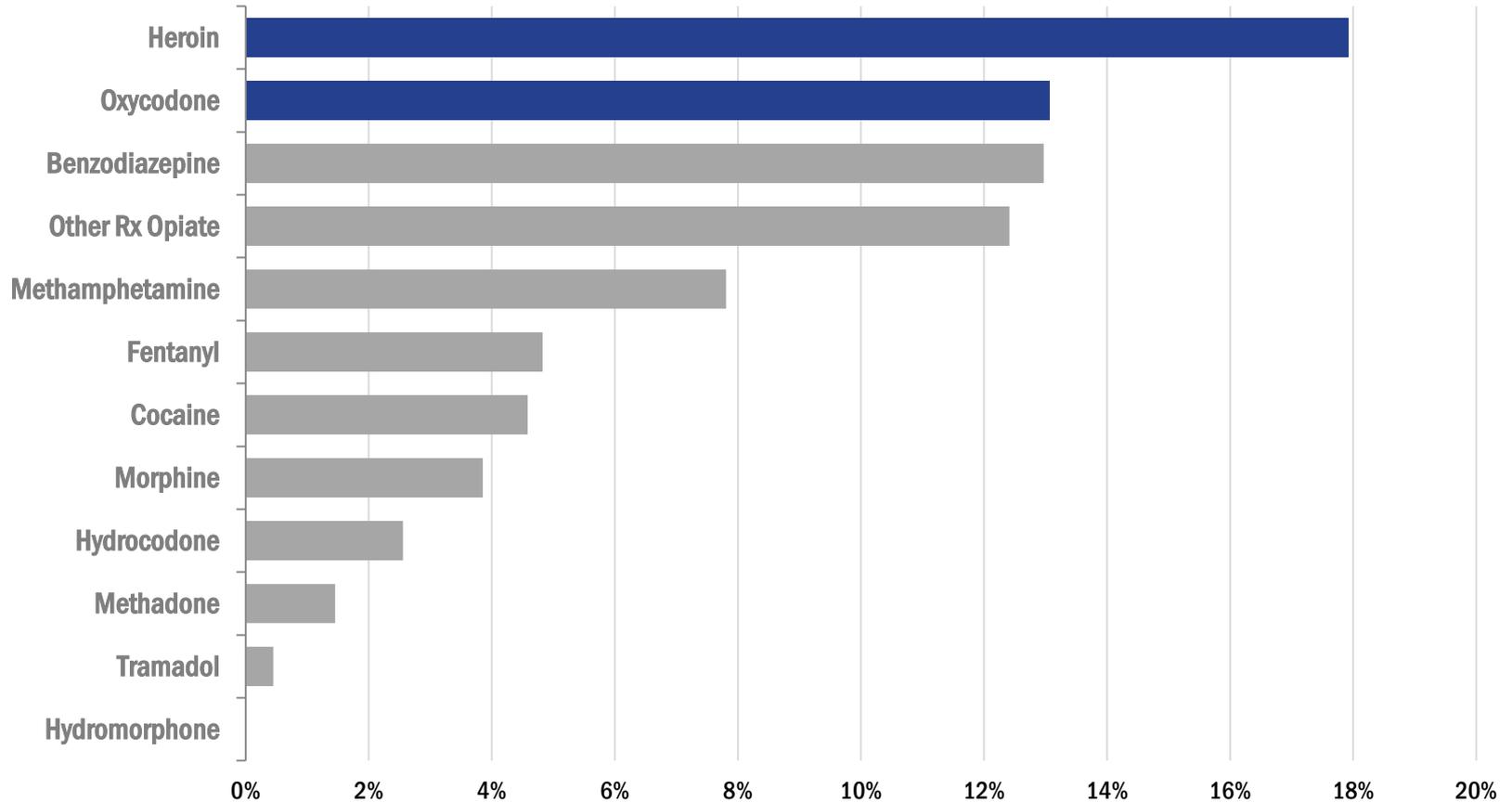


2013 – 2017 BRFSS

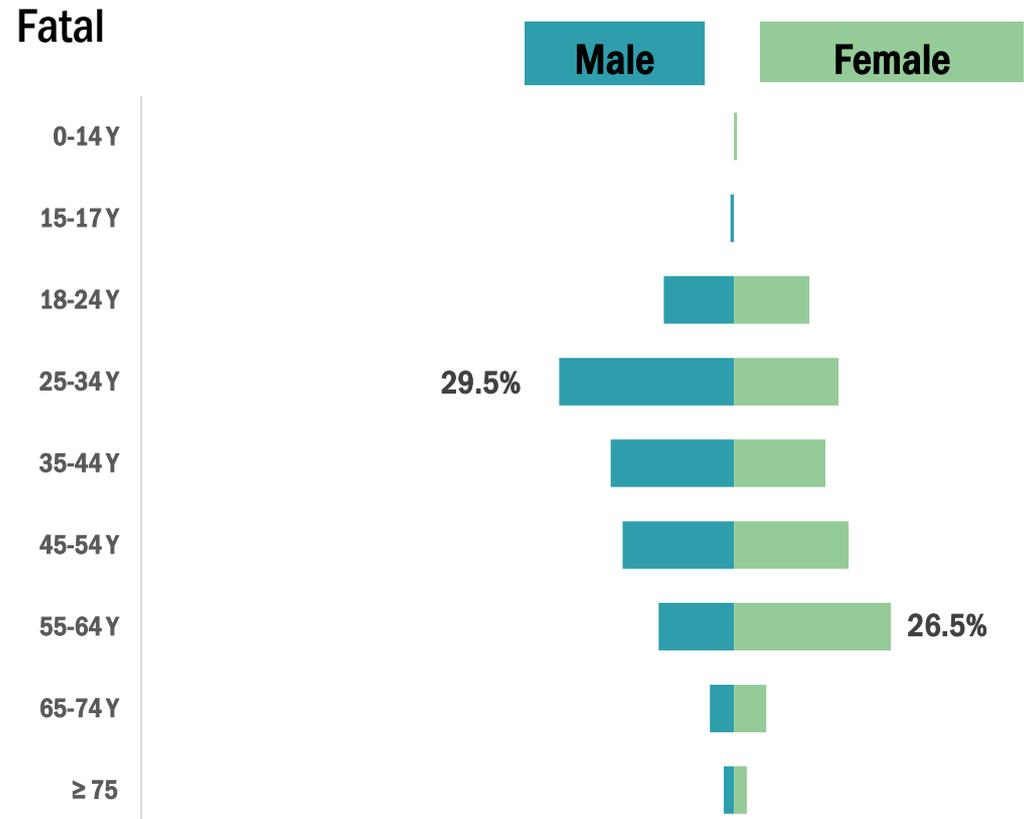
Arizona has been facing an opioid epidemic leading to hundreds of death each year.



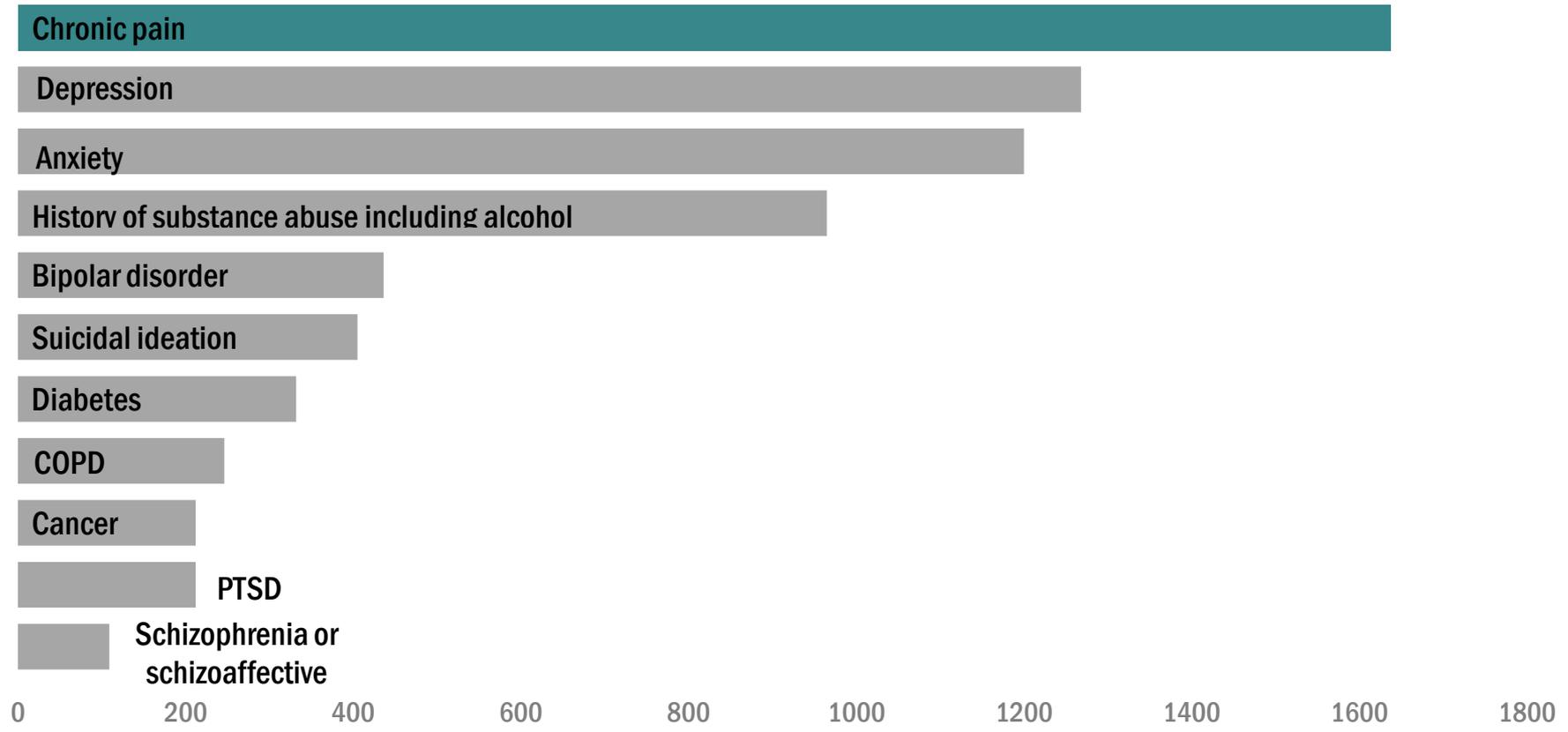
Heroin and oxycodone were the opiate drugs most commonly noted in overdoses determined to be due to opioids during review June 15, 2017- November 29, 2018.



Verified Fatal Opioid Overdoses by Age and Gender: June 15, 2017-June 14, 2018



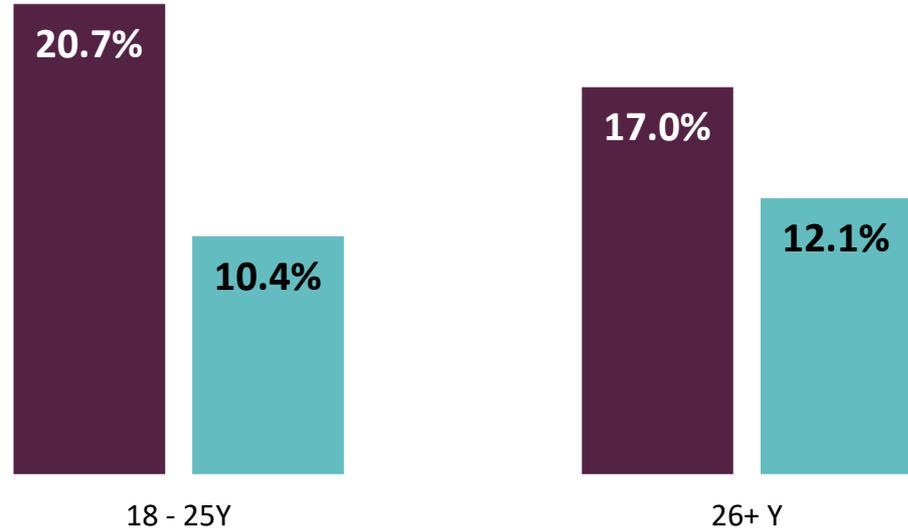
Chronic pain was the most common pre-existing condition for non-fatal overdoses determined to be due to opioids during review June 15, 2017- November 29, 2018.



While 1 in 5 Arizonans ages 18 to 25 had any mental illness in the past year, only 1 in 10 received mental health services during that same time.

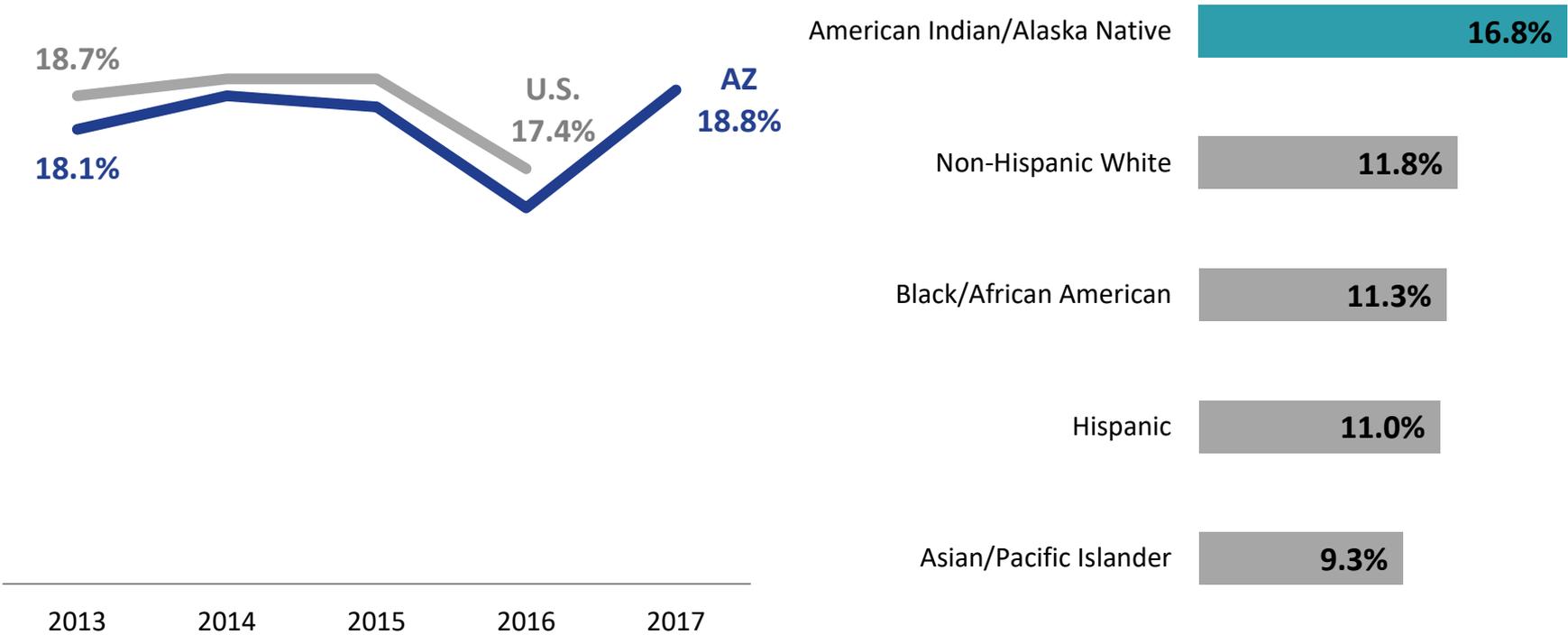
For adults over age 26, 17% had a mental illness and 12.1% received services.

Percent with any mental illness and percent receiving services

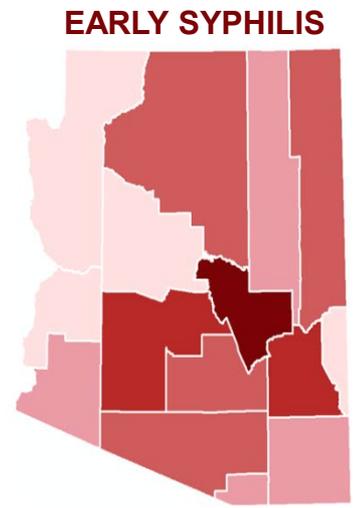
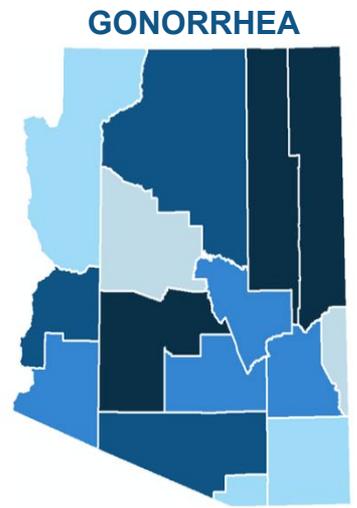
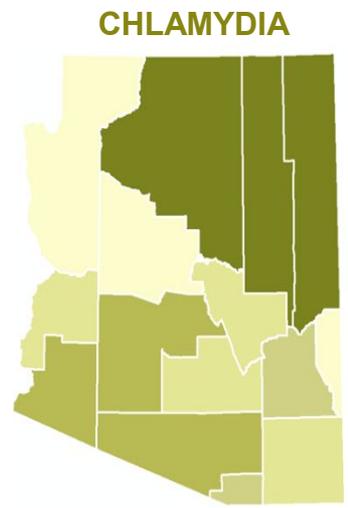
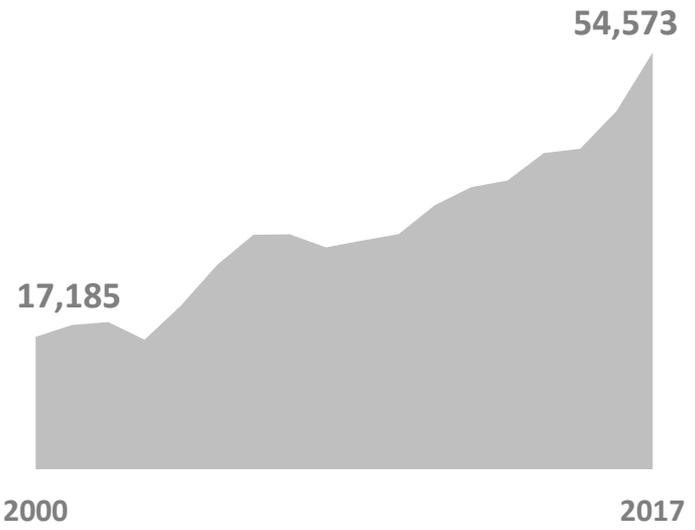


18.8% of Arizonans report ever being told they have a form of depression.

Frequent mental distress is reported at a higher percentage among American Indians/Alaska Natives in the state.



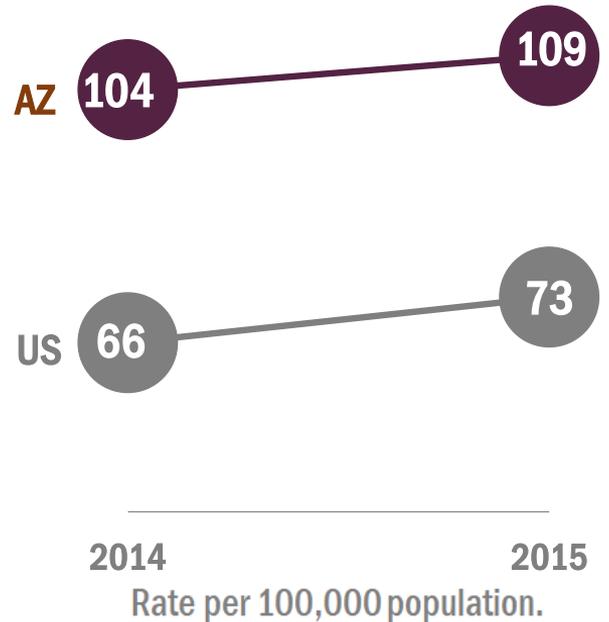
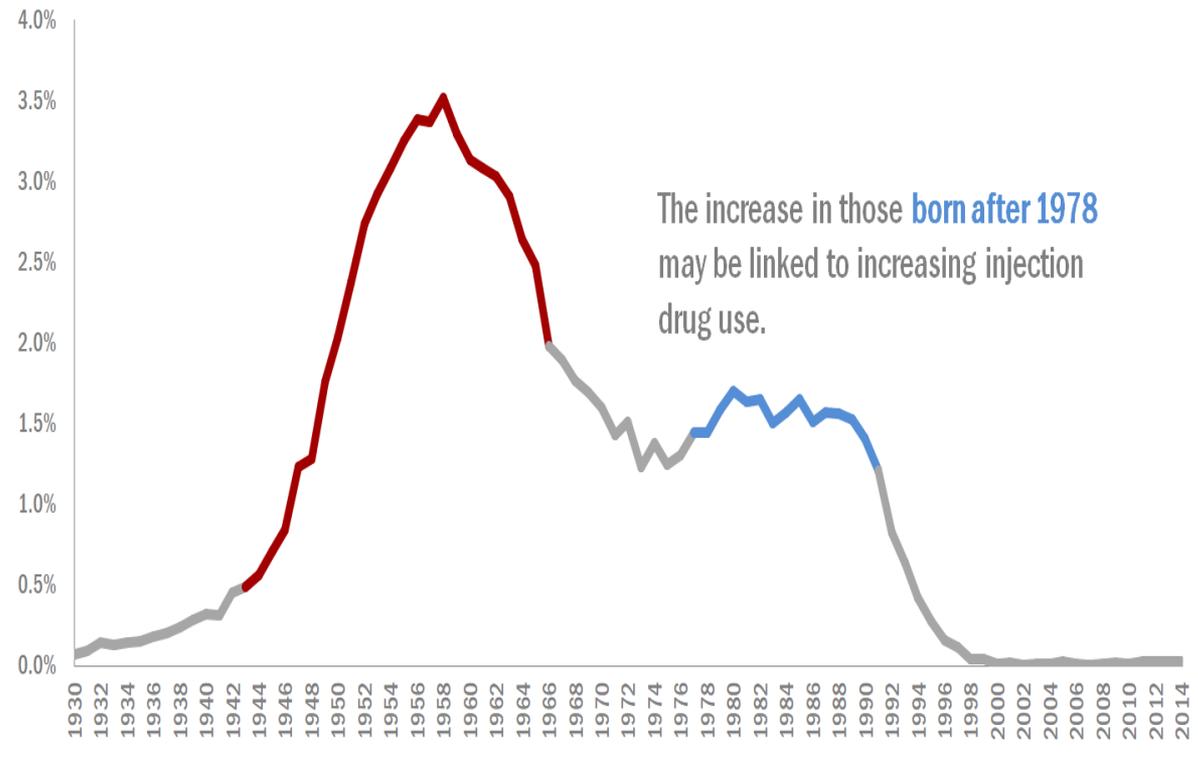
STD cases have tripled since 2000 with 2016 rates indicating distribution statewide.



*2016 - Darker shades indicate higher rates.

The majority of people with hepatitis C are baby boomers.

While rates of hepatitis C are increasing both in AZ and nationally, rates are higher among Arizonans.



TRIBAL HEALTH

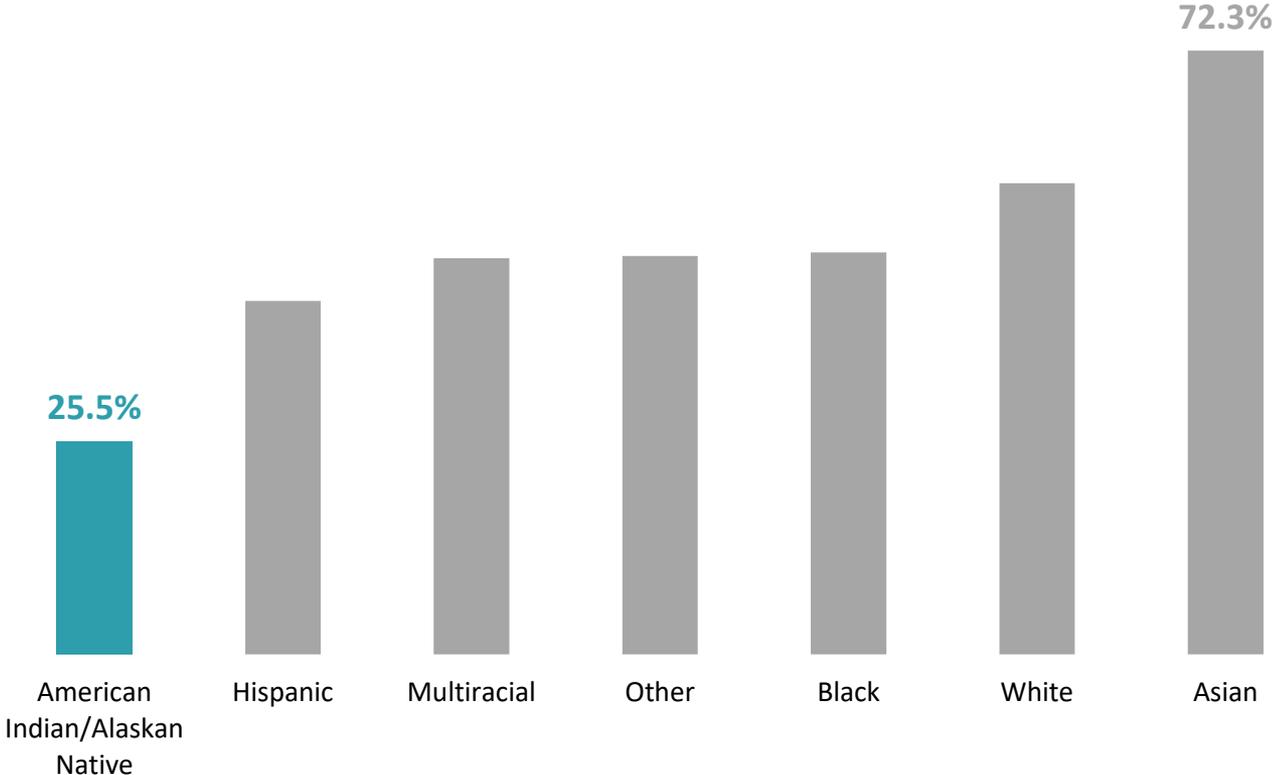
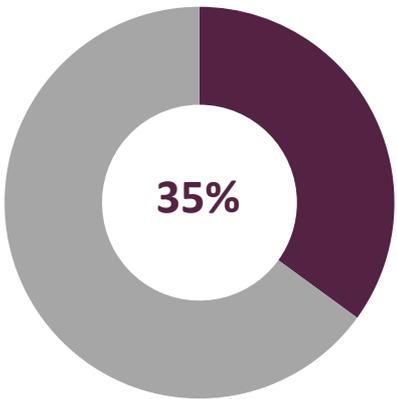


ARIZONA DEPARTMENT
OF HEALTH SERVICES

Health and Wellness for all Arizonans

35% of American Indian/Alaskan Native Arizonans are living below the poverty level.

American Indian/Alaskan Native Arizonans report the lowest percentage of very good or excellent health.

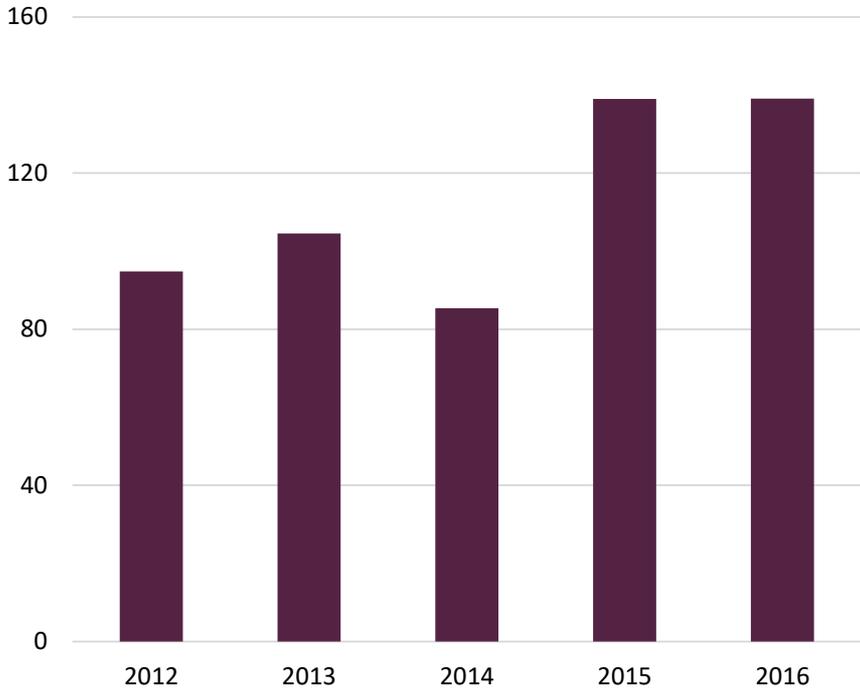


U.S. Census Bureau, 2012 – 2016 American Community Survey 5-year period estimates and BRFSS 2016

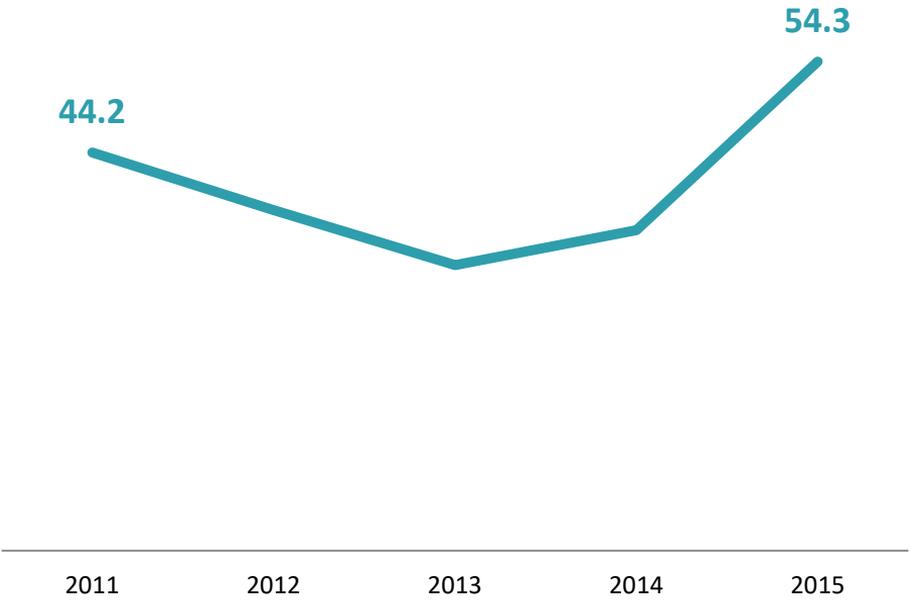
In 2016, the leading cause of death among American Indian/Alaska Natives by gender and residence is **unintentional injury** for almost all groups with rates exceeding 12 deaths per 100,000 residents.

Rank	Female, resided on reservation	Female, resided off reservation	Male, resided on reservation	Male, resided off reservation
1	Unintentional injury 12.4	Cancer 13.3	Unintentional injury 20.2	Unintentional injury 19.3
2	Heart disease 11.8	Heart disease 12.5	Heart disease 12.0	Heart disease 12.6
3	Cancer 10.5	Liver disease 10.2	Liver disease 8.8	Liver disease 9.6
4	Liver disease 8.5	Diabetes 7.8	Diabetes 8.4	Cancer 8.2
5	Diabetes 8.1	Unintentional injury 6.6	Cancer 7.3	Diabetes 6.4

Among American Indian/Alaska Natives in Arizona, unintentional injury is the leading cause of death with a mortality rate of **139** per 100,000 persons. The motor vehicle-related injury mortality rate for the same year was **54.3**.



American Indian unintentional mortality rate



Motor vehicle-related injury mortality rate

HEALTHY COMMUNITIES



ARIZONA DEPARTMENT
OF HEALTH SERVICES

Health and Wellness for all Arizonans

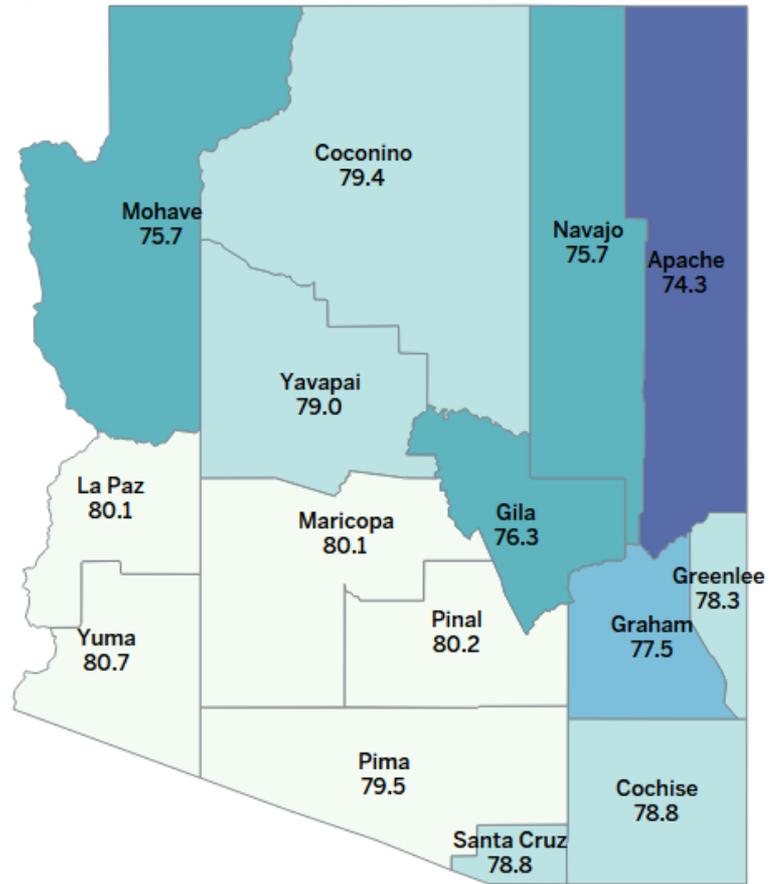
The average life expectancy in Arizona is 79.5 years.

Six of the state's counties fall below the nation average life expectancy of 78.6 years.



Arizona
79.5 years

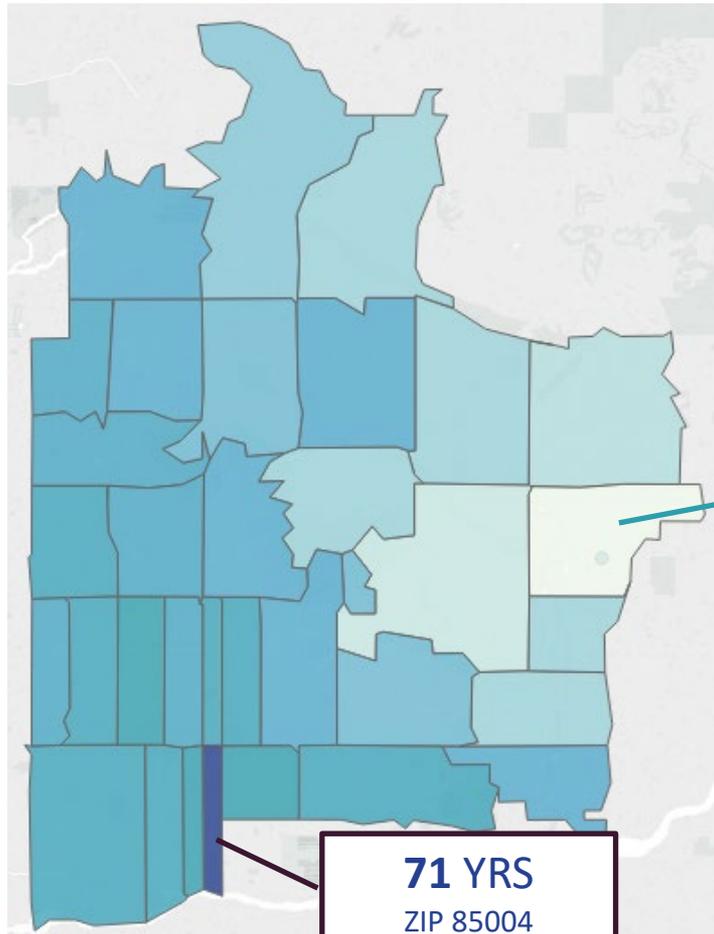
United States
78.6 years



A 13 mile distance could mean a difference in 14 years of life.



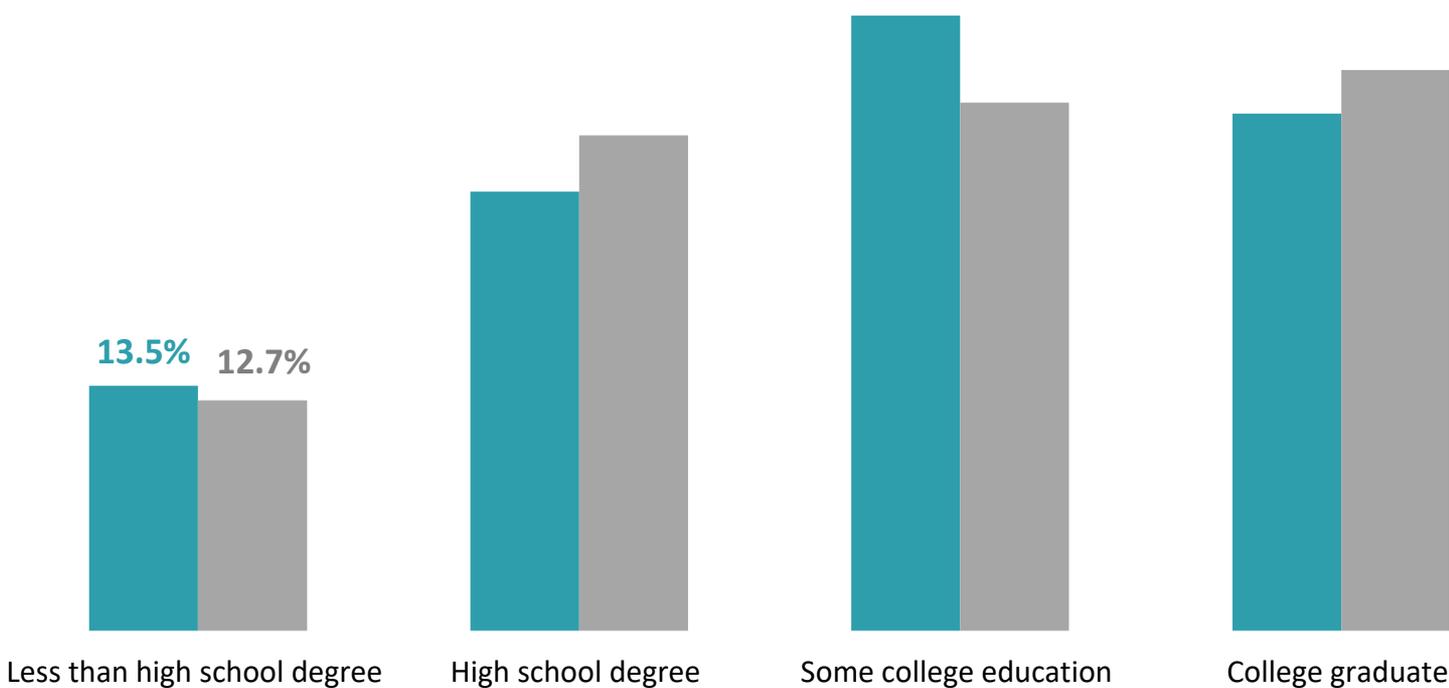
Maricopa County
80.1 years



85 YRS
ZIP 85258

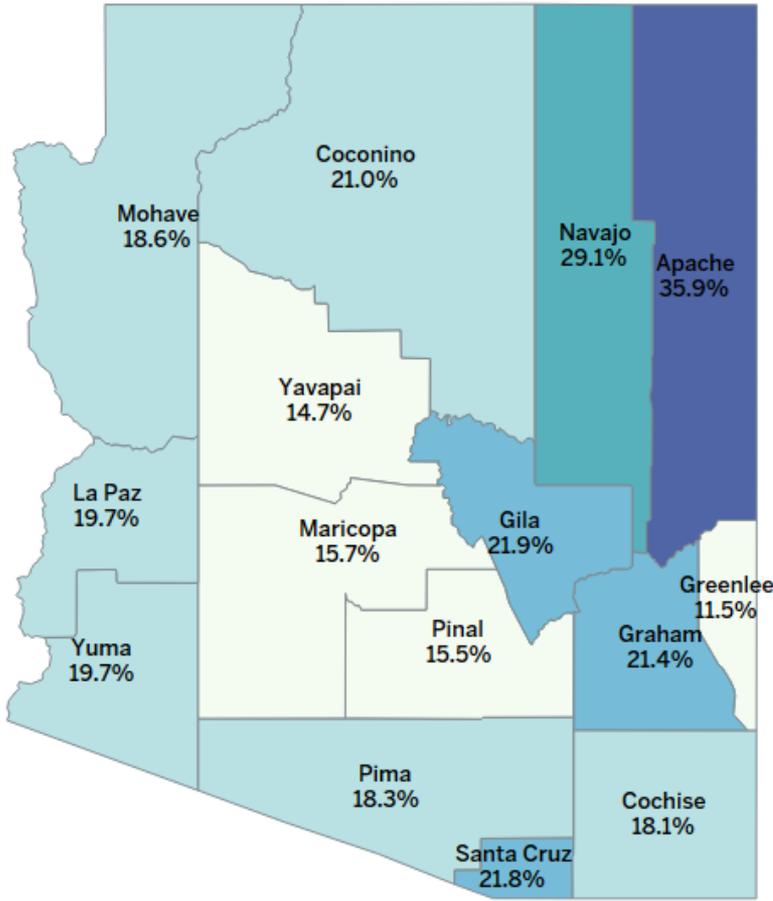
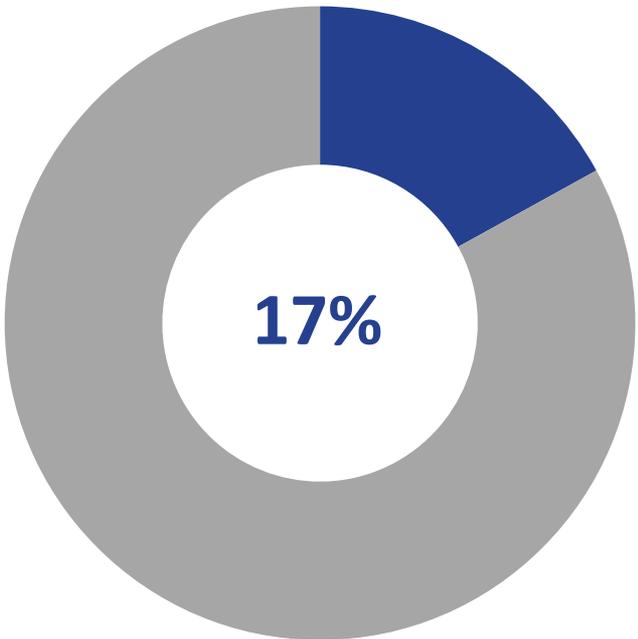
71 YRS
ZIP 85004

13.5% of Arizonans report an education level less than high school degree compared to 12.7% nationally.



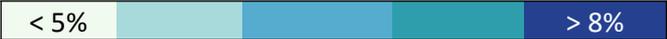
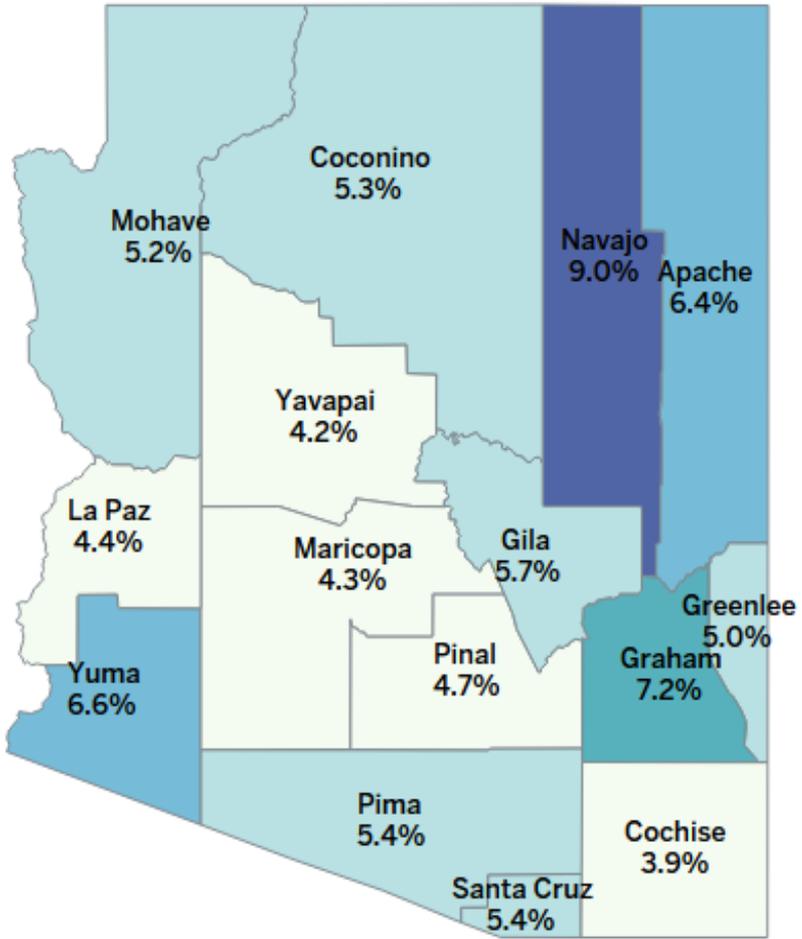
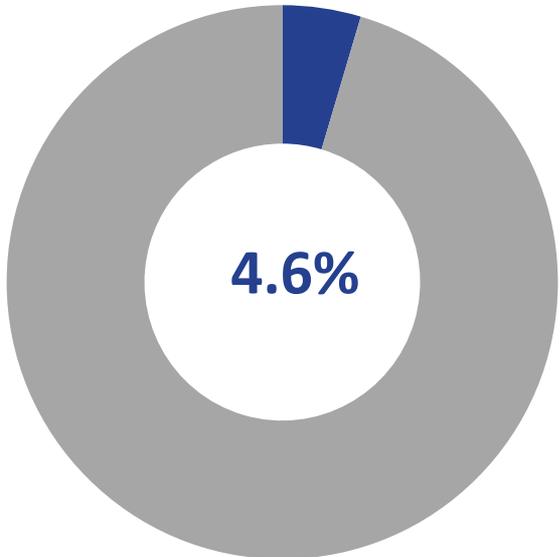
U.S. Census Bureau, 2013 - 2017 American Community Survey 5-year period estimates

17% of Arizonans are living below the federal poverty level.

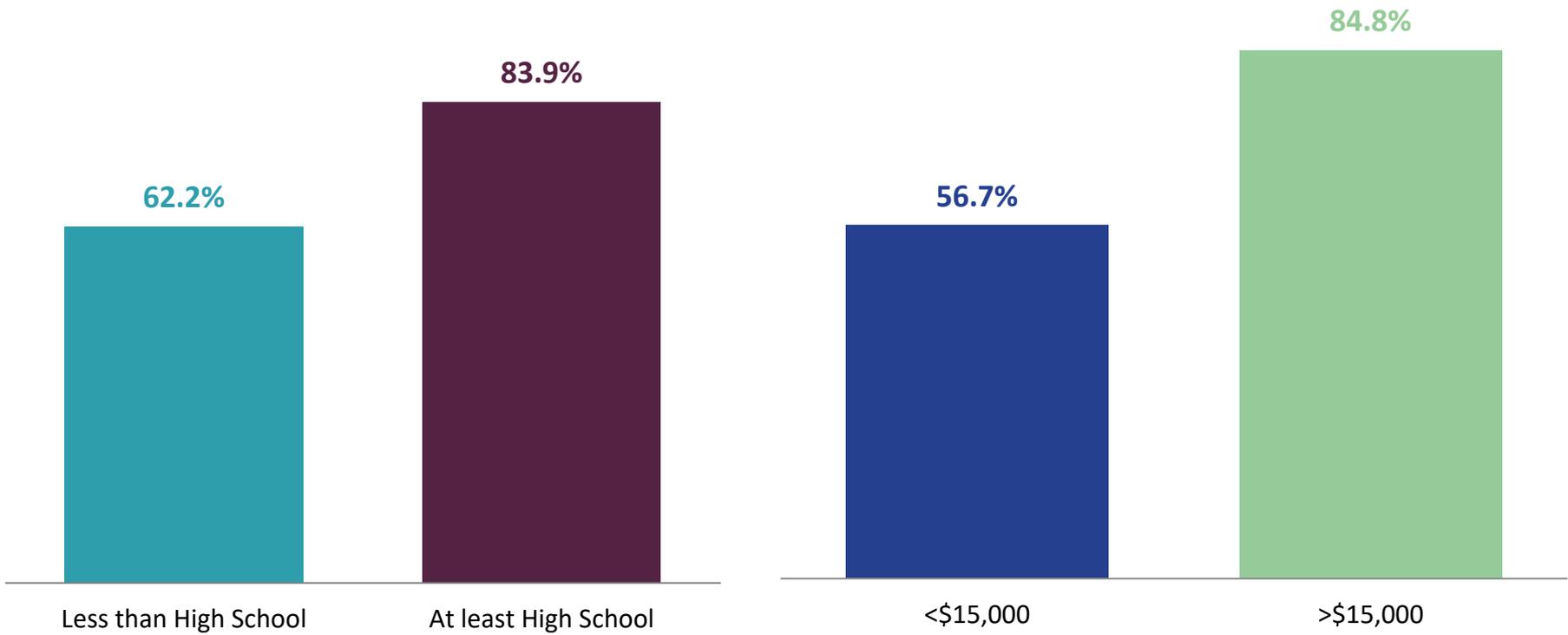


U.S. Census Bureau, 2013 – 2017 American Community Survey 5-year period estimates

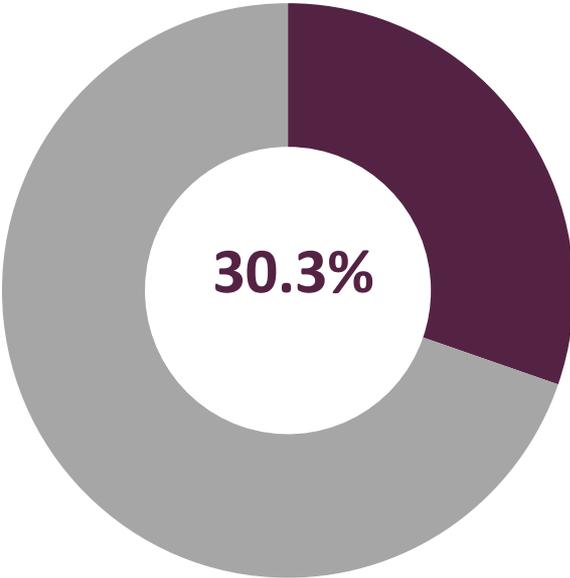
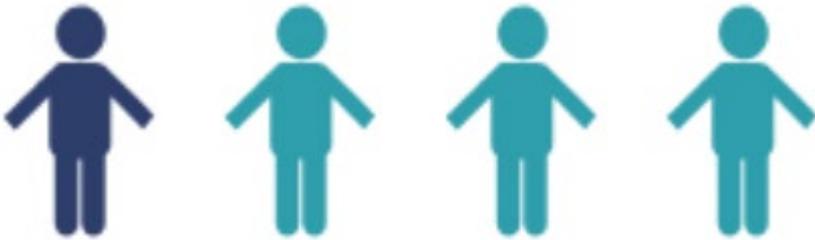
4.6% of Arizonans are unemployed.



Among Arizonans reporting a good overall health status, higher percentages were identified among those with at least a high school degree and those with an income over \$15,000.

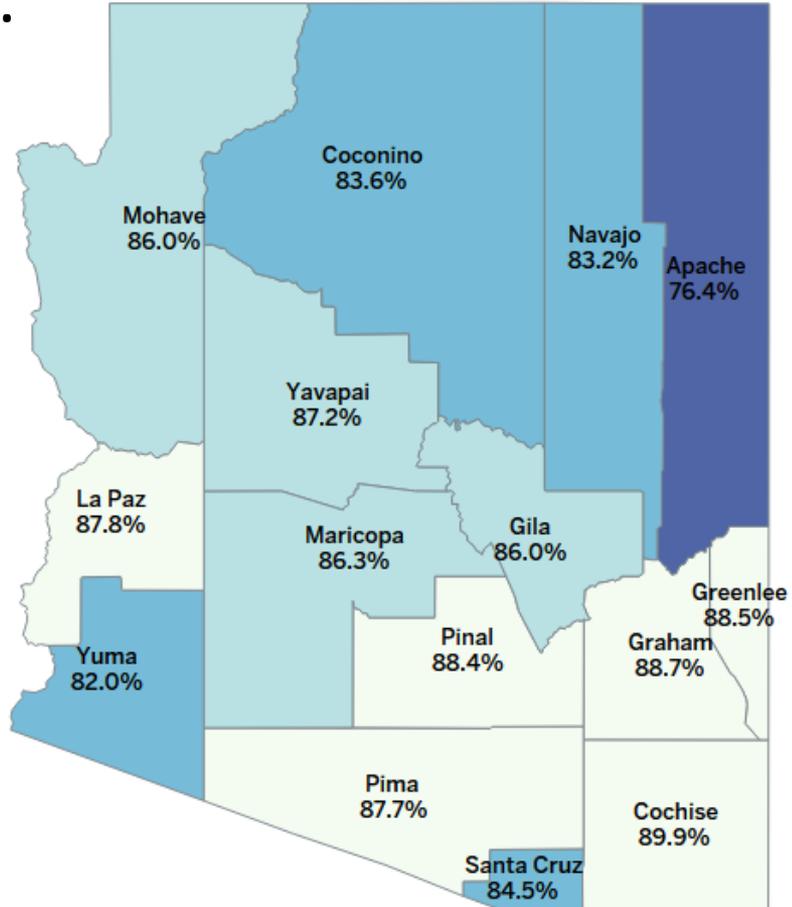
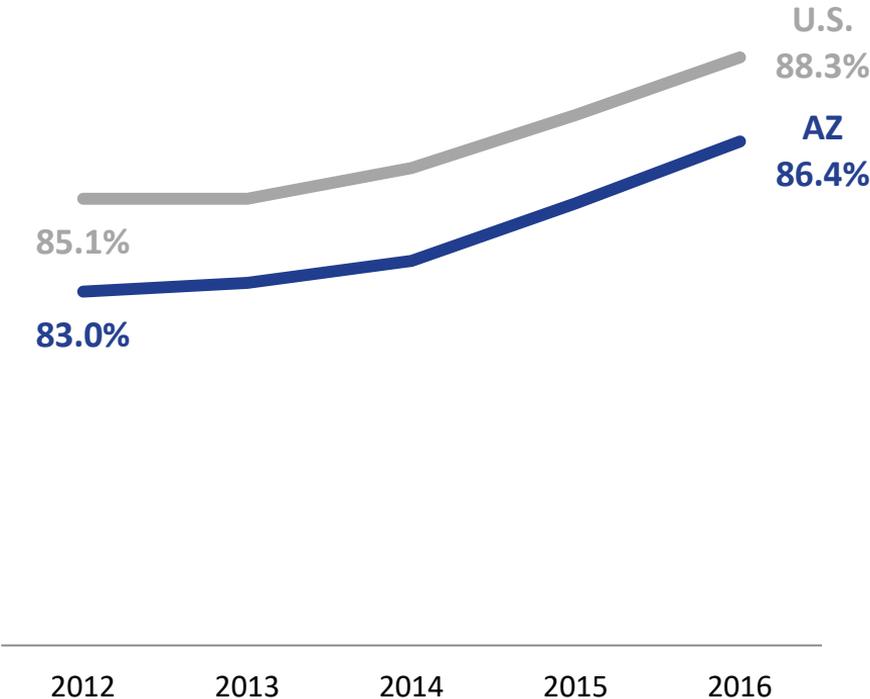


Almost **1 in 4** of Arizona's children are living below the federal poverty level and **30.3%** of children are living in households with public assistance including SSI, cash public assistance or SNAP benefits.



U.S. Census Bureau, 2013 – 2017 American Community Survey 5-year period estimates

Since 2012, **Arizona** has seen an increase in residents with health insurance, however, we remain below the national average.



U.S. Census Bureau, 2012 – 2016 American Community Survey 5-year period estimates

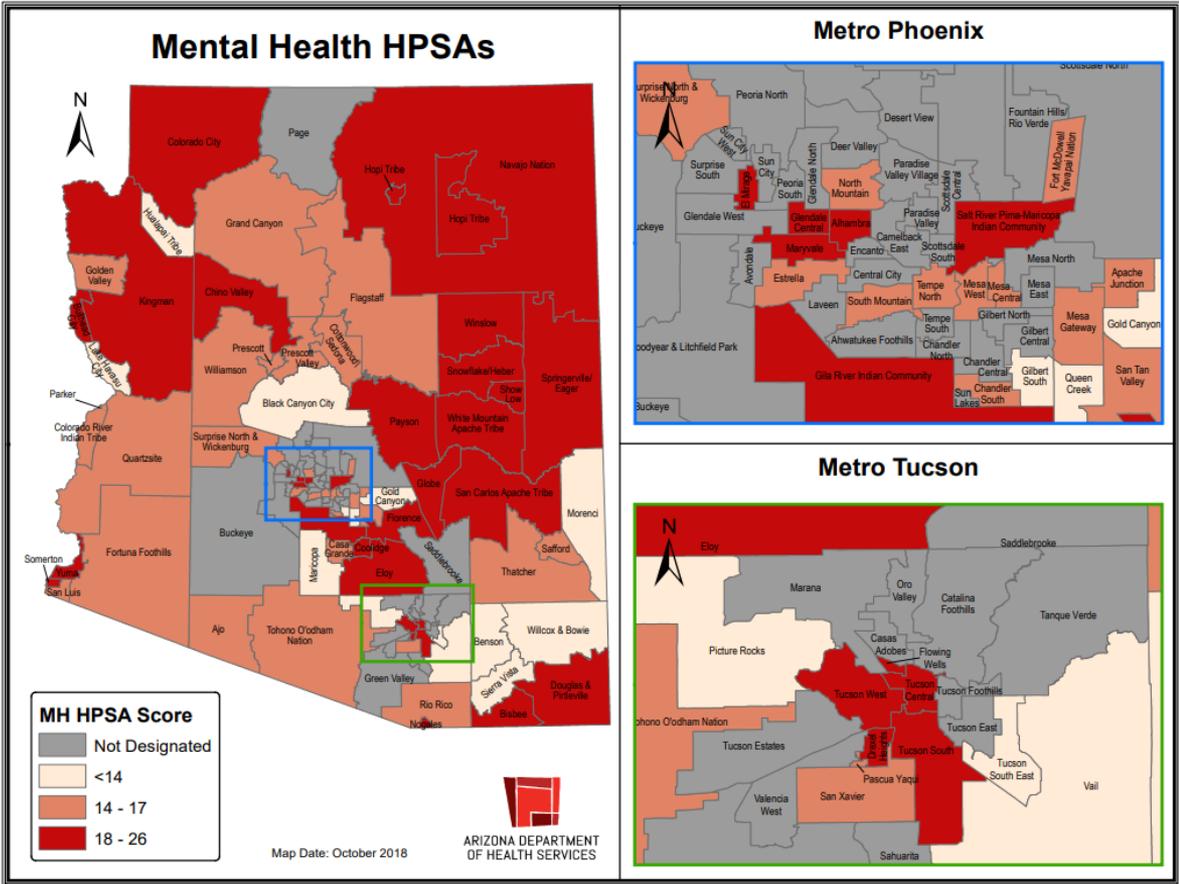


Arizona suffers from a disproportionate distribution of providers evident by a total of 546 federally designated Health Professional Shortage Areas (HPSAs).

Primary Care **187**

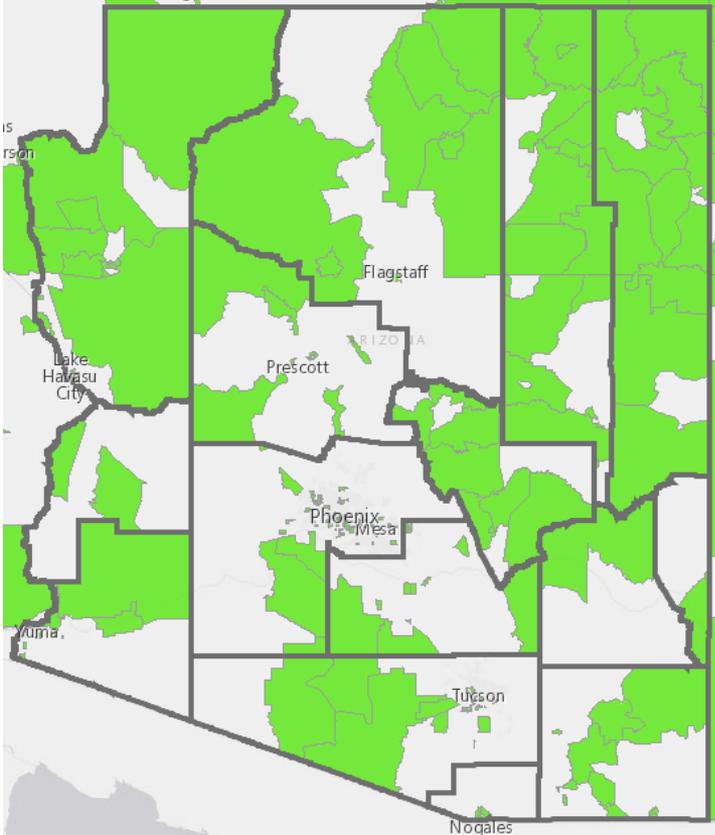
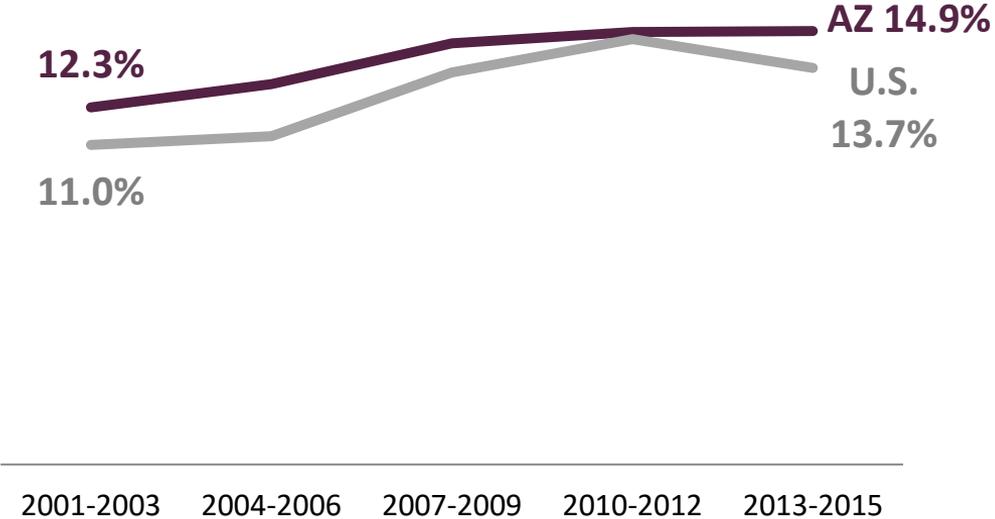
Dental **183**

Mental Health **176**



14.9% of households in Arizona face food insecurity.

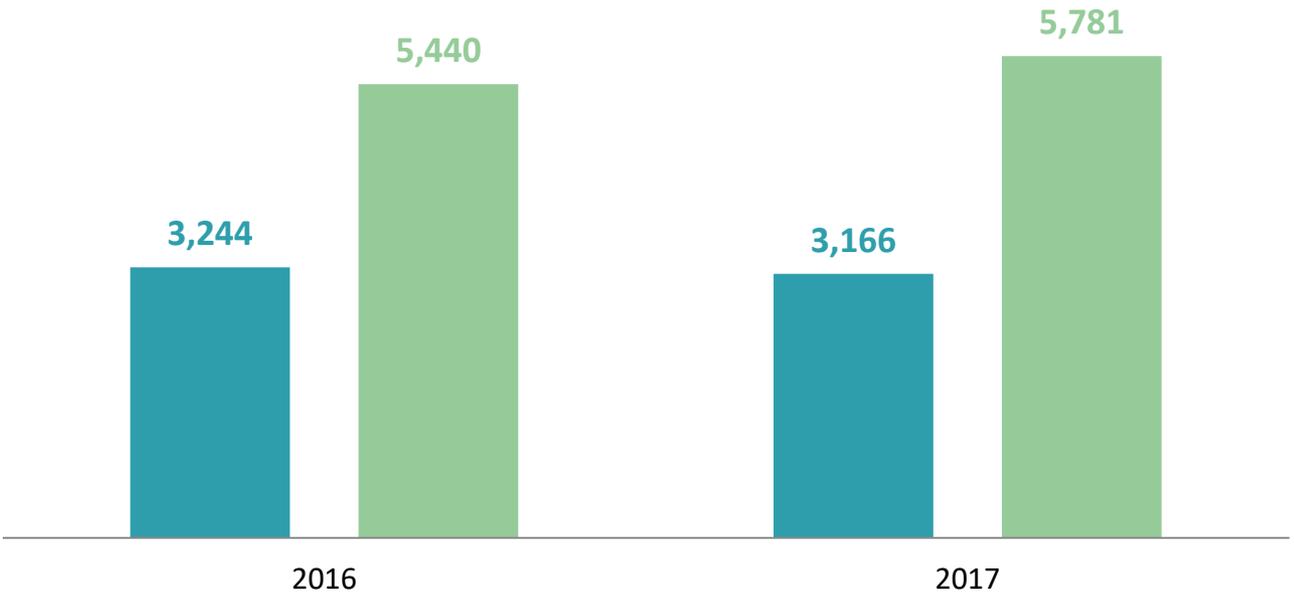
Low food access areas include areas where people lack access to healthy food and fresh produce. This negatively affects the health of low-income individuals because they lack the means to travel to obtain healthier foods.



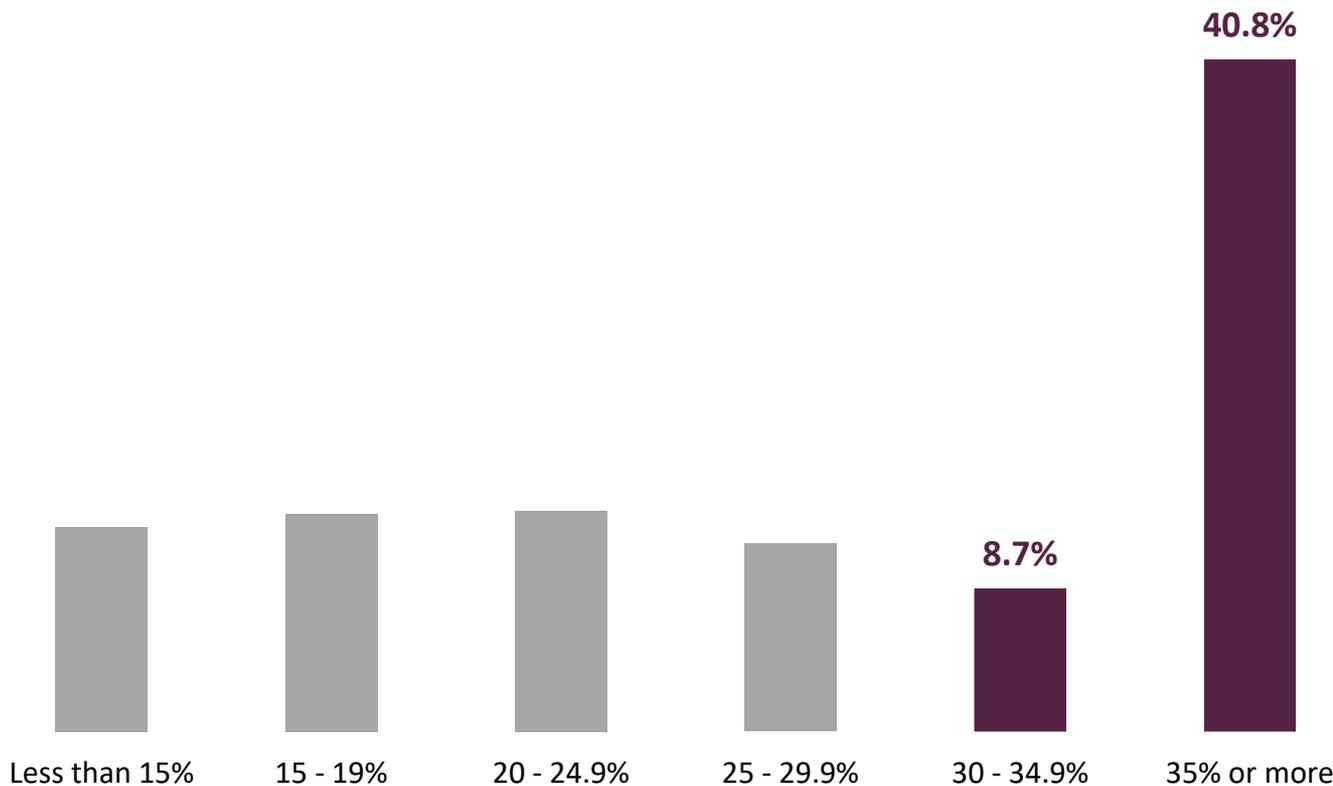
USDA, Economics of Food, Farming, Natural Resources, and Rural America and 2015 USDA ERS Food access by census tract

The 2017 Point in Time survey identified an estimated 8,947 sheltered and unsheltered homeless individuals statewide. (Unsheltered vs. Sheltered)

Between 2016 and 2017, the total number of homeless individuals increased by 3%.



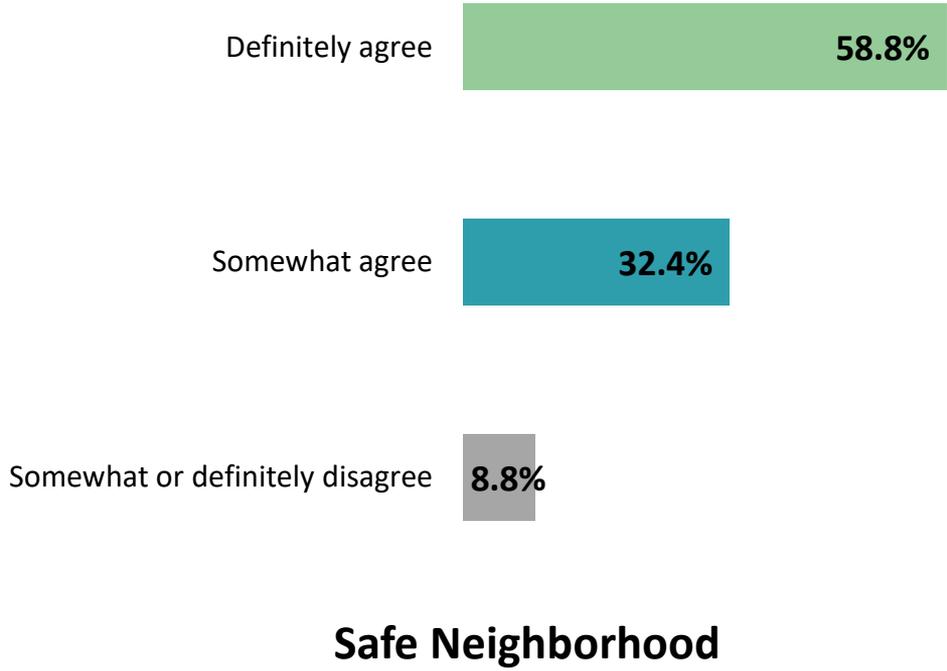
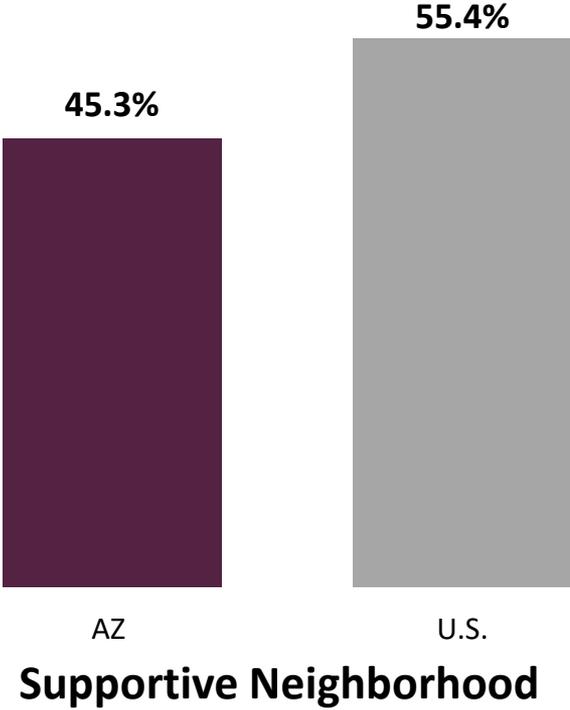
1 in 2 Arizonans pay a gross rent of 30% or more of their household income.



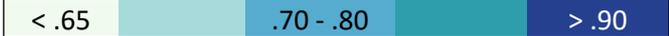
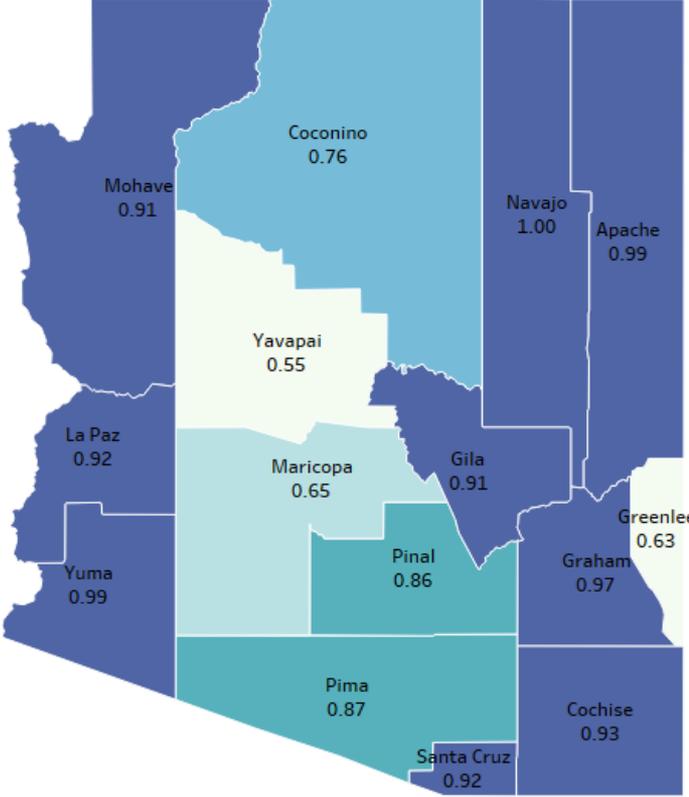
U.S. Census Bureau, 2012 – 2016 American Community Survey 5-year period estimates

Fewer of Arizona's adults believe their children live in a supportive neighborhood compared to nationally.

58.8% definitely agree their children live in a safe neighborhood.



Social vulnerability index (SVI) ranks communities by social factors and estimates readiness or vulnerability in the event of a emergency. The closer to 1 indicates the highest risk.



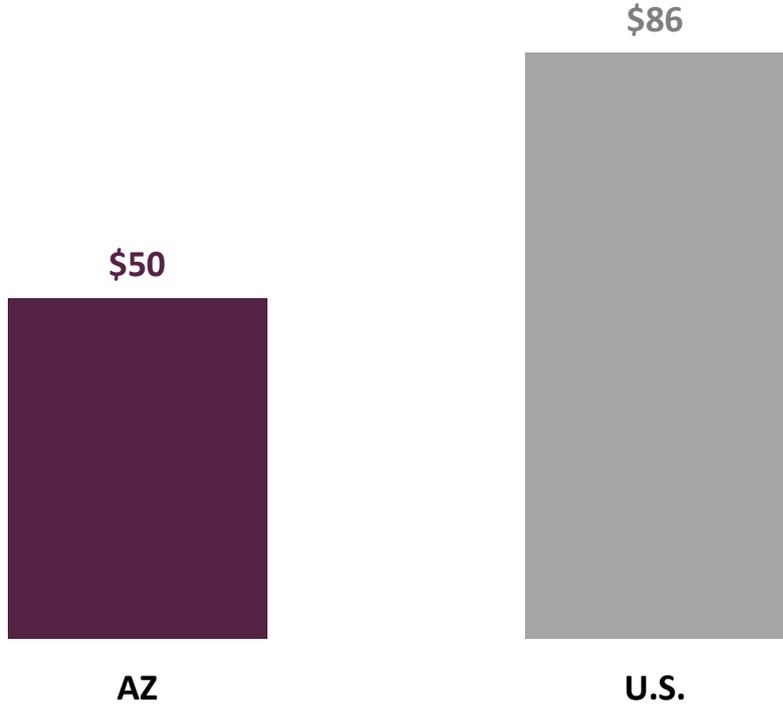
Socioeconomic Status	<ul style="list-style-type: none"> • Below Poverty • Unemployed • Income • No High School Diploma
Household Composition & Disability	<ul style="list-style-type: none"> • Aged 65 or Older • Aged 17 or Younger • Civilian with a Disability • Single-Parent Households
Minority Status & Language	<ul style="list-style-type: none"> • Minority • Speak English "Less than Well"
Housing & Transportation	<ul style="list-style-type: none"> • Multi-Unit Structures • Mobile Homes • Crowding • No Vehicle • Group Quarters

In 2017, 3 of Arizona's counties ranked in the top 10 worst according to EPA's Air Quality Index (AQI).

Rank	County	State	Median AQI
1	Hawaii	HI	146
2	Riverside	CA	87
3	Gila	AZ	84
4	Kern	CA	84
5	San Bernardino	CA	84

Rank	County	State	Median AQI
6	Tulare	CA	80
7	Los Angeles	CA	77
8	Pinal	AZ	75
9	Fresno	CA	74
10	Maricopa	AZ	71

Arizona has **\$50 per person** dedicated for public health from state and federal dollars directed by the CDC and HRSA, falling well below the national average of **\$86 per person** with a public health funding ranking of 47th in the country.



Trust for America's Health, 2015 – 2016; U.S. HHS, 2015 – 2016; U.S. Census Bureau, Annual Estimates of the Resident Population: April 1, 2010 to July 1, 2016

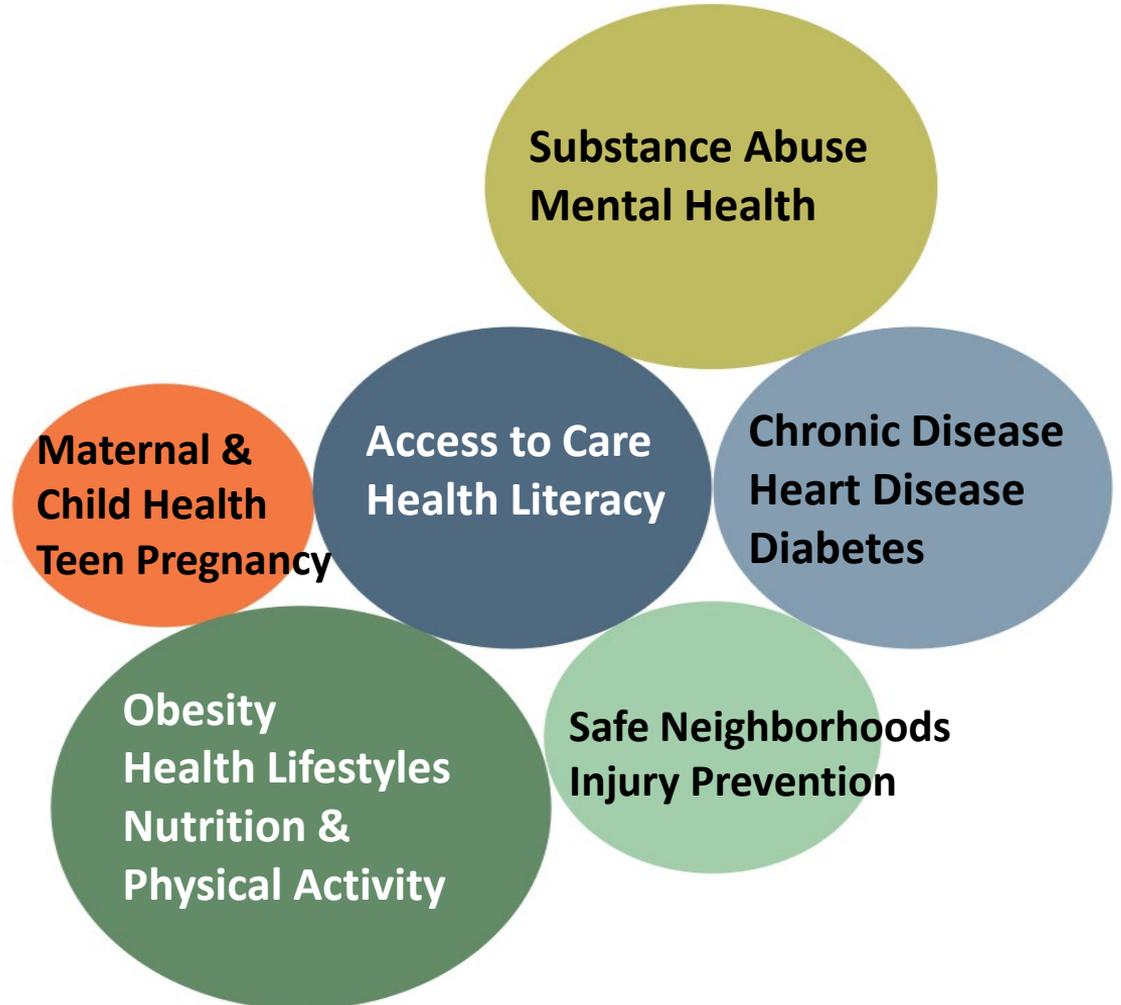
OPPORTUNITIES FOR HEALTH



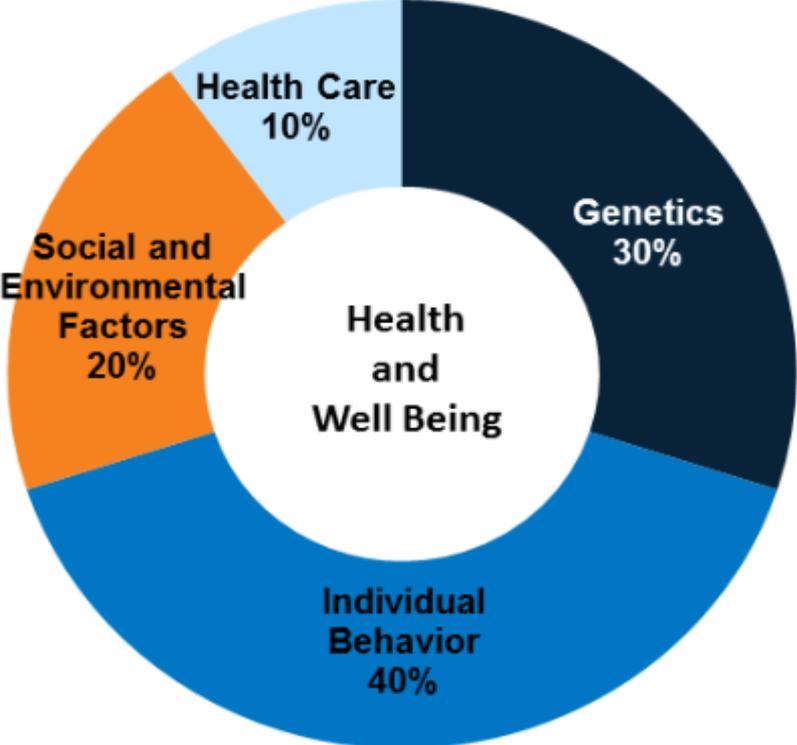
ARIZONA DEPARTMENT
OF HEALTH SERVICES

Health and Wellness for all Arizonans

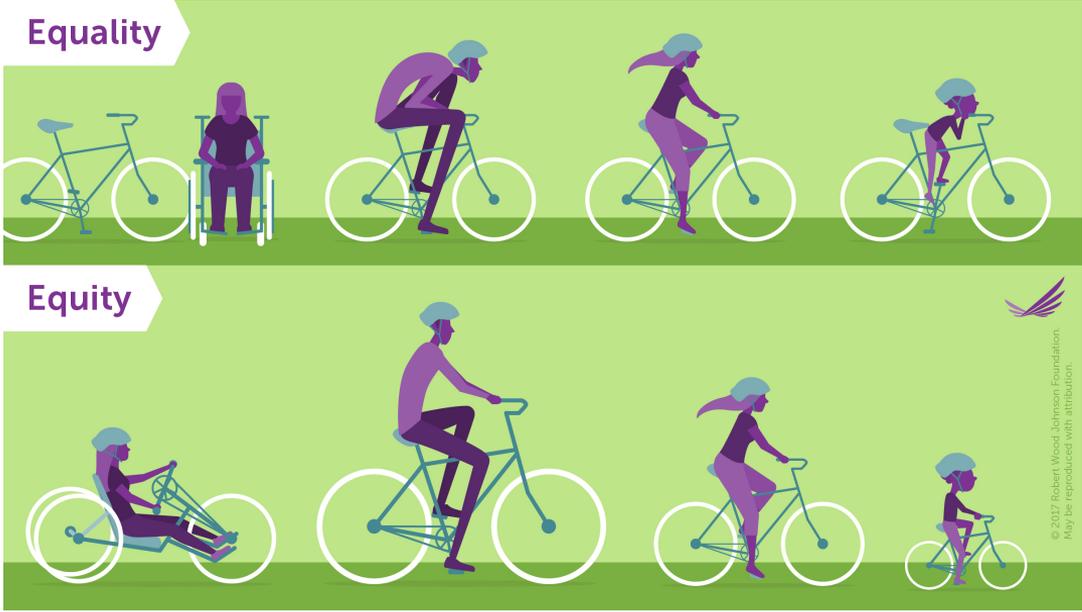
Health priorities identified by Arizona's County Health Improvement Plans



Impact of different factors on risk of premature death



Healthy People Healthy Communities: Moving Towards Health Equity



Discussion

- **What takeaways do you have from this snapshot?**
- **Would additional analysis be useful in understanding the health of Arizonans?**
- **How do we use this data to take action?**
- **How would you prioritize resources and activities?**

THANK YOU

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