

History

The Arizona Health Disparities Center was established in 2005 by the Director of the Arizona Department of Health Services.

Health Priorities

The Arizona Department of Health Services (ADHS) has identified health priorities for the general population of Arizona and specific priorities for racial/ethnic minority populations residing in the state.

Health Priorities for the General Population	Health Priorities Specifically for Racial/Ethnic Minority Populations
Increase access to primary health care.	Partner with entities dedicated to addressing minority health issues and improve access to health services.
Partner with community members, agencies and businesses in implementing health initiatives.	Bring a minority health focus to ADHS by serving as a resource for improved planning and coordination of activities.
Enhance collection, analysis and dissemination of data and public health surveillance efforts.	Improve minority health surveillance through systematic, consistent data collection and analysis.
Promote understanding of the importance of behavioral health in overall wellness.	Identify and develop outreach strategies tailored to the needs of minority communities.
	Increase capacity and diversity of the healthcare workforce.

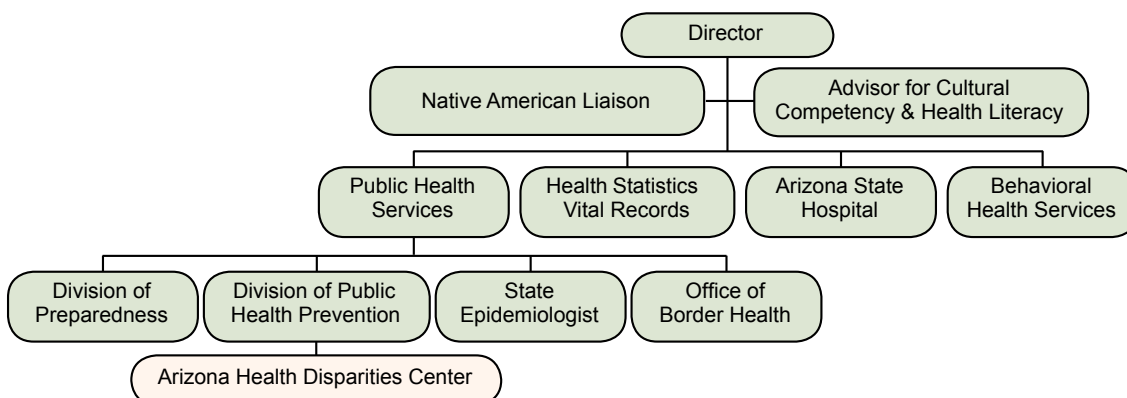
Overview

	Funding for MH/HD Activities	Personnel Dedicated to MH/HD	MH/HD Unit	MH/HD Advisory Body	State MH/HD Legislation or Mandate	MH/HD Strategic Plan	Evaluation of MH/HD Activities
Arizona	✓	✓	✓	✓	✗	✓	✓
Total Affirmative Responses out of 46	30	38	36	36	27	36	39

Organization, Infrastructure and Resources

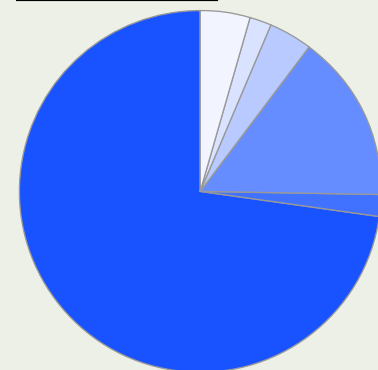
The following is a simplified organizational chart that demonstrates the location of the state's racial/ethnic minority health focal point in relation to the State/Territorial Health Official and/or other key public health leadership:

Arizona Department of Health Services



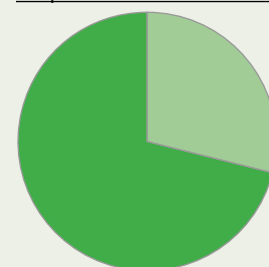
Total State Population:
6,166,318

Racial Distribution



- American Indian/Alaskan Native (5%)
- Asian (2%)
- Black/African American (4%)
- Native Hawaiian/Pacific Islander (0%)
- Other Race (16%)
- Two or More Races (2%)
- White (77%)

Hispanic/Latino Ethnic Distribution



- Hispanic/Latino Ethnicity (29%)
- Non-Hispanic/Latino Ethnicity (71%)

Note: People can self-identify as members of any racial group in the Census, as well as report having Hispanic/Latino ethnicity.

Source: 2006 American Community Survey, US Census Bureau

Strategic Planning

The ADHS incorporates and addresses racial/ethnic health disparities in Arizona through the following overarching strategic issues and specific objectives in its strategic plan:

Strategic Issue I:	Reduce health disparities by developing targeted information and outreach to Arizona communities
Strategic Issue II:	Recognize, involve, collaborate and communicate with public health constituencies, such as US/Mexico cross-border agencies and tribal health programs

Objective 1.1:	Reduce the incidence and impact of chronic disease, disability and injury
Benchmarks:	Create Spanish language links on Children with Special Health Care Needs Web page. Establish data collection agreements with contracted sovereign nations
Measures:	Percent of adults and youth by ethnicity who used any type of tobacco in the last 30 days; percent of targeted communities and health systems with established intervention protocols

Objective 1.2:	Increase access to primary health care
Benchmarks:	Create a Web site for the Arizona Center for Health Disparities (ACHD) to improve public information and to be the link between minority populations and resources at ADHS
Measures:	Number of hits to the ACHD website

Objective 1.5	Partner with community members, agencies and businesses to implement health initiatives
Benchmarks:	Partner with minority communities to create a minority health advisory committee to identify and prioritize areas of focus related to minority health/health disparities (MH/HD)
Measures:	Number of MH/HD areas of focus identified by the Minority Health Advisory Council

Objective 2.1:	Partner with community providers and public health entities to refine coordinated responses to public health threats, risks and emergencies
Benchmarks:	Finalize and implement the EMSystem satellite telephone and Internet communication systems for community health centers and Indian Health Service clinics
Measures:	Percent or number of community health centers and Indian Health Service clinics that have received assistance from ADHS to implement emergency communication mechanisms

Objective 2.3:	Decrease the incidence of injury and disease
Benchmarks:	Collaborate with the Office of Border Health to provide messages through the media about the dangers of lead poisoning resulting from home remedies and misuse of lead glazed pottery
Measures:	Cases of lead poisoning (Pb>20ug/dL)

Objective 3.1:	Improve access to culturally competent behavioral health
Benchmarks:	Update and implement the Border Health Cultural Competency Plan, collect and interpret data to identify points of disparity in service provision, inform management regarding disparities, revise Plan per data findings, and provide cultural competency training to staff at Arizona State Hospital
Measures:	Number of Arizona State Hospital staff that receive cultural competency training

Partnerships

- The ADHS consults with an internal Advisory Committee for Health Disparities that supports and guides leadership on racial/ethnic minority health and health disparities (MH/HD) issues in the state.
- MH/HD activities are conducted and coordinated across multiple ADHS program offices.
- ADHS maintains partnerships with an array of external entities active in MH/HD including: local health departments, local government, tribal government, other state government agencies, health departments in other states, federal government, MH/HD advisory bodies, non-profit, community and faith based organizations, health systems, foundations, schools, universities, professional associations, clinical networks and the media.

Objective 5.4: Provide support to the twenty one tribes of Arizona, Indian Health programs, Inter-Tribal Council of Arizona, and Indian Health Service in accomplishing their public health goals and objectives

Benchmarks: Co-sponsor and/or support intergovernmental agreements, joint policies and programs, data collection and analysis, newsletters, meetings, conferences and funding opportunities with these and other tribal entities

Measures: Partnerships and specific plans of action initiated to support population-specific health objectives for Native Americans

Objective 5.5: Coordinate and integrate cross-border public health program efforts

Benchmarks: Include ADHS staff at annual US/Mexico Bi-National Health Week; convene US-Mexico Border Health Commission conferences, advisory board and related meetings on border health issues in Arizona; conduct surveillance of infectious diseases through the Border Infectious Disease Surveillance Project

Measures: Include ADHS staff at annual US/Mexico Bi-National Health Week; convene US-Mexico Border Health Commission conferences, advisory board and related meetings on border health issues in Arizona; conduct surveillance of infectious diseases through the Border Infectious Disease Surveillance Project

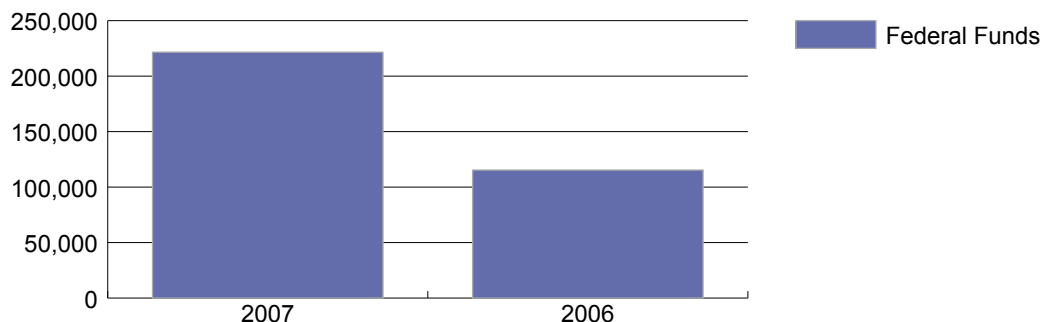
Human Capital Investments

The following staff dedicates all or part of their work hours to MH/HD activities at the ADHS as part of the following programs: Health Disparities Center, Office of Border Health, Native American Liaison, Advisor for Cultural Competency & Health Literacy, Behavioral Health Services:

Job Category	Total Number Dedicated to MH/HD	% of Work Hours Each Spends on MH/HD Activities
Administrator/Director	5	10% - 100%
Policy or Program Officer	5	10% - 100%
Program Specialist	6	25% - 100%
Epidemiologist	1	100%
Administrative/Clerical Staff	1	100%

Financial Investments

The ADHS reported federal funding for minority health and health disparities (MH/HD) activities in FY 2006 and FY2007. Although state funds were reported for specific MH/HD activities, no state funds were reported as part of an annual budget for Minority Health/Health Disparities at ADHS; the total below may therefore be an underestimate of the total investment in minority health and health disparities activities.



Activities

Hepatitis B Project

In 2007 leadership from Arizona's Asian and Pacific Islander communities and the ADHS Immunization Program initiated an education and prevention campaign to combat disproportionately high rates of hepatitis B among the state's Asian and Pacific Islander (API) populations. ADHS staff participated in hepatitis B community clinics targeting API populations and attended Asian Pacific Community in Action Coalition meetings to discuss and plan the campaign. The campaign will test various social marketing approaches for hepatitis awareness messages for API communities. Those methods that contribute to lower rates of hepatitis infection and higher rates of hepatitis B immunization among APIs will be studied and replicated as best practices.

Partners (and Funding)

Asian Pacific Community in Action Coalition and ADHS (\$200,000)

Activity Outcomes

Program is in preliminary stages, and results have not yet been compiled.

Evaluation Methods

Process measure: hepatitis B screening and immunization rates among APIs

Native American Community Development Program

The Community Development Program was established in 2005 to increase collaboration between American Indian nations and tribes, urban Indian centers, the Indian Health Service and ADHS to identify resources and coordinate efforts around Indian health and wellness. The Program is conducted in partnership with ADHS and an advisory council, which is comprised of representatives from the ADHS Urban Indian Health and Tribal Health Programs, Indian Health Service Area Offices in Tucson, Phoenix and the Navajo Nation, and the Arizona Association of Community Health Centers (AACHC).

Partners

See advisory council membership above.

Activity Outcomes

Increased resources for the region's American Indian initiatives; improved coordination of efforts between health agencies and health providers serving American Indians

Evaluation Methods

None reported

Arizona Congenital Syphilis Reduction Plan

In response to disproportionate rates of STDs and congenital syphilis among pregnant minority women in Arizona, the ADHS initiated a Congenital Syphilis Reduction Plan in 2006 to prevent STD transmission among women of color and protect pregnant mothers and babies from syphilis. A social marketing campaign designed to promote STD prevention, screening and prenatal care services among women of color, particularly Hispanic women, is a central feature of the Plan. The campaign provides information in English and Spanish regarding the health risks of STDs, prevention and ways to access prenatal care for women who have limited access to health care. Public service announcements and health discussions are broadcast on radio and TV stations that target racial/ethnic minority populations in the state.

Partners (and Funding)

Centers for Disease Control and Prevention (CDC) Comprehensive STD Prevention Systems, Prevention of STD Related Infertility and Syphilis Elimination Grant (\$20,000), Arizona Governor's Health Crisis Fund (\$100,000), ADHS Offices of Women's and Children's Health, Office of HIV, STD and Hepatitis C Services, STD Control Program, and Native American Liaison, Puerto Rico Department of Health, Health Departments of Maricopa and Pima County, Arizona Family Planning Council, Concilio Latino de Salud, Ebony House, Southern Arizona AIDS Foundation, Arizona Medical Association and Congenital Syphilis Reduction Advisory Board

Activity Outcomes

Measurable reductions in the state's rate of congenital syphilis

Evaluation Methods

Process evaluation measures: the number of radio spots aired, posters and brochures distributed, educational sessions held for health care providers, Advisory Board meetings held; outcome measures: the reduction in the incidence of congenital syphilis

Arizona Health Disparities Center

The Health Disparities Center was founded in 2005 to enhance the capacity of the public health system to effectively serve minority populations and reduce health disparities. Since its inception, the Center has identified gaps in health status and health care through population-specific data collection, has assisted ADHS to address health disparities with targeted strategies and interventions for affected populations, and has provided recommendations to enhance program coordination and effectiveness.

Partners and Funding

Office of Minority Health (OMH) at the US Department of Health and Human Services and ADHS (\$190,000), other state agencies, local health departments, community- and faith-based organizations, Arizona Public Health Association, American Heart Association, American Cancer Society, American Diabetes Association, Arizona Association of Community Health Centers, University of Arizona, Arizona State University, Health Service Advisory Group and health professionals

Activity Outcomes

Enhanced ability of the state public health system to treat minority populations and reduce health disparities

Evaluation Methods

Process evaluation indicators: number of community technical assistance encounters, cultural and linguistic competency trainings, hits at AHDC website, best practices identified and recommendations made to leadership

Arizona's primary contact for racial/ethnic minority health and health disparities is:

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Office Chief

Arizona Health Disparities Center

Arizona Department of Health Services

<http://www.azdhs.gov/phs/healthdisparities/index.htm>

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