

# GILA COUNTY AND CVRMC SERVICE REGION COMMUNITY HEALTH IMPROVEMENT PLAN



(CHIP) 2016-2020

## ACKNOWLEDGEMENTS

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# COMMUNITY HEALTH ASSESSMENT AND COMMUNITY HEALTH IMPROVEMENT PLAN ROAD MAP TOWARDS SUCCESS



## EARLY JANUARY

Results of the Community Health Needs Assessment were presented to the Community Health Improvement Plan Advisory Committee.



## EARLY FEBRUARY

Top 4 Priority Health Issues were identified:

1. Obesity
2. Substance Abuse
3. Access to Quality Health Care, including Mental Health Services
4. Sexual Health

## MARCH

Gila County and Cobre Valley Regional Medical Center adopted the 2016 - 2020 Community Health Improvement Plan.



## SEPT - NOV

- 15 Key Informant Interviews, 637 Surveys and 6 Focus Groups were conducted with Gila County Residents.
- Data from secondary sources such as the CDC Community Health Status Indicators (CHSI), was analyzed.

## LATE JANUARY

The Advisory Committee identified 5 criteria to prioritize health needs and issues from the assessment:

- Size
- Seriousness
- Feasibility
- Potential for Collective Impact
- Influence

## LATE FEBRUARY

The Advisory Committee identified long-term goals and 5 year objectives for each priority, as well as targeted strategies to accomplish those goals.



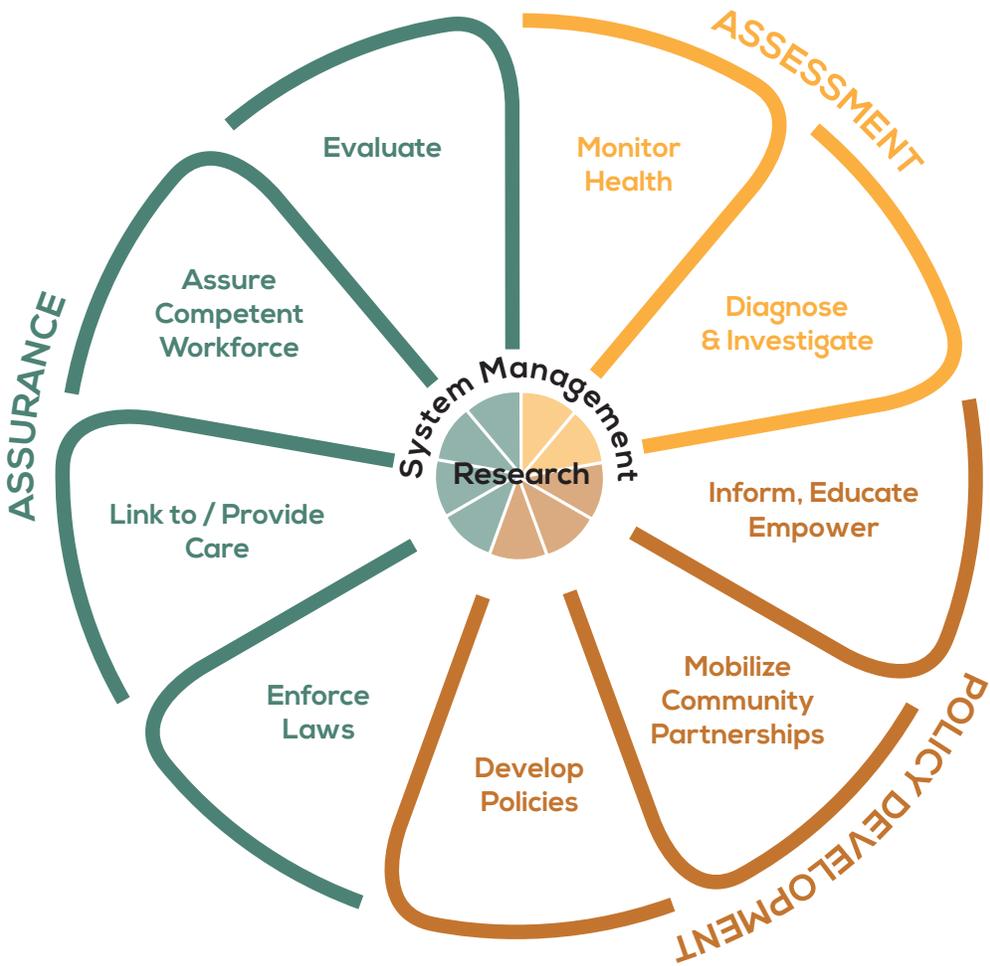
**PREVENT. PROMOTE. PROTECT**

## INTRODUCTION

The recent movement to transform public health and health systems stresses that where we live, work, play, pray and learn determines our health and wellbeing. It helps to shift our focus from treating disease and sickness towards prevention and collaboration in order to improve the quality of life for all citizens. Social, economic, political, environmental and individual factors all have a role to play in our health problems, and most importantly, in the solutions. Conducting a Community Health Needs Assessment (CHA) and Community Health Improvement Plan (CHIP) are the most important first steps in transforming health and wellness. From September 2015 through February 2016, stakeholders across Gila County and the CVRMC service region engaged in a community-driven process to identify the most pressing health issues facing residents. Lead by the Gila County Division of Health and Emergency Management (GCDHEM) and CVRMC, community members and organizations came together to provide valuable insights on experiences of health and sickness, as well as realistic ways to affect change. This document outlines that process and the plan of action to improve health for all residents across Gila County and the CVRMC service region.

**WHAT IS A COMMUNITY HEALTH IMPROVEMENT PLAN (CHIP)?**

The CHIP is a guide used by public health, community hospitals and their partners to collaborate and respond to key factors that may be limiting their community’s ability to lead full, happy and healthy lives. The CHIP is informed by the Community Health Assessment (CHA), which is an assessment of the health status of residents across Gila County and the CVRMC service region. The CHIP planning process is an important component of public health’s responsibility to “advocate, educate, improve and monitor the public health and safety”<sup>1</sup> of all people as outlined in Figure 1: The 10 Essential Public Health Services.



**Figure 1: The 10 Essential Public Health Services**

<sup>1</sup> Gila County Health and Emergency Management Mission Statement  
[http://www.gilacountyaz.gov/government/health and emergency services/index.php](http://www.gilacountyaz.gov/government/health%20and%20emergency%20services/index.php)

## THE PLANNING PROCESS

The effort to assess and address Gila County's health needs was a joint effort led by the GCDHEM and CVRMC in cooperation with multiple community organizations that made up the CHIP Advisory Committee. All of the members in the CHIP Advisory Committee expressed their commitment to being part of the solution, developing new partnerships, and understand health in the most holistic way possible. They also agreed that they wanted an actionable, comprehensive, and useful plan that not only reflects the needs and the diversity of community, but also represents what the community wants. The committee met once every week for the course of two months and utilized the Mobilizing Action for Planning and Partnerships<sup>2</sup> framework to review the results from the CHA, pinpoint the key criteria used to prioritize community health needs, and develop detailed goals, objectives, and strategies to guide them in taking action to create change over the next five (5) years.

<sup>2</sup> <http://archived.naccho.org/topics/infrastructure/MAPP/index.cfm>

## IDENTIFYING HEALTH PRIORITIES

Before the committee selected which health needs from the CHA they wanted to work on, they brainstormed and agreed upon a set of criteria to ensure that key factors were taken into consideration when reviewing the CHA.

The criteria included:

- **Size:** Are there a high number of people affected?
- **Seriousness:** Does the health issues cause severe impacts to people's quality of life and costs to the healthcare system?
- **Feasibility:** Can we realistically address the issue? Are potential solutions cost effective, actionable and achievable?
- **Potential for Collective Impact:** Are there opportunities to leverage existing efforts and resources to address this issue?
- **Influence:** Does the issue represent a significant risk factor for other diseases? Can preventative measures have a high impact?

Using these criteria and a structured process designed to ensure input from all participants, the Advisory Committee identified 12 health issues from the CHA to be considered for prioritization. After thoughtful dialogue around these 12 health issues the committee came to consensus on four health priorities to address in the CHIP.

1. Obesity
2. Substance Abuse
3. Access to Quality Health Care, including Mental Health Services
4. Sexual Health

## **ADDITIONAL HEALTH NEEDS NOT ADDRESSED IN THIS PLAN**

Five of the remaining eight health needs were viewed as crosscutting issues or were incorporated into the top four issues. "Mental Health Services" was viewed by the committee as too challenging to address alone and too important not to be left out so it was strategically combined with "Access to Health Care" in order to explore potential aligning or shared goals and strategies. With this comprehensive approach to "Access to Health Care", the committee also chose to include the identified need of "Access to Specialty Care" under that umbrella. The committee chose to ensure that the health needs associated with "poor dietary practices and inactive lifestyles" were included in the key objective for obesity. Policy, system, and environmental support strategies targeting community settings for obesity will also support "Diabetes" prevention and management. Instead of addressing the "Lack of Social Support" identified throughout the CHA as a primary health need, the committee decided to include intervention strategies that focused on improving social supports for the prevention of obesity, substance abuse, and promotion of sexual health. "Unemployment", "Unintentional Injuries", and "Healthy Housing" are important health needs identified in the CHA but were excluded from this CHIP cycle because they scored the lowest under the "Feasibility" and "Potential for Collective Impact" criteria.

## DEFINING GOALS, OBJECTIVES, AND STRATEGIES FOR ACTION

The CHIP Advisory Committee identified long-term and short-term goals for “Obesity”, “Substance Abuse”, and “Sexual Health” using an Asset-based Analysis Approach in order to educate each other on current efforts, opportunities to collaborate, and potential gaps to fill. Next, the committee brainstormed strategies and tactics to support the goals. With the help of facilitators and subject matter experts, key evidence-based strategies were highlighted within the list of ideas. For “Access to Quality Health Care, including Mental Health Services”, a SWOT Analysis was used to explore existing strengths and brainstorm opportunities while faced with known weaknesses and threats.

**PRIORITY 1: OBESITY**

The decision to include obesity as a health priority was based on numerous findings in the CHA including an adult obesity rate that is considered worse than peer counties at 32.5% and an obesity rate of 14.6% in low-income children aged 2-5 in the WIC program which is worse than Arizona's state rate. Adult fruit and vegetable consumption is also worse than peer counties as is adult physical inactivity. Various chronic disease indicators are also worse in Gila County when compared to peer counties or the state of Arizona including diabetes deaths, adult diabetes rate, and adult overall health status. The Gila County CHA also found that Gila County has a higher percent of the population who have limited access to healthy foods than peer counties and higher rates of child food insecurity and general food insecurity than other U.S. counties. Indicators measuring access to grocery stores were also moderate or worse when compared to other U.S. counties and access to parks is worse in Gila County when compared to peer counties. Obesity was also highlighted as a major concern in the CHA community survey. Respondents identified this as one of the top three health issues in Gila County and as the top health challenge they themselves face.

The CHIP Advisory Committee discussed many existing assets and current efforts to address obesity during the planning process. The strategies chosen will enhance activities already underway such as those through the Supplemental Nutrition Assistance Education Program (SNAP-Ed), school health activities, aquatic center, and trail planning projects, while also addressing some key gaps such as limited access to Registered Dietitians (RD). The goals focus on improving the consumption of fruits and vegetables, as well as increasing physical activity among all Gila County residents. These goals align with the Arizona State Health Improvement Plan<sup>3</sup>. Strategies to achieve these goals are comprehensive in that they include evidence-based policy, environmental, and behavior change interventions.

<sup>3</sup> <http://www.azdhs.gov/operations/managing-excellence/index.php#ship-sha-home>

## PRIORITY 1: OBESITY

Goal: Reduce the risk factors and disease burden associated with overweight and obesity

- Objective 1:1** By 2020, increase the percent of Gila County residents who meet or exceed recommended amounts of fruit and vegetable consumption from 13.9% to 19%.
- Strategy 1:1:1** Increase the utilization of Farmers Markets.
- Work with Gila County Farmers Market stakeholders to assess the feasibility of and implement central point-of-sale alternative redemption systems including SNAP, EBT, WIC, and FMNP.
  - Provide nutrition education and engagement on-site to improve healthy eating skills, attitudes and behaviors.
  - Improve signage and coordinate promotional strategies with various community partners and media outlets.
- Lead Organization:** GCDHEM
- Collaborating Organizations:** CVRMC; Banner Payson Medical Center; University of Arizona Cooperative Extension
- Strategy 1:1:2** Increase or improve healthy eating education in schools.
- Work with Gila County schools to provide on-site nutrition education and food literacy education to students in K-12 settings.
  - Connect schools that are not participating in nutrition programs and initiatives with program points of contact and funding contacts.
  - Enhance Local Wellness Policies (LWPs) to align healthy eating and nutrition policies with best practices.
- Lead Organization:** GCDHEM
- Collaborating Organizations:** CVRMC; Banner Payson Medical Center; University of Arizona Cooperative Extension; Globe Unified School District; Miami Unified School District; Payson Unified School District
- Strategy 1:1:3** Increase access to Registered Dietitians (RDs).
- Enhance coordination of nutrition and physical activity services by RDs by establishing cross-sector memorandums of agreement (MOAs) among County organizations currently employing RDs.
  - Establish coordinated RD telehealth services for remote nutrition and physical activity services consultation.
  - Improve communication and care coordination by increasing the number of RDs integrated in multidisciplinary teams in clinical and community practice settings.
- Lead Organization:** GCDHEM
- Collaborating Organizations:** CVRMC; Banner Payson Medical Center; University of Arizona Cooperative Extension
- Evidence-base and Resources**
- 2015-2020 Dietary Guidelines for Americans  
<http://health.gov/dietaryguidelines/2015/default.asp>
  - National Prevention Strategy – Healthy Eating  
<http://www.surgeongeneral.gov/priorities/prevention/strategy/healthy-eating.pdf>
  - Academy of Nutrition and Dietetics - Find a Registered Dietitian Nutritionist  
<http://www.eatright.org/find-an-expert>
  - U.S. Preventive Services Task Force – Obesity Management  
<http://www.uspreventiveservicestaskforce.org/>

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## PRIORITY 1: OBESITY Continued

Goal: Reduce the risk factors and disease burden associated with overweight and obesity

- Objective 1:2** By 2020, decrease the percent of Gila County residents who report being physically inactive will from 24.9% to 20.0%.
- Strategy 1:2:1** Improve the built environment to support active lifestyles.
- Develop or expand existing Active Living Action Teams to educate decision makers on policies and environmental changes that will increase active transportation and recreation.
  - Conduct a Walkability Audit within Gila County communities and provide specific recommendations for improvement. Review additional assessments and tools including the Promoting Active Communities Assessment to identify additional areas to assess environments and policies that support active living.
  - Adopt at least one Complete Streets Policy at the County or Municipal level.
  - Implement recommendations from the Pinal Creek Trail Health Impact Assessment and other ongoing trail improvement projects.
- Lead Organization:** GCDHEM
- Collaborating Organizations:** Gila County HIA Team
- Strategy 1:2:2** Increase opportunities for adults and families to engage in structured/group recreational activities.
- Work with Community Parks and Recreation Departments to assess the feasibility of developing and implementing additional structured/group recreational activities.
  - Coordinate promotional activities with various community partners.
- Lead Organization:** GCDHEM; Gila County
- Collaborating Organizations:** CVRMC; Banner Payson Medical Center; City of Globe; Town of Payson
- Strategy 1:2:3** Increase the policies and practices that support physical education OR physical activity in schools.
- Work with schools to make playgrounds and recreation areas available before and after school hours.
  - Increase the utilization of FitnessGram in Gila County schools.
- Lead Organization:** Globe Unified School District; Miami Unified School District; Payson Unified School District
- Collaborating Organizations:** GCDHEM
- Evidence-base and Resources**
- National Prevention Strategy – Active Living  
<http://www.surgeongeneral.gov/priorities/prevention/strategy/active-living.pdf>
  - Guide to Community Preventative Services - Environmental and Policy Approaches  
<http://www.thecommunityguide.org/pa/environmental-policy/index.html>
  - Pedestrian and Bicycle Information Center  
[http://www.pedbikeinfo.org/planning/tools\\_audits.cfm](http://www.pedbikeinfo.org/planning/tools_audits.cfm)
  - National Complete Streets Coalition  
<http://www.smartgrowthamerica.org/complete-streets>
  - Promoting Active Communities Assessment  
<http://www.mihealthtools.org/communities/>

## PRIORITY 2: SUBSTANCE ABUSE

Substance Abuse as a health priority is supported through the CHA indicators, the community survey, and key informant interviews. Drug addiction was highlighted in the community survey as one of the top three health challenges in Gila County. A lack of access to support services among those struggling with substance abuse was a key theme in the key informant interviews. The CHA also found that in all the substance abuse indicators Gila County was either moderate (adult binge drinking, adult smoking tobacco) or worse (teens who have smoked, teens who currently smoke, teens who have used methamphetamines, teens who use alcohol, teens who use marijuana) when compared to peer counties or the state of Arizona.

The CHIP Advisory Committee discussed how the effects of substance abuse impacts the communities they serve. They agreed that a focus on youth and targeting “protective and risk factors” for preventing substance use could best influence health outcomes. The Committee also identified heroin and prescription opioid abuse as one of the most serious substances currently impacting communities and the CVRMC service region. The goals and strategies selected to address these issues align with the Arizona State Health Improvement Strategic Plan and the Arizona Rx Drug Misuse and Abuse Initiative Toolkit.<sup>4</sup>

<sup>4</sup> <http://substanceabuse.az.gov/substance-abuse/training>

## PRIORITY AREA 2: SUBSTANCE ABUSE

Goal: Reduce substance abuse to protect the health, safety, and quality of life for all, especially children

**Objective 2:1** By 2020, reduce the proportion of adolescents reporting use of alcohol, or any illicit drugs, during the past 30 days. Reduce the proportion of adolescents reporting using alcohol from 30.8% to 25%, reduce the proportion reporting using marijuana from 19.3% to 15%, and reduce the proportion who report using methamphetamines from 1.7% to 0%.

**Strategy 2:1:1** Improve the protective factors for substance use prevention among adolescents.

- Work with the Northern Gila Community Prevention Coalition and other community-organizations and substance abuse groups to expand evidence-based programming that build caring and supportive relationships between adolescents and at least one adult within their sphere of influence.

**Lead Organization:** GCDHEM

**Collaborating Organizations:** CVRMC; Banner Payson Medical Center; Community Bridges; Safe Kids

**Strategy 2:1:2** Implement early detection and intervention initiatives.

- Work with area coalitions, physicians, and organizations to educate families on how to detect and intervene in substance use among adolescents.

**Lead Organization:** GCDHEM

**Collaborating Organizations:** CVRMC; Banner Payson Medical Center; Community Bridges; Safe Kids

### Evidence-base and Resources

- National Institute on Drug Abuse  
<https://www.drugabuse.gov/publications/principles-drug-addiction-treatment-research-based-guide-third-edition/acknowledgments>
- Substance Abuse and Mental Health Services Administration  
<http://www.samhsa.gov/capt/tools-learning-resources/finding-evidence-based-programs>

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## PRIORITY AREA 2: SUBSTANCE ABUSE Continued

Goal: Reduce substance abuse to protect the health, safety, and quality of life for all, especially children

**Objective 2:2** By 2020, Reduce the non-medical use of prescription drugs. Reduce the percent of youth reporting non-medical prescription pain reliever in the past 30 days from 6.5% to 3%.

**Strategy 2:2:1** Promote responsible prescribing and dispensing policies and practices.

- Provide education and training for prescribers, pharmacists and their patients.
- Increase prescriber and pharmacist use of the Arizona Controlled Substances Prescription Monitoring Program (CSPMP).
- Increase consistent and common messaging across all pharmacies.

**Lead Organization:** GCDHEM; CVRMC

**Collaborating Organizations:** CVRMC; Banner Payson Medical Center; Community Bridges; Safe Kids; Community anti-drug coalitions

**Strategy 2:2:2** Increase public awareness and patient education about prescription drug misuse.

- Create a sense of urgency in the general public about the risks of prescription drug misuse.

**Lead Organization:** GCDHEM

**Collaborating Organizations:** CVRMC; Banner Payson Medical Center

**Strategy 2:2:3** Enhance assessment and referral to substance abuse treatment.

- Increase awareness about substance abuse screening models, treatment options, and how to access treatment services.

**Lead Organization:** GCDHEM

**Collaborating Organizations:** CVRMC; Banner Payson Medical Center

**Evidence-base and Resources**

- Healthy People 2020 – Substance Abuse  
<http://www.healthypeople.gov/2020/topics-objectives/topic/substance-abuse/objectives>
- Arizona Rx Drug Misuse and Abuse Initiative Toolkit  
<http://substanceabuse.az.gov/substance-abuse/training>

### PRIORITY 3: ACCESS TO HEALTH CARE

Access to health care, including mental health services, was identified as a top priority through the community feedback in focus groups and key informant interviews. One of the key themes in the focus groups was a need for improved access to specialty health care services. This theme is repeated in the key informant interviews with an additional focus on mental and behavioral health services. Data indicators that support this further as a health priority in Gila County include a suicide death rate of 33.7 per 100,000 which is worse than the Arizona state rate of 17.0 per 100,000 and three times the Healthy People 2020 goal of 10.2 per 100,000. Health care access and quality indicators in Gila County are all rated as moderate when compared to peer counties including older adult preventable hospitalizations, cost barrier to care, primary care provider access and uninsured.

The CHIP Advisory Committee used an analysis to identify their communities Strengths, Weaknesses, Opportunities and Threats (SWOT) concerning quality health care, including mental health services. Gila County's rural and mountainous characteristics shape many of the challenges to improving access to care. Despite ongoing efforts to recruit and retain providers, limited economic resources throughout the county pose a significant barrier. The group identified the opportunity to leverage existing assets by coordinating efforts to create a web-based resource guide for the public to identify available care. The strategy also includes the creation and implementation of a health communication campaign to promote the use of this web-based resource and CVRMC's "One-call" telephone referral service.

## PRIORITY AREA 3: ACCESS TO HEALTH CARE

Goal: Increase Access to Quality Health Care, including Mental Health Services

**Objective 3:1** By 2020, increase the percent of survey respondents who report being able to see a doctor when needed from 84% to 95%.

**Strategy 3:1:1** Promote and share a comprehensive web-based resource guide for the public that lists all key Gila County health care services, starting with mental health services.

- Ensure 2-1-1 Arizona (Gila) is up to date with current organizations and resources.
- Promote 2-1-1 Arizona.
- Establish a work group that includes all staff and organizations already developing mental health service resource lists.
- Design and implement a community feedback system to ensure ongoing access and utilization.

**Lead Organization:** GCDHEM

**Collaborating Organizations:** CVRMC; Banner Payson Medical Center; Community Bridges; Southwest Behavioral Health Services

**Strategy 3:1:2** Implement a social media and promotional campaign to educate residents on web-based resources and One-Call.

- Educate community about the resource.
- Coordinate with and utilize data from One-Call.

**Lead Organization:** GCDHEM; CVRMC

**Collaborating Organizations:** Banner Payson Medical Center

### Evidence-base and Resources

- Arizona 2-1-1  
<http://www.211arizona.org/gila/>
- National Prevention Strategy  
[http://www.surgeongeneral.gov/initiatives/prevention/resources/npc\\_factsheet\\_healthcare\\_508.pdf](http://www.surgeongeneral.gov/initiatives/prevention/resources/npc_factsheet_healthcare_508.pdf)
- Guide to Community Preventative Services – Health Communication  
<http://www.thecommunityguide.org/healthcommunication/index.html>

#### PRIORITY 4: SEXUAL HEALTH

Data used to support the decision to include sexual health as a priority health indicator includes a teen birth rate of 78.8 per 1,000 which is worse when compared to peer counties and the median of all U.S. states of 42.1 per 1,000. Also supporting this as a health priority are incidence rates of HIV (moderate when compared to peer counties), gonorrhea (worse when compared to peer counties), and chlamydia (worse when compared to the state of Arizona).

Sexual Health is a complex and challenging issue to address based on current cultural and political factors. Similar to the Substance Abuse strategies, the CHIP Advisory Committee chose to focus on “protective factors” that prevent or reduce risky sexual behaviors. Based on existing assets in the community and the likelihood of broader social acceptance, sexual health needs will be addressed through evidence-based health communication and health literacy interventions that are appropriate for school settings in order to reduce teen pregnancy. This goal aligns with the Arizona State Health Improvement Plan. Also, the alarming rates of sexually transmitted diseases will be addressed through evidence-based clinical interventions.

## PRIORITY AREA 4: SEXUAL HEALTH

Goal: Reduce the burden, costs and complications associated with teen pregnancy and sexually transmitted diseases.

**Objective 4:1** By 2020, decrease the teen birth rate in Gila County from 78.8 per 1,000 to 55 per 1,000.

**Strategy 4:1:1** Improve the protective factors for sexual health, especially reproductive health literacy.

- Incorporate appropriate sexual health communication strategies into Substance Abuse Strategy 2:1:1 OR Implement Evidence-based Parent Child Sexual Health Communication programs.
- Work with area school districts to incorporate appropriate reproductive health literacy approaches into health and science curricula.

**Lead Organization:** GCDHEM

**Collaborating Organizations:** CVRMC; Banner Payson Medical Center; AZ Youth Partnership; Teen Outreach Pregnancy Services (TOPS)

### Evidence-base and Resources

- Advocates for Youth – Parent Child Communication  
<http://www.advocatesforyouth.org/the-facts-parent-child-communication>
- Healthy Teen Network – Evidence-based Programs  
<http://www.healthyteennetwork.org/evidence-based-programs>
- Guide to Community Preventive Services - Youth Development Behavioral Interventions Coordinated with Community Service to Reduce Sexual Risk Behaviors in Adolescents  
<http://www.thecommunityguide.org/hiv/youthdev-community.html>

**Objective 4:2** By 2020, reduce the rates of sexually transmitted diseases. Reduce the incidence of HIV from 64.7 per 100,000 to 60 per 100,000, reduce the incidence of gonorrhea from 35.8 per 100,000 to 30 per 100,000, and reduce the rate of chlamydia from 493.8 per 100,000 to 470 per 100,000.

**Strategy 4:2:1** Decrease sexual risk behaviors among Gila County residents through clinical interventions.

- Identify appropriate and feasible clinical protocols and practices, as well as key characteristics of “teen friendly” clinics in order to increase contraceptive use and reduce additional sexual risk behaviors in youth and young adults.

**Lead Organization:** GCDHEM

**Collaborating Organizations:** CVRMC; Banner Payson Medical Center; Canyonlands Healthcare; North Country Healthcare

### Evidence-base and Resources

- Healthy People 2020 – Sexually Transmitted Diseases  
<http://www.healthypeople.gov/2020/topics-objectives/topic/sexually-transmitted-diseases>
- The National Campaign to Prevent Teen and Unplanned Pregnancy - Clinical Interventions  
<https://thenationalcampaign.org/resource/what-helps-providing-contraceptive-services-teens>

## STRATEGIES FOR IMPLEMENTING AND TRACKING PROGRESS OF THIS PLAN

GCDHEM, in collaboration with CVRMC, will be responsible for maintaining ongoing community engagement in the implementation of the CHIP. Gila County will continue quarterly meetings with the CHIP Advisory Committee to periodically review the plan, track and evaluate progress made in implementing strategies, and propose changes when greater impact can be achieved by modifying approaches. When needed, and as recommended by the Advisory Committee, workgroups focusing on particular goals will be established to ensure successful implementation. While participating in the development of the CHIP partners demonstrated enthusiasm for ensuring that the plan is utilized to improve the health of Gila County and the CVRMC service region. This enthusiasm relates not only to the important priorities outlined in the CHIP, but also in the spirit of partnership that is required to work together across organizations to achieve the CHIP goals. GCDHEM and CVRMC acknowledge that health improvement cannot be achieved alone. Implementation of the 2016 – 2020 CHIP will be a continuous process resulting in long-term change that will follow the Spectrum of Community Engagement outlined in Figure 2: The Spectrum of Community Engagement<sup>5</sup>



**Figure 2: The Spectrum of Community Engagement**

<sup>5</sup> Adapted from IAP2 Public Participation Spectrum, International Association for Public Participation. <http://www.iap2.org/>

## COMMUNITY HEALTH PLAN SUMMARY

### PRIORITY 1

#### OBESITY

- Objective 1:1 By 2020, the percent of Gila County residents who meet or exceed recommended amounts of fruit and vegetable consumption will increase from 13.9% to 19%.
- Objective 1:2 By 2020, the percent of Gila County residents who report being physically inactive will decrease from 24.9% to 20.0%.

### PRIORITY 2

#### SUBSTANCE ABUSE

- Objective 2:1 By 2020, reduce the proportion of adolescents reporting use of alcohol or any illicit drugs during the past 30 days. Reduce those reporting using alcohol from 30.8% to 25%, reduce those reporting using marijuana from 19.3% to 15%, and reduce those who report using methamphetamines from 1.7% to 0%.
- Objective 2:2 By 2020, reduce the past-year non-medical use of prescription drugs. Reduce the percent of youth reporting non-medical prescription pain reliever in past 30 days from 6.5% to 3%.

### PRIORITY 3

#### ACCESS TO QUALITY HEALTHCARE INCLUDING MENTAL HEALTH SERVICES

- Objective 3:1 By 2020, increase the percent of survey respondents who report being able to see a doctor when needed from 84% to 95%.

### PRIORITY 4

#### SEXUAL HEALTH

- Objective 4:1 By 2020, the teen birth rate in Gila County will decrease from 78.8 per 1,000 to 55 per 1,000.
- Objective 4:2 By 2020, reduce the rates of sexually transmitted diseases. Reduce the incidence of HIV from 64.7 per 100,000 to 60 per 100,000, reduce the incidence of gonorrhea from 35.8 per 100,000 to 30 per 100,000, and reduce the rate of chlamydia from 493.8 per 100,000 to 470 per 100,000.

To stay updated on Gila County/CVRMC CHIP implementation activities visit:  
[www.gilacountyaz.gov](http://www.gilacountyaz.gov) or [www.cvrmc.org](http://www.cvrmc.org)