Pinal County Community Vision:

A healthy Pinal County, where all members of our community have access to healthy food and healthy play at all ages. A public health system where our community has transportation and access to comprehensive and affordable health services. Community members that have financial and health literacy and feel empowered to make informed decisions that lead to healthy lifestyle choices.

The Pinal County Local Public Health System will work together as trusted partners in the community, helping to identify the vast health and wellness resources that exist and connecting community members to access these services. The Pinal County Local Public Health System will serve as a navigator, providing information and resources for the community to build health literacy and to empower community members to manage personal health and health insurance. The Pinal County Local Public Health System will cultivate a “culture of health.”

Pinal County Community Values:

1. A community with compassion that works together as individuals or through community or faith-based groups to lift one another up to succeed in life and in good health
2. A community without stigma or judgment around physical and behavioral health
3. A community where our children are healthy and fed so they may grow, learn, and succeed
4. A community with abundant opportunities for fresh air, healthy activity, and nutritious foods
5. A community where all members have accessible information and resources to take care of their personal and family health
6. A Local Public Health System that works to provide health education, connect the community with health resources, and register community members with health insurance, so that individuals and families can prevent and treat health conditions and do not miss opportunities for healthcare based on health literacy or insurance status
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ACKNOWLEDGEMENTS

This Community Health Improvement Plan (CHIP) was facilitated by the Pinal County Public Health Services District in partnership with key stakeholders countywide. This work was made possible by the dedication of community partners, as well as funding support by the Arizona Department of Health Services.

The recently developed Community Health Needs Assessment (CHNA) is an analysis of the health of our community, gathered from statistical data as well as the first-hand feedback from actual community members. Using this information, we engaged in a collaborative process to truly understand the priority health issues in Pinal County. We appreciate the time and effort that our partners have taken to participate in interactive discussions, to shed light on the incredible work already being done in our community, and to thoughtfully identify areas where we have gaps in services and areas where we can collectively improve.

Moving forward, we hope to engage all partners: the community and the Local Public Health System to identify real and meaningful ways we can work together to make a difference and improve the health and wellbeing of Pinal County.

Community Health Improvement Plan Partners
These partners have actively contributed to the development of this Community Health Improvement Plan. We will strive to increase participation by diverse community organizations and stakeholders to both provide input and to effect change as broadly as possible.

- Arizona Complete Health
- Banner Health
- CGA, Inc.
- First Things First
- Local First Arizona Foundation
- Pinal County Public Health Services District
- Pinal-Gila Council for Senior Citizens
- Sun Life Family Health Centers
- The University of Arizona Cooperative Extension
- Zonta Club of Casa Grande Valley
EXECUTIVE SUMMARY

Introduction

The Pinal County Community Health Improvement Workgroup is pleased to present the updated 2020 Community Health Improvement Plan (CHIP) to the county residents, community organizations, and local public health system partners.

Pinal County Public Health Services District has conducted this comprehensive strategic planning process following the “Mobilizing for Action through Planning and Partnerships (MAPP)” model. The first step in this process was to conduct a Community Health Needs Assessment (CHNA), which collected both qualitative and quantitative data. Input on health status and quality of life was gathered from residents through an online Community Health survey and in-person Focus Groups. Other assessments involved gathering data on the health status of the community and the workings of the local public health system, as well as an assessment of forces likely to impact the health of the community in the future.

The Community Health Improvement Plan development began with a comprehensive review of the Community Health Needs Assessment and related data. The CHIP Workgroup then identified three issues as primary health priorities for Pinal County:

- Substance Misuse and Dependency
- Mental Health
- Nutrition and Physical Activity

Framework

PCPHSD utilized the Mobilizing for Action through Planning and Partnership (MAPP) framework developed by the National Association of County & City Health Officials (NACCHO). MAPP is a community-driven strategic planning process for improving community health that is generally facilitated by public health leaders. This framework is designed to help communities collect local health data and information, apply strategic thinking to prioritize local public health issues, and identify resources to address these priorities. The MAPP framework involves six steps: organizing, visioning, assessments, strategic issues, goals/strategies, and action cycle. MAPP as an interactive, community-based process can improve the efficiency, effectiveness, and ultimately the performance of local public health systems. The framework can be modified to meet the needs of the community.

Aligning with the Public Health Accreditation Board activities, the six phases of MAPP are grouped into two stages: the Community Health Needs Assessment and the Community Health Improvement Plan (CHIP). The previously developed CHNA report covers the first four phases.

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 included in the community health assessment stage. The final two phases will be addressed here in the Community Health Improvement Plan (CHIP) report.

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Table 1: MAPP Stages and Phases

Methodology

A community health needs assessment is a collaborative process of collecting and analyzing data and information for use in educating and mobilizing communities, developing priorities, garnering resources, and planning actions to improve the population’s health. Pinal County Community Health Needs Assessment Partnership followed the MAPP structure to engage collaboration with individuals, local partners and organizations, and the local public health system.

The MAPP framework identified the following assessments:

- Community Themes and Strengths
- Local Public Health System Assessment
- Community Health Status Assessment
- Forces of Change Assessment

Primary data were collected through focus groups and surveys with community members and community-based organizations on health status, healthy environment, access to healthcare, and contributions to the 10 Essential Public Health Services. These survey results primarily inform the Community Themes and Strengths Assessment, the Local Public Health System Assessment, and the Community Health Status Assessment. Additionally, the CHNA Team provided information for the Forces of Change Assessment.

Secondary data was accessed from the Arizona Department of Health Services, the Robert Wood Johnson Foundation 2018 County Health Rankings, the U.S. Census Bureau, and other sources that are noted throughout the document. Results of these data collection and analysis efforts informed
the Key Findings, which will serve as the proposed priority areas for community health improvement.

On July 22, 2020, the Pinal County Community Health Improvement Workshop was conducted to present findings, gain consensus on priority issues, provide feedback on why the issues were important to them, and begin developing the infrastructure and goals towards making measurable improvements on the priority issues. As a result of the Workshop, goals and measurable objectives were identified, along with strategies for implementation, related resources, and potential barriers. These efforts are documented here in the CHIP. This plan should be used by health and other governmental education and human service agencies, in collaboration with community partners, to set priorities and coordinate and target resources. A community health improvement plan is critical for developing policies and defining actions to target efforts that promote health.

With the presentation of the CHIP to the community, the Action Phase of the MAPP process begins. Interventions are likely to be multi-level, reaching the population through multiple channels, as well as multi-faceted, with behavioral, social, and environmental aspects addressed for greater effectiveness. Identified priorities must be embraced by the community, because each individual and organization must contribute and shoulder some responsibility for the change. The Action Phase is projected to last three years, at which time progress toward objectives will be reported to the community. Since health needs are constantly emerging, the cyclical nature of the MAPP process allows the periodic identification of new priorities and the realignment of activities and resources to address them.

2019 Novel Coronavirus (COVID-19)

On January 21, 2020, the United States Centers for Disease Control and Prevention (CDC) confirmed the first U.S. case of 2019 novel Coronavirus (COVID-19). On February 3, the U.S. declared a public health emergency, and on March 11 the World Health Organization declared COVID-19 a pandemic. The world has changed drastically since then. Arizona has seen ranges of mitigation measures and Executive Orders to reduce the spread of COVID-19. Some of these measures, such as business and school closures, have limited access to services and challenged providers to increase virtual offerings. The “Arizonans Safer at Home” order had a positive effect on reducing spread of virus but also negatively impacted social connectedness. We are in unprecedented circumstances as a community and as a local public health system. While the Community Health Needs Assessment was completed prior to the COVID-19 pandemic, this Community Health Improvement Plan and subsequent activities will strive to consider the resulting effects on our identified priority areas.
CHIP Maintenance and Update

The Pinal County Public Health Service District will continue to review and maintain this document. This CHIP document is intended to initiate larger community coordination and progress towards the identified priority issues. The Public Health Accreditation Board Standards & Measures Version 1.5 recommends that the Community Health Needs Assessment and Community Health Improvement Plan are formally updated at least every 5 years. PCPHSD will assess future efforts to formally update the plan in collaboration with community partners in the future. PCPHSD will develop a CHIP Annual Report to document collaborative activities and progress towards outlined goals and objectives.
**PRIORITY ISSUE: SUBSTANCE MISUSE AND DEPENDENCY**

A “substance” is anything that can alter a person’s mood or cognition. The National Institute on Drug Abuse lists drugs of abuse ranging from alcohol, cocaine, heroin, marijuana, opioids, over-the-counter medications, prescription medicines, and tobacco/nicotine and vaping. Numerous professionals believe the difference between substance use and abuse blurs when chronic use begins impairing specific aspects of life. The Diagnostic and Statistical Manual of Mental Disorders (DSM) uses the following criteria to determine if a substance use disorder is present:

- Health complications as a result of substance abuse
- Inability to carry out daily responsibilities
- Physical dependence
- Withdrawal symptoms if usage stops
- “Cravings” for drug or alcohol

Substance misuse refers to the use of a substance for a purpose that is not consistent with legal or medical guidelines, most often with prescription medications. This could mean taking more than what is prescribed or taking a medication that was not prescribed to you.

**Drug-Involved Overdose Deaths**

In the U.S., there were 67,367 drug overdose deaths reported in 2018, 4.1% fewer deaths than in 2017. Opioids were involved in 46,802 (a rate of 14.6) overdose deaths in 2018—nearly 70% of all overdose deaths.

- Deaths involving synthetic opioids other than methadone (including fentanyl and fentanyl analogs) continued to rise with more than 28,400 (a rate of 9.9) overdose deaths in 2018.
- The number of deaths involving prescription opioids declined to 14,975 (a rate of 4.6) in 2018 and those involving heroin dropped to 14,996 (a rate of 4.7).
- In Arizona, 1,106 opioid-involved deaths were reported in 2018—a rate of 15.9
  - Deaths involving synthetic opioids other than methadone (mainly fentanyl) increased nearly twofold to 522 deaths in 2018 (a rate of 7.7).
  - Heroin and prescription opioid-involved overdose deaths remained stable with a respective 352 (a rate of 5.2) and 362 (a rate of 5.0) in 2018.

The misuse of and addiction to opioids—including prescription pain relievers, heroin, and synthetic opioids such as fentanyl—is a serious national crisis that affects public health as well as social and economic welfare. The Centers for Disease Control and Prevention estimates that the total "economic burden" of prescription opioid misuse alone in the United States is $78.5 billion a year, including the costs of healthcare, lost productivity, addiction treatment, and criminal justice involvement.

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2 https://www.drugabuse.gov/drugs-abuse
4 https://www.drugabuse.gov/publications/research-reports/misuse-prescription-drugs/what-classes-prescription-drugs-are-commonly-misused
From the 2019 Pinal County Community Health Survey:

- 56% of survey respondents reported that either themselves, a friend, or family member has experienced alcohol abuse or addiction.
- Survey respondents reported substance abuse as the #2 “most significant “health problems” in your community (problems which have the greatest impact on overall community health)”
- Survey respondents reported drug use as #1 and alcohol use as #2 “most significant “risky behaviors” in your community (behaviors which have the greatest impact on overall community health)”

**Current Activities and Resources Related to Substance Misuse and Dependency**

During the 7/22/20 CHIP Workshop, participants discussed the following activities currently happening in the community and organizations playing a role (note: this list is not exhaustive and only includes examples discussed by Workshop participants):

- Pinal County Wellness Alliance (formerly Pinal County Substance Abuse Council) works to reduce substance abuse across Pinal County through policy development, prevention, and education.
- Pinal-Gila Council for Senior Citizens (PGCSC) teaches mental health first aid, including substance abuse/misuse. [https://www.pgcsc.org/](https://www.pgcsc.org/)
- Casa Grande Alliance (CGA, Inc.) provides substance abuse prevention education and awareness, and treatment resource information for organizations, families and individuals to address substance abuse issues in the community. [https://casagrandealliance.com/](https://casagrandealliance.com/)
- notMYkid: a 501(c)(3) nonprofit organization that provides children and families with programs, support, resources, and trainings that focus on substance use, vaping, bullying, relationships, trauma, body image, depression/self-injury/suicide, and internet safety for youth, adults and the community at-large. [https://notmykid.org/](https://notmykid.org/)
- CHAMMP Prevention Coalition works to educate the senior population of Pinal County in proper medication storage, usage, and disposal, resulting in safer communities for all ages. [https://www.chammpcoalition.org/](https://www.chammpcoalition.org/)
- Pinal County Public Health is working on developing a Senior prescription drug training.
- CGA/PCPHSD are working together to sign up doctors for PMP list.
- PCPHDS Opioid/Overdose Fatality Review Team meetings.
- Within the community, there are behavioral health providers and medication-assisted treatment (MAT) providers.
- Prevention and disposal education by CGA, Inc.
- FTF home visitors, school-based prevention (PCPHSD, CGA, Not My Kid)
- CGA Treatment 360 at college career days.
- Community Bridges: [https://communitybridgesaz.org/](https://communitybridgesaz.org/)
- Arizona Complete Health: [https://www.azcompletehealth.com/](https://www.azcompletehealth.com/)
Identified Current Gaps Related to Substance Misuse and Dependency

During the 7/22/20 CHIP Workshop and in the follow up survey, participants provided the following suggestions where there are gaps in the community:

- There are not enough providers/programming, especially in rural areas
- There is a need for more MAT
- Transportation is a gap in accessing treatment or resources
- There is a need for more education and consistent messaging to combat stigma
- Helping people understand that dependence can happen to anyone at any age
- Additional funding needed to hire more professionals
- Navigators needed to assist people into treatment
- Additional peer educators needed
- Continuity of care throughout the process
- Lack of transitional living, sober living, detox facilities
- Need for greater collaboration by community partners
- Resources for individuals with opiate use/abuse and alcohol use/abuse
- In-patient and out-patient treatment facilities is a gap, as well as transportation to and from treatment
- Barriers in easily accessing resources

Areas to Make Progress Related to Substance Misuse and Dependency

During the 7/22/20 CHIP Workshop and in the follow up survey, participants recommended areas where the collaborative might make meaningful progress:

- Participate in the MAT trainings coming up in August 2020
- Outreach, information sharing, getting everyone involved
- Working with law enforcement to train officers, ambulatory services in how to respond to calls for this issue. Working with counselors to effectively respond.
- Angel Initiative expansion. Arizona Complete Health has a person that can provide the training to law enforcement
- CGA is working on starting a Family Resource Center and Youth Coalition in Casa Grande.
- Need to work with Navigators
- Continuation of workgroups- some of the best strategies and ideas come together when a group can have an open discussion and be a resource/referral.
- Opiate fatality review - offers data
- Mentorship programs, activity centers, youth councils
- Improve outreach and education.
- Behavior/mental health resources
How has COVID-19 affected or changed Substance Misuse and Dependency?
During the 7/22/20 CHIP Workshop and in the follow up survey, participants discussed potential areas where COVID-19 pandemic may be affecting this priority issue. Additional surveying and data collection is necessary to inform future discussions.

- Participants believe that COVID-19 has increased substance abuse because people are getting depressed and desperate. There is a need for measurable data on the impact of COVID-19.
- From an organizational standpoint, it has impacted service delivery and response time.
- Reduced/closed schools, activities, and access to services has likely impacted substance misuse and dependency.
- Increased stress.

Proposed Goals to Make Progress Related to Substance Misuse and Dependency
Based on discussions, future CHIP collaborative efforts should focus on:

- Improved communication and collaboration between identified community partners. PCPHSD will first coordinate with the existing Pinal County Wellness Alliance and identify how to grow the Substance Misuse and Dependency working group organizational structure and meeting frequency from there.
- Development of a Resource Guide to better promote existing providers and resources related to Substance Misuse and Dependency.
- Coordination with the Substance Misuse and Dependency working group and community partners to identify areas for improved data collection, data visualization, and data sharing for use by partners. Some suggested areas for future data collection and evaluation include:
  - Gap analysis of services and provider needs assessment
  - Impact of current programming, demographics, outreach, support services
  - Random large scale survey to track use/abuse since COVID
  - Drug/alcohol use rates and interventions to decrease
  - Deferrals, rates of arrests
  - Peer support resources
  - Number of overdoses reported, both fatal and non-fatal, in Pinal County

As the Substance Misuse and Dependency working group is organized and established, these goals will be refined into measurable objectives and progress will be reflected in the Annual CHIP Report.
**PRIORITY ISSUE: MENTAL HEALTH**

The National Alliance on Mental Illness reports that 1 in 5 U.S. Adults experience mental illness, and 1 in 6 of youth (6-17 years) experience a mental health disorder\(^5\). Mental health care matters, and mental health can have a ripple effect on the individual, the family, and the community. Here in Graham County, we have recognized that there are limited resources available to address mental health, and we would like to work together to improve access to mental health resources within our community.

**Mental Health: Why is it Important?**

Millions of people in the United States are affected by mental illness each year. A mental illness is a condition that affects a person's thinking, feeling, behavior or mood. These conditions deeply impact day-to-day living and may also affect the ability to relate to others.

Mental health conditions may include:

- Anxiety disorders
- Attention Deficit Hyperactivity Disorder (ADHD)
- Bipolar Disorder
- Borderline Personality Disorder
- Depression
- Dissociative Disorders
- Eating Disorders
- Obsessive-Compulsive Disorder
- Posttraumatic Stress Disorder (PTSD)
- Psychosis
- Schizoaffective Disorder
- Schizophrenia

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\(^5\) [https://nami.org/mhstats](https://nami.org/mhstats)
A mental health condition is not the result of one event. Research suggests multiple, linking causes. Genetics, environment, and lifestyle influence whether someone develops a mental health condition. A stressful job or home life makes some people more susceptible, as do traumatic life events. Biochemical processes and circuits and basic brain structure may play a role, too.

Mental health conditions are far more common than many think mainly because people do not like to, or are scared to, talk about them. As a community, we hope to work together to reduce the stigma of mental illness and mental health conditions.

From the 2019 Pinal County Community Health Survey:
- 81% of survey respondents reported that either themselves, a friend, or family member has at least one mental health condition.
- Survey respondents reported Mental Health as the #1 “most significant “health problems” in your community (problems which have the greatest impact on overall community health)”

Of note, Pinal County also has nearly half the rate of mental health providers per 100,000 population compared to the average in Arizona.

Current Activities and Resources Related to Mental Health
During the 7/22/20 CHIP Workshop, participants discussed the following activities currently happening in the community and organizations playing a role (note: this list is not exhaustive and only includes examples discussed by Workshop participants):
- Local First Arizona is supporting talent pipeline management (www.ruraltalentaz.com)
- First Things First (https://www.firstthingsfirst.org) supports parent education classes, develops resource guides, and is currently reaching out to other agencies to map out behavior needs for children birth to 5.
- Pinal Childhood Coalition has developed a referral form that connects families to their needs, and appropriate agencies will respond.

6 https://nami.org/Learn-More/Mental-Health-Conditions
• Arizona Complete Health: https://www.azcompletehealth.com/
• Behavioral health agencies are providing support systems for their clients to be able to educate themselves and access services available to them to assist them in mainstreaming into the community.
• Smart support; this program has been reduced since schools and childcare centers are not open
• 24/365 crisis line that can be access at any time regardless of insurance status
• Recent layoffs and closures in the mining industry has likely impacted mental health.

Identified Current Gaps Related to Mental Health
During the 7/22/20 CHIP Workshop and in the follow up survey, participants provided the following suggestions where there are gaps in the community:
• Programming, a network of organizations that respond to crisis, response
• Lack of therapists, counselors, and practicing psychologists
• Not enough supports or resources
• Little treatment and information, lots of stigma and looking the other way.
• Resources
• Widespread geography
• Transportation
• Wi-fi access and technology access, lack of broadband access
• Involvement of additional partners:
  o Health Plans
  o Community Advocacy Groups
  o Chamber of Commerce
  o Government Officials
  o Behavioral Health Organization
  o Ministry Alliance, faith based organizations

Areas to Make Progress Related to Mental Health
During the 7/22/20 CHIP Workshop and in the follow up survey, participants recommended areas where the collaborative might make meaningful progress:
• Community awareness, build meaningful and impactful programs, response procedures
• Intentional workforce development / career pathway development
• Education and outreach
• Continued discussion
• Expand broadband access
• Create telehealth opportunities
• Provide transportation
• Increase access/number of Mental health care providers
How has COVID-19 affected or changed Mental Health?
During the 7/22/20 CHIP Workshop and in the follow up survey, participants discussed potential areas where COVID-19 pandemic may be affecting this priority issue. Additional surveying and data collection is necessary to inform future discussions.

- COVID-19 has added to the mental health stress and greatly increased mental health issues.
- COVID-19 has impacted depression, anxiety, and PTSD.
- COVID-19's impact on mental health has been significant. Even the most "healthy" are struggling with isolation, depression and anxiety.
- COVID-19 has changed the way people are able to access care (e.g. virtual, telehealth) – this may be negative or positive, not yet clear.

Proposed Goals to Make Progress Related to Mental Health
Based on discussions, future CHIP collaborative efforts should focus on:

- Improved communication and collaboration between identified community partners. PCPHSD will first coordinate with the existing Pinal County Wellness Alliance and identify how to grow the Mental Health working group organizational structure and meeting frequency from there.
- Development of a Resource Guide to better promote existing providers and resources related to Mental Health.
- Coordination with the Mental Health working group and community partners to identify areas for improved data collection, data visualization, and data sharing for use by partners. Some suggested areas for future data collection and evaluation include:
  - Gap analysis of services and provider needs assessment
  - Impact of current programming, demographics, outreach, support services
  - Number of practitioners
  - Number of trained Mental Health First Aid
  - Deferrals, rates of arrests

As the Mental Health working group is organized and established, these goals will be refined into measurable objectives and progress will be reflected in the Annual CHIP Report.
**PRIORITY ISSUE: NUTRITION AND PHYSICAL ACTIVITY**

Good nutrition is essential in keeping current and future generations of Americans healthy across the lifespan. People who eat a healthy diet live longer and are at lower risk for serious health problems such as heart disease, type 2 diabetes, and obesity. For people with chronic diseases, healthy eating can help manage these conditions and prevent complications.

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**Poor Nutrition Is Making Our Nation Sick**

Many Americans’ diets lack adequate sources of good nutrition.

- Fewer than 1 in 10 children and adults eat the recommended daily amount of vegetables.
- Only 4 in 10 children and fewer than 1 in 7 adults eat enough fruit.

Vitamin and mineral malnutrition impacts our health and economy.

- Low levels of vitamins and minerals can result in mental impairment and central nervous system defects in infants.
- Poor nutrition contributes to many costly diseases, including obesity, heart disease, and some cancers.

Mothers stop breastfeeding earlier than intended.

- About 80% of mothers start out breastfeeding, but more than 50% stop sooner than they planned.
- Low rates of breastfeeding add more than $2 billion a year to direct medical costs.

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*National Center for Chronic Disease Prevention and Health Promotion*

*Division of Nutrition, Physical Activity, and Obesity*

https://www.cdc.gov/nutrition/about-nutrition/index.html

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7 https://www.cdc.gov/nutrition/about-nutrition/pdfs/Nutrition-Fact-Sheet-H.pdf
Obesity results from energy imbalance: too many calories in, too few calories burned. A number of factors influence how many calories (or how much “energy”) people burn each day, among them, age, body size, and genes. But the most variable factor—and the most easily modified—is the amount of activity people get each day. Keeping active can help people stay at a healthy weight or lose weight. It can also lower the risk of heart disease, diabetes, stroke, high blood pressure, osteoporosis, and certain cancers, as well as reduce stress and boost mood. Inactive (sedentary) lifestyles do just the opposite.⁸

Physical activity goes hand in hand with nutrition as one of the best things people can do to improve their health. Active people generally live longer and are at less risk for serious health problems like heart disease, type 2 diabetes, obesity, and some cancers. For people with chronic diseases, physical activity can help manage these conditions and complications.⁹

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1 in 10 premature deaths could be prevented by getting enough physical activity. It could also prevent:

- 1 in 8 cases of breast cancer
- 1 in 8 cases of colorectal cancer
- 1 in 12 cases of diabetes
- 1 in 15 cases of heart disease

"If you could package physical activity into a pill, it would be the most effective drug on the market."

Dr. Ruth Petersen, Director of CDC’s Division of Nutrition, Physical Activity, and Obesity

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**INVESTING IN PHYSICAL ACTIVITY MAKES SENSE**

**BENEFITS FOR CHILDREN**
- Reduces risk of depression
- Improves aerobic fitness
- Improves muscular fitness
- Improves bone health
- Promotes favorable body composition
- Improves attention and some measures of academic performance (with school physical activity programs)

**BENEFITS FOR ADULTS**
- Lowers risk of high blood pressure
- Lowers risk of stroke
- Improves aerobic fitness
- Improves mental health
- Improves cognitive function
- Reduces arthritis symptoms
- Prevents weight gain

**BENEFITS FOR HEALTHY AGING**
- Improves sleep
- Reduces risk of falling
- Improves balance
- Improves joint mobility
- Extends years of active life
- Helps prevent weak bones and muscle loss
- Delays onset of cognitive decline

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**PHYSICAL ACTIVITY BENEFITS COMMUNITIES**

**ECONOMIC**
Building active and walkable communities can help:
- Increase levels of retail economic activity and employment
- Increase property values
- Support neighborhood revitalization
- Reduce health care costs

**SAFETY**
Walkable communities can improve safety for people who walk, ride bicycles, and drive.

**WORKFORCE**
Physically active people tend to take fewer sick days.

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U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

FOR MORE INFORMATION PLEASE VISIT:
Division of Nutrition, Physical Activity, and Obesity
www.cdc.gov/nccdphp/dnpao
From the 2019 Pinal County Community Health Survey:

- 50% of survey respondents reported being diagnosed as overweight/obese.
- Survey respondents reported Diabetes as the #4 “most significant “health problems” in your community (problems which have the greatest impact on overall community health)” – Diabetes is a chronic disease affected by physical activity and nutrition.
- Survey respondents reported being overweight as the #3 “most significant “risky behaviors” in your community (behaviors which have the greatest impact on overall community health)”
- Survey respondents reported poor eating habits as the #5 “most significant “risky behaviors” in your community (behaviors which have the greatest impact on overall community health)”
- 74% of survey respondents reported buying fresh fruits and vegetables every week, and 71% were able to purchase within 10 miles of their home.

The Center for Disease Control and Prevention (CDC) Division of Nutrition, Physical Activity, and Obesity (DNPAO) utilizes Body Mass Index (BMI), which is a number calculated from a person's weight and height, as a reliable indicator of body fatness for most people and is used to screen for weight categories that may lead to health problems. In adults, a BMI score of 25.0-29.9 is deemed overweight, and 30.0 and above is obese.

56% reported being diagnosed with at least one of the following health conditions.

<table>
<thead>
<tr>
<th>Health Condition</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overweight/Obesity</td>
<td>50%</td>
</tr>
<tr>
<td>Hypertension</td>
<td>24%</td>
</tr>
<tr>
<td>Diabetes</td>
<td>13%</td>
</tr>
</tbody>
</table>

The percentage of obese adults (BMI >30) has risen in Pinal County.
Current Activities Related to Nutrition and Physical Activity

During the 7/22/20 CHIP Workshop, participants discussed the following activities currently happening in the community and organizations playing a role (note: this list is not exhaustive and only includes examples discussed by Workshop participants):

- First Things First: conduct home visitation, if family identifies an issue they will be supported.
- Friend, Family & Neighbor program: ensures children have proper nutrition and activity
- AJ Fun Van (through the library) runs 17-21 classes per week, would come to WIC clinics to provide information. Currently WIC refers to classes.
- UA Strengthening Families program: nutrition is part of the curriculum.
- UA has screening programs for hearing, vision, dental, development & partner with WIC.
- UA “Catch”: Activities and games that are socially distanced to encourage activity once return to school. Campaign to do physical activity with kids at home. Will send packets home with kids by the fall.
- UA Snap-Ed gardening in schools and community. Maintained gardens during COVID-19. Casa Grande Middle School expanded gardens (e.g. including pumpkins).
- UA EFNEP: expanded food nutrition educational program.
- WIC is serving 8900 women and children with supplemental nutrition and breastfeeding education, with some physical activity education. WIC has transitioned all activities to remote/virtual during the COVID-19 pandemic.
- UA Coop Extension/SNAP-ED program provide Nutrition and Physical Activity classes virtually. Foodbox services are still happening.
- Food insecurity is a larger issue than before. Food banks have seen a rise in participation, as well as donations and funding. Arizona Food Bank Network put out mini grants to buy food for organizations who serve families, which can be used to supply food to people on the waiting list for CFSP. Superior has seen a huge increase in demand, and can largely meet the need.
- Schools are providing meals (breakfast and lunch) to enrolled students and families. Moving forward these meals will be charged to students’ accounts or counted in free and reduced program.
- PCPHSD School Health Liaisons provide nutrition and physical activity lessons.
- PCPHSD food boxes.
- Food banks in the community.

Identified Current Gaps Related to Nutrition and Physical Activity

During the 7/22/20 CHIP Workshop and in the follow up survey, participants provided the following suggestions where there are gaps in the community:

- Access to healthy foods
  - Distance to purchase food
  - Ability to afford food
Enhanced access to healthy, locally grown foods

- Education
- Access to a place to engage safely in physical activities: Fitness centers, bike paths, sidewalks, walkable cities/towns.
- Affordable year-round indoor activities to encourage activity.
- Obesity, high risk health factors, lack of accessibility to nutritional foods
- Communities focus on winter visitors and neglect permanent residents. Visitors skew the economic status compared to permanent residents, so people don’t qualify for the programs they need. Who lives here permanently and where are they?

Areas to Make Progress Related to Nutrition and Physical Activity
During the 7/22/20 CHIP Workshop and in the follow up survey, participants recommended areas where the collaborative might make meaningful progress:

- Increase educational outreach and advocacy efforts:
  - Permanent residents, areas that don’t have safe physical spaces, creative spaces for play and activity, improvements in city resources (pools, etc)
  - Food access and choices, getting the BOS and other decision-makers on board. Building infrastructure to improve access.
- Businesses that we attract to the county could meet these needs: more grocery stores, childcare, etc. These structural improvements would be more attractive to recruit workforce.
- Information sessions on the importance of this topic and how it is connected to or feeds into mental health.
- Fund food system development, recreation initiatives
- Education and outreach.

How has COVID-19 affected or changed Nutrition and Physical Activity?
During the 7/22/20 CHIP Workshop and in the follow up survey, participants discussed potential areas where COVID-19 pandemic may be affecting this priority issue. Additional surveying and data collection is necessary to inform future discussions.

- Business closures (gyms, fitness centers) have reduced access to physical activity venues.
- Restaurant closures have reduced dining options, although it is unclear whether there is increased health due to eating at home.
- COVID-19 highlighted the deficiencies of Arizona’s food system - from agriculture, to packaging, to distribution. These issues have caused many communities to look internally at building self-reliance for food access.
- Job loss may have affected food insecurity.
Proposed Goals to Make Progress Related to Nutrition and Physical Activity

Based on discussions, future CHIP collaborative efforts should focus on:

- Improved communication and collaboration between identified community partners. There is not currently an existing community coalition related to nutrition and physical activity. PCPHSD will engage partners to establish a collaborative and to grow the working group organizational structure and meeting frequency from there.

- Development of a Resource Guide to better promote resources related to Nutrition and Physical Activity. Cross collaboration and cross promotion of events hosted by community partners.
  - Improved promotion of educational events related to nutrition
  - Improved promotion of physical activity events

- Coordination with the Nutrition and Physical Activity working group and community partners to identify areas for improved data collection, data visualization, and date sharing for use by partners. Some suggested areas for future data collection and evaluation include:
  - Identification and mapping of parks, activity spaces
  - Rates of participation in spaces and events
  - Eating habits, exercise habits, associated costs
  - Farmer’s Market use, access to healthy foods
  - Impact of transportation on food access and nutrition
  - Food insecurity
  - Overweight/obesity data

- Coordination with partners that can advocate for local and county policy making and initiative development.

As the Nutrition and Physical Activity working group is organized and established, these goals will be refined into measurable objectives and progress will be reflected in the Annual CHIP Report.
**NEXT STEPS**

Pinal County Public Health Services District is pleased to present this report of the Community Health Needs Assessment and Community Health Improvement Plan process. This report highlights feedback and great involvement of partners and is only the beginning of exciting collaboration and meaningful action. PCPHSD seeks to serve as a “connector” bringing together community partners, establishing sustainable organization, and building capacity in these three Priority Areas.

As the Priority Area “Working Groups” begin to convene, we intend to refine the broader goals into “SMART” objectives that can be measured and tracked over time. There is great opportunity to engage new partners, such as academia or smaller issue-driven community organizations, to collect and share data. We hope to work together efficiently, to streamline efforts, and to maximize resources. We will strive to make sure our activities meet the challenges of the 21st Century, incorporating innovation and technology where possible, and understanding the role health equity plays in the services provided and data collected.

We also acknowledge we are working in a unique and unprecedented time. The World Health Organization declared COVID-19 a pandemic on March 11, 2020, and for many of our stakeholders, their immediate focus has shifted to prevention and response. Our ability to meet in person and to provide services to our community has been greatly impacted. Throughout the CHIP discussions, our partners remarked that COVID-19 will likely affect all three of our Priority Issues: Mental Health, Substance Misuse and Dependency, and Nutrition and Physical Activity. Our future data collection efforts and community interventions will be mindful of the COVID-19 pandemic and the repercussions for our community members and organizations.

If you are interested in contributing to the future Community Health Improvement collaboration in Pinal County, please contact:

- Jan Vidimos
  Interim Public Health Division Manager for Community Health
  Pinal County Public Health Services District
  Email: jan.vidimos@pinal.gov
  Office: (520)-866-7317
  Public Health Dashboard: bit.ly/pinalhealthdashboard

We look forward to presenting our collaboration and progress in the Annual CHIP Report.
APPENDIX A: 7/22/20 CHIP WORKSHOP

Pinal County Public Health Services District originally scheduled a Community Health Improvement Workshop on March 20, 2020 to convene community stakeholders and the local public health system to discuss the results of the Community Health Needs Assessment and to confirm the three proposed Priority Issues. Due to the emergence of the COVID-19 Pandemic, the workshop was put on hold and ultimately rescheduled as a virtual offering on July 22, 2020.

The Pinal County Community Health Improvement Workshop was conducted via Zoom and covered the MAPP Framework, process, data collection methods, and key findings from the CHNA. The session was interactive, and allowed for sharing as a whole group, and then split participants into breakout sessions by each of the Priority Issues. Breakout groups were facilitated by PCPHSD staff and asked participants to brainstorm the following:

- What activities are currently happening in our community related to this Priority Issue?
- What resources/offerings are currently available?
- How do you/your organizations play a role in this Priority Issue?
- What other organizations play a role?
- What organizations should be more involved?
- What are our community’s greatest gaps or needs related to this Priority Issue?
- What are some areas where we can make real progress in improving this Priority Issue?
- What are some goals/objectives we can track to see measurable progress for this Priority Issue?
- How has COVID-19 affected or changed this Priority Issue?

These discussions are captured by Priority Issue in the CHIP.

A SurveyMonkey was also sent out to both the attendees and to the broader invited stakeholder and local public health system group to gather additional information and to commit community partners to continued engagement in the Community Health Improvement Plan. These responses are also incorporated into the Priority Issue sections in the CHIP.
### 7/22/20 Participant List

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<thead>
<tr>
<th>First Name</th>
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<tbody>
<tr>
<td>Alice</td>
<td>Rebecchi</td>
<td>Zonta Club of Casa Grande Valley</td>
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<td>Michael</td>
<td>Cyrino</td>
<td>Arizona Complete Health</td>
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<td>Liza</td>
<td>Noland</td>
<td>Local First AZ Foundation</td>
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<td>Michele</td>
<td>Reimer</td>
<td>First Things First</td>
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<tr>
<td>JoAnne</td>
<td>Galindo</td>
<td>Pinal County Public Health</td>
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<tr>
<td>Kevin</td>
<td>Bawden</td>
<td>The University of Arizona Cooperative Ex</td>
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<td>Merissa</td>
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<td>Eliza</td>
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<td>Coll Consulting LLC</td>
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<td>Merry</td>
<td>Manson</td>
<td>Banner Health</td>
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<td>Greta</td>
<td>Edwards</td>
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<td>Martha</td>
<td>O'Sullivan</td>
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<td>Bob</td>
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### Follow Up CHIP Survey Participants

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Note: providing contact information was optional, there were two additional survey submissions that were anonymous.