

ARIZONA PSE PLAYBOOK

Policy, Systems, and Environmental Change in Arizona Communities
2023



Created by Arizona State University's College Research and Evaluation Services Team & Knowledge Enterprise for the Arizona Department of Health Services Arizona Health Improvement Plan (AzHIP).



Table of Contents



Acronyms and Abbreviations.....	3
Introduction.....	5
Defining PSE Work.....	5
Frameworks for PSE Change.....	8
Benefits of the PSE Change Approach.....	10
Focusing on Arizona.....	11
Recommendations for Conducting Successful PSE Work.....	13
Defining Success with SMARTIE Goals and Objectives.....	15
Evaluation of PSE Work.....	16
Case Studies from within Arizona.....	18
Case Study 1: Project Roots.....	19
Case Study 2: Coconino Coalition for Children & Youth (CCC&Y).....	21
Case Study 3: Hopi Foundation.....	24
Case Study 4: Navajo County Community Health Needs Assessment (2018-2020).....	27
Case Study 5: Live Well Arizona Incubator, a collaborative program of the Arizona Partnership for Healthy Communities and Vitalyst Health Foundation.....	29
Resources.....	32
Learning Resources.....	32
Funding for PSE Work.....	35
Conclusion.....	37
References.....	38

Acronyms and Abbreviations

ACEs: Adverse Childhood Experiences

ADHS: Arizona Department of Health Services

American Indian/Alaska Native (AI/AN)

ASU: Arizona State University

AZ: Arizona

BIPOC: Black, Indigenous, People of Color

CCC: Comprehensive Cancer Control

CCC&Y: Coconino Coalition for Children & Youth

CDC: The Centers for Disease Control and Prevention

CHA: Community Health Assessment

CHIP: Community Health Improvement Plan

COVID-19: Coronavirus Disease 2019

EFNEP: Expanded Food and Nutrition Education Program

GFRT: Grant and Federal Resources Team

HAPI: Health in Arizona Policy Initiative

LGBTQIA+: Lesbian, Gay, Bisexual, Transgender, Questioning, Intersex, Asexual+

LISC: Local Initiative Support Corporation

MAPP: Mobilizing Action through Planning and Partnership

Non-Hispanic White (NHW)

NCPHD: Navajo County Public Health Department

OSPN: Office of Strategic Planning and Budgeting

PHRASES: Public Health Reaching Across Sectors

PSE: Policies, Systems, and Environments

RHIhub: The Rural Health Information Hub

RNECE: The Regional Nutrition Education and Obesity Prevention Centers of Excellence

SAMHSA: The Substance Abuse and Mental Health Services Administration

SDOH: Social Determinants of Health

SMARTIE: Specific, Measurable, Achievable, Relevant, Time-bound, Inclusive, Equitable

SNAP-Ed: Supplemental Nutrition Assistance Program – Education

USDA: United States Department of Agriculture

WHO: The World Health Organization

Executive Summary



This policies, systems, and environment (PSE) Playbook for Arizona has been created to help guide community organizations, individuals, and others in Arizona to incorporate PSE into public health interventions. Addressing public health challenges by implementing PSE change, as described in the Health Impact Pyramid (Freiden, 2010), can effectively and sustainably improve health equity and health outcomes in Arizona communities. This PSE playbook for Arizona is designed to be a resource for community members, community leaders, organizations, and public health partners who are interested in promoting sustainable, equitable, long-term, healthy changes in their communities.

This playbook includes definitions and descriptions on key terms and frameworks that help develop and refine PSE thinking, several case studies from organizations and people doing PSE work in our communities, and provides resources and recommendations for learning more about PSE. Case studies of organizations and people within Arizona will provide an understanding of how to apply the PSE change approach. Recommendations and resources for further learning are also included.

The intended audience for the Arizona PSE Playbook includes community members, organizations, and providers who are interested in implementing community-engaged health promotion and disease prevention strategies in Arizona.



Introduction

| Defining PSE Work

Policy, system, and environmental change, or PSE, refers to the promotion of healthy behaviors where we live, work, and play by making healthy choices more accessible and available within communities and through addressing upstream determinants of health including income, stable housing, access to education, and historical and contemporary discrimination (RHIHub, 2008; SNAP-Ed, 2023). Addressing the complexities of health inequities and meeting the health needs of communities requires approaches driven by communities that take into consideration the unique challenges communities face. Since health problems are influenced by policies, systems, and environments in dynamic and interlocking ways, using a PSE approach allows for more careful consideration of how to design and implement innovative, long-term, sustainable solutions that foster healthy communities.

Definitions of policy, systems, and environmental change are provided in Figure 1 and below, along with examples.

Policy change refers to changes in an organization's formal or written regulations, guidelines, laws, and statements (Champions for Change, 2017).

Examples include:

- Creating new or modifying existing local, state, or federal laws and policies regarding healthcare spending
- Developing a non-profit organization's policies, as determined by the board of directors
- Alterations to human resources policies at a business regarding paid time off and sick leave
- School policies on food options in cafeterias

Systems change refers to fundamental changes in an organization's unwritten, ongoing rules and decisions, which impact the organization's activities within the community (Champions for Change, 2017).

Examples include:

- Incorporating new knowledge about social determinants of health into an organization's culture
- Building relationships with childcare centers to better understand the challenges facing young children
- Providing reimbursement for community health work

Environmental change refers to changes to the physical, social, and economic setting that is relevant to the community (Champions for Change, 2017).

Examples include:

- Increasing the number of safe parks, green spaces, and recreational areas within a community
- Local businesses offering an increased variety of healthy food options
- Providing financial incentives for completing activity challenges

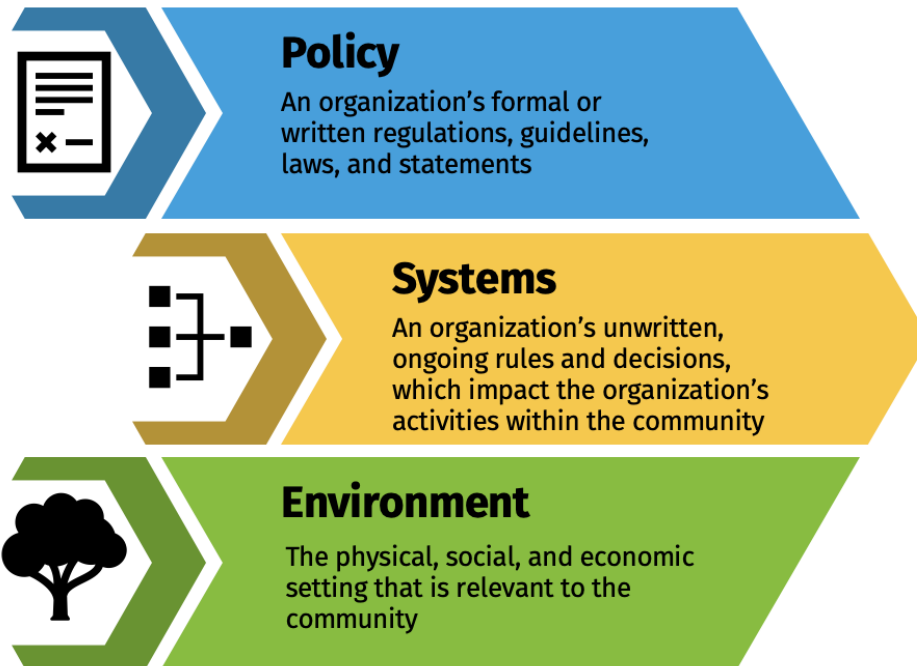


Figure 1. Definitions of Policy, Systems, and Environment (PSE), as they relate to public health work.

Unlike a single program or event, PSE change is sustainable, part of an ongoing plan, long-term, community or population focused, and can produce long-term behavior change over time. The PSE change approach is focused on the community or population rather than the individual (The Food Trust, 2012). With these components in mind, PSE change is often focused on community-engaged and community-driven work and collaborative efforts with communities. It often involves multiple partnerships to include organizational assets within the given community who are affected by the issue(s) and a desire to work toward a common goal (GW Cancer Center, 2023). As such, PSE change is a process, rather than an event or single program.

Table 1. A description of examples of what PSE change might include, as well as examples that are not reflective of PSE change.

What PSE is:	What PSE is not:
<p>Sustaining</p> <ul style="list-style-type: none"> • A change in policy to enable more healthy school lunch options for children 	<p>Non-sustaining</p> <ul style="list-style-type: none"> • A two-month long summer program to increase student healthy eating
<p>Part of an ongoing plan</p> <ul style="list-style-type: none"> • An organization providing funding to improve mental health resources in a community 	<p>Not part of an ongoing plan</p> <ul style="list-style-type: none"> • An organization providing employees with access to free mental healthcare one year, but not in the following years
<p>Long-term</p> <ul style="list-style-type: none"> • Incorporating healthy food options at all workplace events 	<p>One-time or short-term</p> <ul style="list-style-type: none"> • Someone bringing healthy food to a workplace meeting one time
<p>Community/population-level</p> <ul style="list-style-type: none"> • Screening for housing insecurity in schools 	<p>Only individual level</p> <ul style="list-style-type: none"> • Helping an individual locate affordable housing
<p>Long-term behavior change produced over time</p> <ul style="list-style-type: none"> • Community members have increased levels of physical activity due to continued investment in community walking paths 	<p>Short-term behavior change</p> <ul style="list-style-type: none"> • Community members have increased levels of physical activity for a few months after community walking paths are built, but physical activity levels decrease over time because walking paths are not properly maintained

Adapted from *The Food Trust* (2012).

Frameworks for PSE Change

Two frameworks for understanding how to think about and implement PSE change include the health impact pyramid (Figure 2) and the social ecological model (Figure 3). Both frameworks address the complex contexts in which we live and make PSE change more broadly impactful and sustainable.

The five-tier health impact pyramid (Figure 2) depicts the impacts of various types of public health interventions. The base of the pyramid contains interventions that are likely to have the greatest potential impact because they reach broad segments of the population and address the social determinants of health. While the other tiers of the pyramid are important

for achieving sustained public health benefits, it is important to understand that as the contexts impacting the social determinants of health surrounding people start to change, people may change their health-related decisions. Those working specifically on PSE change often concentrate their efforts on the bottom three tiers - socioeconomic factors, changing contexts that influence health decisions, and protective interventions. The involvement of health-oriented organizations, clinicians, government agencies, nongovernmental organizations, private enterprises, and community members becomes important for addressing the needs of individuals and communities through creating and promoting both small and large-scale sustainable change, partnerships, and integrated efforts.

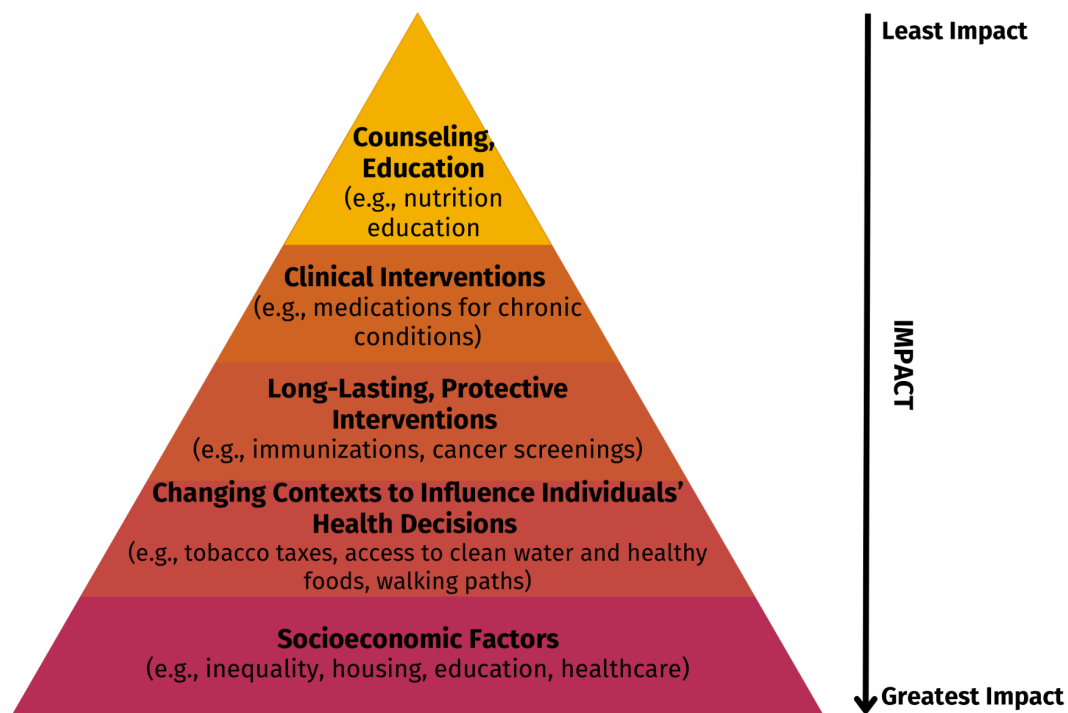


Figure 2. The Health Impact Pyramid. Adapted from Frieden (2010).

The social ecological model of public health suggests that a variety of levels including individual, interpersonal relationships, social institutions, community, and public policy affect our health status and health behaviors (Figure 3). For example, the characteristics within the surrounding community such as the built environment, access to fresh foods, and walkability may influence individual health behaviors. The social ecological model of public health helps PSE work by identifying the complex social and environmental factors influencing individual health as well as the health of our communities. A multi-level intervention approach may lead to more impactful change by identifying influences at each level to produce the desired change (Glanz, Rimer, & Viswanath, 2008). While not all PSE work

will engage with policy, systems, and environment, understanding how PSE efforts can lead to sustainable changes and promote health across communities is key.

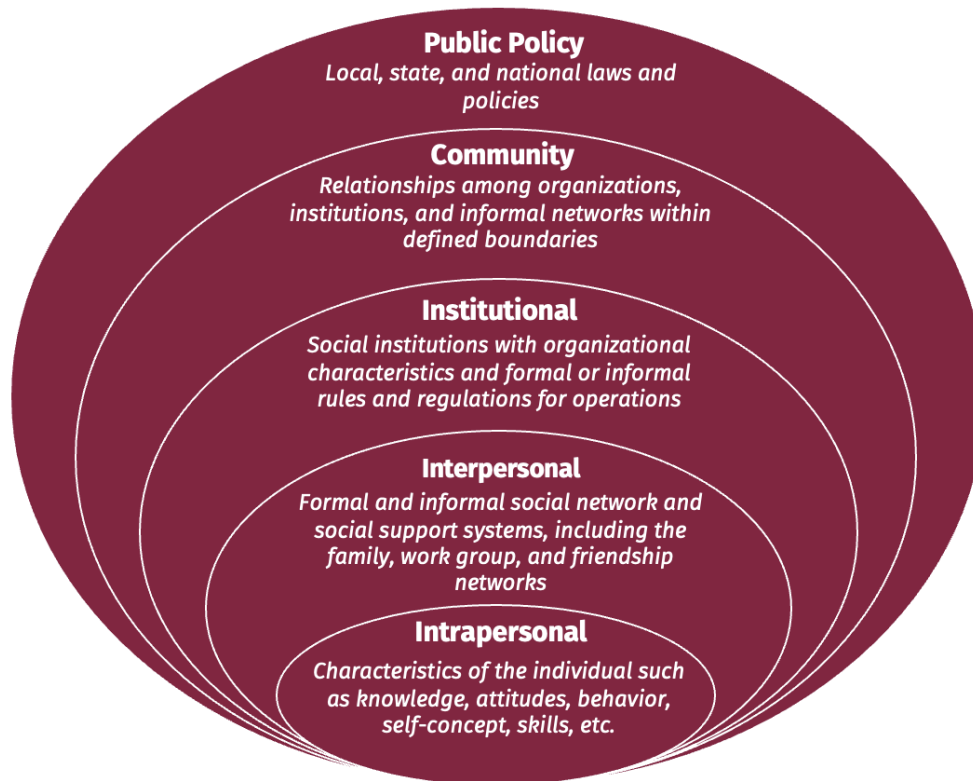


Figure 3. The Social Ecological Model of Public Health, adapted from McLeroy et al., 1988.

Benefits of the PSE Change Approach

There are benefits of the PSE change approach compared to individual-level focused efforts. The focus on communities rather than individuals broadens the impact and can ensure that the existing resources or assets within communities are utilized appropriately. With a community-level focus, this work should be inclusive of the varied voices within the community and empower the community through advocacy. The varied voices not only include those living in the community and community leaders, but also strategically includes the institutions and organizations - public and private - within the community. As such, PSE work is often community engaged and community driven through collaborations and partnerships, and becomes adapted to the specific needs of the community. Community engagement has been shown to promote health and well-being, build sustainable change, enhance community resilience, and strengthen communities through increased capacity and knowledge (WHO, 2020).

Focusing on Arizona

Arizona is home to diverse communities with unique sets of challenges and opportunities for growth and development. With one of the largest Native American populations in the United States, numerous rural communities, many immigrant communities, an aging population, and unique environmental challenges, Arizona and its people have qualities that must be considered when doing PSE work. Recognizing the special needs of groups in Arizona can help improve the effectiveness of policy, systems, and environment-level changes that are implemented to improve Arizonans' health and overall quality of life.

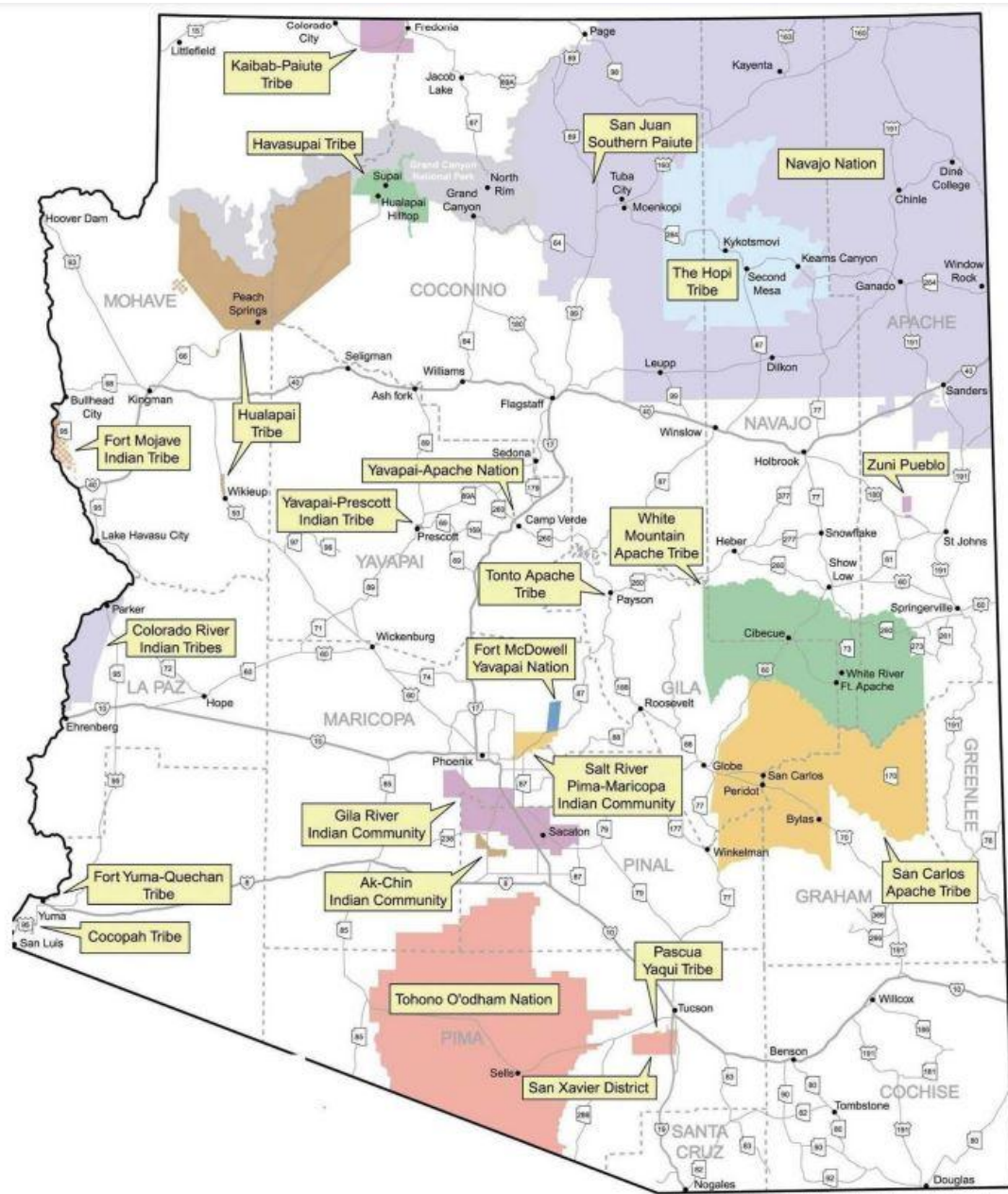


Figure 4. Map of Tribal Lands in Arizona. Arizona Office of the Governor.

There are 22 federally recognized tribes across Arizona that make up 4.5% of Arizona's population (US Census, 2020a; Figure 4). The communities belonging to these tribes have rich cultures with their own languages, traditions, and foods. Knowing this, it is important to understand and respect their unique form of sovereignty when working with tribal communities to jointly develop and implement programs and resources that may impact their lives. Native Americans in Arizona face significant additional barriers to maintaining good health, as compared to other sociodemographic groups in the state (Mangla & Agarwal, 2023; Adakai, 2018). Native American populations in Arizona, who predominantly live in rural areas, may also experience disadvantages due to reduced access to healthcare and increased risk of environmental health problems such as access to clean water, poor air quality, and vector borne diseases (Indian Health Service, 2020). There has also been growth in the Native American population in Maricopa County, where the Native American population increased 28.5% between 2010 and 2020. (US Census, 2020b). Urban American Indians and Alaska Natives (AI/AN) in the Phoenix area experience higher rates of poverty, lower rates of health insurance coverage, and less housing stability than non-Hispanic White (NHW) counterparts (Urban Indian Health Institute, 2021). The urban AI/AN population in Phoenix is also younger than the NHW population (Urban Indian Health Institute, 2021). These factors should be considered when creating policies and interventions impacting Native Americans living in urban or rural environments.

Approximately 11.2% of Arizona's population lives in rural areas and experience greater challenges associated with social determinants of health, as compared to populations living in urban areas (Morrison Institute, 2019). For instance, compared to Arizonans living in urban areas, Arizonans living in rural communities experience higher poverty rates, lower high school graduation rates, and higher unemployment rates (US Department of Agriculture, 2023). Urban areas in Arizona are concentrated in the southern and central regions of the state. This presents several challenges for those in rural settings, such as limited access to health resources and affordable transportation means. Public health interventions that focus on rural populations must consider the unique characteristics and challenges of each rural community as there is broad variety and diversity among Arizona rural communities.

Approximately 13% of Arizona's residents were born in another country, with 16% of Arizona's population comprising native-born Americans with at least one immigrant parent (American Immigration Council, 2020). Due to Arizona's proximity to Mexico, a significant proportion of Arizona's immigrant populations (55%) are originally from Mexico (American Immigration Council, 2020). Immigrants face a unique set of challenges such as language barriers and discrimination that may impact their access to and understanding of the resources available to them, uncertainty regarding their future residency status, limited employment opportunities, and possible isolation due to separation from support systems in their countries of origin. PSE work in these populations must include language-concordant interventions that consider the social and political vulnerabilities of these populations.

Another defining component of Arizona's population is that 32.3% of Arizonans identify as Hispanic, which is greater than the national average of 18.9% (US Census, 2022a; US Census, 2022b). With the Hispanic population being composed of various cultural backgrounds, it is crucial to respect this diversity in any work being done with and for Hispanic populations. In addition, data has shown that Hispanic populations in Arizona experience health disparities across various health indicators and have greater barriers to healthcare access, as compared to non-Hispanic populations (Arizona Hispanic Center of Excellence, 2017; Office of Minority Health, 2020). These barriers, such as language fluency, educational attainment, and insurance coverage require special consideration when developing programs.

In the last decade the United States has seen a significant increase in the proportion of the population who are aged 65 years and older. In Arizona, this demographic increased 36% from 2009 to 2019 (Swanson, 2022). Aging populations experience increased risk for a variety of health concerns, which are in turn associated with greater healthcare needs. Targeted outreach that considers the unique needs of older adults is warranted to promote improvements in health outcomes and quality of life in this population. The risk to good health among older adults in Arizona may also be exacerbated by specific environmental factors, such as extreme heat.

Due to the unique climate and geography of Arizona, many areas of the state experience extreme heat during the summer months, during which the temperature is often in the triple digits. This extreme heat contributes to increased risk of heat related illness including heat stroke and cardiovascular complications (Arizona Department of Health Services, 2022). The dry and hot weather conditions also make Arizona especially vulnerable to wildfires (Arizona Department of Forestry and Fire Management, 2020). The growing concern of the dangers related to Arizona's physical environment can be managed by the systems and policies that govern them (Murdock, 2023).




Recommendations for Conducting Successful PSE Work





Fully engaging with the seven steps for PSE work and creating goals and objectives that are Specific, Measurable, Achievable, Relevant, Time-bound, Inclusive, and Equitable (SMARTIE) can assist with creating impactful, sustainable change in communities. Meaningfully evaluating your PSE work can strengthen your program and increase the likelihood of its long-term success. Following the steps outlined below, creating SMARTIE goals and objectives, monitoring, and evaluating your program, and learning from the case studies presented in the next section of this playbook lays the groundwork for your PSE work success.

Steps for PSE Work

The GW Cancer Center provides seven steps for engaging in PSE work of all types regardless of its topical focus. The steps guide users from early-stage and sustained engagement all the way through implementation and evaluation. These important steps for PSE work, their definitions, and examples are included in Table 2 below. Within Table 2 a note about which case studies to consult within this playbook is also included. The case studies in this playbook illustrate how others engaging in PSE work have accomplished the steps of PSE change and provide insight into best practices.

Table 2. Steps for PSE Work

Steps for PSE Work	Examples of What to do to Accomplish Each Step	Case Study
<p>1. Engage: Build partnerships and engage the community.</p> 	<ul style="list-style-type: none"> • Connect with area organizations engaging in similar or adjacent work to see what works and what doesn't. • Consider what cross-sector collaborations could be beneficial and make connections. • Maintain partnerships. Continue to engage the community through consistent communication. • Keep partners engaged by helping to meet their needs within your efforts. 	<p>Case study 1, 2, 3, 4, 5</p>
<p>2. Scan: Perform environmental scans.</p> 	<ul style="list-style-type: none"> • Identify service gaps in the community. • Identify the external factors impacting local contexts (e.g., social, economic, and/or political factors). 	<p>Case study 1, 2, 3, 4</p>
<p>3. Assess: Using available data, determine what health issues can be addressed through PSE work.</p> 	<ul style="list-style-type: none"> • Consult a recent county needs assessments for data on health issues or other recent, objective sources of data. Conduct a needs assessment if needed. • Develop SMARTIE objectives and goals. • Start designing the outcome, process, and impact evaluations. Be sure to include qualitative and quantitative data collection. 	<p>Case study 2, 4</p>

<p>4. Review: Assess feasibility of projects with area partners to define PSE change activities.</p> 	<ul style="list-style-type: none"> • Meet with stakeholders (especially community members) to identify costs, resources, and barriers in the local context. • Identify possible courses of action. • Identify what needs to be done to meet SMARTIE goals and objectives. 	<p>Case study 1, 3, 4</p>
<p>5. Promote: Promote awareness, communicate, and educate.</p> 	<ul style="list-style-type: none"> • Advertise the program/intervention. • Communicate the importance of the program/intervention to all stakeholders. • Conduct outreach to lessen resistance and build support. 	<p>Case study 1, 2, 5</p>
<p>6. Implement: Take action.</p> 	<ul style="list-style-type: none"> • Implement PSE activities in ways that are connected to the developed and agreed upon SMARTIE goals and objectives. • Collect data on PSE activities for the outcome and impact evaluation. Begin the process evaluation. 	<p>Case study 2, 3, 4, 5</p>
<p>7. Evaluate: Measure your success.</p> 	<ul style="list-style-type: none"> • Capture data on the outcomes and changes in knowledge, attitudes, skills, beliefs, and behaviors that are connected to the PSE actions. Link data to the SMARTIE goals and objectives. • Use data to inform program improvement. • Share data with stakeholders and possible funders. 	<p>Case study 1, 2, 3</p>

Adapted from GW Cancer Center, *Policy, Systems and Environmental Change*.
<https://cancercontroltap.smhs.gwu.edu/policy-systems-and-environmental-change>.

Defining Success with SMARTIE Goals and Objectives

Well-defined objectives provide an actionable plan and a means to evaluate program activities, outcomes, and impacts. Programs often have multiple objectives. In order to assess the effectiveness and success of PSE work, we recommend identifying SMARTIE (Specific, Measurable, Achievable, Relevant, Time-bound, Inclusive, and Equitable) goals and objectives (Doran, 1981; The Management Center, 2021), and routinely monitoring and evaluating impacts. Table 3 lays out questions that are useful for creating SMARTIE goals and objectives.

Table 3. SMARTIE Goals and Objectives Development Questions

<p>Specific</p>	<ul style="list-style-type: none"> • What will be achieved? By when? • Who will be impacted? How? By when? By how much?
<p>Measurable</p>	<ul style="list-style-type: none"> • What data will be used to measure the milestones and goals? • How will tracking be accomplished?
<p>Achievable</p>	<ul style="list-style-type: none"> • Can you accomplish the objective with the resources, assets, and capabilities of the program and community?
<p>Relevant</p>	<ul style="list-style-type: none"> • Is the objective relevant with the organization’s and/or community’s broader goals? • Is the objective meaningful to the community being served? • Is the objective meaningful to community partners?
<p>Time-Bound</p>	<ul style="list-style-type: none"> • What is the timeframe or deadline for achieving the objective? • What are the timepoints at which you will review progress toward the objective?
<p>Inclusive</p>	<ul style="list-style-type: none"> • How are marginalized and disproportionately impacted populations included in processes, activities, and decision-making? • How will you incorporate feedback and input from the populations included and from community partners?
<p>Equitable</p>	<ul style="list-style-type: none"> • How are systematic injustices or inequities being addressed? • How does the objective address the varied needs and circumstances of different populations in the community?

Adapted from The Management Center (2021), Doran (1981), and University of California (2017).

Evaluation of PSE Work

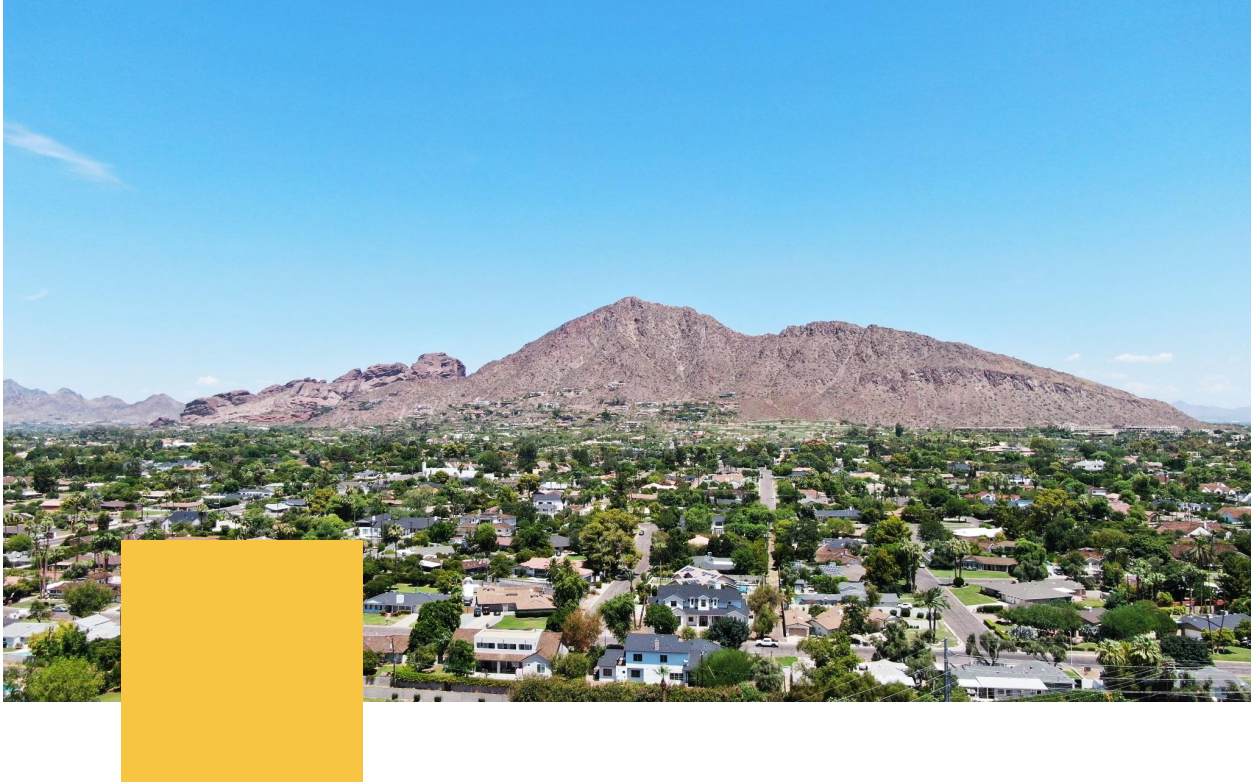
The CDC defines program evaluation as, “A systematic method for collecting, analyzing, and using data to examine the effectiveness and efficiency of programs and, as importantly, to contribute to continuous program improvement (CDC, 2023).” Meaningful evaluation begins with careful planning about how to measure success of programs and processes throughout

the work. Aligning evaluation work with SMARTIE objectives is important because it ensures you will collect meaningful data at all stages - from planning to implementation. Insights from evaluation work are important because they allow stakeholders to see how processes and programs may be improved and understand what works.

This playbook is not intended to serve as a guide to program evaluation efforts, but a short list of program evaluation tips is included below. Additional program evaluation resources to jumpstart your evaluation are included in the *Learning Resources* section of this playbook.

Program Evaluation Tips

- Evaluation is an ongoing process that identifies what is and is not working. It should function to improve the program, which is a direct benefit to those the program serves.
- Using qualitative and quantitative data during program evaluation will help tell your “story” to stakeholders and potential funders. The combination will also provide you with the insights you need to better understand what is working and what might need improvement.
- Having some data to help with the evaluation of the program and understand what its impacts are is better than having none.
- Think carefully about limitations of collected data, and what might be done differently to improve data quality as evaluation continues.
- Be aware of “survey fatigue” and consider ways to collect data that are not strictly survey dependent such as collecting observational data.
- When designing data collection, consider the end uses. Think carefully about what data is needed and how, when, where, and why data will be used.
- When designing program evaluation data collection, consider how data will be analyzed and who will do the analysis.
- Do not focus only on successes or only on failures. Learn from less successful processes and activities to help identify ways to improve. Integrate successes you have had into new or existing program activities.
- Consider what the data needs are of various groups of stakeholders and integrate stakeholder input.
- Consult with those who have engaged in successful program evaluation. Ask for help, feedback, or mentorship as needed.



Case Studies from within Arizona

The Importance of Case Studies

The best way to learn about PSE change, community-engaged, place-based work is by learning from others who are already doing this type of work. The following case studies from around the state of Arizona highlight examples of organizations and people who have engaged in PSE change, place-based, community-engaged work in a variety of ways. Through their lessons learned and advice, others who desire to create community-engaged, placed-based programs or improve existing programs may find greater success.

| Case Study 1: Project Roots

Interview with Dionne Washington, Co-Founder and Executive Director of Project Roots
To learn more about Project Roots, please visit: www.ProjectRootsAZ.org



Project Roots. Photo Courtesy of Eric Elmore Photography.

Project Roots was founded in 2019 out of the desire of the co-founders to feed the community. Initially, the project started in the founders' backyards by cooking soups for the unhoused and food insecure. The organization's focus has since grown to include community education and increasing access to fresh produce at farmers markets.



Systems: Through constant learning and growing throughout the years, the co-founders of Project Roots, Dionne Washington and Bridget Pettis, have developed a system that allows them to work towards their mission of nourishing and educating communities in need¹. Dionne Washington stresses the importance of working with community partners because *“our greatest successes are in the partnerships that we’ve made and the people that we connect to. They are priceless. You cannot put a price tag on the community.”* When connecting with partners, Project Roots takes steps to make sure partners are on the same page through clear communication, and memorandums of understanding. Due to this, Project Roots has been able to pivot when joint efforts do not succeed or as changes occur. Also, through finding mentors that are willing to teach the leaders of Project Roots, the organization consistently gains more knowledge and skills that can be passed on to the community.



Project Roots. Photo Courtesy of Eric Elmore Photography.

Environment: Project Roots addresses food insecurity by providing local communities with access to fresh produce and education on growing food. During the height of the COVID-19 pandemic, Project Roots acted as a produce procurement facilitator, providing over 500,000 pounds of produce for the Arizona Food Bank Network. The organization continues to serve as a resource for the communities they serve through maintaining two community gardens in South Phoenix and Maricopa, hosting workshops and classes to educate people on growing food, offering mobile kitchen services, and providing access to produce at farmers markets.

Success Factors & Lessons Learned

- Partnerships and peer funders are important to furthering your mission.
 - Example: Securing funding from Tiger Mountain Foundation's USDA grant to support BIPOC farmers that wanted to see market sales grow.
- If you are not already established, get involved in a board or volunteer first.
 - Example: Sit on the board of a non-profit doing similar work before you fund your 501c3, or volunteer. Sitting on a board or volunteering can help with building an understanding of what your mission needs to be and who you will be serving. Dionne Washington noted, *"Being involved more and being hands on you can get an understanding of what your mission needs to be and who you will be serving. Our mission changed a couple times because we thought our community was [this one] and it turned out to be a bit different."*
- Be flexible.
 - Example: Do not turn someone away if they do not quite fit your vision. *"We never say no if there is one person or 100 people in need of food... Lead with your heart,"* said Dionne Washington.

| Case Study 2: Coconino Coalition for Children & Youth (CCC&Y)

Interview with Virginia Watahomigie, Executive Director of CCC&Y

To learn more about CCC&Y, please visit: <https://coconinokids.org/>

The Coconino Coalition for Children & Youth (CCC&Y) was founded in 1972 with a goal to foster the health and well-being of children. It was started as a community effort to prioritize child well-being and make sure the community is focused on what children need. CCC&Y's mission is to ignite collective action that makes lives better for children and families. Some of the recent focus of their work has been on raising awareness about the impact of adverse childhood experiences (ACEs) and historical injustices and how these impact the community. CCC&Y uses evidence-based and informed prevention strategies prioritized on child well-being. They bring community leaders together to raise awareness and enact systemic solutions to childhood trauma and harmful inequities (Coconino Coalition for Children & Youth, 2023).



City of Flagstaff proclamation of Child Abuse Prevention month in 2019.
Photo courtesy of Virginia Watahomigie at CCC&Y.



Policy: CCC&Y is a nonpartisan organization that focuses on the best practices regarding child wellbeing and community health. Their particular areas of focus include education, child welfare, criminal justice, environmental equity, and DACA. They share general information about issues during the legislative session and request to speak, but they also take positions on certain pieces of legislation. For example, a goal of the coalition is to support policies for equal transparency and accountability across all schools using public funds. Therefore, the coalition opposes SB 1131- Empowerment Scholarship Accounts expansion bill to include private education until public education funding is addressed (Coconino Coalition for Children & Youth 2020a, Coconino Coalition for Children & Youth 2022).

Systems: Over the years, CCC&Y has created a reliable and consistent system of operation. They strive for mutually beneficial relationships and are always trying to expand their network to build their reach. The coalition has sought to create ongoing feedback loops through their needs assessment, which will inform their prevention plans on ACEs and resilience (Coconino Coalition for Children & Youth, 2020b). Their assessment report helps the coalition tell a story about the needs of the community and offers the opportunity for the coalition to show its value to potential stakeholders. About this process, Executive Director Virginia Watahomigie said, *“We collect conference data on satisfaction and increased understanding at many of our education events. We also wrote a large assessment we use to bridge county data such as the effect of substance use on health and the impact of alcohol in the county with what we know about national data on childhood trauma and resiliency. This allows us to look at needs such as risk of health due to substance misuse with the connection to adverse childhood experiences and adversity present in the County.”*



Image provided by Virginia Watahomigie at CCC&Y.

Environment: CCC&Y serves as a central organization that provides programs and resources for professionals and community members (Coconino Coalition for Children & Youth, 2023). They share information online through their website, social media, and newsletters to reduce social stigma on youth mental health well-being. Mutually beneficial partnerships and effective communication are needed to serve the community and change the environment to one conducive of community resilience. Watahomigie said of their network, *“We’re building a network where we’re all getting something from it. It’s an atmosphere that feels connected. Through these different avenues, people have realized that if they get information into our hands, we can get it out to our readership, which expands their reach.”* They also collaborate

with other youth-serving organizations to address the needs of children. The coalition's impact spans through all levels of the community hosting both virtual and in-person events (Coconino Coalition for Children & Youth, 2023).

Success Factors & Lessons Learned

- Stay grounded in your mission and objectives as this can strengthen your focus and send positive signals to potential partners.
 - Example: Remind yourself of your mission, goals and objectives. Virginia Watahomigie provided the following advice, *“Know why you are doing what you are doing. That’s a clear indication to folks about why they would want to be involved.”*

- Be creative and try new approaches since they might produce surprising results and increase your reach.
 - Example: Leverage virtual meeting spaces. Virginia Watahomigie noted about CCC&Y’s work that *“Zoom increased our reach and our level of consistent attendance compared to in-person meetings.”*

- Keep the focus on the community and the community context.
 - Example: Have conversations that create an understanding about the role of the context of society. Virginia Watahomigie noted, *“Position inequities at the forefront of conversations. What is the context from how the situation comes about - far from individual blame. ...It’s not up to an individual to have a whole fountain of resilience built in. Those are factors from families, adults, and community institutions.”*

| Case Study 3: Hopi Foundation

Interview with Monica Nuvamsa, Executive Director of the Hopi Foundation

To learn more about the Hopi Foundation, please visit: www.HopiFoundation.org

Established in 1985, the mission of the Hopi Foundation is to grow and strengthen the Hopi community through priorities raised by community members and community input. The Hopi Foundation focuses on Hopi-specific cultural development through collaborative actions and programs that promote community self-sufficiency, self-determination, self-reliance, and proactive community engagement.



Capacity building. Image from www.HopiFoundation.org. Used with permission.



Policy: The Hopi Foundation has undertaken a diverse range of initiatives to reach their goal of growing and strengthening the Hopi community in northern Arizona. One of the ways they accomplish this is through engaging in policy-related, community-driven endeavors focused on relieving dependence on the government through increased community self-sufficiency. About this process Executive Director Monica Nuvamsa said, *“We need to meet the community where they’re at – their capacity – and not our capacity as a program, agency, or non-profit. It’s a humbling perspective to take on from the beginning, but it also gives you a lot of assurance that the way that we’re doing this work will be owned and driven by the community.”* Through community advocacy, capacity building services, and education initiatives, policy change has been enacted to address problems on topics such as health and wellness and leadership capacity. This involvement allows for more respect for tribal sovereignty and more Hopi-led outreach, education, and development.

Systems: The Hopi Foundation utilizes cultural perspectives in conjunction with “Western tools and training to monitor and measure impacts of programs” which serves to sustain long-term programs (Hopi Foundation, 2023). At least 60 leaders have graduated from the Hopi Leadership Program, equipped to make effective changes in their community and bridge

the Hopi and non-Native world. Many of its graduates have gone on to create community non-profits. Furthermore, the Hopi Foundation maintains perspective and regularly revisits and renews their strategic plan because, as stated by their Executive Director, Monica Nuvamsa, *“It’s really easy to want to try to do everything and help everybody, but really recognizing what our role and our strength is important. ... [W]e have that conversation just to self-check and measure routinely. Are we fulfilling our mission or stepping outside? Are we expanding beyond or working with careful intention to build our capacity?”* They also invest in inclusive facilitation to involve all types of voices in the community in their work in order to build bridges.



Hopi Leadership Program. Image from www.HopiFoundation.org. Used with permission.

Environment: With a focus on Hopi-specific cultural development and community engagement through collaborative actions, the Hopi Foundation has launched initiatives including a community radio station (KUYI 88.1 FM), the Hopi Substance Abuse Prevention Center, the Natwani Coalition, Hopi Leadership Program, and Youth Leadership Program for students. The community radio station provides a space for the Hopi community to voice their concerns, as well as serving as an avenue for upholding the communication link and providing information and education. This was pivotal during the COVID-19 pandemic and continues to be a great resource for the Hopi Community. The Substance Abuse Prevention Center provides mentorship and healing by offering a safe place to heal from substance abuse, while the Natwani Coalition fosters traditional farming practices to foster healthy living.

Success Factors & Lessons Learned

- It helps to view programs as part of the natural cycle of life to stay grounded.
 - Example: Maintain an openness to learn from the process. Monica Nuvamsa said the Hopi Foundation views their programs similar to their philosophy around farming. She said, *“When we say growing and maturing our community over time, it’s a lot like looking at our world as a corn plant. As you’re raising that corn plant into maturity it goes through its life stages. When you’re raising a whole field of crop, you recognize that some survive, and some don’t. Some you have to thin out in order for the strongest roots to survive. That same philosophy around our farming technique teaches a lot about how we come to acceptance around programming. There may be programming ideas that our community or we come up with that don’t really take hold. Maybe they struggle for whatever reason and seemingly failed. [Our founder] told us that when those things happen, we shouldn’t look at it as a failure. It’s just part of the natural cycle of life, and you’ve tried something that you learned did not work.”*
- Community engagement is a process and needs to be done with the community in the lead.
 - Example. Hold multiple community meetings and feedback sessions. Understand that building relationships with a community is a process, not an event. Avoid making funding the primary guide for the timeline for community engagement because it may lead to rushing the process.
- Strive to be inclusive and open to new sources of feedback.
 - Example: Seek feedback from those who may not be prone to providing it. *“It’s really easy to create your own silos when you know who’s a good expert, think you can get good feedback from someone. There’s great value in getting input and feedback and engagement and commitment from those you least expect and those that might be contrary to what you are looking for. Plus, you’re building a bridge that would not have otherwise been built,”* said Monica Nuvamsa.

| Case Study 4: Navajo County Community Health Needs Assessment (2018-2020)

Interview with Allison Hephner, Project Manager, Community Project Management Services & Navajo County Public Health Services District

To learn more about the 2018-2020 Navajo County Community Health Needs Assessment, please visit:

<https://summithealthcare.net/wp-content/uploads/2021/02/2019-2020-CHNA-2020-Annual-Report-Update.pdf>

In 2018, partners from Navajo County came together to conduct community health planning for the county with the goals of assessing the community's health, identifying health issues, developing goals and strategies for addressing those issues, and addressing those issues. Utilizing the Mobilizing Action through Planning and Partnership (MAPP) process, a "community-driven strategic planning process for improving community health" the group's Community Health Assessment (CHA) examined health and healthcare in the county by conducting surveys and focus groups and gathering epidemiologic data to create the CHA report (Summit Healthcare, 2020). The CHA serves to assist policy development and county health priorities (Navajo County Arizona, 2020). The CHA is a part of Navajo County Public Health Department (NCPHD) community health planning and that informs the Navajo County Community Health Improvement Plan (CHIP) (Navajo County Arizona, 2023a).



MAPP meeting for the CHA. Photo courtesy of Allison Hephner.



Policy: Navajo County Public Health Department aims to understand the factors that affect their resident's health. One of the public health department's essential services is to develop policies in their resident's best interest, which is rooted in data collected as part of the CHA (Navajo County Arizona, 2023a). NCPHD has a Health in Arizona Policy Initiative (HAPI) which is

a county collaborative effort focused on increasing health policy capacity and implementation through programs and educational resources (Navajo County Arizona, 2023b).

Systems: Through the system of the CHA in conjunction with the CHIP, the NCPHD as well as non-profit organizations can work to address the gaps identified. For example, Allison Hephner, the 2018-2020 CHA Project Manager, explained that one of the non-negotiables of community-engaged, place-based work has to be making connections between community partners. When noticing a link between a need in mental health first aid training and a resource of grant funding for trainings on mental health first aid Allison Hephner said, *“...We created this link, this resource site that’s still growing where you can identify trainings and you can get connected to trainings, no matter who you are – parent whatever – and the agencies who need the trainings and trainees as deliverables to their grant get that. And this was a time I was like, ‘This is how it’s supposed to work!’”*

Success Factors & Lessons Learned

- Get a pulse on lived experiences.
 - Example: Talk to those experiencing the issue(s) you are trying to help address so you better understand the context. Commenting on this, Allison Hephner provided the following advice, *“My advice is talk to everybody! You need to talk to the people with the lived experiences. For example, a couple of years ago I started to focus on homelessness. I had a focus group with nine homeless individuals. I brought them some food and we talked and I asked them about 10 questions to get a feel for what they were experiencing.”*
- Learn from multiple sources.
 - Example: Find mentors, take classes, and attend meetings of other organizations.
- Keep people engaged.
 - Example: Give people credit where it is due and find out what they need to maintain engagement by asking questions. *“You can’t just engage people once, you need to keep them engaged. Show them the value, create a mission statement that you all develop together. Next, when you start to see people not coming to meetings, you have to go and grab them. ‘Is there something you’re not understanding, is there something I can share?’ Provide them data to draw them back in if you can. Revisit the conversation about data to draw them back in by finding out what would be helpful for them either in terms of securing funding for themselves or in some other way. It’s always [about connecting] with what they want and what their needs are and give them credit”* Allison Hephner said.

| Case Study 5: Live Well Arizona Incubator, a collaborative program of the Arizona Partnership for Healthy Communities and Vitalyst Health Foundation

Interview with Serena Unrein, former Director of the Arizona Partnership for Health Communities

For more information, please see:

<https://arizonahealthycommunities.org/live-well-az-incubator>

The concept for the Live Well Arizona Incubator came from a mutual desire of both the Arizona Partnership for Healthy Communities and Vitalyst Health Foundation to jumpstart community driven work around health. The Incubator is a capacity building program that provides 10 months of professional coaching to support a place-based effort and focus on community-driven collaboration to address place-based health and well-being. From 2018-2022, 19 different program teams from communities across Arizona participated in the incubator and worked on a variety of issues across the state such as sustainable community-supported agriculture, trauma-informed education models, community land trusts, food access, and LGBTQIA+ social justice. The Incubator is now being managed by Local Initiative Support Corporation (LISC) Phoenix.

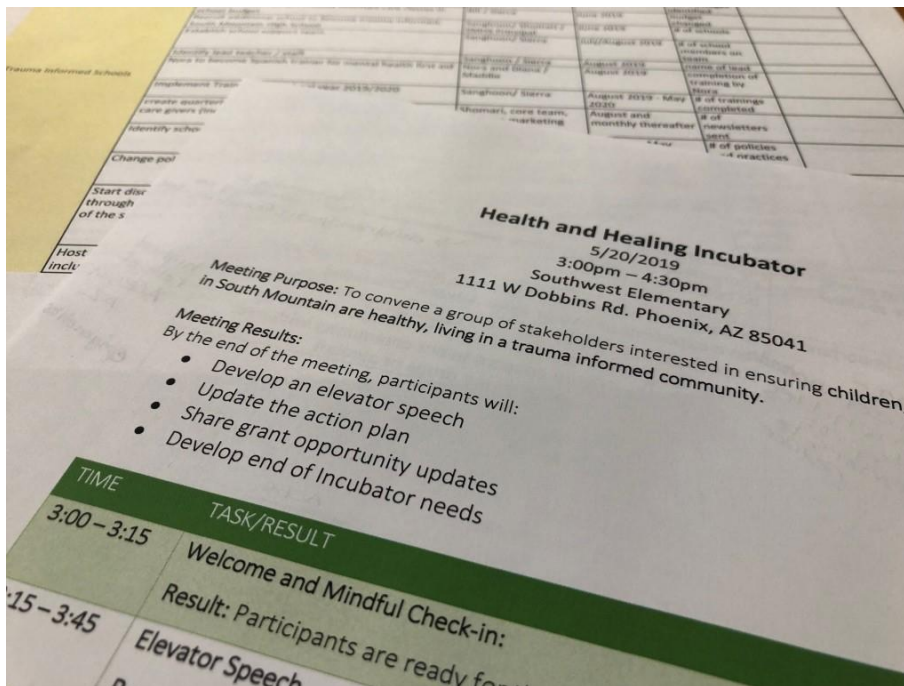


Sarah Gonzalez presenting to the 2018 Incubator cohort. Photo courtesy of Serena Unrein.



Systems: The Arizona Partnership for Healthy Communities and Vitalyst Health Foundation developed the Live Well Arizona Incubator with the desire to jumpstart community driven work around health. Each of the 19 teams was provided with a coach, connected to experts for technical assistance as needed, and participated in three workshops with their cohort to share ideas and enhance their community engagement skills. The system of coaching and

capacity building under the incubator provided a means to equip each team with the support they needed to move their projects forward in their community. Coaching and capacity building can be a critical component for providing support to community-based efforts as they work toward long-term sustainability and they are a vital part of systems change when they lead to successful alignment of goals, objectives, plans for action, and strategies to engage the community. The Incubator program highlights how coaching and capacity building embedded within the program helps teams succeed and equips teams to help others in return. *“It doesn’t have to be a coach, necessarily, but having some sort of support for early-stage collaborations and programs. Having someone help you problem-solve and be a sounding board is pretty important. Mentorship is important in this work,”* says Serena Unrein, the former Director of the Arizona Partnership for Healthy Communities.



South Mountain WORKS 2019 team meeting agenda. Photo courtesy of Serena Unrein.

Environment: The Live Well Arizona Incubator program embodies the vision of both the Arizona Partnership for Healthy Communities and Vitalyst Health Foundation to support placed-based, community-driven work. Teams worked on programs specific to their community by addressing a particular issue in their community. These locations could be neighborhoods, school districts, cities, or counties. A team’s leaders were matched with a coach from the Live Well Arizona Incubator who helped to facilitate cross-sector collaborations and helped the team build their capacity. Serena Unrein said, *“It has to be the community driving the work... We tried to be really aware of what our blind spots were as those running the Incubator and the coaches. We had to be intentional about picking excellent coaches who didn’t insert themselves in the work but supported the work as best they could.”* Each of the 19 teams have gone on to implement changes in their communities impacting the health, safety, and well-being of community members.

Success Factors & Lessons Learned:

- Exercise inclusivity.
 - Example: Include the array of diverse voices in the community, not just those who will neatly fit with your proposed objective. Serena Unrein notes, *“Whatever the community-driven collaboration is, making sure whoever is leading the community-driven work is including the rest of the community along the way and not just because it’s the right thing to do, but because that’s the way the work is ultimately successful.”*

- Remember progress is not always linear.
 - Example: While it is disappointing to not get a grant when you worked hard on a grant application, there are valuable lessons and steps toward progress in the process such as goal clarification. Harness these lessons-learned for the next steps that will move you toward your goals.

- Get leadership buy-in where applicable.
 - Example: When developing a community garden at a school, proactive involvement of school faculty *and* high-level administration may be important. Serena Unrein illustrated this by explaining, *“Support at a leadership level [can be] really important. We had an Incubator project in the Cottonwood Oak Creek School District, and the superintendent was part of their incubator group along with teachers, parents, and community members. But because the superintendent said, ‘Yes, this is important to me,’ they had the institutional green light. He wasn’t at every single meeting, but he was at a lot of them and that helped a lot. In another project, mid-level management led the effort and the people above said, ‘Yes, this is great’ but they were not as invested and buy-in was not there [when it came to implementation]. The leadership or political will is important and can make the difference in success. It’s not so much their time, but having those onboard who are actively driving, advocating.”*



Resources

Learning Resources

There are a few high quality, *free and low cost* **PSE training resources** and modules available through the George Washington Cancer Center *Action 4 PSE Change*, Cornell University, and the University of Minnesota.

- [The George Washington Cancer Center Action 4 Change - Action for Policy, Systems and Environmental \(PSE\) Change: A Training](#)
 - This online course provides information on the 7-step PSE change process, real world examples, helpful worksheets to guide users

through the 7-steps of PSE work, PSE action templates, insight into evaluation approaches, and a comprehensive list of additional resources. While offered by the Cancer Center, the content is widely applicable to anyone seeking to engage in a PSE approach. Currently, the course is *free*.

- [Cornell University - Making the Health Choice the Easy Choice](#)
 - These two online, self-paced courses enhance the understanding of those seeking to engage in the PSE approach. The courses focus specifically on those working toward increasing access to healthy food and physical activity for people with low incomes. The courses, while tailored towards nutrition educators and public health professionals working with local communities, contain valuable insights for those wishing to engage in PSE approaches. Currently, courses range from \$35-120, and those completing the courses within a year receive a certificate of completion.
- [University of Minnesota Extension - Systems Approaches for Healthy Communities](#)
 - These five online modules and two toolkits are designed for those whose work focuses on health promotion to understand factors that influence individuals' ability to make healthy choices such as policies. The modules introduce PSE concepts and help expand knowledge on how to impact policy, systems, and environments. Tools for community engagement and communication are also provided. The current cost for an individual participant is \$75.

Cross-sector partnerships are important to most PSE work, but learning to network and work across sectors can be hard to navigate. Emory University offers free **cross-sector partnership training**.

- [Emory University Rollins Schools of Public Health - PHRASES \(Public Health Reaching Across Sectors\)](#)
 - This 4-part, 9-module series on cross-sector partnerships includes insights on leveraging cross-sector partnerships to improve health outcomes and relating to audiences outside of public health. A key focus of this series is learning about how framing and messaging can improve partnerships and communication, making this training widely applicable to those working within and beyond public health. The PHRASES series is *free*, and those completing the modules can earn a certificate of completion.

Worksheets, guides, toolkits, and additional examples to help guide PSE work are just a click away.

- Thanks to the [George Washington Cancer Center](#), this helpful host of resources provides insight into PSE, data resources, mapping tools, evaluation guides, worksheets, additional real-world PSE change examples, and other resources to help guide your work.
- The Regional Nutrition Education and Obesity Prevention Centers of Excellence (RNECE) hosts the [PSEChange.org](#) website. This site provides links to the highly interactive [Expanded Food and Nutrition Education Program \(EFNEP\) PSE](#) and [Supplemental Nutrition Assistance Program Education \(SNAP-Ed\) PSE](#) sites. If you are interested in interacting with resources to better understand how PSE change works within communities, these resources are a valuable starting place. Each of these sites also hold valuable resources for those engaging in PSE work.

There are a variety of **video resources** on sites such as YouTube that explain PSE change and create understanding of how small changes can create big impacts. From simple, short explanations to in-depth webinars, these videos may provide additional insight and guidance.

- Here is a simple 2-minute [video explanation of PSE change](#) that was created by the University of Wisconsin Extension.
- This [webinar hosted by ChangeLabSolutions](#) and presented in partnership with the Network for a Healthy California discusses PSE definitions at length and eight elements of strong prevention strategies that are PSE focused.

PSE change thrives with **community engagement** and community engagement lends itself to sustainability of PSE change efforts. This helpful [guide from the World Health Organization \(WHO\)](#) outlines types of community engagement, models and principles of community engagement, and hosts case studies to illustrate various approaches. While focused on health promotion efforts, its lessons translate to all programs seeking to enhance community engagement.

Not all PSE change efforts need a **PSE taskforce**, Section III of this helpful [PSE guide from the Comprehensive Cancer Control \(CCC\) National Partnership](#) outlines how to organize a PSE taskforce and the roles and responsibilities of them. While this resource is framed around cancer control programs, its lessons easily translate to other types of programs.

PSE work can be monitored and improved through effective **program evaluation**, and many grants require a program evaluation plan. There are an abundance of program evaluation resources available for free on the Internet, and those in your network may know of additional resources they have used successfully. The list below provides some places to start.

- The U.S. Department of Health and Human Services Administration for Children and Families Office of Planning, Research and Evaluation's [The Program Manager's Guide to Evaluation \(2nd edition\)](#) provides an in-depth overview of program evaluation. The guide addresses common misconceptions and concerns about program evaluation, basic questions evaluation can help you answer, types of evaluation, logic models, how to prepare for evaluation, data collection, managing and monitoring the evaluation process, and making use of evaluation findings.
- The Centers for Disease Control (CDC) provides a wealth of resources on program evaluation including an [evaluation framework](#) to lead one through the steps and standards of a systematic program evaluation. This website also provides materials and resources on this program evaluation framework.
- George Washington Cancer Center Action 4 PSE Change provides easy to follow [worksheets for all seven steps of PSE work](#). These worksheets, including a worksheet for Step 7: Evaluate can be found using the link below.
- Program evaluation work sometimes requires a written evaluation report. [A short checklist](#) of what to include has been published by The Evaluation Center at Western Michigan University.

Funding for PSE Work

Funding for PSE work may be available through a variety of sources, including federal, state, and local government agencies, non-profit/philanthropic organizations, and healthcare institutions. Below we have included a non-exhaustive list of potential funders and resources that provide grant opportunities for PSE work.

- [The Centers for Disease Control and Prevention \(CDC\)](#) is the largest funder of public health work in the United States. Cooperative agreements, grants, and partnership opportunities are available to organizations working on a variety of public health interventions, including: addressing emerging outbreaks and other natural or man-made disasters; developing the public health workforce; communicating public

health information; translating science to practice; and evaluating effective public health services

- [**The State of Arizona's Grants & Federal Resources Team \(GFRT\)**](#) within the Governor's Office of Strategic Planning and Budgeting (OSPB) provides updated funding opportunities to help state agencies, local governments, and non-profit organizations find and win grants.
- [**The Maricopa Community Foundation's Community Grant**](#) provides grant funding for eligible non-profit organizations that serve individuals living in the City of Maricopa and surrounding area in Pinal County.
- [**The Rural Health Information Hub \(RHihub\)**](#) provides an updated list of funding resources by state, focusing on work that promotes the health of rural and medically underserved individuals, families, and communities.
- [**The Arizona Community Foundation**](#) grants awards to support nonprofit organizations, educational institutions, tribal entities, government agencies, and religious organizations in the following areas: arts and culture; community improvement and development; environment and sustainability; health innovations; and quality education.
- [**The Substance Abuse and Mental Health Services Administration \(SAMHSA\)**](#) is an agency within the U.S. Department of Health and Human Services that leads public health efforts to advance the behavioral health of the nation.
- [**The Bureau of Health Workforce**](#) strengthens the health workforce and connects skilled healthcare providers to communities in need. They award grants to organizations to improve health workforce training, increase diversity, and advance health equity.
- [**The Blue Cross Blue Shield of Arizona Foundation for Community & Health Advancement**](#) provides funding opportunities for Arizona-based organizations that are seeking funding related to the Foundation's focus areas: chronic health conditions; mental health; health equity; and substance use disorder.
- [**CommonSpirit Community Health Improvement Grants**](#) provide non-profit organizations with funding for projects that serve vulnerable or underserved populations to help address health disparities.
- [**Vitalyst Health Foundation**](#) aims to connect, support, and inform efforts to improve the health of individuals and communities in Arizona. The Vitalyst Systems Change

grant funds work that utilizes a health equity lens to address one or more elements of a health community, including: access to health care and coverage; affordable quality housing; community safety; economic opportunity; educational opportunity; environmental quality; food access; healthy community design; parks and recreational opportunities; social and cultural cohesion; social justice; and transportation options.

- [The Robert Wood Johnson Foundation](#) funds a wide range of research and initiatives focusing on achieving health equity.

| Conclusion

This Arizona PSE playbook provides information and guidance on engaging in PSE work. Definitions of PSE, understandings of what PSE work is and is not, frameworks for grounding PSE-focused work, benefits of PSE work, and lessons learned from those engaged in PSE work around the state are included to help those who are new to PSE work as well as those who would like to refine their approach to better benefit their community. As highlighted in the case studies in this playbook, PSE change benefits communities by creating long-term, sustainable, equitable, population-level improvements through community-engaged, community-driven, place-based work.

References

- Adakai, M. (2018). Health disparities among American Indians/Alaska Natives—Arizona, 2017. *MMWR. Morbidity and Mortality Weekly Report*, 67.
<https://doi.org/10.15585/mmwr.mm6747a4>
- American Immigration Council (2020). Immigrants in Arizona.
https://www.americanimmigrationcouncil.org/sites/default/files/research/immigrants_in_arizona.pdf
- Arizona Department of Forestry and Fire Management (2020). Arizona fire information.
<https://dffm.az.gov/az-fire-info>
- Arizona Department of Health Services (2022). Extreme weather & public health: Heat safety - heat-related illness.
<https://www.azdhs.gov/preparedness/epidemiology-disease-control/extreme-weather/h/eat-safety/index.php#heat-illness>
- Arizona Hispanic Center of Excellence (2017), Breaking barriers: Confronting health disparities in Arizona's Latino population with outreach, cultural competence and diversity.
<https://hispanichealth.arizona.edu/breaking-barriers-confronting-health-disparities-arizonas-latino-population-outreach-cultural#:~:text=Here%20in%20Arizona%2C%20Latinos%20account,to%20as%20a%20health%20disparity.>
- CDC 2023. Office of Policy, Performance, and Evaluation.
<https://www.cdc.gov/evaluation/index.htm>
- Champions for Change (2017). A collection of resources that support policy, systems & environmental change for obesity prevention. The California Department of Public Health.
https://www.cdph.ca.gov/Programs/CCDPHP/DCDIC/NEOPB/CDPH%20Document%20Library/PPPDS_PSE_ResourceGuide.pdf
- Coconino Coalition for Children & Youth (2020a). CCC&Y action and outreach initiative statement.
<https://coconinokids.org/wp-content/uploads/2020/01/CCCY-Action-Initiatives.pdf>
- Coconino Coalition for Children & Youth (2020b). Coconino Coalition for Children & Youth prevention plan & needs assessment.
<https://coconinokids.org/wp-content/uploads/2020/01/CCCY-Action-Initiatives.pdf>
- Coconino Coalition for Children & Youth (2023).
www.CoconinoKids.org
- Doran, G. T. (1981). There's a S.M.A.R.T. way to write management's goals and objectives. *Management Review*, 70, 35-36.
- Frieden T.R. (2010). A framework for public health action: The health impact pyramid. *American Journal of Public Health*. 100(4):590-595.
<https://doi.org/10.2105/AJPH.2009.185652>.
- Glanz, K. Rimer, B.K. and Viswanath, K. (Eds). (2008). *Health behavior and health education: Theory, research, and practice*. Jossey-Bass.

- GW Cancer Center (2023). *Policy, systems, and environmental change*.
<https://cancercontroltap.smhs.gwu.edu/policy-systems-and-environmental-change>.
- Hopi Foundation (2023). Capacity building services.
<https://www.hopifoundation.org/capacity>
- Indian Health Service (2020). Environmental health services.
<https://www.ihs.gov/newsroom/factsheets/environmentalhealthservices/>
- Mangla, A., & Agarwal, N. (2023). Clinical practice issues in American Indians and Alaska Natives. In *StatPearls*. StatPearls Publishing.
<http://www.ncbi.nlm.nih.gov/books/NBK570601/>
- McLeroy, K.R., Bibeau, D., Steckler, A., Glanz, K. (1988). An ecological perspective on health promotion programs. *Health Education Quarterly*, 15 (4), 351-377.
<https://www.jstor.org/stable/45049276>
- Morrison Institute for Public Policy, Arizona State University (2019). Revisiting the urban-rural relationship in Arizona.
https://morrisoninstitute.asu.edu/sites/default/files/urban-rural_relationship.pdf
- Murdock, C. (2023). *Phoenix Mayor Urging Biden Administration To Declare Arizona Heat A Federal Emergency—AZ FREE NEWS*.
<https://azfreenews.com/2023/04/phoenix-mayor-urging-biden-administration-to-declare-arizona-heat-a-federal-emergency/>
- Navajo County Arizona (2020). Community health assessment.
<https://dashboards.mysidewalk.com/navajo-county-cha/our-story>
- Navajo County Arizona (2023b). Health in Arizona policy initiative.
<https://navajocountyaz.gov/departments/public-health-services>
- Navajo County Arizona (2023a). Public health services.
<https://navajocountyaz.gov/departments/public-health-services>
- Office of Minority Health (2020). Profile: Hispanic/Latino Americans.
<https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=3&lvlid=64>
- RHIHub (2008). Policy, systems, and environmental change.
<https://www.ruralhealthinfo.org/toolkits/health-promotion/2/strategies/policy-systems-environmental>
- SNAP-Ed (2023). Policy, systems, and environmental Change.
<https://snaped.fns.usda.gov/snap-ed-works/policy-systems-and-environmental-change>
- Summit Healthcare (2020). Community health needs assessment.
<https://summithealthcare.net/wp-content/uploads/2021/02/2019-2020-CHNA-2020-Annual-Report-Update.pdf>
- Swanson (2022). Aging in Arizona: Leading causes and risk factors of death among Arizona residents 65 years and older, 2021. Phoenix, AZ. Arizona Department of Health Services.
<https://www.azdhs.gov/documents/prevention/tobacco-chronic-disease/healthy-aging/reports-statistics/aging-in-arizona-2023.pdf>
- The Food Trust (2012). What is policy, systems and environmental (PSE) change?

http://healthtrust.org/wp-content/uploads/2013/11/2012-12-28-Policy_Systems_and_Environmental_Change.pdf

The Management Center (2021). *SMARTIE goals worksheet*.

<https://www.managementcenter.org/resources/smartie-goals-worksheet/>

University of California (2017). SMART goals: A how to guide.

<https://www.ucop.edu/local-human-resources/files/performance-appraisal/How%20to%20write%20SMART%20Goals%20v2.pdf>

Urban Indian Health Institute. (2021). Phoenix urban Indian health program: Community health profile & individual site report. <https://www.uihi.org/uihp-profiles/phoenix/>

US Census (2020a). ACS 5-year survey (Table B02010).

[https://data.census.gov/table?tid=ACSST5Y2020.B02010&g=010XX00US\\$0400000](https://data.census.gov/table?tid=ACSST5Y2020.B02010&g=010XX00US$0400000)

US Census (2020b). Race and ethnicity in the United States: 2010 Census and 2020 Census.

<https://www.census.gov/library/visualizations/interactive/race-and-ethnicity-in-the-United-State-2010-and-2020-census.html>

US Census (2022a). Quick facts: Arizona.

<https://www.census.gov/quickfacts/AZ>

US Census (2022b). Quick facts: United States.

<https://www.census.gov/quickfacts/fact/table/US/RHI725221>

US Department of Agriculture, Economic Research Service (2023). State fact sheets: Arizona.

<https://data.ers.usda.gov/reports.aspx?StateFIPS=04&StateName=Arizona&ID=17854>

WHO (2020). Community engagement.

<https://apps.who.int/iris/rest/bitstreams/1304287/retrieve>