

## The Value of Prevention

How the Prevention and Public Health Fund  
Invests in Arizona's Health



**July 2017** This report details the Prevention and Public Health Fund's efforts to improve public health and prevent disease throughout Arizona. It is produced in partnership with the Arizona Public Health Association.



# An Introduction

The U.S. spends far more on medical care than any other industrialized nation, and yet is ranked 26 out of 43 in terms of life expectancy.<sup>1</sup> More than 85% of the health care costs in the U.S. result from often preventable chronic conditions, yet only 3% of our health care spending is focused on prevention and public health—key factors to preventing chronic medical conditions before they start.<sup>2,3</sup> It is essential that the U.S. do a more effective job preventing costly chronic medical conditions to reduce health care costs.

The Patient Protection and Affordable Care Act (ACA) included several initiatives designed to reduce health care costs. One important component was the creation of the Prevention and Public Health Fund (PPHF), which provides federal, state and local public health resources to reduce long-term health costs. The PPHF focuses on preventing expensive chronic medical conditions by providing expanded and sustained national investment in public health programs that improve health and restrain the rate of growth in health care costs.<sup>4</sup>

This investment in public health infrastructure to reduce costs is evidence-based. Research suggests that funding for community-based public health has a 5.6 to 1 return on investment. In other words, every dollar invested in evidence-based prevention programs results in a \$5.6 in savings in overall health care costs.<sup>5,6</sup>

Over the last several years, the fund has been used to support an array of evidence-based community prevention and clinical prevention programs that bolster public health infrastructure and workforce and expand public health research and tracking efforts that reduce health care costs. PPHF resources go to programs at the local, state and federal levels to: a) better detect and respond to disease threats; b) increase vaccination rates; c) fight obesity; d) curb tobacco use; and e) increase access to preventive care services.

The PPHF also provides state and local resources to fight numerous health threats. Vaccination programs supported by the fund ensure access to vaccines that protect the most

vulnerable among us from routine diseases like influenza and provide community-based immunity to prevent the widespread circulation of diseases like mumps and measles. The fund supports the ability to track emerging infectious disease outbreaks like Zika or Ebola, as well as foodborne illnesses.

Arizona public health jurisdictions have received more than \$52.6 million through the PPHF since 2010. This \$9.3 million annual investment is at work in Arizona, providing critical resources that support evidence-based, community prevention activities tailored to meet community health needs and preferences. Evidence-based PPHF investments in Arizona include:

- Prescription painkiller (Opiate) and heroin use prevention;
- Health security funds for bioterrorism, disease outbreaks, and disasters;
- Building immunization services to prevent serious infectious disease outbreaks;
- Promoting better detection and response to disease threats;
- Lead poisoning prevention;
- Reducing tobacco use;
- Reducing diabetes, heart disease, and obesity; and
- Reducing disease, disability and death via a comprehensive approach to good health and wellness on Tribal lands.

PPHF RESOURCES GO TO PROGRAMS AT THE LOCAL, STATE AND FEDERAL LEVELS TO: A) BETTER DETECT AND RESPOND TO DISEASE THREATS; B) INCREASE VACCINATION RATES; C) FIGHT OBESITY; D) CURB TOBACCO USE; AND E) INCREASE ACCESS TO PREVENTIVE CARE SERVICES.

**TABLE 1 Grants Funded by the Prevention and Public Health Fund in Arizona FY 2016<sup>7</sup>**

GRANT	AMOUNT
<b>Arizona Total</b>	<b>\$9,368,015</b>
<b>Immunization Programs (317)</b>	<b>\$4,170,838</b>
Arizona Department of Health Services (ADHS)	4,170,838
<b>Preventive Health Services Block Grant*</b>	<b>\$1,852,025</b>
ADHS	1,852,025
<b>Diabetes Prevention</b>	<b>\$1,163,825</b>
ADHS	570,356
Inter Tribal Council of Arizona (ITCA)	394,486
Navajo Nation	162,500
San Carlos Apache Tribe	36,483
<b>Prevent Tobacco Use</b>	<b>\$863,715</b>
ADHS	295,540
North American Quitline Consortium	225,000
ITCA	144,225
Navajo Nation	144,225
San Carlos Apache	54,725
<b>Heart Disease and Stroke Prevention</b>	<b>\$727,541</b>
ITCA	394,486
Navajo Nation	162,500
ADHS	134,072
San Carlos Apache	36,483
<b>Epidemiology and Lab Capacity</b>	<b>\$302,858</b>
ADHS	302,858
<b>Lead Poisoning Prevention</b>	<b>\$232,490</b>
ADHS	232,490
<b>Racial and Ethnic Approaches to Community Health</b>	<b>\$54,724</b>
San Carlos Apache	54,724

\* Opioid Abuse, Children's Lead Poisoning, Health Department Quality Improvement, etc.

Table 1 displays the distribution of PPHF investments in Arizona for FY 2016.<sup>7,8</sup>

Reduction or elimination of public health infrastructure investment via the PPHF would jeopardize the ability of Arizona to continue making progress to reduce preventable medical conditions and respond to health crises. Arizona's ability to protect the health and safety of its residents would be dramatically reduced, and the ability to address the next big public health threat would be placed at risk. Ultimately, the costs associated with a weaker public health infrastructure would be shifted to Arizona's health care sector.

As efforts to reform the U.S. health care system are debated in Congress, policymakers should reflect on the impact of the PPHF. Arizona's public health infrastructure is already stretched thin because of limited state and local investment in public health.<sup>9</sup> Further reductions in capacity by reducing or eliminating the PPHF would impair Arizona's ability to bend the health care cost curve as well as impair its ability to respond to infectious diseases, the opioid crisis, and preventable diseases and chronic conditions.

The following report provides an overview of PPHF investments in Arizona. The report was compiled using data from the ADHS' FY 2016 *Preventive Block Grant Report*<sup>10</sup> and information collected from key stakeholder interviews. It serves to inform policy makers and other stakeholders of the potential implications related to eliminating or restructuring the PPHF.



# Preventing Infectious Disease in Arizona

WITHOUT THIS SUPPORT,  
ARIZONA COULD BE  
PLACED AT RISK OF  
MORE FREQUENT  
OUTBREAKS OF  
INFECTIOUS DISEASES.

The PPHF enhances the ability of Arizona public health jurisdictions to detect and respond to health crises and epidemics. The following sections describe the critical intervention and resource infrastructure made possible by the PPHF.

## Immunization Capacity

PPHF funds provide critical infrastructure for Arizona's public health system to ensure community-based immunity in Arizona. Without this support, Arizona's vaccination rates could decline to the point where there would be more frequent outbreaks of infectious diseases.

The funds support vaccinations across the life course, from newborns to the elderly, and from an economic point of view, immunizations continue to be one of the most cost-effective public health interventions.

The ADHS receives over \$4.1 million annually to improve access to vaccines, including through the Section 317 Immunization Program, which provides a vaccine safety net to uninsured, low-income adults. These funds help Arizona purchase vaccines for the uninsured, monitor the safety of vaccines, and respond to disease outbreaks through investigations and rapidly vaccinating at-risk populations.

The funds support immunization of uninsured and underinsured children in Arizona, better electronic connections between electronic medical records and the state immunization registry, activities to enhance adult vaccine coverage, and enhanced assessments of general vaccine coverage levels in the state. Specific examples of interventions underway in Arizona using PPHF investments include:

- Vaccinating uninsured and underinsured children in Arizona through detailed County Health Department Immunization Contracts;
- Improving connectivity between the Arizona State Immunization Information System (ASIIS) and provider offices' electronic medical records, reducing data entry errors and improving dose accountability;
- Improving immunization coverage levels for all Arizonans through vaccination coverage assessment using ASIIS; and
- Targeted interventions to improve vaccination rates for adults.

## Epidemiology and Laboratory Capacity

PPHF investments allow Arizona to enhance overall epidemiology and surveillance capacity throughout the state. This improves timeliness of disease detection, and supports county and tribal health departments with surveillance and investigation of reportable diseases. Funds also support laboratory staff and supplies to sustain and enhance laboratory information sharing and diagnostic capacity for infectious diseases.

The ADHS received approximately \$303,000 through Epidemiology and Laboratory Capacity (ELC) Grants in FY16. ELC Grants support the ability of state and local health departments to prevent, detect, and respond to infectious disease outbreaks, including those caused by influenza and foodborne pathogens.

### Epidemiology

These funds support a full-time epidemiologist (\$103,000) to enhance coordination and surveillance of vaccine preventable diseases and acute flaccid myelitis (a syndrome, mostly found in children, which affects the nervous system resulting in limb weakness) in Arizona. This investment improves the timeliness of detection of vaccine preventable disease cases, allowing for a more robust response to outbreaks. In addition, these funds support education, surveillance, and investigation of acute flaccid myelitis to interpret recent increases of cases and ensure that imported and indigenously-acquired poliomyelitis cases.

Approximately \$43,000 of the ELC funds are used to complete activities that enhance the overall epidemiology and surveillance capacity of the state. Funding provides a full-time epidemiologist to improve the timeliness of detection and investigation of reportable infectious diseases by local and tribal health departments through assessments, root cause analysis of barriers and problem solving.

Public health threats like Zika, and foodborne illnesses like salmonella, can only be addressed if experts have the resources they need to identify where the threats begin, where

they will travel next, and how to stop them in their tracks. About one third of disease tracking is supported by the fund, and its loss would severely hamper efforts to combat and contain these threats.

### Laboratory Capacity

Approximately \$159,000 in Arizona PPHF funding supports a full-time laboratorian and is used to complete activities to enhance outbreak investigation response and reporting. This funding also helps to improve surveillance, sustain and enhance laboratory diagnostic capacity, and improve laboratory coordination and workflow.

PPHF funds are used to purchase sequencing equipment for advanced molecular testing to better characterize bacterial pathogens during outbreak investigations and reagents for identifying pathogens associated with foodborne outbreaks. Funds have also been used for improvements in electronic data sharing to communicate data findings with federal and state health departments to track local, regional, and multi-state outbreaks.



# Preventing Chronic Disease in Arizona

MANY OF THE ACTIVITIES FUNDED BY THE PPHF FOCUS ON PREVENTING EXPENSIVE CHRONIC MEDICAL CONDITIONS AND HELP RESTRAIN HEALTH CARE COSTS.

The PPHF provides critical federal, state and local public health resources to reduce long-term health costs. The following sections summarize chronic disease prevention efforts in Arizona which are funded by the PPHF.

## Preventive Health and Health Services Block Grant

In 1981, Congress authorized the Preventive Health and Health Services (PHHS) Block Grant, which provides resources to state and local health departments to invest in interventions aligned with the latest Healthy People national goals, and to address basic health concerns related to chronic disease, unintentional injuries, and other areas. The PHHS Block Grant helps states to: 1) address important health concerns that lack sufficient funding; 2) respond rapidly to emerging health threats in states; and 3) meet their own unique public health needs and challenges in innovative and locally-defined ways.

When the ACA was established, the funding for several existing, long-established public health programs (including immunizations, infectious disease prevention and control, and the PHHS Block Grant) was moved into the PPHF.

The PHHS Block Grant funds strategic public health priorities in Arizona, such as: the program to reduce the number of prescription drug overdoses and deaths in the state; sexual assault prevention; skin cancer prevention; quality improvements in county health departments; and providing meaningful and timely Arizona health status reports.

Arizona received over \$1.85 million in FY16 from the PHHS Block Grant. This program gives grantees the flexibility to use funds to respond rapidly to emerging health issues and to fill funding gaps in programs that deal with leading causes of death and disability.

The ADHS develops a work plan annually to allocate and administer the funds. Funding and intervention priorities during FY 2016 included:

- County Health Department Improvement Plans and Accreditation (\$1,341,000);
- Sexual Assault and Rape Crisis Interventions (\$143,000);
- Healthy People 2020 Data Collection and Dissemination (\$139,000);
- Skin Cancer Prevention (\$83,000);
- Opioid Poisoning Prevention (\$50,000); and
- Worksite Health Promotion (\$20,000).



## Sexual Assault & Rape Crisis Interventions

The Rape Prevention and Education Program prevents attempted and completed rape and sexual violence throughout Arizona. Funding provides multi-session prevention education sessions, thereby reducing risk factors and promoting proactive factors at the individual, relationship, community and societal levels. The \$143,000 program contracts with two universities and two community-based organizations across the state who serve school-age youth and college students.

The contractors coordinate community awareness events and work with their stakeholders to identify and implement strategies for changing social norms regarding tolerance of sexual violence. In addition, the program continues to conduct outreach to alcohol-serving establishments to increase membership in the Arizona Safer Bars Alliance (ASBA).

Membership requires having 70% of establishment staff who have contact with patrons complete 5 hours of sexual assault prevention and bystander education training. Moving forward, the focus is on developing a strong foundation for ASBA and partnering with the University of Arizona on evaluating the project.

## Childhood Lead Poisoning Prevention

The state of Arizona received \$232,490 in FY16 through Childhood Lead Poisoning Prevention grants to use surveillance data to identify highest-risk areas and target appropriate population-based prevention interventions wherever needs are identified.

Block grant funds also support a program manager and epidemiologist to: better detect children identified with lead poisoning; educate health care professionals working with young children about the importance of screening children living in high risk areas; eliminate potential lead sources; identify at-risk groups and lead sources in Arizona; and refine intervention strategies for children with lead poisoning to better assist families in getting the resources they need to quickly reduce the effects of lead poisoning.

## Skin Cancer Prevention

The Arizona SunWise Program educates children about the harmful effects of ultra violet (UV) rays to prevent sunburns, and ultimately skin cancer, by continuing to teach children in Arizona how to protect their skin from overexposure to the sun and other forms of UV light. The \$83,000 program focuses on reaching students in kindergarten through eighth grade, and was expanded to reach younger children and students in high school, as well as families in the community.

The Program is entirely supported using PHHS funds. Interventions include: providing schools and stakeholders with sun safety assemblies; sun safety

THE ARIZONA SUNWISE PROGRAM IS COMPLETELY SUPPORTED USING PHHS BLOCK GRANT FUNDS.

curriculum; and sun safety policy recommendations, as well as partnerships with community partners to promote sun safety educational opportunities.

Key strategies include increasing opportunities for sun protection in outdoor settings and providing individuals with the information they need to make informed, healthy choices about UV exposure.

## Opioid Poisoning Prevention

As is the case in all states in the U.S., Arizona continues to be in the midst of an opioid painkiller epidemic. Using \$50,000 in PPHF Block Grant funds, the ADHS has implemented several evidence-based strategies to help curb the opioid epidemic.

Using PPHF Block Grant funds, the ADHS assists in the implementation of the Rx Misuse and Abuse Initiative toolkits through its collaboration with six county health departments, the State Board of Pharmacy, and the University of Arizona. ADHS also continues to review the implementation of toolkit strategies on the local level by working as part of the AZ Misuse and Abuse Initiative Core Group to identify solutions to emerging issues impacting the model, along with providing updates to the toolkit as needed.

The Arizona Rx Misuse and Abuse Core Group is comprised of various state and county agencies that include the Governor's Office of Youth, Faith, and Family, the Arizona Criminal Justice Center, the Arizona Board of Pharmacy, the Maricopa County Public Health Department, Arizona Health Care Cost Containment System, and the Industrial Commission of Arizona.

The Core Group meets on a bi-monthly basis to achieve state-wide implementation of the Rx Misuse and Abuse Initiative Toolkit. This includes a regular review and update of toolkit materials, along with identification of new opportunities to increase public awareness regarding the Rx Misuse and Abuse initiative.

## Data Collection and Dissemination

Using funding from the Block Grant, the ADHS collects and analyzes health data and identifies trends and patterns in health risks, specific health conditions, diseases, and causes of death. These data allow public health professionals to monitor the progress of programs addressing national objectives, and develop appropriate evidence-based responses.

Strategic partners include County and Tribal public health agencies, behavioral health agencies, the State Epidemiologist, the Center for Health Information and Research, the State Demographer, the Governor's Office, the Arizona Department of Economic Security, the Arizona Medicaid program, major academic institutions, and numerous other partners with an active interest in public health in Arizona.

Last year the agency used PPHF Block Grant funds to develop and provide meaningful and timely information on health status of Arizonans through a variety of media, including the 500-page *Arizona Health Status and Vital Statistics* annual report, and other reports of public health statistics (*Health Status Profile of American Indians in Arizona: 2015 Data Book*, *Teenage Pregnancy, Arizona, 2004-2015*) and approximately 30 online data products.

## County Health Department Improvement Plans and Accreditation

Preventive Health Block Grant funds are the only source of support to ensure that the state and local governmental public health system is operating under nationally-recognized best practices. Approximately 20% of the \$1,341,000 allocated to this program go to the ADHS and 80% are distributed to local county health departments.

The Local Health Services and Accreditation Program ensures a strong state and local governmental public health system in Arizona by achieving Public Health Accreditation Board (PHAB) accreditation standards.

Activities include: coordination of the state and local public health systems; supporting county health department directors; providing a voice to the State Health Director to represent concerns and interests of local public agencies needed in decision making and policy development; providing consultation and technical assistance to county health departments to strengthen local public health services, and providing policy analysis. Monthly day-long meetings with the Local Health Officers and the ADHS leadership take place to jointly work on issues, concerns, policies, best practices and planning for public health services in Arizona.

Fourteen of Arizona's fifteen county health departments have achieved significant progress toward PHAB standards and measures and four have achieved accreditation. The ADHS has applied for accreditation, submitted the required documentation and is preparing responses to PHAB feedback and questions.

## Tobacco Prevention and Cessation

Smoking continues to be the number one preventable cause of premature death in the U.S. and Arizona, and investments in smoking prevention and cessation are a highly-leveraged approach to improving health outcomes and reducing health care costs. A recent study published in the *American Journal of Preventive Medicine* found that smoking cessation campaigns result in a 12% relative increase in population-level quit attempts and prevent 17,109 premature deaths in the U.S.<sup>8</sup>

### Quit-Line and Tobacco-Use Prevention

PPHF funds (\$295,540/year) support expanding the Arizona Smokers Helpline (ASHLine) by increasing health care system changes that promote tobacco cessation.

The ASHLine promotes health system change by evaluating electronic health records and eReferrals as best practices for referral system models. It also provides training on the Ask, Advise, Refer (AAR) brief intervention process to health care providers and organizations interested in promoting evidence-based treatment for their clients.

In addition, the funds provide trainings on electronic nicotine delivery systems, electronic referrals (WebQuit training), and employer-based tobacco cessation programs.

PPHF funds (\$863,715) also support in-state tobacco-use prevention activities, such as CDC's *Tips from Former Smokers* campaign, that would otherwise not be possible. This gives Arizonan's access to cessation resources like the 1-800-QUIT-NOW quit-line.

A RECENT STUDY PUBLISHED IN THE *AMERICAN JOURNAL OF PREVENTIVE MEDICINE* FOUND THAT SMOKING CESSATION CAMPAIGNS RESULT IN A 12% RELATIVE INCREASE IN POPULATION-LEVEL QUIT ATTEMPTS AND PREVENT 17,109 PREMATURE DEATHS IN THE U.S.<sup>8</sup>



CDC 1305 SUPPORTS THE ADHS TO IMPLEMENT TARGETED STRATEGIES RESULTING IN MEASUREABLE IMPACTS ADDRESSING SCHOOL HEALTH, NUTRITION AND PHYSICAL ACTIVITY, OBESITY, DIABETES AND HEART DISEASE AND STROKE PREVENTION.

## CDC “1305” Chronic Disease Prevention and Public Health Funds

Arizona received nearly \$1.9 million in FY16 under the State Public Health Actions to Prevent and Control Diabetes, Heart Disease, Obesity and Associated Risk Factors and Promote School Health grant program. More than one in three Americans and nearly one in five children in this country is obese. These awards to state health departments allow four CDC programs – diabetes; heart disease and stroke; nutrition, physical activity and obesity; and school health – to work in a coordinated fashion to prevent chronic disease by addressing common risk factors.

Activities funded under the grant provide capacity to health care organizations implementing interventions aimed at Type 2 diabetes. The funds also provide support for several programs using health care extenders such as Community Health Workers (CHWs) and Pharmacists to detect and manage patients with hypertension outside of the traditional provider/patient visit.

The grant supports the development of core public health activities including partnership engagement, workforce development, guidance and support for programmatic efforts, strategic communication, surveillance and epidemiology, and evaluation. It combines the former CDC Diabetes, Heart Disease, Obesity and School Health funding into a single new collaborative.

## Health and Wellness for Native Americans

In FY15, the Inter-Tribal Council of Arizona received a grant of \$788,972 and the San Carlos Apache Tribe received a grant of \$186,936 from Prevention and Public Health funding to prevent heart disease, diabetes, stroke, and associated risk factors in American Indian tribes and Alaska Native villages.

Awardees used effective community-chosen and culturally-adapted public health interventions to reduce commercial tobacco use and exposure, improve nutrition and physical activity, increase support for breastfeeding, increase health literacy, and strengthen team-based care between community resources and clinical services.

## Racial and Ethnic Approaches to Community Health (REACH)

Arizona received \$54,724 in FY16 for REACH. FY16’s award is the last of a three-year project to address chronic disease risk factors by establishing community-based programs and culturally-tailored interventions serving African Americans, American Indians, Hispanics/Latinos, Asian Americans, Alaska Natives, and Pacific Islanders.



# Conclusion

The PPHF is a critical pillar at the core of Arizona's public health system. The Fund protects Arizona's ability to prepare for and respond to health crises, prevent chronic medical conditions, and reduce future health care costs. Reduction or elimination of Arizona's public health infrastructure would jeopardize these protections. Without this investment, Arizona's ability to address the next big public health threat would be at risk.

As efforts to reform the U.S. health care system are debated in Congress, Arizona policymakers should weigh the implications of altering the PPHF. Questions for consideration include:

- What public health functions would Arizona cut or scale back if the PPHF is eliminated?
- Would state cuts lead to a failure to reduce drug overdoses, injuries, or infectious, chronic, and/or vaccine-preventable diseases?
- Would state cuts to public health programs shift costs to Medicaid, criminal justice, or other state agencies?

If so, how can those expenditures be quantified and budgeted?

- Will the PHHS Block Grant be discontinued if the PPHF goes away? If so, how would Arizona ensure its ability to adapt to emerging public health threats?
- Will Arizona be able to afford to use general fund dollars to make up for the loss of federal prevention funding?

Advancements in public health are inherently difficult to comprehend, as the benefit of prevention can only be observed by the absence of crisis. Such absence does not garner attention; it does not seek the spotlight. When crises do arise, strong public health systems are able to spring into action, combating diseases like Zika and Ebola, curbing the opioid epidemic and reducing risk factors for chronic disease. Though often invisible, the PPHF keeps Arizona's public health system strong. The investment is quietly at work, ensuring that Arizonans can live in the absence of chronic and infectious diseases, preparing Arizona to respond when the next crisis arises.

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2929 N Central Ave, Ste 1550  
Phoenix Arizona 85012

602.385.6500  
vitalysthealth.org

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**Author:** Will Humble, *Executive  
Director, Arizona Public Health  
Association; Former Director, Arizona  
Department of Health Services*

**Editorial Team:** Melanie Mitros,  
Suzanne Pfister, Emily Kepner,  
Marcus Johnson

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## Improving well-being in Arizona by addressing root causes and broader issues that affect health.

Count on us to pursue the following priorities:

- Increase access to care and coverage
- Promote healthy community policies and practices
- Build community capacity to improve the effectiveness of community-based organizations
- Promote innovation and collaboration that transforms policies and systems

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A CATALYST FOR COMMUNITY HEALTH