

## PREVENTION

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Healthcare reform brings significant new investments to primary prevention efforts. It will also provide increased access to secondary preventive health services such as screenings, provide opportunities to expand disease management programs and foster workplace wellness efforts. New opportunities will also exist to change how publicly funded health insurance encourages people to be healthy. Together, these investments and opportunities could begin to shift a healthcare system that – for too long – has focused more on fighting illness and disease than encouraging health and wellness.

Evidence-based prevention efforts offer the promise of not only improving population health, but also possibly bending the cost curve. Today, three-quarters of healthcare expenditures are linked to chronic conditions. Data from the World Health Organization suggests that 80 percent of new cases of stroke, coronary disease and other chronic conditions are potentially preventable. Obesity has doubled since the 1980s, and research suggests that obesity accounts for 15-25 percent of the growth in healthcare spending.<sup>1</sup>

### Insurance Coverage for Preventive Services

Under healthcare reform, people with private health plans and Medicare will have the full cost of a range of preventive services and immunizations covered, so people can stay healthy without worrying about the expensive co-payments or deductibles that now often keep them from getting the care they need.

Beginning in 2010, all new group health plans will be required to offer preventive services without cost sharing. In 2014, all new health plans in the individual and small group markets and all qualified health plans in exchanges will be required to cover “preventive and wellness services and chronic disease management.”<sup>2</sup> These include services for various population groups such as:

### KEY REFORM CHANGES

- Prohibits insurance plans (except existing grandfathered plans and those that use a value-based insurance design) from charging cost sharing for preventive services.
- Provides grants for small and mid-sized employers to implement wellness programs.
- Encourages employers to create wellness programs by increasing from 20 to 30 percent the allowable premium discount for employees who participate.
- Creates a Prevention and Wellness Trust Fund to provide \$34 billion in mandatory funding over the next 10 years for community-based prevention programs, a child obesity program, and related programs.
- Awards competitive grants to state and local governments and community-based organizations to implement and evaluate proven community preventive health activities to reduce chronic disease rates.
- Provides Medicare beneficiaries access to an annual wellness visit, including a comprehensive health risk assessment and creation of a personalized prevention plan, with no co-payment or deductible.
- Provides states with an enhanced federal match for expanding preventive services under Medicaid.
- Offers grant opportunities for Medicaid programs (or its partners) to implement chronic disease prevention.

## Children

- Oral fluoride supplementation to preschool children older than six months whose primary water source is deficient in fluoride
- Vision screening for children under five
- Evidence-informed preventive care and screening for infants, children and adolescents
- Additional children's preventive care and screenings

## Women

- Bone mass measurement for women beginning at age 65 (or 60 for those at risk)
- Mammograms for women age 40 and older
- Additional women's preventive care and screenings

## At-Risk Populations

- HIV screening for adults with increased risk for infection
- Diabetes screening for people with high blood pressure
- Colorectal screening for adults aged 50-75
- Diet or behavioral counseling in primary care to promote healthy eating for at-risk populations

## All Populations

- Smoking cessation counseling
- Immunizations<sup>3</sup>

These requirements are not applicable to existing or “grandfathered” plans. However, it is unclear what will ultimately constitute grandfathered plans,<sup>4</sup> although interim rules suggest that fewer than half of existing health plans might achieve grandfathered status.<sup>5</sup> Also, the federal government will need to further clarify in some instances what constitutes preventive services. For example, it is unclear whether birth control is considered preventive care for women at this time.<sup>6</sup>

Most reforms go into effect in 2014, but some are effective earlier (such as requiring that all new plans after September 23, 2010 provide “Bright Futures” preventive care with no cost sharing). Arizona may want to consider strong monitoring and oversight to ensure that the reforms work as intended.<sup>7</sup> There may also be a role for organizations to play in encouraging consumers to avail themselves of the new covered services when appropriate.

While these new provisions will provide greater access to care for consumers, they may also have important consequences for many healthcare providers. It appears that the federal legislation did not specify who would bear the cost of lost revenues from co-pays and other cost sharing. Physicians and other health providers interviewed are reporting that they will feel the brunt of this lost revenue – potentially putting a serious dent in their bottom lines.

## **KEY TAKEAWAYS:**

- Healthcare reform will expand coverage of preventive services. There may be a role for state agencies, universities, foundations, consumer groups or health-related organizations to play in educating consumers and monitoring whether consumers receive newly covered services.
- It is unclear who will ultimately pay the price for eliminating cost sharing for preventive services. Will it be providers, consumers or health insurers?

## **Medicaid and Medicare Coverage**

In the new healthcare reform law, cost sharing for evidence-based preventive services under Medicare will be eliminated, mirroring requirements of new private plans. Increased access to preventive services should result.

For Medicaid (AHCCCS) recipients, the changes related to prevention will mostly depend on state action. If Arizona were to expand covered services to include those recommended by a federal task force (including services such as those listed above), Arizona would receive an enhanced payment from the federal government (one percentage point in the FMAP for these services) to apply to the cost. AHCCCS members could gain access to important preventive services such as smoking cessation counseling.

The irony is that while these opportunities will now be available as early as federal fiscal year 2013, Arizona recently has been moving in the opposite direction in providing preventive services. Arizona recently eliminated adult well visits in addition to other optional covered services.<sup>8</sup> Thus, it appears that the prospect of expanding preventive services in light of Arizona's budget crisis appear slim.

Healthcare reform will also provide grant opportunities related to prevention for AHCCCS. Under a provision called "Incentives for Prevention of Chronic Diseases in Medicaid," states can apply for \$100 million in grants to develop interventions that target tobacco, weight loss, cholesterol, blood pressure and diabetes. Grants (which must be at least three years in duration) will be awarded no later than January 1, 2011. The state is allowed to enter into arrangements with providers participating in Medicaid, community-based organizations, faith-based organizations, public-private partnerships, Indian tribes, or similar entities or organizations to carry out the program.<sup>9</sup>

While tight budgets and recent staff reductions to AHCCCS may make it challenging to implement such opportunities, coverage expansion occurring in 2014 will significantly add to the number of people on AHCCCS. Moreover, the addition of people with higher incomes will likely mean that more people will remain on AHCCCS for longer periods of time – further driving the long-term need to address prevention.

AHCCCS may want to consider partnering with the Arizona Department of Health Services (ADHS) to take advantage of some of these opportunities. ADHS has considerable experience implementing successful prevention efforts. It also has relationships with community-based efforts occurring across the state.

## **KEY TAKEAWAYS:**

- Healthcare reform presents new opportunities – and new demands – for AHCCCS to expand preventive services and disease management.

## Workplace Wellness

Well-designed, evidence-based workplace wellness efforts can lead to long-term health and productivity improvements.<sup>10</sup> In a recent meta-analysis of the literature on costs and savings associated with workplace disease prevention and wellness programs, researchers found that medical costs fall by about \$3.27 for every dollar spent on wellness programs and that absenteeism costs fall by about \$2.73 for every dollar spent.<sup>11</sup>

Beginning 2014, businesses may allow premium reductions of up to 30 percent for employee participation in wellness programs. Such rewards are currently limited to 20 percent.<sup>12</sup> Nationally, businesses such as Safeway have reported significant savings in their healthcare costs by implementing such measures. Their efforts include a reduction in annual premiums for employees who pass or make significant progress in addressing their tobacco usage, healthy weight, blood pressure or cholesterol levels.<sup>13</sup>

Beginning in 2011, small employers may be eligible to receive federal grants to provide employees with access to comprehensive workplace wellness programs. Funding would be available to employers with fewer than 100 employees who did not provide a workplace wellness program as of March 23, 2010. The government has appropriated \$200 million for this temporary program for fiscal years 2011 through 2015.<sup>14</sup>

These new federal grants could incentivize many small businesses to offer employee wellness programs. One-third of Arizona salary and wage employment is connected to a small business. Approximately 92,000 small businesses have fewer than 100 employees.<sup>15</sup> While no data exists estimating how many small businesses in Arizona offer employee wellness programs, one national study suggests that fewer than one quarter of businesses with under 1,000 employees offer wellness or employee assistance programs.<sup>16</sup>

Efforts appear to be under way to encourage and assist employers to take advantage of these new opportunities. Under the new law, the Centers for Disease Control and Prevention is charged with providing technical assistance to businesses interested in implementing workplace wellness initiatives. The Arizona Department of Health Services plans to play a role in encouraging and supporting some large employers to offer employee wellness programs. The Arizona Chapter of the American Heart Association and the YMCA of Southern Arizona are among those who already work with businesses to implement workplace wellness efforts.

Nonetheless, more could be done to expand these efforts. The Governor's Office, the Department of Health Services or health foundations could play a role in identifying and mapping existing, organized efforts to expand workplace wellness programs throughout the state, identifying gaps that might exist statewide. Once gaps are identified, efforts could be organized at a local level (spearheaded by county health departments, community-based organizations, health foundations or others) to implement workplace wellness programs in local communities and expand existing workplace wellness efforts occurring elsewhere whenever possible.

Small business associations, public health agencies, health foundations, or the Governor's Office (which has organized coalitions in the past related to prevention and physical activity) could also play a critical role in providing information and supporting small businesses in designing or implementing wellness programs and applying for such grants.

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## ELEMENTS OF SUCCESSFUL WELLNESS PROGRAMS

To be successful, programs must be:

- Comprehensive
  - Tailored to the population
  - Marketed creatively
  - Embraced by top management
  - Protective of employee privacy
  - Able to collect data from third parties to inform decisions and interventions based on de-identified, aggregated data
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The likely success of encouraging businesses to participate in wellness initiatives is unknown. Employer benefits experts noted that many mid-size businesses (over 50 employees) are anxious about how healthcare reform might affect health insurance premiums and costs of administering benefits. They cited reluctance among many employers to implement new programs until the true impact of reform on their businesses is better understood.

Some businesses or organizations may also be reluctant to implement or encourage financial incentives for healthy behaviors for other reasons. During the healthcare reform debate the topic was contentious, with many national experts noting that “rewards” for healthy behavior may essentially become a punishment (in terms of higher costs) for people with compromised health status.<sup>17</sup>

Still, employee benefit experts interviewed suggest that these incentives and grants may be one of the best ways for employers to ensure that their employees take advantage of the expanded array of preventive health services and screenings offered under reform. They note that insurance companies may not have a financial incentive to encourage screenings and prevention since employees often switch jobs long before the financial rewards of prevention can be realized by an insurer.



#### KEY TAKEAWAY:

- Organized efforts aimed at encouraging businesses to take advantage of new workplace wellness grants and incentives might go a long way toward improving health among Arizonans.

### Community-Based Prevention

Healthcare reform includes significant new funding for community-based prevention efforts. These investments could help promote healthy behaviors and bend the cost curve. The Trust for America's Health estimates that small investments in proven community-based programs to increase physical activity, improve nutrition and prevent smoking and tobacco use could save the country more than \$16 billion annually within five years.<sup>18</sup>

The new health reform law funds community-based prevention efforts at an unprecedented level. It creates a \$16 billion fund to support expanded and sustained investment in prevention, public health and wellness activities, including prevention research and health screenings and initiatives. Beginning in 2015, \$2 billion annually will be available.

The details of these monies to be awarded to states on a year-to-year basis have not yet been determined. The first release of \$500 million from the fund appears to devote monies meant for prevention to workforce development and capacity building for the public health infrastructure. Nonetheless, over \$126 million in grants was announced for fiscal year 2010 for federal, state and community prevention initiatives; the integration of primary care services into publicly-funded community-based behavioral health settings; obesity prevention and fitness; and tobacco cessation.<sup>19</sup> Insights into how funds might be allocated in the future can be gleaned from the wide array of grant programs (funded or not funded) included in the federal reform legislation. (See chart on following page for examples.)

## Examples of Grants Available for States and Communities

GRANT NAME/ FOCUS	WHO CAN APPLY
<b>Community Transformation Grants</b> – Funds programs that promote individual and community health and prevent the incidence of chronic disease. Communities can carry out programs to prevent and reduce the incidence of chronic diseases associated with overweight and obesity, tobacco use, or mental illness, or other activities consistent with the goal of promoting healthy communities. Can be used for activities including (but not limited to) creating healthier school environments; creating infrastructure to support active living and access to healthy food; workplace wellness programs; addressing the social, economic and geographic determinants of health; addressing special population needs. (Sec. 4201)	State and local government agencies (including tribes); community-based organizations (non-profit and national networks of community-based organizations). 20 percent of the grants will be awarded to rural and frontier areas.
<b>Healthy Aging, Living Well</b> – Funding to conduct five-year pilot programs providing public health community interventions, screening, and clinical referrals for individuals who are between 55-64 years old. (Sec. 4202)	State or large local health departments or Indian tribes
<b>Oral Health Demonstration Grants</b> – Available for prevention activities such as school-based dental sealants and community water fluoridation. (Sec. 4102)	A wide array of community-based providers of dental services, including (but not limited to) federally qualified health centers; state or local health departments; tribal dental programs; health system providers; and medical dental, public health, nursing, and nutrition educational institutions.
<b>Community-Based Diabetes Prevention</b> – Funds can be used for community-based prevention activities, training, outreach, and evaluation. (Sec. 10501)	State, local and tribal health departments and non-profit entities.
<b>Individualized Wellness Plans for At-Risk Individuals</b> – Pilot programs will be established to test the impact of providing at-risk populations who use community health centers with individualized wellness plans designed to reduce risk factors for preventable conditions identified by comprehensive risk assessment. (Sec. 4206)	Up to 10 community health centers nationally.
<b>Childhood Obesity Demonstration Project</b> – Provides funding for grants to develop a comprehensive and systematic model for reducing childhood obesity. Grantees shall develop a curriculum, form partnerships, and carry out community-based activities to reduce childhood obesity. (Sec. 4306; CHIPRA Sec. 401)	Cities, counties or Indian tribes; local or tribal educational agencies; an accredited university, college or community college; federally qualified health centers; local health department; healthcare providers; and community-based organizations. Priorities are based on a number of enumerated factors.

What is known at this point is that there is a wide array of current state, county and community-driven efforts occurring in Arizona related to prevention and disease management that could be brought to scale or expanded with the help of these grant or pilot program opportunities. A few examples include:

- The Arizona Department of Health Services is currently partnering with the Greater Valley Area Health Education Center and others to implement the evidence-based Chronic Disease Self Management Program (CDSMP) throughout Arizona. CDSMP is an evidence-based, best-practice program that has demonstrated positive impact on health status, health behaviors and healthcare utilization.
- Maricopa County, the American Heart Association and other community partners have established a coalition working to address childhood obesity. Strategies include establishing school-based health councils and expanding access to safe, attractive and accessible places for physical activity. This same coalition was an applicant recently for a federal stimulus grant (Communities Putting Prevention to Work). While their grant application was not funded, they may be well-positioned to receive new funding as it is available.
- Efforts are under way in local communities and statewide to address childhood obesity. These include Maryvale on the Move (a collaboration among St. Luke's Health Initiatives, Golden Gate Community Center, Rehoboth Community Development Center, Wesley Community Health Center and others) and a collaboration among Save the Children, Children's Action Alliance and other organizations.
- First Things First is implementing early childhood nutrition efforts in several of its regional council areas, including implementing elements of the evidence-based Nutrition and Physical Activity Self Assessment for Child Care program focusing on nutritious eating in early childhood settings.

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## KEY PARTNERS: PIMA COUNTY COMMUNITIES PUTTING PREVENTION TO WORK

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- K-12 Schools
  - University of Arizona
  - Carondelet Foundation
  - Neighborhood-Based Organizations
  - YMCA and their Workplace Wellness Partners
  - Community Food Bank
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Arizona can look in its own backyard to identify criteria that will likely be used to award many of the prevention grants to states. Last March, Pima County Health Department and a coalition called Activate Tucson received a three-year, \$16 million economic stimulus grant from the Centers for Disease Control and Prevention. It was the largest per capita grant awarded among the 44 communities nationally that received funding.<sup>20</sup>

According to one coalition member, the request for proposals emphasized building upon the success of existing coalitions in changing policy, systems and environmental change. Activate Tucson was able to fulfill those criteria easily. The coalition of over 200 members has existed since 2004 and has a proven track record in achieving results.<sup>21</sup>

Public health leaders interviewed noted a number of strategies that might help Arizona position itself to both receive and successfully implement prevention efforts in our state. Suggestions generally fall into four major categories. They include:

### 1. Local Approach

- Ensure that prevention efforts have a local focus. Whether grants are awarded at a state or community level, there should be a strong emphasis on how to engage and involve local community organizations already working to implement local prevention strategies. A focus on local efforts may also better position the state for grant opportunities. Several people noted that the Centers for Disease Control and Prevention appear to be making a shift towards focusing on locally-driven collaborations. Focusing on the local may also make prevention efforts more effective.
- Inventory and map existing prevention efforts occurring in communities. Identify evidence-based, replicable prevention efforts (such as the YMCA's Activate America program – the model for Activate Tucson) occurring in the state that could be

replicated in other communities. Such an inventory could be performed by the Governor's Office, the Arizona Department of Health Services, a university or a health foundation. Efforts by the Arizona Department of Education to summarize and assess gaps in school district wellness assessments (currently submitted by each school district) would also be useful to help assess what is currently occurring in schools throughout Arizona.

## 2. Coordination and Collaboration

- Move beyond siloed approaches to prevention. Some experts noted that it was critical that prevention efforts not focus on one disease or one cause (such as tobacco or nutrition) alone.
- Improve coordination and collaboration. Provide support (in-kind or financial) for coalitions to integrate and coordinate various prevention strategies in their local communities.
- Encourage and strengthen partnerships and involvement of higher education in local prevention efforts. Pima County representatives noted that their partnership with the University of Arizona was a critical factor in their success in securing the federal Communities Putting Prevention to Work grant.
- Garner commitment from the Arizona Department of Education (or specific school districts) to partner in prevention efforts, making it easier for coalitions to achieve partnerships with local schools. Representatives from the Maricopa County coalition pointed out how difficult it was to secure the commitment and support of individual schools (given the large number of school districts in the county) in recent federal grant application efforts. The Arizona Department of Health Services has made recent progress in partnering with schools that could be built upon.
- Create partnerships and involvement with organizations or groups that impact the built environment (e.g., city planning, transportation, housing) at both a state and local level to focus on how policy or environment might be altered to promote healthy eating, active living and connected communities.

## 3. Policy and Advocacy

- Make sure policy and environmental change are part of the focus of state and local prevention efforts. Recent grants (federal as well as large national foundation grants) increasingly focus on policy change and changes to the built environment (such as creating safe, walkable communities) in their funding criteria.
- Strengthen the ability of local coalitions to inform and recommend policy change at a state level based on lessons learned from implementing local prevention efforts. Creation of an advisory committee to the governor or legislature on prevention might be helpful in identifying and leveraging needed statewide policy change.

## 4. Leadership and Innovation

- Demonstrate leadership. The state of Washington, for example, appears to be positioning itself for prevention grants by publicly committing to integrating prevention/wellness strategies into all of its planned reform efforts.
- Don't conduct business as usual. Many people noted that if Arizona receives funding at the state level, it was critical to give local areas flexibility in implementing prevention efforts. Merely providing pass-through money to implement services limits the ability of local areas to leverage existing community assets and innovate in comprehensive program design and execution.
- Seek additional private support for prevention efforts. Such support from businesses and foundations will strengthen state, regional and local grant proposals by demonstrating that they are effectively leveraging other community resources.



### KEY TAKEAWAY:

- To increase Arizona's chances of attracting federal grants and effectively implementing prevention efforts, state leadership and innovation and local collaboration are needed.

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## ABOUT THE AUTHOR

**Kim VanPelt, MPA** is an Associate Director at St. Luke's Health Initiatives, where she is responsible for analyzing local, state and national health and social policy issues and engaging the community to further SLHI's goals. She also directs the Arizona Health Survey, a survey of over 10,000 Arizonans on topics including physical and mental health, physical activity and nutrition, substance abuse, community health, access to care and well-being. Previously, she was a regional manager for First Things First, where she oversaw more than \$34 million in grants. She has served as Director of Health Policy at Children's Action Alliance, the Strategic Planning and Quality Improvement Manager for the Arizona Department of Health Services, and an evaluator for the Arizona Office of the Auditor General. She is currently a member of Arizona's State Medicaid Advisory Committee.

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