



HRSA

Health Resources & Services Administration



Title V MCH Block Grant Program

ARIZONA

State Snapshot

FY2025 Application / FY2023 Annual Report

November 2024

Title V Federal-State Partnership - Arizona

The Title V Maternal and Child Health Block Grant Program is a federal-state partnership with 59 states and jurisdictions to improve maternal and child health throughout the nation. This Title V Snapshot presents high-level data and the executive summary contained in the FY2025 Application / FY2023 Annual Report. For more information on MCH data, please visit the Title V Federal-State Partnership website (<https://mchb.tvisdata.hrsa.gov>)

State Contacts

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SSDI Project Director	State Family Leader
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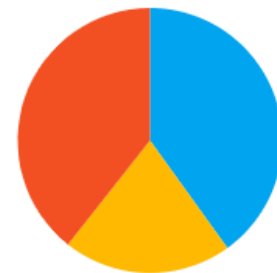
State Youth Leader
No Contact Information Provided

State Hotline: (800) 232-1678

Funding by Source

Source	FY 2023 Expenditures
■ Federal Allocation	\$8,057,500
■ State MCH Funds	\$4,141,752
■ Local MCH Funds	\$0
■ Other Funds	\$7,914,608
■ Program Income	\$0

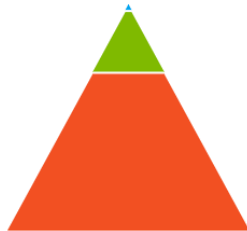
FY 2023 Expenditures



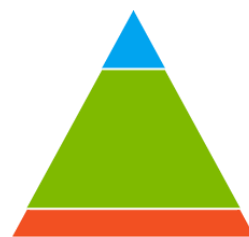
Funding by Service Level

Service Level	Federal	Non-Federal
Direct Services	\$199,796	\$3,126,034
Enabling Services	\$2,166,364	\$7,479,699
Public Health Services and Systems	\$5,691,340	\$1,450,627

FY 2023 Expenditures Federal



FY 2023 Expenditures Non-Federal



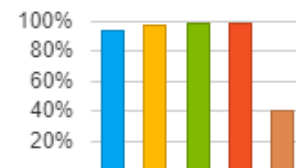
Percentage Served by Title V

Population Served	Percentage Served	FY 2023 Expenditures
Pregnant Women	94.0%	\$2,467,889
Infants < 1 Year	98.0%	\$5,789,092
Children 1 through 21 Years	99.0%	\$6,497,109
CSHCN (Subset of all infants and children)	99.0%	\$3,171,427
Others *	40.0%	\$1,821,077

FY 2023 Expenditures Total: \$19,746,594



FY 2023 Percentage Served



*Others– Women and men, over age 21.

The Title V legislation directs States to conduct a comprehensive, statewide maternal and child Health (MCH) needs assessment every five years. Based on the findings of the needs assessment, states select seven to ten priority needs for programmatic focus over the five-year reporting cycle. The State Priorities and Associated Measures Table below lists the national and state measures the state chose in addressing its identified priorities for the 2020 Needs Assessment reporting cycle. Beginning with the FY 2025 Application, all states are also reporting on two Universal National Performance Measures, Postpartum Visit and Medical Home.

State Priorities and Associated Measures

Priority Needs and Associated Measures	Reporting Domain(s)
<p>Reduce and eliminate barriers to ensure equitable and optimal health for women.</p> <p>NPMs</p> <ul style="list-style-type: none"> ● Percent of women, ages 18 through 44, with a preventive medical visit in the past year (Well-Woman Visit, Formerly NPM 1) - WWV <ul style="list-style-type: none"> ○ ESM WWV.1: Number of agencies participating in the Preconception Health Alliance. ○ ESM WWV.2: Number of activities conducted by the Preconception Health Alliance ○ ESM WWV.3: Percent of family planning clinics that have LARCs available ○ ESM WWV.4: Percent of women who participated in the Arizona Pregnancy Risk Assessment Monitoring System. ○ ESM WWV.5: Percent of Family Planning Summit attendees who report a practice change after the summit. ○ ESM WWV.6: Rate of severe maternal morbidity associated with hypertensive disorders of pregnancy in AIM participating hospitals. ○ ESM WWV.7: Percent of live births that occur in an AIM-participating birthing facility. ○ ESM WWV.8: Number of individuals trained to become community-based doulas ○ ESM WWV.9: Percent of mothers enrolled in home visiting programs who received a postpartum visit with a healthcare provider within 60 days of delivery ○ ESM WWV.10: The number of times home visitors access a maternal mental health consult for their clients. ○ ESM WWV.11: Implement action steps to develop a community health worker reimbursement pilot program among primary care providers (e.g. community health centers), tribes, and insurance payers. ○ ESM WWV.12: Percent of family planning clinics that expanded (hours or sites) family planning services ○ ESM WWV.13: Number of unique clients served (yearly total) through local county health departments' Title V-funded family planning and reproductive health programs. ● Percent of women who had a dental visit during pregnancy (Preventive Dental Visit - Pregnancy, Formerly NPM 13.1) - PDV-Pregnancy <ul style="list-style-type: none"> ○ ESM PDV-Pregnancy.1: Number of inter agency partnerships implemented to coordinate dental services for pregnant women and children. ○ ESM PDV-Pregnancy.2: Number of medical, dental, and other healthcare professionals who receive perinatal oral health education. 	<p>Women/Maternal Health</p>

Priority Needs and Associated Measures	Reporting Domain(s)
<ul style="list-style-type: none"> ● A) Percent of women who attended a postpartum checkup within 12 weeks after giving birth (Postpartum Visit) B) Percent of women who attended a postpartum checkup and received recommended care components (Postpartum Visit) - PPV 	
<p>Promote equitable and optimal care and protective factors for mothers and infants before, during, and after pregnancy.</p> <p>NPMs</p> <ul style="list-style-type: none"> ● A) Percent of infants who are ever breastfed (Breastfeeding, Formerly NPM 4A) B) Percent of infants breastfed exclusively through 6 months (Breastfeeding, Formerly NPM 4B) - BF <ul style="list-style-type: none"> ○ ESM BF.1: Number of home visitors who receive lactation counseling or breastfeeding support training. ○ ESM BF.2: Percent of home visitors trained on lactation counseling or breastfeeding support training who report an increase in knowledge and skill around breastfeeding best practices. ○ ESM BF.3: Number of local county health departments working on strategies to promote breastfeeding through the Title V-funded MCH Healthy Arizona Families IGA ○ ESM BF.4: Number of calls to the breastfeeding helpline ● A) Percent of infants placed to sleep on their backs (Safe Sleep, Formerly NPM 5A) B) Percent of infants placed to sleep on a separate approved sleep surface (Safe Sleep, Formerly NPM 5B) C) Percent of infants placed to sleep without soft objects or loose bedding (Safe Sleep, Formerly NPM 5C) D) Percent of infants room-sharing with an adult during sleep (Safe Sleep) - SS <ul style="list-style-type: none"> ○ ESM SS.1: Number of safe sleep-related activities that are implemented by local county health departments. ○ ESM SS.2: Number of digital impressions of the safe sleep media campaign. ○ ESM SS.3: Number of caregivers who receive safe sleep training and a pack 'n' play or a sleep sack ○ ESM SS.4: Percent of at-risk communities with a safe sleep campaign outdoor media presence. ○ ESM SS.5: Number of ABCs of Sleep Crib Cards distributed. ○ ESM SS.6: Percentage of hospitals that are distributing the ABCs of Safe Sleep crib cards to their patient population. 	<p>Perinatal/Infant Health</p>
<p>Strengthen emotional, physical, and social services to achieve an equitable and optimal development for children.</p> <p>NPMs</p> <ul style="list-style-type: none"> ● Percent of children, ages 9 through 35 months, who received a developmental screening using a parent-completed screening tool in the past year (Developmental Screening, Formerly NPM 6) - DS <ul style="list-style-type: none"> ○ ESM DS.1: Proportion of new home visitors trained to provide ASQ within 6 months of hire. ○ ESM DS.2: Percentage of children receiving an ASQ within 1 year of program enrollment. 	<p>Child Health, Adolescent Health</p>

Priority Needs and Associated Measures	Reporting Domain(s)
<ul style="list-style-type: none"> ○ ESM DS.3: Percent of children enrolled in home visiting who received a referral for developmental services and have a complete referral. ○ ESM DS.4: Number of providers that receive developmental screening training. ○ ESM DS.5: Percent of providers that receive developmental screening training who report initiating developmental screenings with parents in their practices. ● Rate of hospitalization for non-fatal injury per 100,000 children, ages 0 through 9 (Injury Hospitalization - Child, Formerly NPM 7.1) - IH-Child <ul style="list-style-type: none"> ○ ESM IH-Child.1: Number of injury prevention activities done by local county health departments specific for children ages 0 through 9 ○ ESM IH-Child.2: Number of car seats and home safety kits distributed with caregiver education. ○ ESM IH-Child.3: Percent of local county health departments that have at least one staff trained in safe car seat installation and use. ● Percent of adolescents, ages 12 through 17, with a preventive medical visit in the past year (Adolescent Well-Visit, Formerly NPM 10) - AWW <ul style="list-style-type: none"> ○ ESM AWW.1: Number of healthcare clinics implementing University of Michigan's Adolescent Champion Model at their sites. ○ ESM AWW.2: Percent of clinical sites that engage in continuous learning to maintain the adolescent champion model's high standards of practice. ○ ESM AWW.3: The proportion of adolescents and young adults 12-21 years of age who had at least one comprehensive well-care visit with a primary care practitioner or an OB/GYN practitioner participating in the adolescent champion model during the measurement year ○ ESM AWW.4: Percent of adolescents in a participating adolescent champion model facility that report knowing how to contact their provider or the clinic if they have any questions or concerns. ○ ESM AWW.5: Number of youth advising state initiatives. ○ ESM AWW.6: Number of continuing education opportunities for dental and medical providers to promote preventive medical visits and mental health for adolescents. ● Percent of children, ages 1 through 17, who had a preventive dental visit in the past year (Preventive Dental Visit - Child, Formerly NPM 13.2) - PDV-Child <ul style="list-style-type: none"> ○ ESM PDV-Child.1: Proportion of urgent dental cases identified in the sealant program referred for treatment. ○ ESM PDV-Child.2: Proportion of early dental cases identified in the sealant program referred for treatment. ○ ESM PDV-Child.3: Percent of children who participate in the School-based dental program ● Percent of children, ages 0 through 17, who are continuously and adequately insured (Adequate Insurance, Formerly NPM 15) - AI <ul style="list-style-type: none"> ○ ESM AI.1: The number of state loan repayment program registered sites that offer assistance with insurance applications. ○ ESM AI.2: Percent of Title V staff and contractors that receive education on insurance coverage options for children and pregnant women. 	

Priority Needs and Associated Measures	Reporting Domain(s)
<ul style="list-style-type: none"> ○ ESM AI.3: Number of learning opportunities for external maternal and child health partners on insurance coverage for children and pregnant women. ○ ESM AI.4: Percentage of adults that have access to a personal care provider. ● Percent of children with and without special health care needs, ages 0 through 17, who have a medical home (Medical Home, Formerly NPM 11) - MH 	
<p>Strengthen systems of care to advance inclusivity and promote equitable and optimal outcomes for children and youth with special healthcare needs.</p> <p>NPMs</p> <ul style="list-style-type: none"> ● Percent of adolescents with and without special health care needs, ages 12 through 17, who received services to prepare for the transition to adult health care (Transition, Formerly NPM 12) - TR <ul style="list-style-type: none"> ○ ESM TR.1: Number of families that received a resource from the CYSHCN program. ○ ESM TR.2: Number of practitioners who have ever enrolled in Got Transition modules. ○ ESM TR.3: Number of family advisors placed in Bureau of Women's and Children's Health administrative offices. ○ ESM TR.4: Percent of school-age children who receive a hearing screening. ○ ESM TR.5: Percent of Arizona schools that complete their hearing screens by the assigned due date. ○ ESM TR.6: Number of providers receiving GoT transition training resources. ○ ESM TR.7: Percentage of practitioners who have completed the full course of 8 Got Transition modules within 15 months of course initiation. 	<p>Children with Special Health Care Needs</p>
<p>Enhance equitable and optimal initiatives that positively impact the emotional, physical, and social wellbeing of adolescents.</p> <p>NPMs</p> <ul style="list-style-type: none"> ● Rate of hospitalization for non-fatal injury per 100,000 adolescents, ages 10 through 19 (Injury Hospitalization - Adolescent, Formerly NPM 7.2) - IH-Adolescent <ul style="list-style-type: none"> ○ ESM IH-Adolescent.1: Number of injury prevention activities done by local county health departments specific to adolescents 10-19 years old. ● Percent of adolescents, with and without special health care needs, ages 12 through 17, who are bullied or who bully others (Bullying, Formerly NPM 9) - BLY <ul style="list-style-type: none"> ○ ESM BLY.1: Number of school professionals who receive technical assistance on bullying prevention. ○ ESM BLY.2: Number of schools implementing bullying prevention guidance. 	<p>Adolescent Health</p>

Priority Needs and Associated Measures	Reporting Domain(s)
<ul style="list-style-type: none"> ○ ESM BLY.3: Number of unique pageviews in the must stop bullying campaign website. ○ ESM BLY.4: Number of unique pageviews to the child page of the must stop bullying campaign website. ○ ESM BLY.5: Total number of youth served by an organization trained on mental health first aid for youth. ○ ESM BLY.6: Percentage of Youth Mental Health First Aid trained adults that report being very knowledgeable on recognizing the signs or symptoms of mental health or substance use challenges that may impact youth. 	
<p>Engage individuals, families, and communities as partners in the development and implementation of programs and policies to create people-centered programs that promote health equity</p> <p>NPMs</p> <ul style="list-style-type: none"> ● Percent of adolescents with and without special health care needs, ages 12 through 17, who received services to prepare for the transition to adult health care (Transition, Formerly NPM 12) - TR <ul style="list-style-type: none"> ○ ESM TR.1: Number of families that received a resource from the CYSHCN program. ○ ESM TR.2: Number of practitioners who have ever enrolled in Got Transition modules. ○ ESM TR.3: Number of family advisors placed in Bureau of Women's and Children's Health administrative offices. ○ ESM TR.4: Percent of school-age children who receive a hearing screening. ○ ESM TR.5: Percent of Arizona schools that complete their hearing screens by the assigned due date. ○ ESM TR.6: Number of providers receiving GoT transition training resources. ○ ESM TR.7: Percentage of practitioners who have completed the full course of 8 Got Transition modules within 15 months of course initiation. ● Percent of children with and without special health care needs, ages 0 through 17, who have a medical home (Medical Home, Formerly NPM 11) - MH 	<p>Children with Special Health Care Needs</p>
<p>Reduce disparities in infant and maternal morbidity and mortality.</p> <p>NPMs</p> <ul style="list-style-type: none"> ● Percent of women, ages 18 through 44, with a preventive medical visit in the past year (Well-Woman Visit, Formerly NPM 1) - WWV <ul style="list-style-type: none"> ○ ESM WWV.1: Number of agencies participating in the Preconception Health Alliance. ○ ESM WWV.2: Number of activities conducted by the Preconception Health Alliance ○ ESM WWV.3: Percent of family planning clinics that have LARCs available ○ ESM WWV.4: Percent of women who participated in the Arizona Pregnancy Risk Assessment Monitoring System. 	<p>Women/Maternal Health, Child Health</p>

Priority Needs and Associated Measures	Reporting Domain(s)
<ul style="list-style-type: none"> ○ ESM WWV.5: Percent of Family Planning Summit attendees who report a practice change after the summit. ○ ESM WWV.6: Rate of severe maternal morbidity associated with hypertensive disorders of pregnancy in AIM participating hospitals. ○ ESM WWV.7: Percent of live births that occur in an AIM-participating birthing facility. ○ ESM WWV.8: Number of individuals trained to become community-based doulas ○ ESM WWV.9: Percent of mothers enrolled in home visiting programs who received a postpartum visit with a healthcare provider within 60 days of delivery ○ ESM WWV.10: The number of times home visitors access a maternal mental health consult for their clients. ○ ESM WWV.11: Implement action steps to develop a community health worker reimbursement pilot program among primary care providers (e.g. community health centers), tribes, and insurance payers. ○ ESM WWV.12: Percent of family planning clinics that expanded (hours or sites) family planning services ○ ESM WWV.13: Number of unique clients served (yearly total) through local county health departments' Title V-funded family planning and reproductive health programs. ● Percent of children, ages 0 through 17, who are continuously and adequately insured (Adequate Insurance, Formerly NPM 15) - AI <ul style="list-style-type: none"> ○ ESM AI.1: The number of state loan repayment program registered sites that offer assistance with insurance applications. ○ ESM AI.2: Percent of Title V staff and contractors that receive education on insurance coverage options for children and pregnant women. ○ ESM AI.3: Number of learning opportunities for external maternal and child health partners on insurance coverage for children and pregnant women. ○ ESM AI.4: Percentage of adults that have access to a personal care provider. 	

Executive Summary

Program Overview

Arizona, one of the fastest-growing and most diverse states in the nation, has around 7.2 million residents. Almost half of Arizona's population belongs to a racial or ethnic minority group. Arizona is home to 22 federally recognized tribes—including the largest tribe in the US, the Navajo Nation—and almost 400,000 individuals identifying as American Indian/Alaska Native.

Geographically, Arizona is the 6th largest state in the U.S. and shares a 389-mile border with Mexico. Arizona has a shortage of medical providers, which is particularly acute in sparsely populated, rural areas of the state. With 722 federally designated Health Professional Shortage Areas (HPSAs), Arizona needs 667 full-time primary care physicians, 485 dentists, and 228 psychiatrists statewide to eliminate these HPSAs.²³

Impact of COVID-19

As of June 8, 2024, there have been 2,615,926 cases and 30,540 deaths due to COVID-19 in Arizona.³¹ That is a rate of 335.1 total deaths per 100,000 (age-adjusted).³² The COVID-19 pandemic in Arizona has laid bare long-standing inequities in health outcomes and provisions, particularly among Indigenous populations. While Arizona is still experiencing new cases and hospitalizations associated with COVID-19 they have significantly decreased over the past two years. As of February 2024, there were a total of 8,301 cases in a month reported in Arizona as compared to the 547,148 cases in January 2022. Arizona has been fortunate that the number of [cases](#), [hospitalizations](#), and [deaths](#) have remained low as of January 2023. As of October 4, 2023, over five and a half million Arizonans (77.2% of the population) had [received at least one dose of the COVID-19 vaccine](#).

AZ Title V program has shifted from pandemic response to recovery, Title V program is reviewing the data to increase understanding of how the pandemic has affected Arizona's maternal and child health (MCH) populations, apart from the immediate impact of the disease. Some trends that are being monitored include increased incidence of domestic violence, diseases of despair (e.g., depression, anxiety, suicide, drug misuse), risky behaviors among adolescents (i.e., unprotected sex, drug use, driving choices), and reduced utilization or uptake of preventive services, childhood immunizations, and developmental screening. These secondary impacts of the pandemic are likely to last for a while, and it will be important to identify and address them with targeted actions and resources in the coming years.

Structure of the Title V Program

Arizona's Title V Program is implemented by the Arizona Department of Health Services (ADHS), one of the executive agencies that report to the Governor. Arizona Revised Statute (A.R.S. § 36-691) designates ADHS as Arizona's lead state agency for the administration of Title V. The mission of ADHS is to promote, protect, and improve the health and wellness of individuals and communities in Arizona.

Within ADHS, the Bureau of Women's and Children's Health (BWCH) administers the Title V Program. Most of the programs funded through Title V are housed within BWCH, which is organized into four offices: Children's Health (includes infant health and children and youth with special health care needs), Women's Health (includes adolescent health), Oral Health, and the Primary Care Office (PCO). Ms. Laura Luna Bellucci, Chief, of the Bureau of Women's and Children's Health (BWCH), currently serves as the Title V Maternal and Child Health (MCH) Director with Jessica Stewart-Gonzalez serving as the Title V Children with Special Health Care Needs (CSHCN) Director. Title V-funded programs and activities that occur outside of BWCH, there is a clear coordination of efforts between BWCH and the outside partners. The BWCH Office of Assessment and Evaluation successfully transitioned to the Bureau of Assessment and Evaluation (BAE) in May of 2022, with Mr. Martín Celaya serving as its Bureau Chief. The new Bureau has continued to support Title V data, needs assessment, and evaluation activities. More information about the Bureau of Assessment and Evaluation can be found in section **III.E.2.b.iii.a. MCH Epidemiology Workforce**.

Role of the Title V Program

Through Title V funding, the program leads, implements, funds, and partners in activities to reduce mortality and morbidity among women and children, eliminate health disparities in health outcomes and access to services, and increase access to health care. As demonstrated in the 2023 Annual Report narratives, Arizona's partnership with the Health Resources and Services Administration (HRSA)'s Maternal and Child Health Bureau (MCHB), through the Title V Block Grant, has allowed Arizona to leverage federal and non-federal resources to improve the health status of Arizona's mothers, infants, children and adolescents, including children and youth with special health care needs (CYSHCN) and their families. In 2023, Arizona's Title V Block Grant proudly served 1,390,373 and will work to sustain efforts through the strategies and activities proposed in this application. These activities underscore the importance of our numerous public and private partners in fully executing the mandate of Title V.

The Executive Summary highlights some key activities below. More information can be found in the population domain narratives and **Appendix A** provides a table of Title V-funded programs by population domain.

The Title V Program provides leadership to and participates in several workgroups that bring together stakeholders around specific topics of importance to our Title V populations. These groups, which include the Maternal Health Task Force, Safe Sleep Task Force, Adolescent Health Alliance, Arizona Oral Health Coalition, the Preconception Health Alliance, the Collective Impact

for Child Safety and Well-Being, and the Pediatric Advisory Council for Emergency Services (PACES), serve to identify needs and challenges and set agendas to address these. For a list of groups view **Appendix B**.

An essential role of the Title V program is to increase education and awareness of issues that affect our populations. For example, in 2023, the program continued to fund the Arizona Chapter of the American Academy of Pediatrics to develop resources and share up-to-date information regarding COVID-19 and children with pediatric providers in Arizona. This project has since evolved into the [Arizona Pediatric Infectious Disease Training Center](#). In addition, Title V funding has been used to create reports, including the [Maternal Mortality in Arizona, 2018-2019](#) that will assist in the identification of future targets for intervention and guide effective and evidence-based efforts towards the reduction of adverse maternal health outcomes. In 2023, BWCH continued to provide the new [Safe Sleep Toolkit](#), developed with Title V funding and it is still being disseminated through the Strong Families AZ home visiting alliance and the ADHS Office of Injury and Violence Prevention.

The Title V Program also provides workforce and professional development training programs to strengthen the skills and knowledge of Arizona's medical and public health providers. For example, the Office of Oral Health (OOH) provides professional development opportunities for dental providers and program administrators on dental health issues, in partnership with the Arizona Alliance for Community Health Centers, the Inter-Tribal Council of Arizona, and the Greater Valley Area Health Education Center. The Child Fatality Review partners with the Maricopa Medical Examiner's Office to provide training on Sudden Unexpected Infant Deaths to law enforcement and first responders around the state. The training was placed on hold due to COVID-19 and staff vacancies but will continue later in 2024.

Through Title V funding, funded partners also implement direct services (or fund partners to implement direct services), such as family planning and reproductive health services, hearing and vision screening, home visiting support, and oral health and medical services for uninsured and low-income children.

Arizona's Title V Program collaborates with other State agencies, local governmental organizations, and private entities to promote and implement activities that address our priority needs. For example, Title V funds close to two million dollars to local county health departments to implement programs that address our state priority needs and selected National Performance Measures (NPMs). Within ADHS, the Title V program collaborates with the Bureau of Nutrition and Physical Activity (BNPA) to implement the Empower Program (which promotes health and wellness in state-licensed childcare facilities), promote breastfeeding, and maintain the Title V Toll-free Helplines; with the Bureau of Chronic Disease and Health Promotion on childhood injury prevention programs, like car seats, safe sleep, and tobacco cessation; with the State Laboratory Services on newborn screening; and with Public Health Statistics on the Arizona Birth Defects Monitoring Program. The Title V program also collaborates with other state agencies involved in child welfare, such as the Department of Education and the Department of Child Safety.

The Title V program in Arizona provides both monetary and non-monetary support, such as technical assistance and coordination, to many non-governmental and community-based organizations, academic institutions, professional associations, hospitals, clinics, and other private entities that are furthering the aims of the Title V Program.

Another key role Arizona's Title V Program plays is to provide referrals, linkages, and access to care. A principal means of doing this is through the various home visiting programs (e.g., MIECHV, High-Risk Perinatal Program, Health Start). The CYSHCN team is also, as part of the Mountain States Regional Genetics Network, working with partners in Newborn Screening, Arizona Early Intervention Program (AzEIP), Arizona American Academy of Pediatrics (AzaAP), and Phoenix Children's Hospital to increase use by pediatricians of the Developmental Delay Algorithm for genetic referrals.

An essential activity of the Title V program is collecting, analyzing, and disseminating MCH data. The data helps the Title V program identify areas of need and emerging issues, assess program effectiveness, measure improvement, and channel federal and state funding where it can be most impactful. This data is also vital for our community partners. An area of particular importance within data collection and analysis is the identification and designation of Health Professional Shortage Areas (HPSAs) and Medically Underserved Areas/Populations (MUA/Ps). Title V programs work with the PCO to complete the statewide assessment of areas for HPSA designation.

Family engagement and health equity are two guiding principles interwoven throughout the Title V strategies across all population health domains. Family engagement is a key strategy to identify and understand health inequities and help address those inequities.

More information can be found in the **III.E.2.a. State Title V Program Purpose and Design** section of this application.

Maternal and Child Health (MCH) Needs and Priorities

AZ Title V program employed seven data collection approaches during the 2020 Title V MCH Needs Assessment to better understand the primary and preventative health service needs of Arizona's Title V populations. In addition to collecting and analyzing quantitative MCH data from national and state data sources, Arizona's [2020 Needs Assessment](#) was designed to engage families and the public through a public survey, focus groups, and community forums to capture qualitative and quantitative data that draws on the experience and knowledge of the communities served.

Surveillance data allowed Arizona to identify both desirable and undesirable trends in key health indicators using readily available data from state and national datasets. The public survey, available in English and Spanish, solicited information from 1,078

participants statewide on specific programmatic needs and included an assessment of 20 social determinants of health. The focus groups identified 13 hard-to-reach communities to hear their perspectives on health issues, services, and sources of information in their communities. In total, 23 focus groups were held inclusive of 15 adult groups and 8 youth groups. Community forums collected information on service needs at the local, and regional levels and solicited feedback on how difficult participants assessed it would be to address those needs. A total of seven community forums were held in rural and urban counties—including one in Spanish (open to Spanish-speaking community members across the state)—and 135 community members participated.

The Title V program also engaged Arizona’s 22 federally recognized tribes to assess the MCH needs of Native American/indigenous communities through a contract with Diné College to conduct a [Needs Assessment for the Navajo Nation](#) and the Inter-Tribal Council of Arizona (ITCA) to conduct the [Needs Assessment for the other 21 federally recognized tribes](#). These assessments leverage BWCH’s ongoing relationship with Arizona’s tribal partners to identify and support efforts to address their unique MCH needs.

To guide the assessment process and set priorities, the Title V program established a Steering Committee with 68 members from 27 organizations. They provided feedback on data collection approaches and tools, recommended groups and individuals for community forums, leveraged existing partnerships for participation in assessment activities, promoted assessment methodologies, participated in the prioritization process, and guided the selection of our priorities and NPMs.

Based on findings from the 2020 Needs Assessment and in coordination with the Steering Committee priorities were developed and are listed in **Figure 1**. In many ways, these priorities are a continuation of interventions and strategies that have been the focus for some time, yet renew an explicit emphasis on health equity and quality of service provision; for this reason, the AZ Title V program included “equitable and optimal” in many of the priorities. Family engagement is also at the core of the new priorities as a mechanism through which health equity can be achieved. In coordination with Title V program managers, the Steering Committee, and local county health departments, selected NPMs and State Performance Measures (SPMs) to measure and track progress on our priority needs (**Figure 1**).

Based upon feedback from HRSA it was advised that the Arizona Title V program reduce EMS to only one to three per NPM. As part of our 2022 Visioning Meetings, a series of strategic planning meetings held each year with internal partners to assess our Action Plan strategies, objectives, and related measures, the team decided to do a deep dive into the EMSs. The State of Arizona went from 42 EMSs (10 Women/Maternal Health, 8 Perinatal/Infant Health, 9 Children’s Health, 9 Adolescent Health, 6 Children and Youth with Special Health Care Needs) to a total of 21 EMSs (4 Women/Maternal Health, 4 Perinatal/Infant Health, 6 Children’s Health, 6 Adolescent Health, 1 Children and Youth with Special Health Care Needs). Cutting the EMSs by half will allow our Title V Program to have more meaningful and measurable strategies.

Figure 1. 2021-2025 Statewide Maternal and Child Health Priorities and National Performance Measures (NPMs)

Population	Priority Statement	National Performance Metric
Women/Maternal	Reduce and eliminate barriers to ensure equitable and optimal health for women.	NPM #1 - Well-woman visits
	Reduce disparities in infant and maternal morbidity and mortality.	NPM #13A - Preventive dental visits for pregnant women
Infant/ Perinatal	Promote equitable and optimal care and protective factors for mothers and infants before, during, and after pregnancy.	NPM #4 - Breastfeeding
		NPM #5 - Safe Sleep
Children	Strengthen emotional, physical, and social services to achieve equitable and optimal development for children.	NPM #6 - Developmental Screening
		NPM #7.1 - Injury Hospitalization
		NPM #13.2 - Preventive dental visits for children and adolescents

		NPM #15 - Adequate Insurance
Children and Youth with Special Health Care Needs	Strengthen systems of care to advance inclusivity and promote equitable and optimal outcomes for children and youth with special health care needs.	NPM #12 - Transition
	Engage individuals, families, and communities as partners in the development and implementation of programs and policies to create people-centered programs that promote health equity.	
Adolescent	Enhance equitable and optimal initiatives that positively impact the emotional, physical, and social well-being of adolescents.	NPM #7.2 - Injury Hospitalization
		NPM #9 - Bullying
		NPM #10 - Adolescent well visits

How Federal Title V Funds Complement State-Supported MCH Efforts

Title V funds are leveraged to complement and address major gaps that exist in Arizona’s MCH infrastructure not otherwise supported through non-federal MCH dollars. Without Title V funding, a major gap would otherwise exist for children and youth with special health care needs (CYSHCN). The lack of state-appropriated funds for reproductive health services is another gap addressed through Title V funds. Approximately \$2.0 million in Title V funds supports maternal and child health initiatives and the provision of reproductive health services through county health departments (and one federally qualified health center). Title V funding also supports initiatives for PRAMS operations and implementation.

In FY2023, Arizona’s total Title V funds amounted to \$8,057,500. This amount, coupled with \$12,056,360 in state funds for various MCH efforts such as Teen Pregnancy Prevention, Oral Health, and High-Risk Perinatal Program, came to a combined total of \$20,113,860 that was leveraged to address the health needs of Arizona’s MCH population.

This investment allowed the program to serve 1,390,373 individuals via direct and enabling services while supporting the infrastructure in the public health system to serve between 94-99% of all Title V populations in the state. A majority of individuals served by Arizona’s Title V Program were children (ages 1-21), including children with special healthcare needs (**Figure 2**). Of the 53.1% of children (ages 1-21) served, 28.6% made up children with special healthcare needs while 71.4% were children with no special needs (**Figure 3**).

Figure 2. Individuals Served by Arizona’s Title V Program (1,390,373 Individuals), 2023

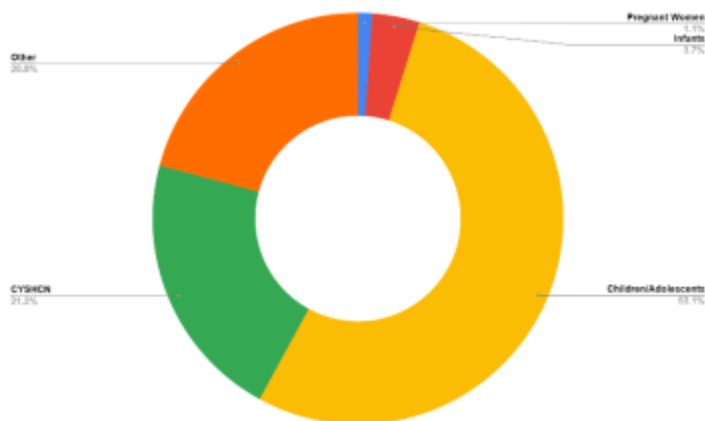


Figure 3. Distribution of Children (ages 1-21 years) Served by Arizona's Title V Program According to Special Need Status (1,033,259 children), 2023



MCH Success Story

Stillbirth and Infant Mortality Action Plan (SIMAP)

The United States has an Infant Mortality Rate (IMR) that has increased over the years and is significantly higher than other developed nations. The rate is comprised of various factors including birth defects, preterm birth, sudden infant death syndrome, injuries, and maternal health complications. Arizona has not been immune and has been experiencing a considerable increase with Black and Indigenous women being two to three times more likely to experience a stillbirth than White women.

The Arizona Department of Health Services (ADHS) Bureau of Women's and Children's Health (BWCH) has various activities and initiatives to address infant mortality and maternal health through various task forces, councils, and committees. This includes the Injury Prevention Advisory Council, Safe Sleep Task Force, Maternal Health Task Force, Tribal Maternal Health Task Force, Maternal Mortality Review Committee, and the Governors Goal Council Action Plan on Maternal Mortality, among many others. Through these activities, it was clear that a Stillbirth and Infant Mortality Action Plan (SIMAP) was integral in the coordination of actions, milestones, and tracking outcomes that impact infant mortality and morbidity.

In 2018, ADHS created the People of Color Infant Mortality Workgroup. The workgroup was comprised of various stakeholders who had a vested interest in addressing the underlying factors associated with health disparities in infant mortality rates among American Indians, Hispanics/Latinos, and African Americans in Arizona. The work was paused in 2020 to work towards the development of the SIMAP and the convening of the Perinatal & Infant Health Steering Committee and Task Force (PIHT), formerly People of Color Infant Mortality Workgroup.

The PIHT developed an Action Plan Table in October 2022 and a review process was conducted throughout 2023. The development of the Action Plan included the consultation and coordination of family advisor, Shawn Soumilas who developed a guidance document/procedure manual for establishing a task force and the coordination of meetings. The review of the action plan included soliciting additional feedback from internal and external partners. In August 2023, ADHS published the *Stillbirth and Infant Mortality Action Plan (Appendix C)* which was presented at the Maternal Mortality Summit later that month.

The SIMAP outlines a total of six (6) goals to address Stillbirth and Infant Mortality in Arizona which include Reducing prematurity/preterm births, Preventing birth defects, Strengthening systems of care for mothers and infants, Diversifying and strengthening the workforce, Improving surveillance of fetal-infant morbidities and deaths, and Promoting optimal fetal-infant health. Each of the six (6) goals of the SIMAP provides recommendations, background/gaps associated with the goal, action plan, partner agencies/organizations, and associated metrics.

After the publishing of the SIMAP the first Arizona Stillbirth and Infant Health Taskforce Launch Meeting was held in January 2024. This meeting included an overview of current stillbirth and infant mortality statistics and trends, a community panel comprised of mothers with lived experience, an overview of the SIMAP structure and operational framework, and a call to action of various stakeholders on how ADHS can collaborate with them. As the work continues the Perinatal & Infant Health Task Force will be holding a steering committee kick-off and hosting an additional task force meeting later in 2024. All activities associated with this work will be in alignment and coordination with the statewide Maternal Mortality & Morbidity Action Plan, steering committee, and task force.

Additional information regarding the Perinatal & Infant Health Task Force and the Stillbirth and Infant Mortality Action Plan can be found in the *Perinatal/Infant Health 2023 Annual Update, and 2025 Application*.

Maternal and Child Health Bureau (MCHB) Discretionary Investments - Arizona

The largest funding component (approximately 85%) of the MCH Block Grant is awarded to state health agencies based on a legislative formula. The remaining two funding components support discretionary and competitive project grants, which complement state efforts to improve the health of mothers, infants, children, including children with special needs, and their families. In addition, MCHB supports a range of other discretionary grants to help ensure that quality health care is available to the MCH population nationwide.

Provided below is a link to a web page that lists the MCHB discretionary grant programs that are located in this state/jurisdiction for Fiscal Year 2023.

[List of MCHB Discretionary Grants](#)

Please note: If you would like to view a list of more recently awarded MCHB discretionary investments, please refer to the [Find Grants](#) page that displays all HRSA awarded grants where you may filter by Maternal and Child Health.