Maternal and Child Health Services Title V Block Grant

Arizona

FY 2023 Application/ FY 2021 Annual Report

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I. General Requirements

I.A. Letter of Transmittal

ARIZONA DEPARTMENT OF HEALTH SERVICES

PREVENTION SERVICES

July 12, 2022

Christopher Dykton, Acting Director
Division of State and Community Health
Maternal and Child Health Bureau
Health Resources and Services Administration
Department of Health and Human Services
5600 Fisher Lane, Room 18-31
Rockville, MD 20857

Dear Mr. Dykton:

The Arizona Maternal and Child Health Block Grant for Fiscal Year 2023 is submitted electronically with this letter. The UEI number for the Arizona Department of Health Services is QMWUG1AMYF65.

If you have any programmatic questions, please contact Laura Luna Bellucci, Arizona's MCH Director, at 602-653-0472. For any financial questions, please contact Lora Andrikopoulos, Grants Administrator, at 480-389-9026.

Sincerely,

Lora Andrikopoulos, Grants Administrator, AOR
Digitally signed by Lora Andrikopoulos, Grants Administrator, AOR
Date: 2022.07.12 09:42:18 -07'00'

Sheila Sjolander
Digitally signed by Sheila Sjolander
Date: 2022.07.12 10:29:47 -07'00'

Lora Andrikopoulos, MPA, MsML, MsBA
Grants Administrator, AOR
Business & Financial Services

Sheila Sjolander, MSW
Assistant Director
Public Health Prevention Services

Douglas A. Ducey | Governor Cara M. Christ, MD, MS | Director

150 North 18th Avenue, Suite 500, Phoenix, AZ 85007-3247 P | 602-542-1025 F | 602-542-1062 W | azhealth.gov

Health and Wellness for all Arizonans

I.B. Face Sheet

The Face Sheet (Form SF424) is submitted electronically in the HRSA Electronic Handbooks (EHBs).

I.C. Assurances and Certifications

The State certifies assurances and certifications, as specified in Appendix F of the 2021 Title V Application/Annual Report Guidance, are maintained on file in the States' MCH program central office, and will be able to provide them at HRSA's request.

I.D. Table of Contents

This report follows the outline of the Table of Contents provided in the *"Title V Maternal and Child Health Services Block Grant To States Program Guidance and Forms,"* OMB NO: 0915-0172; Expires: January 31, 2024.

II. Logic Model

Please refer to figure 4 in the "Title V Maternal and Child Health Services Block Grant To States Program Guidance and Forms," OMB No: 0915-0172; Expires: January31, 2024.

III. Components of the Application/Annual Report

III.A. Executive Summary

III.A.1. Program Overview

Overview of the State
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 who identify as American Indian/Alaska Native.

Geographically, Arizona is the 6th largest state in the US and shares a 389-mile border with Mexico. Arizona has a shortage of medical providers, and this shortage is particularly acute in sparsely populated, rural areas of the state. With 685 federally designated Health Professional Shortage Areas (HPSAs), Arizona needs an additional 653 full-time primary care physicians, 406 dentists, and 217 psychiatrists statewide to eliminate these HPSAs.[24]

Impact of COVID-19

As of May 25, 2022, there have been 2,049,627 cases and 30,299 deaths due to COVID-19 in Arizona.[29] That is a rate of 28,159 cases per 100,000 population— currently the twelfth highest rate among all states.[30] The COVID-19 pandemic in Arizona has laid bare long-standing inequities in health outcomes and provision, particularly among indigenous populations. Like last year, COVID-19 cases surged in January 2022, with over 150,000 cases in a single week reported in Arizona, but fortunately cases, hospitalizations, and deaths have remained relatively low since March 2022. As of mid-May 2022, over five million Arizonans (71.2% of the population) had received at least one dose of COVID-19 vaccine.

As we shift from pandemic response to recovery, we are looking at the data to better understand how the pandemic has affected Arizona's maternal and child health (MCH) populations, apart from the immediate impact of the disease. Some trends that we are monitoring include increased incidence of domestic violence, diseases of despair (e.g., depression, anxiety, suicide, drug misuse), and 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 years to come.

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 Title V Program is administered by the Bureau of Women's and Children's Health (BWCH) and 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 Primary Care Office (PCO). Ms. Laura Luna Bellucci, Chief, Bureau of Women's and Children's Health (BWCH), currently serves as the Title V Maternal and Child Health (MCH) Director and the Title V Children with Special Health Care Needs (CSHCN) Director. Where Title V–funded programs and activities occur outside the BWCH, there is a clear coordination of efforts between BWCH and the outside partners. In May 2022, the former BWCH Office of Assessment and Evaluation became the Bureau of Assessment and Evaluation (BAE), with Mr. Martín Celaya serving as its Bureau Chief. The new Bureau will continue to support Title V data, needs assessment, and evaluation activities. More information about the new 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, we lead, implement, fund, and partner on 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 2021 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 us 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 2021, Arizona's Title V Block Grant proudly served 802,758, and we look forward to sustaining these 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.

While it is impossible to describe all we do through Title V in this short Executive Summary, we summarize some of the key activities below. More information can be found in the population domain narratives. ***Appendix A*** provides a table of Title V–funded programs by population domain.

We provide leadership to and participate in a number of 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, we lead or engage with, see ***Appendix B***.

An important role of the Title V program is to increase education and awareness of issues that affect our populations. For example, in 2021, we provided funding to 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. In addition, Title V funding has been used to develop media assets, including a podcast, to encourage and teach parents, teachers, and youth how to intervene when they witness acts of bullying. In 2021, we rolled out a new safe sleep campaign, which was developed with Title V funding and is being disseminated through the Strong Families AZ home visiting alliance and the ADHS Office of Injury and Violence Prevention.

We also provide 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 Death to law enforcement and first responders around the state.

Through Title V funding, we 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.

We also collaborate with other State agencies, local governmental organizations, and private entities to promote and implement activities that address our priority needs. For example, we provide around two million dollars in funding to local county health departments to implement programs that address our state priority needs and selected National Performance Measures (NPMs). Within ADHS, we collaborate 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. We also collaborate with other state agencies involved in child welfare, such as the Department of Education and the Department of Child Safety.

We also provide both monetary and non-monetary support, such as technical assistance and coordination, to a number

of 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 we implement and support (e.g., MIECHV, High Risk Perinatal Program, Health Start). In addition, we participate in the state-wide, inter-agency Building Strong Families workgroup, a Zero-To-Three Technical Assistance Grant. BWCH is also an active and involved member of the Arizona Transition Leadership Team (ATLT) for the Arizona Community of Practice on Transition, which supports collaboration among twenty-five (25) community and state agencies or organizations, including ADHS, the Arizona Department of Education (ADE), Rehabilitation Services Administration, Division of Developmental Disabilities, AHCCCS, Raising Special Kids, and Tribal Vocational Rehabilitation Services. 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.

Another key activity of the Title V program is the collection, analysis, and dissemination of MCH data. The data helps us 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 important 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 that are interwoven through all the work we do. In fact, we believe that family engagement is one of the best tools we have to identify and understand health inequities, and to help us 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
We 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 we serve.

Surveillance data allowed us 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 1078 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, we held 23 focus groups: 15 with adults, 8 with youth. Community forums collected information on service needs at the local regional level 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 was in Spanish (open to Spanish-speaking community members across the state)—and 135 community members participated.

We 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, we 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, we developed the priorities listed in **Figure 1** In many ways, these priorities are a continuation of interventions and strategies that have been at the focus of our work for some time, yet we wanted to put a renewed and explicit emphasis on healthy equity and quality of service provision; for this reason, we 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, we selected NPMs and State Performance Measures (SPMs) to measure and track progress on our priority needs (**Figure 1**).

Based on data presented during our 2021 Visioning Meetings, a series of strategic planning meetings held each year with internal partners to assess our Action Plan strategies, objectives, and related measures, we decided to remove our previous SPM (SPM 1: Access to a Healthcare Provider) and add a new NPM (**NPM 15: Adequate Insurance**) to the Children’s Health domain.

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. Reduce disparities in infant and maternal morbidity and mortality.	NPM #1 - Well-woman visits
		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 wellbeing of adolescents.	NPM #7.2 - Injury Hospitalization
		NPM #9 - Bullying
		NPM #10 - Adolescent well visits

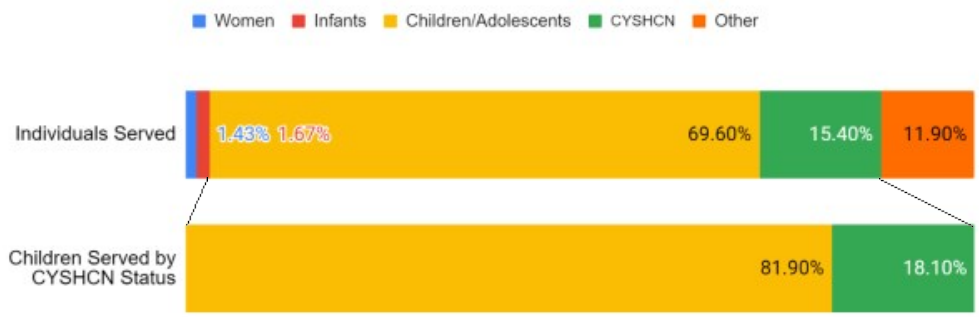
III.A.2. How Federal Title V Funds Complement State-Supported MCH Efforts

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 $2.2 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 FY2021, Arizona's total Title V funds amounted to $7,432,377.00. This amount, coupled with $12,513,148.00 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 $19,945,525.00 that was leveraged to address the health needs of Arizona's MCH population.

This investment allowed the program to serve 802,758 individuals via direct and enabling services while supporting the infrastructure in the public health system to serve between 81-99% 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 69.6% of children (ages 1-21) served, 18.1% made up children with special healthcare needs while 81.9% were children with no special need **(Figure 3)**.

Figure 2-3. Individuals Served by Arizona's Title V Program (802,758 Individuals) and Distribution of Children (ages 1-21 years) Served by Arizona's Title V Program According to Special Need Status (682,233 children), 2021



III.A.3. MCH Success Story

Safe Sleep

Background:

In 2020 the State of Arizona found that there were 53 infants, under the age of one, who died from Sudden Unexpected Infant Death (SUID). It was determined that all of the deaths, due to SUID, occurred because of an unsafe sleep environment in which all of the deaths were preventable. At least one of the following risk factors for SUID contributed to the death of the infant: unsafe sleep environment, objects in sleep environment, unsafe sleep location, poverty and bedsharing. It was found that 77% of the deaths caused by SUID were due to suffocation with the remaining 23% being undetermined.

Goals:

The goal of the Office of Injury and Violence Prevention was to decrease the sudden infant death (SUID) mortality rate by 5% and work towards reducing SUID disparities between White and Non-Hispanic Black and between White and American Indian/Alaska Natives by 3%.

Actions:

To address SUID, Title V funding was provided to the Office of Injury and Violence Prevention (within the Bureau of Chronic Disease and Health Promotion) to carry out a variety of strategies dedicated to Safe Sleep. The strategies included the convening of the Safe Sleep Task Force; converting educational materials to virtual platforms; providing education to families through birthing hospitals, home visiting programs, local county health departments, and licensed and unlicensed child care; the use of safe sleep Bassinet Cards for nursery staff; standardizing safe sleep messages, education and training for home visitors; and developing standardized safe sleep messages with input from community partners.

In 2021, with the use of Title V funding, the Office of Injury and Violence Prevention partnered with Strong Families AZ, Arizona's home visiting alliance to develop a Safe Sleep Toolkit. This includes suggested social media posts, posters that can be printed and tagged as well as the creation of commercials. The commercials focus on the safest place for a baby to sleep by going over the ABC's of safe sleep (alone, back and crib). The commercials, which have been posted on YouTube, are geared towards parents and caregivers. The individual commercials have been created, with public input, that are from the perspective of a mother, father, and a grandparent. These commercials are culturally diverse and have been translated into Spanish to address the State's large Hispanic population. The next steps for the Safe Sleep Toolkit is the creation of a Safe Sleep commercial geared towards the Native American population in Arizona. This is being achieved through partnerships with the Salt River, Ak-Chin, and Tohono O'odham tribes. The Title V funding was instrumental in the creation of the Safe Sleep Toolkit and providing information to all Arizonans to ensure that babies are safe while they sleep. Additional information regarding the safe sleep campaign can be found in the ***Perinatal/Infant 2021 Annual Update***.

III.B. Overview of the State

Demographics, Geography & Economy

Arizona's population was estimated to be 7,276,316 in 2021 by the U.S. Census Bureau.[1] Arizona is one of the fastest growing and most diverse states in the nation—8th in the nation for overall population growth from 2010 to 2019 (13.9% growth), and 2nd in the nation for population growth from 2019 to 2020 (1.8% growth).[2] Arizona is expected to experience an additional growth of at least 30% by 2055.[3] Geographically, Arizona is the 6th largest state in the nation with 113,594 square miles total area[1], sharing a 389-mile international border with the states of Sonora and Baja California in Mexico.

Approximately 46% of Arizona's population belongs to a racial or ethnic minority group. The racial and ethnic makeup of the state is different from the nation. Arizona has a higher proportion of Hispanics and Native Americans and a lower proportion of African American compared to the nation. In 2021, Arizona's population was 31.7% Hispanic (compared to 18.5% nationally), 5.2% African American (compared to 13.4% nationally) and 5.3% Native American (compared to 1.3% nationally).[4]

The racial makeup of Arizona varies by age group. Among older age groups, the population is predominantly white, while younger populations are more racially and ethnically diverse. Nearly 46% of those younger than five are Hispanic compared to 11% of people 75 and older.[5]

Poverty is a social determinant of health and a critical concern in Arizona. According to 2019 Kaiser Family Foundation estimates, Arizona has the country's 15th highest poverty rate (18.7%) among children.[6] In a five-year estimate for 2016-2020, 14.1% of Arizonans lived in poverty—down from 15.1% in 2019, but higher than the current national poverty rate of 12.8%— and 24.5% of those without a high school diploma lived below the poverty line.[7] Poverty varies dramatically by county within Arizona. The highest rates of poverty are in Apache (34.4%) and Navajo (25.3%) counties; the lowest rates are in Pinal (12.1%), Yavapai (12.6%), and Maricopa (12.7%) counties.[7] U.S. Department of Agriculture, Economic Research Service 2020 estimates show that poverty in rural Arizona (24.2%) far exceeded the rate in urban areas of the state (13.0%).[8]

In addition to rural communities, poverty disproportionately impacts women and children. In Arizona in 2020, 20% of children under age 18 lived below the poverty line.[7] Arizona has the 21st highest nonelderly adult female poverty rate in the country (13.6%).[6] Over half a million women live in poverty in Arizona.[9] The Arizona Foundation for Women notes that gender wage gaps are detrimental to women's and families' well-being, leading to more children and families in poverty. They cite a national analysis completed by the Institute for Women's Policy Research that demonstrated equal pay across genders would cut poverty among working women and their families in half.[10]

Median household income in Arizona has historically tended to be lower than national averages. According to the U.S. Census, Arizona's median household income in 2020 was $61,529 compared to the national median income of $64,994. Median household income also varies widely by county and type of household. At $67,799, Maricopa County had the highest median household income; Apache County had the lowest at $33,967. Median household income also varies by type of household, with married couple families earning $86,678, families with children under 18 earning $69,758, and female-headed, single-parent families earning $32,594.[17]

Arizona's unemployment rate ranged 4.7-5.0% from mid-2017 until March 2020, when it quickly spiked due to the emerging global pandemic; reaching a high of 13.9% in April 2020 with 473,167 unemployed. It has since decreased to rates of 3.3-3.9% during the first half of 2022. Unemployment varies across the state of Arizona. In 2021, Greenlee county had the lowest unemployment rate (4.0%), while Yuma county had the highest (12.9%).[18]

In addition to individuals, poverty is calculated for families with children under the age of 18. In a five-year estimate for 2016-2020, 15.9% of families in Arizona with children were below the poverty line; 1.6 percentage points higher than the national average (14.3%).[19] Rates of poverty for families with children vary widely by ethnic background. The National Center for Children in Poverty reports that in Arizona in 2019, 27% and 28% of Asian and white children, respectively, lived

in low-income families compared to 71% of Native American children, 60% of Hispanic children, and 55% of black children.[20]

Household food insecurity is often a consequence of poverty. Food insecurity, to paraphrase the USDA definition, is "limited or uncertain availability of food." Low food security results in a reduced quality, variety or desirability of diet. Very low food security is classified as multiple indications of disrupted eating patterns and reduced food intake.[22] Food insecurity is slightly higher in Arizona than in the United States as a whole (11.0 vs. 10.7%), but has decreased significantly—over 4 percentage points—over the past ten years. In 2018-2020, 3.8% of Arizona households had very low food security.[23]

There is also wide variation in the proportion of households receiving assistance such as Supplemental Security Income, Cash Assistance, or Supplemental Nutrition Assistance Program (SNAP) (formerly the Food Stamp Program) in Arizona. The most recent American Community Survey data shows that in 2020, 10.5% of households in Arizona received SNAP assistance (or food stamps). The lowest are 8.2% in Yavapai County and 8.6% in Greenlee County, compared to a high of 27.9 and 23.9% in Apache and Santa Cruz Counties, respectively.[21]

As children, Arizonans also face other challenges as well. A 2021 America's Health Rankings report placed Arizona with the 16th highest rate of adverse childhood experiences (ACEs) and 17.3% of Arizona's children experienced two or more ACEs last year (compared to 14.8% nationally). This is a significant improvement over 2019, when 27% children in Arizona reported experiencing two or more ACEs (third worst in the country).[11] ACEs include abuse (e.g., sexual abuse, physical abuse or verbal abuse) and household dysfunction (e.g., drug use, violence between adults, and separation/divorce). ACEs are associated with negative impacts in adult life, such as poor health, heavy drinking, smoking, and depression.

The number of children living in foster care in Arizona increased nearly 40% in the past decade. The Children's Action Alliance reports that in 2019, 13,200 children were in foster care.[12] In an independent review of the newly established Department of Child Safety, Chapin Hall reported that the increase in children in foster care was the result of an increase in abuse and neglect reports, especially since 2009; specifically, in a six-year period, there was a 44% increase in reports. They note that this dramatic increase in abuse and neglect reports, along with a weakening of other safety net supports (such as child care subsidies) during a time of economic recession, put substantial strain on public welfare agencies. The Chapin Hall report also noted that Arizona, compared to other states, places more children in foster care following a substantiated allegation of maltreatment. All these factors place pressure on the foster care system and out-of-home placements have increased dramatically.[13]

Arizona consistently ranks among the lowest in the nation in per pupil spending on education. The National Center for Education Statistics reported that Arizona spent $8,773 per student compared to the national average of $13,187 per student in fiscal year 2019.[14] The U.S. Census ranked Arizona 48th of the 50 states and the District of Columbia in public per pupil spending in fiscal year 2020.[15] The National Assessment of Educational Progress (NAEP) is an assessment of what America's students know. In 2019, 30% of Arizona eighth graders tested below basic skill level for their grade compared to the national rate of 28%. This was an increase in 5 percentage points from 2017.[16]

Unique Strengths & Challenges

Arizona's unique geographical, cultural, and political climate impact women's and children's health status in a variety of ways.

Provider Shortages

Arizona experiences a shortage of medical providers. Large sparsely populated areas make distribution of providers difficult. Recruiting providers to rural areas is often challenging due to the appeal of higher salaries and better school districts and community amenities that urban areas can offer. Even in urban areas, Arizona's healthcare workforce has not kept pace with the state's rapid population growth. These challenges are quantified by the total of 685 federally designated Health Professional Shortage Areas (HPSAs), which includes 238 primary care, 218 dental, and 229 mental

health HPSA designations. There are also 37 Medically Underserved Areas and 11 Medically Underserved Population designations in the state. Arizona needs an additional 653 full-time primary care physicians, 406 dentists, and 217 psychiatrists statewide to eliminate the existing HPSAs.[24]

Arizona's Primary Care Areas (PCAs) serve as the state's rational service area boundaries for shortage designation purposes and are used by ADHS and other state agencies for health data analysis. Of Arizona's 126 PCAs, 41 have a population-to-primary care physician ratio of greater than 5,000:1 or no primary care physicians in their community at all. Of these, 24 are rural areas, 7 are tribal, 6 are frontier, and 4 are urban. Travel distance to the nearest primary care physician ranged from 2 to 78 miles. Of the six PCAs with the longest travel distance, half are tribal areas and all are rural or frontier.[39]

Lack of Health Insurance

As of May 2022, there are 2,395,584 enrollees in the Arizona Medicaid Program (AHCCCS)—an increase of 178,452 in the past year.[36] While the number of people without insurance fell in Arizona over the past several years (from 19% in 2013 to 10.6% in 2020), it remains higher than the national average (8.7%). There are about 747,778 people in Arizona without health insurance, of which 148,596 are children and youth under the age of 19. This is an 8.5% uninsured rate for this age group; substantially higher than the national average of 5.2%.[25] While Arizona's percentage of uninsured children has decreased from a high of 15% in 2008, decreases in uninsured children have not been as consistent as national changes.

Transportation

There are few major highways in Arizona, and the state's striking geographical features—including mountain ranges, valleys, canyons, and rivers—present significant barriers to transportation. The Phoenix-area metro transit system is very limited for an urban area of its size, and public transportation is nonexistent in rural areas of the state. Outside of the Phoenix metro area, Arizona's population is dispersed among remote rural and frontier communities. Arizona's population per square mile is just 56.3, compared to 87.4 nationally.[4] Rural residents often have to endure long drives, sometimes over dirt roads, to access health care. Concerns about traveling through border patrol road checkpoints present additional barriers to some families.

Education Level

Education level can impact an individual's health literacy and self-efficacy in accessing health care. Nationally, 41.1% of adults aged 25 years and older with at least a high school education report their health is very good or excellent compared to only 22.8% with less than a high school education. With Arizona ranking in the bottom two nationally for high school graduation rates, this is a significant contributor to women's and children's overall health status.[11]

Language and Culture

More than a quarter (26.7%) of Arizonans reported speaking a language other than English at home, compared to 21.5% nationally, and this rate is 78.8% in one Arizona/Mexico border county.[4] Culturally and linguistically appropriate health care services are lacking in many communities in Arizona.

One unique aspect of Arizona's geographic and cultural landscape is its large American Indian population. Arizona is home to 22 federally recognized tribes and has the largest total American Indian population of any state—over 385,000 individuals.[4] In addition, the majority of the Navajo Nation, the largest reservation in the U.S., lies in Arizona, and five of the top ten largest reservations in the United States are located in Arizona. Over a quarter of the state is designated as reservation land. American Indians experience significant disparities compared to whites for many health indicators. The infant mortality rate among American Indians was 6.9 (per 1,000 live births) in 2019, as compared to 5.4 Arizona average.[26] Between 2016-2019, 9.8% of severe maternal morbidity events in Arizona were among American Indian women—despite only 3.9% of births during that period being to American Indian women.[27]

MCH Health Disparities

While infant and maternal outcomes are better than average overall in Arizona, this is not true across all populations within the state. The overall infant mortality rate is 5.4 (per 1,000 live births)—below the national average of 5.6—but this rate jumps to 9.9 for African Americans within Arizona.[6] Similarly, while the percent of births that are low birthweight across all races in Arizona (7.4%) is lower than the national average, a much higher percentage (13.0%) of African American babies are born low birthweight.[6]

The Healthy Smiles Healthy Bodies Survey indicated that more than half (52%) of Arizona's kindergartens have a history of tooth decay, higher than the national average for 5-year olds (36%), and almost two in three third grade children (64%) have a history of tooth decay compared to 52% of third grade children in the general U.S. population.[28]

Arizona's vaccine coverage rates continue to decrease. Non-medical exemption rates—the percentage of students exempt from one or more vaccines—increased across all age categories. Arizona's percentage of 19-35-month olds being adequately immunized has remained below our 90% target at 78%—ranking us 22nd in the nation.[11]

Women of color (Hispanic, black, and Native Americans) are disproportionately affected by severe morbidity and mortality in Arizona. Like much of the country, Arizona's maternal mortality rate continues to increase. The latest maternal mortality rate for Arizona was estimated at 27.3 deaths per 100,000 live births; ranking Arizona 29th in the nation (where a rank of 1 is best). As we see with other MCH indicators, American Indian and African American women are disproportionately impacted by maternal mortality, with rates of 53.7 and 43.3, respectively.[11]

Impact of COVID-19

As in most places, public health—and life in general—has been impacted substantially by the COVID-19 pandemic. As of May 25, 2022, there have been 2,049,627 cases and 30,299 deaths due to COVID-19 in Arizona.[29] That is a rate of 28,159 cases per 100,000 population—currently the twelfth highest rate among all states.[30] Like last year, COVID-19 cases surged in January 2022, with over 150,000 cases in a single week reported in Arizona. At this point, between the needs of COVID and non-COVID patients, only 5% of the ICU beds in the state were available.[29]

Fortunately, the number of cases and hospitalizations have been dropping steadily over the past months. As of mid-May 2022, over 5 million Arizonans (71.2% of the population) had received at least one dose of COVID-19 vaccine. COVID-19 vaccination rates vary quite a bit by county; from 43-45% in a few rural counties to 100% in tiny Santa Cruz county along the Mexico border. Maricopa County, by far the most populous county in Arizona, has a vaccination rate of 66.3%.[29]

In Arizona, as we have seen across the nation, the COVID-19 pandemic has laid bare long-standing inequities in health outcomes and provision and shown us the true cost of our indifference to these disparities. In particular, there has been a disparate impact of COVID-19 deaths on the Navajo Nation and other tribal lands. The main contributing factors to this disproportionate impact are health care quality, accessibility, and cultural-relevance; infrastructure challenges (e.g., homes with no running water, multi-generational housing, etc.); and underlying health conditions (e.g., disparate burden). We have also seen a disparate burden of COVID-19 incidence and deaths among essential workers (e.g., health care workers, meat packers, prison guards, etc.) and the communities in which they live.

The COVID-19 pandemic created some emerging and unique public health issues for Arizona's MCH populations, apart from the immediate impact of the disease. For some women and children, the stay-at-home order meant that they were isolated with an abusive partner or caregiver. The City of Phoenix Police reported that domestic-violence related deaths increased by 175% in 2020 over the previous year, and that domestic violence calls had doubled since the start of the pandemic.

In addition, stay-at-home orders and social distancing measures implemented to mitigate the spread of COVID-19, unfortunately, did result in increased feelings of isolation for many people. The impact of this isolation could be mediated or exacerbated, depending on factors like living situation (e.g., alone or with others), alternative means of access to family and friends (e.g., comfort or access to virtual technology), and underlying mental health issues. While it is still early to understand fully the impact the pandemic may have had on diseases of despair, Arizona continues to monitor suicide and

injury data to assess this impact. A CDC analysis recently released highlighted that 37% of high school students reported experiencing poor mental health during the pandemic, and 44% reported feeling persistently sad or hopeless in the past year.[40]

There is also a concern that people have been deferring preventative and essential care during the pandemic. Specific to our MCH populations, we have observed a decrease in attendance of well-child visits. The childhood immunization rate also went down during the pandemic, an issue that goes hand-in-hand with the decrease in well-child visits. The immunization coverage rate for Arizona's kindergarteners has been steadily decreasing each year, down to 90.6% in the 2021-2022 school year. In addition, the pandemic decreased the number of providers in some areas and, although most providers are now reopened, increased cleaning requirements and social distancing have decreased the number of children that can be seen in a day. There is difficulty getting appointments, especially in rural areas where there is a lack of providers overall.

Some other changes that Arizona's Title V Program has observed with respect to our MCH populations are:

- Fewer referrals and more refusals by clients for referrals for behavioral health services and tobacco cessation services
- Fewer developmental screenings completed for children
- Potential for youth engaging in more risky behaviors due to lack of peer support, isolation, and increased exposure to unhealthy coping behaviors and environments

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 years to come.

Roles, Responsibilities, and Targeted Interests of State Health Agency

The Arizona Department of Health Services (ADHS) is one of the executive agencies that report to the Governor. By statute it has been designated the Title V agency in Arizona. The Bureau of Women's and Children's Health (BWCH) is a component of the ADHS Public Health Prevention Services Division. Laura Luna Bellucci, Chief, Bureau of Women's and Children's Health, serves as the Title V Administrator and the state's Maternal and Child Health (MCH) Director and Children with Special Health Care Needs (CSHCN) Director. Patricia Tarango, former BWCH Bureau Chief, retired from state service on March 31, 2022. In Arizona, the Office of Children's Health oversees programming within ADHS for children and youth with special health care needs (CYSHCN). Please refer to **III.E.2.a. State Title V Program Purpose and Design** and ***VI. Organizational Chart*** for more detail.

ADHS adopted a five-year strategic plan and map for 2018-2023. The Strategic Priorities for this plan are:

- improve health outcomes;
- promote and support public health and safety;
- improve public health infrastructure;
- maximize agency effectiveness; and
- implement the Arizona Health Improvement Plan.

In 2014, ADHS conducted the first **State Health Assessment (SHA)**, and the SHA was most recently updated in January 2022. ADHS used a variety of primary and secondary data sources to produce the analysis for this assessment. Input on the SHA was collected from many stakeholders, including local health officers and tribal partners. The 2021 State Health Assessment is structured around the themes of Healthy People, Healthy Communities, focusing on health outcomes across the lifespan, examining issues in maternal and infant health, child and adolescent health, healthy adults, and healthy aging.

ADHS used this assessment to set priorities and performance objectives for the **Arizona Health Improvement Plan**

(AzHIP), published in 2021. Development of the 2021-2025 Arizona Health Improvement Plan (AzHIP) reflects the commitment to improving public health of public health professionals, advocates and community stakeholders at the state, county and community levels. The 2021-2025 plan consists of 5 priorities: 1. Health Equity, 2. Health in All Policies/Social Determinants of Health, 3. Mental Well-being, 4. Rural & Urban Underserved Health, and 5. Pandemic Recovery & Resiliency. Each priority has defined strategies, tactics, and action plans which are led by a variety of community partners. A BWCH staff member co-chairs the Rural & Urban Underserved Health Core Team.

In addition, as a condition of the block grant, HRSA requires each state's Title V Program to complete a needs assessment every five years, and to track emerging issues and identify how they affect the MCH population in Arizona on an ongoing basis. For the **2020 Title V Needs Assessment**, ADHS partnered with the University of Arizona, Diné College of the Navajo Nation, and the Inter Tribal Council of Arizona (ITCA) to conduct the assessment. In addition to collecting and analyzing quantitative MCH data from national and state data sources, the 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 we serve.

Arizona's Title V Program developed our new maternal child health (MCH) priorities by collecting and analyzing data from the 2020 Needs Assessment, sharing that data with community members and other MCH stakeholders on our Needs Assessment Steering Committee, and soliciting their input to identify priority areas in line with the intent of the Title V Maternal Child Health Block Grant. A key component of this analysis was disaggregating the data to expose disparities that might not be obvious in the aggregated data. For instance, although Arizona's infant mortality is below the national average at 5.4 (per 1,000), there is a disparity between white non-Hispanic and black infant mortality—and each of these rates need improvement to meet the Healthy People 2030 goal of 5.0 (per 1,000).

Prescription drug abuse and subsequent neonatal abstinence syndrome (NAS) are an ongoing challenge. In June 2017, Arizona Governor Doug Ducey declared the opioid crisis a public health emergency and in the five years since that declaration, there have been 7,597 opioid deaths and 16,571 non-fatal opioid overdoses in Arizona.[31] ADHS is responsible for the development and implementation of four Governor Goal Council Breakthrough Projects: Suicide Prevention Action Plan, Sexually Transmitted Diseases Control Action Plan, Increasing Immunization Coverage Rates in Arizona Action Plan, and Maternal Mortality Action Plan. BWCH will continue to be the lead on Maternal Mortality and have strong participation in the other Goal Council Projects.

Components of State's System of Care

Medicaid aims to ensure access to health care for low-income individuals, and 21% of Arizona's population is covered by the Arizona Health Care Cost Containment System (AHCCCS), the state Medicaid program. AHCCCS also offers medical treatment, rehabilitation, and related support services to qualifying children with special health care needs through the Arizona Children's Rehabilitative Services (CRS) program. Other sources of health insurance for Arizona residents include private via employer or non-group (49%), Medicare (17%), and other public coverage such as VA or military (3%). However, this leaves nearly 11% of Arizona's population completely uninsured and vulnerable.[32]

In Arizona, the Primary Care Office is housed within the Bureau of Women's and Children's Health and Arizona's Title V Program supports programming to meet the needs of uninsured and underinsured Arizonans. For example, BWCH maintains, annually updates, and publishes a list of primary care, dental, and behavioral health providers in Arizona that offer a sliding fee schedule to under- or uninsured individuals. There are currently over 400 sites utilizing a sliding fee scale in Arizona that offer some combination of primary care, dental, and/or behavioral health services. In addition, Arizona has a number of community health centers, rural health clinics, Federally Qualified Health Centers (FQHCs), and Critical Access Hospitals that offer essential lower cost care to vulnerable Arizonans. In 2021, Arizona's Title V Program partnered with the Arizona Alliance for Community Health Centers (AACHC), Arizona's Primary Care Association (PCA), to educate communities about programs and resources that can help recruit healthcare professionals in areas with significant challenges with recruitment and to improve the coordination of rural recruitment efforts between the ADHS'

Primary Care Office, PCA, and the State Office of Rural Health (University of Arizona's Center for Rural Health). In addition, Title V partnered with AACHC to help support and expand clinical rotation and internship opportunities for healthcare providers at community health centers focused on maternal and child health.

The Medical Services Project, funded through Title V and implemented by the Arizona Chapter of the American Academy of Pediatrics, works to increase the statewide network of pediatric providers and pediatric subspecialists willing to take a limited number of patients without insurance or AHCCCS to ensure that Arizona's children have necessary acute health care. Title V-funded Family Planning Clinics, administered by 10 local county health departments and one public health system in Arizona, make family planning and reproductive health services available to uninsured and/or low-income families in Arizona.

Arizona's system of care also includes a Level III Neonatal Care Center and wide variety of pediatric specialists through the Phoenix Children's Hospital, eight Level III Perinatal Care Centers, seven Level IIE Perinatal Care Centers, 15 Level II Perinatal Care Centers, and seven Level I Perinatal Care Centers. These hospitals offer not only critical health care for children and families but also an opportunity for education. In fiscal year 2021 alone, 48,384 families of newborns left the hospital with tools to help them support their child's health and learning.[33]

Arizona's Children's Health Insurance Program (CHIP), or KidsCare, serves children in households earning too much to qualify for AHCCCS but earning under 200 percent of the federal poverty level (FPL). Over the last ten years, there have been a number of changes in federal and state policy affecting Arizona's CHIP program. **Figure 4** illustrates policy changes occurring within the past years that have directly impacted insurance status and access to care for children living in Arizona. Arizona was at risk for an automatic freeze on KidsCare if federal funding fell below 100% three years ago, but the state budget fully funded KidsCare and eliminated that legislative language that would have frozen the program as federal match requirements changed. This was a major public health win in Arizona, securing health insurance coverage for more than 65,000 children currently.

Figure 4. Health Care Policy Changes Affecting Children, 2010 – 2020[34,35]

Date	Federal/State Policy Change
January 2010	KidsCare/CHIP enrollment freeze. Nearly 46,000 children are enrolled in KidsCare when the freeze goes into effect. KidsCare waiting list swells to more than 100,000 by July 2011.
March 23, 2010	The Patient Protection and Affordable Care Act (PL 111-148) is signed into law.
May 2012	Enrollment opens for Kids Care II, a time-limited alternative CHIP program for children up to 175% FPL (unlike original KidsCare eligibility limit of 200% FPL). KidsCare II was the result of an agreement with federal officials to re-open CHIP coverage for some children, with the idea that the program would end in January 2014 to correspond with the ACA's new marketplace coverage options.
November 2012	Kids Care II enrollment reopens for additional children.
May 2013	Kids Care II returns income eligibility limit to 200% FPL.
January 1, 2014	Federally facilitated marketplace insurance plans can be used to access health care services.
January 1, 2014	Transfer of school-aged "stairstep" children from KidsCare to Medicaid. More than 26,000 children ages 6 through 18 enrolled in KidsCare and KidsCare II (the state CHIP program) with family incomes up to 138% FPL transferred to the Arizona Health Care Cost Containment System (AHCCCS, or Medicaid).
January 31, 2014	Kids Care II ends, KidsCare enrollment freeze remains in effect. 14,000 children lose KidsCare II coverage and receive notices referring them to the ACA's new federal health insurance marketplace where they could potentially purchase health insurance.
May 6, 2016	KidsCare is re-instated, covering 30,000 additional children in families with incomes between 134-200% FPL.
May 2018	The Arizona Legislature failed to pass an amendment that would eliminate the automatic freeze on KidsCare should federal funding drop below 100%.
May 2018	KidsCare enrollment increased by 45% in the past year, reaching 28,761.
October 2018	AHCCCS Complete Care (integrated physical and behavioral health) implemented.

On January 1, 2014, two policy changes impacting Medicaid eligibility for childless adults went into effect. The first policy change was the restoration of Proposition 204, extending eligibility to childless adults earning between 0 and 100 percent

FPL. The second change was Arizona's expansion of Medicaid eligibility to include childless adults earning between 100 and 133 percent FPL. Proposition 204 eligibility had been frozen since 2011. Expanding coverage to the new adult group was an opportunity provided by the Affordable Care Act (ACA) and supported by then-Governor Janet Brewer. With these policy changes, these eligibility programs provided Medicaid coverage for 643,422 individuals in May 2022. With unemployment and economic hardship on the rise due to the COVID-19 pandemic, the number of Arizonans covered by the adult expansion program increased 83% in 2021 and has leveled off over the past year (down 2%).[36]

Over the past decade, there was an overall 76% increase in SOBRA enrollments for eligible pregnant women. Amended under Title VI of the Sixth Omnibus Budget Reconciliation Act (SOBRA) of 1986, the Act gave states the option of extending coverage to women requiring pregnancy-related medical services beyond previously set income eligibility thresholds established by states. SOBRA enrollments for pregnant women increased by 2,668 (17%) in the past year. SOBRA services for children under the age of 18 also increased nearly 800% in the past decade, and grew by 2% over the past year.[36]

At the close of the 2022 open enrollment period, 199,706 Arizonans selected marketplace plans through the federally-facilitated exchange.[37] Figure **5** illustrates characteristics of the individuals selecting marketplace plans in Arizona.

Figure 5. Marketplace Plan Selection Characteristics – Arizona, Close of 2022 Open Enrollment Period[37]

Characteristics	**Number of Individuals**	**Percentage of Total**
Total individuals with plan selections	199,706	
New consumers	48,940	25%
Plans eligible for financial assistance	199,673	100%
Younger than 18 years of age	30,161	15%
Aged 18-64 years	167,245	84%

In summary, recent federal and state health policy changes have increased the number of Arizonans covered by insurance. Counting marketplace plan selections (199,706) with the Proposition 204 restoration population (496,610) and the childless adult expansion population (146,812), 843,128 additional Arizonans have health insurance who may not have had it prior to the policy changes being implemented. This increase in covered individuals has also lowered the percent of uninsured in Arizona from 19% in 2013 to 11% currently, not including effects of employer-based and other non-marketplace/Medicaid-insured populations.

The efficiencies and benefits of integration of physical and behavioral health care has been an issue often discussed in Arizona over recent years, prompting AHCCCS to create a new integrated system of care called "AHCCCS Complete Care" (ACC). ACC began on October 1, 2018, combining physical and behavioral health care services together to treat all aspects of members' health care needs under one chosen health plan. Improved coordination between providers within the same network is expected to result in better health outcomes for AHCCCS members.

Over two-thirds of the $15.3 billion Arizona budget for Fiscal Year 2023 is for K-12 education, AHCCCS, and the Department of Corrections. Forty-five percent (45%) of the general fund goes to elementary and secondary education (approximately $6.9B), about 15% for AHCCCS (approximately $2.3B), and about 9% for corrections (approximately $1.3B). ADHS receives only about 1% of the general fund expenditures ($187M).[38]

The 2022 Arizona Legislative Session just recently adjourned on June 25. There were several successful bills that will

improve public health, including expanding Medicaid coverage for pregnant women to include postpartum physical and behavioral health care for up to 12 months after the child is born, adding behavioral health providers as eligible provider types to the State Loan Repayment Program, funding a variety of programs intended to enhance the nursing workforce in the state, and development of new, secure behavioral health residential facilities across the state.

Relevant Statutes

There are several Arizona statutes that impact and support MCH and CYSHCN programs. Arizona Revised Statute (A.R.S. 36-691) formally accepts Title V and designates ADHS as the Title V agency accepting the conditions of Title V of the Social Security Act, entitled "grants to states for maternal and child welfare," enacted August 14, 1935, and as amended.

Additional state statutes authorize a number of MCH programs or functions not specific to Title V. The statutory list of functions (A.R.S. 36-132) of ADHS includes: encourage and aid in coordinating local programs concerning maternal and child health, including midwifery, antepartum, and postpartum care; infant and preschool health and the health of school children, including special fields such as the prevention of blindness and conservation of sight and hearing; and encourage, administer, and provide dental health care services and aid in coordinating local programs concerning dental public health, in cooperation with the Arizona Dental Association. Subject to the availability of monies, develop and administer programs in perinatal health care. Some of these programs are managed outside of the Bureau of Women's and Children's Health (BWCH); in those instances, BWCH staff remain involved by coordinating closely with agency colleagues.

Amended rules (R9-101-117), effective July 1, 2014, were adopted for the licensing of lay **midwives** in Arizona. The new rules include a change to the scope of practice to include the delivery of frank breech and vaginal delivery after caesarean section under certain prescribed circumstances. The rule changes also add clear requirements for reporting, transfer of care, and emergency action plans. Title V leadership was involved in the rulemaking process.

State statute (A.R.S. 36-697) authorized the **Health Start** program, administered by BWCH. The program, serving pregnant women, children and their families, is required to be statewide, based in identified neighborhoods, and delivered by lay health workers through pre-scheduled home visits or group classes that begin before the child's birth or during the postnatal period and may continue until the child is two years of age.

Lay health workers, or **Community Health Workers** (CHWs), will soon have the opportunity to apply for voluntary certification through ADHS. Bill H2324 was passed in the 2018 Arizona Legislative Session requiring ADHS to adopt rules prescribing the scope of practice, minimum qualification, education and training standards, and criteria for certification of community health workers. A nine-member Community Health Workers Advisory Council was established and is currently working through this rule-making process. Approximately $50,000 in Title V funds were utilized in 2021 to support the development of the new CHW Licensing Database.

BWCH also manages the **Oral Health Fund** established by ARS 36-138. Funds received as reimbursement from the state's Medicaid program contractors for dental services provided by BWCH are put into the Oral Health Fund, which is then used to fund additional dental health services. Additionally, Bill H2235 was passed in the 2018 Legislative Session requiring ADHS, in consultation with the Board of Dental Examiners, to conduct a study by December 31, 2023, on the impact of licensing **Dental Therapists** on patient safety, cost effectiveness and access to dental services in Arizona.

State statute (A.R.S. 36-899.01) also requires ADHS, through BWCH, to administer a program of **hearing evaluation services** to all school-aged children.

Vision screening legislation (SB1456) was passed on August 17, 2019. This bill requires vision screening of children in Arizona upon initial entry to school as well as not more than two additional grade levels in a district or charter school that provides preschool and/or K-12 instruction. The vision screening law is now officially in the Arizona Revised Statutes and can be found at: ARS §36-899.10. Official rulemaking for vision screening has not yet been established under A.R.S. 36-899.10. The Program is actively working on the vision screening rules and is currently on its second draft phase. The Program, in conjunction with the Rules Department, has been reaching out to the public via surveys and virtual meetings to

get their feedback on the drafted rules. The ADHS Sensory Screening Program is committed to developing screening rules that follow national guidelines, which will support early detection and intervention of children with vision impairments. Until the rules are completed and approved, there are no official requirements in place for vision screening regarding training, screening, and reporting of data to ADHS.

The **Child Fatality Review** Program, authorized by state statute (A.R.S. 36-3501), requires the State Child Fatality Review Team to conduct an annual statistical report on the incidence and causes of child fatalities and submit a copy of this report, including its recommendations for action, to the Governor and legislative leadership on or before November 15 of each year. This report also includes recommendations from the committee for the public. The Program is housed in the BWCH and the Bureau Chief is a legislatively required member of the State Team.

The Arizona Revised Statute (A.R.S. § 36-3501) was amended in April 2011 to establish the Arizona Maternal Mortality Review Committee (MMRC) as a subcommittee to the Child Fatality Review (CFR) Program. Though unfunded, Arizona **Maternal Mortality Review** Program (MMRP) has convened an MMRC since June 2012 to review all identified maternal deaths in the state. In 2019, ADHS was awarded $450,000 per year for five years from the Centers for Disease Control and Prevention's Preventing Maternal Deaths: Supporting Maternal Mortality Reviews grant. ADHS is using this funding to strengthen the current structure and data collection processes of the Arizona MMRC and to build a just, strong, sustainable and focused effort to systematically increase access, quality of care and overall health for all women in Arizona.

During the 2015 legislative session the Governor signed into law HB 2643, which prohibits the state and its political subdivisions from using any personnel or financial resources to enforce, administer, or cooperate with the **Affordable Care Act** in many ways with the exception of public health prevention programs.

Senate Bill 1040 was passed into law during the 2019 legislative session and was repealed on July 1, 2021. The bill established an advisory committee on maternal fatalities and morbidity and dictates the advisory committee composition. The bill delegated authority to the Arizona Department of Health Services to designate a chair and appoint the committee members. The primary role of the advisory committee was to recommend improvements to data collection regarding the incidence and causes of maternal fatalities and severe maternal morbidity. The statute also directed the advisory committee to submit two reports to the House of Representatives, Senate and the Governor's Office. The first report was due and submitted in December 2019 with recommendations regarding improvements on data collection. The second and final report was submitted December 2020, providing an account on the incidence and causes of maternal fatalities and morbidity for 2016–2018. The Arizona MCH Director served as the Committee Chair and the MCH program staff provided data analysis for the committee.

Senate Bill 1011, passed in 2021, establishes a Maternal Mental Health Advisory Committee, which will be conducted through the state Medicaid program, AHCCCS. The committee will recommend improvements for screening and treating maternal mental health disorders. Initially, ADHS was not given a seat on the Committee; however, through an amendment to the bill, a "representative from the department of health services maternal health program" is now required on the advisory committee.

Senate Bill 1181, passed in 2021, allows for voluntary certification of doulas. The bill requires the Department (ADHS) to establish an advisory committee made up of at least nine Director-appointed doulas that represent diverse and underrepresented communities along with other experts. The committee will be tasked with creating a scope of practice and core competencies that are essential to expand health and wellness, to reduce health disparities and to promote culturally relevant practices within diverse communities.

Senate Bill 1680, passed in 2021, requires the Newborn Screening (NBS) Program to include all congenital disorders included on the Recommended Uniform Screening Panel (RUSP). Passing of the bill allows for an automatic update of the state required newborn screening list any time the federal government adds more conditions to its recommended list. The passing of this bill will expand Arizona's screening list from 31 conditions to all 35 conditions, as federally recommended. Additionally, this bill requires the NBS Program to include all congenital disorders included on the RUSP for both core and

secondary conditions. The bill also requires that the state automatically update the required newborn screening list any time the federal government adds more conditions to its recommended list.

House Bill 2126, passed on March 23, 2021, added the following language to the Arizona State Loan Repayment Program Rules: “An applicant who works at an Indian Health Service or tribal facility is not required to provide a sliding fee scale to be eligible for the program.” Many tribal and IHS facilities do not implement Sliding Fee Schedules because they do not charge IHS-eligible clients for health care services rendered. This exemption allows these entities to have greater participation in the Arizona State Loan Repayment Program without having to implement a Sliding Fee Schedule.

III.C. Needs Assessment
FY 2023 Application/FY 2021 Annual Report Update

Ongoing Needs Assessment Activities

The Bureau of Assessment and Evaluation (BAE) leads the collection, analysis, and interpretation of public health maternal child health data at the Arizona Department of Health Services. BAE's mission is to serve as a resource to all stakeholders so that programs and partners make data-driven decisions that provide equitable opportunities for achieving optimal health for all children, women, and families in Arizona. BAE provides technical assistance and expertise on: data analytics, data management, epidemiology, program evaluation, public health assessment, and surveillance.

In addition, ongoing assessment activities help identify emerging and continuing needs for Arizona's MCH populations:

- **Maternal Mortality Review (MMR):** The MMR as a subcommittee to the Child Fatality that started in June 2012 to review all identified maternal deaths in the State of Arizona. ADHS staff work hand in hand with members of the MMRC to complete maternal mortality reviews, develop recommendations to prevent maternal mortality and severe maternal morbidity, disseminate findings to the public, and implement quality improvement initiatives for clinical and non-clinical providers. Currently the committee has completed reviews on maternal deaths from 2017-2019 and have started reviewing 2020 deaths. Multiple topical reports and infographics have resulted from these activities to provide stakeholders with updated information on maternal mortality in Arizona.

- **Child Fatality Review (CFR):** The Arizona Child Fatality Review (CFR) Program's goal is to reduce child deaths in Arizona by conducting a comprehensive review of all child deaths to determine what steps could have been taken, if any, to prevent each child's death. In 2020, 838 children died in Arizona, an increase from the 777 deaths in 2019. The leading causes of death were prematurity, congenital anomalies, motor vehicle crashes, poisonings, and firearm injuries. Prematurity was the most common cause of death for neonates (infants less than 28 days old) while suffocation was the common cause of death among infants 28 days to less than 1 year of age. The program's latest report can be found here**.**

- **Behavioral Risk Factor Surveillance System (BRFSS):** The Arizona Behavioral Risk Factor Surveillance System (BRFSS) telephone survey has been in existence since 1984 and is partially funded by the Center of Disease Control and Prevention (CDC). This surveillance collects data from Arizona adults aged 18 and over living at home. The Title V Program has supported the BRFSS in its implementations of the Adverse Childhood Experiences questionnaire, the family planning module, and the social determinants of health module. The outcome of these questions is shared with the Home Visiting programs to support their professional development and program implementation strategies.

- **Pregnancy Risk Assessment Monitoring System (PRAMS):** PRAMS is a collaborative research project between ADHS and the CDC. PRAMS surveys women who have recently given birth and provides cross-sectional approach data, across Arizona's diverse maternal population, on factors such as low birth weight, preterm birth, ante/postpartum obesity, mental health, COVID-19, breastfeeding, and starting August 2022, social determinants of health. AZ PRAMS aims to obtain data of high scientific quality on maternal behaviors before, during, and shortly after pregnancy that can be used to monitor health status as well as allow ADHS to more effectively tailor preconception, pregnancy, and postpartum services and programs to Arizona's diverse population. This knowledge across the state population of new mothers is necessary to monitor the progress of state and non-governmental program efforts to improve the quality of maternal and infant health services. More information on PRAMS can be found in the ***Women's Health*** domain.

- **Neonatal Abstinence Syndrome (NAS):** BAE performs data analysis and produces a monthly report based on

available NAS data and the latest case definition provided by the Council of State and Territorial Epidemiologists (CSTE). BAE has used administrative datasets to research infant substance exposure and NAS since 2018, and the findings consistently support the need for improved surveillance and interventions in this area. BAE is part of an internal agency workgroup to implement the CSTE NAS Standardized Case Definition more broadly and build our capacity to address the suspected cases and the non-opioid cases.

- **Home Visiting Data:** BAE supports the Home Visiting Efforts-to-Outcome (ETO) Data System. ADHS holds the enterprise contract for the ETO which includes all demographic and programmatic data across four (4) home visiting programs (Healthy Families, Nurse Family Partnership, Health Start and High Risk Perinatal) funded across three (3) state agencies (Arizona Department of Health Services, Arizona Department of Child Safety and First Things First which is Arizona's Early Education and Health Board). BAE supports home visiting programs at ADHS to build reports within the system, work as a liaison with the data management system TA team, and assists in identifying ways to utilize the data collected across programs. BAE also supports home visiting with the data team that assists with data entry and quality assurance for the Health Start home visiting program. For the Maternal, Infant and Early Childhood Home Visiting (MIECHV) Program, BAE reviews the annual report data across 6 benchmarks and 19 constructs. This includes coordinating data sharing with the Arizona Department of Child Safety to access information pertaining to enrolled participants that had a substantiated case of child abuse, neglect or maltreatment for federal reporting.

- **Prenatal and postnatal care assessment:** ADHS's latest Maternal Mortality and Severe Maternal Morbidity Report shows that Severe Maternal Morbidity (SMM) rates were worse among Arizonan women who received late, inadequate or no prenatal care. SMM rates were also worse among women living in rural counties, with longer driving distances and times to care, and living in areas where more women are uninsured. BAE will conduct a more focused needs assessment related to access and utility of prenatal and postpartum care in Arizona.

- **Healthy Smiles Healthy Bodies Oral Health Study:** The Office of Oral Health led and BAE supported the implementation of an oral health study to assess the current oral health status of Arizona's elementary school children, through a statewide stratified oral health survey of kindergarten and third grade children in Arizona's public schools. The study was paused in 2020 due to COVID-19 and continued during the 2021-2022 school year. Data collection will continue during the 2022-2023 school year in order to complete all schools that were part of the original sample. Information will be shared with the CDCs National Oral Health Surveillance System and used to develop recommendations and policy direction for the improvement of children's oral health.

- **Adverse Childhood Experiences (ACEs) Surveillance:** BAE established an agency wide work group with prevention and preparedness epidemiologists on creating dashboards to report the prevalence of ACEs using the National Survey of Children's Health data and the Behavioral Risk Factor Surveillance System data which includes risk factors and protective factors. This includes visual representations to show groups differences of ACEs prevalence by demographics, healthcare access, subjective health status, and lifetime diagnoses. Using those data sets, the bureau also completed a trend analysis to see changes in the prevalence of ACEs in children (2016-2020) and adults (2014-2020) populations, using the aforementioned data sets. BAE is working to have a team of ADHS staff to help ADHS transition to a trauma informed agency and also collaborating with researchers at ASU and Midwestern University to develop a public report on positive childhood experiences. The office is planning to do root cause analysis to explore factors associated with ACEs in Arizona.

Changes in the health status and needs of the state's MCH population

The following sections focus on changes to the health status of MCH populations in Arizona and presents data from two recent morbidity and mortality reports. Morbidity and mortality data provide critical health status information, highlights

noticeable disparities, and provides direction for public health programming. In addition, each MCH population lead provided information on emerging issues that prompted BAE to conduct additional assessments. These emerging issues were presented to programmatic staff to update the block grant action plan.

Maternal Health

Maternal Mortality

The MMRC identified 203 maternal deaths between January 1, 2016, and December 31, 2018, of which they determined that 23% (n=46) were Pregnancy-Related deaths, with the remaining being either Pregnancy-Associated but not Related (68%, n=138) or Unable to Determine Relatedness to Pregnancy (9%, n=19). The 2016-2018 Pregnancy-Associated Mortality Ratio was 80.6 and the Pregnancy-Related Mortality Ratio was 18.3 deaths per 100,000 live births in Arizona for women ages 15-49. American Indian or Alaska Native women had the highest Pregnancy-Associated Mortality Ratio (PAMR) at 140.4 deaths per 100,000 live births (based on fewer than 20 cases; interpret with caution). The PAMR was 105.0 for White, non-Hispanic women, 116.5 for Black or African American (based on fewer than 20 cases; interpret with caution), and 41.5 for Hispanic or Latina women.

The majority of Pregnancy-Associated deaths (50.0%) occurred between 43 days to 365 days after the end of the woman's pregnancy; of these 85.0% were determined to be preventable. Nearly a third of Pregnancy-Associated deaths (31.3%) occurred within 42 days of the end of pregnancy, and 76.0% of deaths during this period were considered preventable. Nearly 1 in 6 Pregnancy-Associated deaths (16.4%) occurred while the woman was still pregnant; this period had the highest proportion of preventable deaths at 91.0%. Among Pregnancy-Related deaths, the majority of deaths (64.5%) occurred within 42 days of the end of pregnancy, of which 80.0% were determined to be preventable.

For Pregnancy-Related deaths, the MMRC assigned an underlying cause of death, or the disease or injury that initiated the chain of events leading to death or the circumstances of the accident or violence which produced the fatal injury. The two most common underlying cause categories among Pregnancy-Related deaths were Cardiovascular, Coronary, or Cerebrovascular Conditions (25.8%) and Conditions of Pregnancy (22.6%), which includes Amniotic Fluid Embolism, Preeclampsia, and Eclampsia.

Maternal Mental Health and Substance Use-Related Deaths

In Arizona, approximately 30-40 women die within 365 days of pregnancy each year from a mental health- or substance use-related cause.The MMRC determined that almost half (48.8%) of all Pregnancy-Associated deaths and 30.4% of Pregnancy-Related deaths were related to mental health conditions or substance use disorders. The majority (59.6%) of Pregnancy-Associated deaths related to mental health conditions or substance use disorders occurred between 43 and 365 days postpartum. The majority of deaths were among White, Non-Hispanic women (61.6%), followed by Hispanic (20.2%), American Indian/Alaska Native (11.1%) women, and Black/African American (5.1%). The biggest disparity when comparing the proportion of deaths to live births was among American Indian/Alaska Native women. Almost half (49.5%) of all deaths were among women aged 20-29 years old and 42.4% of deaths were among women 30-39 years old. The MMRC determined that 98% of deaths were preventable. The 2016-2018 substance use death (n=84), the MMRC determined that 1.9% had used at least one type of Opiate (e.g., Heroine, Fentanyl, Methadone), 54.8% had used at least one type of Sympathomimetic (e.g., Methamphetamine, Cocaine), 32.1% had used a type of GABA Agonist (e.g., Barbiturates, Alprazolam), 27.4% had used Alcohol, and 27.4% had used Marijuana.

Maternal Deaths and COVID-19 Infections

In 2020, Arizona reported a total of 29,951 COVID-19 deaths of which 41% were among females. Recent investigations of 2020 Arizona death records have shown that 9 of 84 (10.7%) potential pregnancy-associated deaths (i.e., women 10-60 years of age who were pregnant or pregnant within 365 days) had a confirmed or probable COVID-19 infection at the time of death. An assessment of vulnerable populations, such as women of advanced maternal age, indicated that a higher proportion of women 36 to 60 years of age passed away with an indication of COVID-19 (67%) as opposed to women with the same characteristics but without an indication of COVID-19 in the death records (40%). A higher proportion of deaths also occurred among females ages 10-60 years who were either American Indian/Alaska Native or Hispanic with an

indication of COVID-19 in comparison to females of the same characteristics without an indication of COVID-19 (78%, 59% respectively).

Data from PRAMS demonstrated a high proportion of women adopting behavioral strategies to prevent COVID-19 infection in 2020. Survey results indicated that the most implemented behaviors were washing hands for 20 seconds with soap and water, covering coughs and sneezes with a tissue or elbow, masking, kept 6-foot distance from others in public, used alcohol-based hand sanitizer, and avoided gatherings involving more than 10 people, all of which were reported by more than 95% participating mothers. Although still extremely high, the least adopted preventive measure by women was the avoidance of visitors inside their own home, with 92.1% of women interviewed always or sometimes conducting this behavior.

PRAMS also indicated that healthcare-seeking behaviors among pregnant women were impacted due to COVID-19. Mothers reported canceling or delaying their prenatal care appointment because they either were afraid of being exposed to COVID-19 (10.2%), had to self-isolate due to possible COVID-19 infection (9.2%), or because the provider's office was closed or had reduced hours due to the pandemic (14.0%).

Infant and Child Health

Infant Mortality

Overall, Arizona's infant mortality rate remained stable from 2011-2018. Arizona's infant mortality rate has decreased 6% from 5.2 deaths per 1,000 live births to 4.9 deaths per 1,000 live births in 2020. This is the lowest infant mortality rate reported since 2016 of 5.2 per 1,000 live births. The Arizona infant mortality rate has consistently been lower than the U.S. rate. Black/African American and American Indian/Alaska Native infants have consistently had the highest rates of infant mortality from 2011-2020. In 2020, the infant mortality rates for Black/African American and American Indian/Alaska Native were 12.7 and 7.9 deaths per 1,000 live births, respectively. In comparison, the infant mortality rates for Hispanic and White infants were 4.2 and 4.1 deaths per live births, respectively. All infant mortality rates, except for Hispanic infants, increased with the highest rate increase for American Indian infants of 29.5% from 2019 to 2020.

Congenital Syphilis

In Arizona, there is an outbreak of syphilis among women and babies, a bacterial infection that is usually spread by sexual contact. Medical providers are seeing the largest increase of syphilis cases in women and newborns. Since 2015, the yearly average of syphilis cases in women has increased. The number of babies born with syphilis doubled each year. In 2020, up to 40% of untreated syphilitic pregnancies resulted in stillbirth or newborn death; of the 119 babies born with syphilis in 2020, 11 died. In the year 2021, of the 116 babies born with syphilis, 10 babies died. Syphilis in pregnant women can cause miscarriage, stillbirth, and infant death. Babies who survive can have irreversible damage to the skin, bones, joints, eyes, ears, and brain. Early detection and treatment can prevent devastating lifelong health consequences.

Developmental Screenings

Developmental screenings for infants and toddlers in well-child visits with a health care provider are an integral part of promoting healthy growth and development of children. During these visits, doctors monitor and screen for delays or problems in the child's development. These screenings can lead to early detection of developmental disabilities, which can then lead to better treatments and improved outcomes in adulthood for children with autism or attention deficit hyperactivity disorder (ADHD). A delay in detection of developmental disorders is a missed opportunity to provide services and interventions that reduce costs and burdens associated with developmental disorders. The percentage of children ages 9-35 months whose parents completed a standardized developmental screening tool in the past 12 months (2-year estimate) decreased from 28.2% to 24.9% from the years 2018 to 2010 in Arizona. This is lower than the national average 39.9% in 2020.

Prematurity

Prematurity was the leading cause of death for infants 0-27 days while suffocation was the leading cause of death among

infants 28 days to less than 1 year of age in 2020. Arizona's prematurity mortality rate increased by 12% from 22.4 per 1,000 live premature births in 2019 to 25.2 per 1,000 live premature births in 2020. Black/African American infants made up 19% of prematurity deaths, but only comprised 6% of the total births. While there are numerous risk factors that can contribute to prematurity deaths (preterm labor, no prenatal care, hypertension), the most commonly identified risk factors were poverty (52%) and premature rupture of membranes (PROM) (34%). The Arizona Child Fatality Review Program determined that 8% (n=19) of prematurity deaths were preventable.

Sudden Unexpected Infant Deaths

Sudden Unexpected Infant Death (SUID) is the death of an infant less than 1 year of age where the cause of death was not apparent prior to a death investigation. In 2020, there were 53 SUIDs (Suffocation n=41; Undetermined n=11 and other injury n=1). While there are numerous risk factors that can contribute to SUIDs, the most commonly identified risk factors were unsafe sleep environment (100%), objects in sleep environment (92%), unsafe sleep location (85%), and poverty. Nine percent of SUIDs occurred in neonates (infants less than 28 days) (n<6), and 91% of SUIDs occurred in post-neonates (infants >28 days but <1 year of age) (n=48). The Arizona Child Fatality review program determined that 100% of the SUIDs were preventable. Black/African American infants were disproportionately affected. Black/African American infants made up 19% of SUIDs but only make up 6% of the total population. Overall, Arizona's SUID rate decreased 20% from 0.81 deaths per 1,000 live births in 2019 to 0.65 deaths per 1,000 live births in 2020. Additionally, Arizona's unsafe sleep environment rate and suffocation rate have decreased from 2011 to 2020.

Child Mortality

In 2020, the Child Fatality Review reported that a total of 838 child deaths took place. The child mortality rate in Arizona saw an increase by 8.1% for the children ages 0 to 17 years. The mortality rate of the children ages 1 to 17 and 15 to 17 also saw an increase of 24% and 19% respectively. In 2020, CFR teams determined 396 child deaths were probably preventable. The data shows that 8% of natural deaths (n=39), 100% of accidental injury deaths (n=232),100% of suicides (n=49), 100% of homicides (n=53), and 79% of undetermined deaths (n=23) were preventable. The CFRP determined that there were 12 direct COVID-19 deaths in 2020 and 29 indirect COVID-19 deaths in 2020. While 58% of direct COVID-19 deaths occurred in children ages 0-11 years, 79% of indirect COVID-19 deaths occurred in children ages 12-17 years. Of the COVID-19 direct deaths, in 83% of the deaths, the manner of death was natural, while 8% were accidental, and the remaining undetermined. The majority of indirect COVID-19 child deaths were among White (38%) and Black (31%) children.

Overall, the child mortality rate for all racial groups increased from 2019 to 2020. American Indian/Alaska Native and Black/African American children have consistently had the highest rates of child mortality from 2011-2020. In 2020, the child mortality rate for American Indian/Alaska Native children was 57.4 deaths per 100,000 children and among Black/African American children was 53.2 deaths per 100,000 children.

Adolescent Health

Adolescent Mortality

The adolescent mortality rate in 2020 was 19.7. and 53.5 deaths per 100,000 for children between the ages of 10 to 14 and 15 to 17, respectively. The adolescent mortality rate for children ages 15-17 increased by 19% from 44.8 deaths per 100,000 children in 2019 to 53.5 deaths per 100,000 children in 2020. The majority of male adolescent deaths are between age 15 to 17 (17%) compared to females of the same age (6%). In adolescents 10 to 14 years of age, motor vehicle crashes were the leading cause of death (21%) and poisoning was the leading cause of death for the adolescents ages 15 to 17 years.

In 2020, there were a total of 49 suicides death reported. This was a 30% increase in suicide rate from 2019 to 2020. Of the suicides, 71% were male and 29% were females. CFR reported that the majority of suicides 65% (n=49) occurred in children ages 15 to 17. Among suicides, strangulation (51%) was the leading cause of death for children ages 10-17 years followed by firearm injury deaths (37%).

American Indian/Alaskan Native, Black/African American and White children were disproportionately affected. American Indian/Alaskan Native, Black/African American and White children made up 16%, 8% and 43% of suicides but only make up 6%, 5% and 41% of the total population, respectively. The leading causes of suicide deaths among children ages 10 to 17 were strangulation (51%), firearm injury deaths, poisoning, suffocation and motor vehicle crash. While there are numerous risk factors that can contribute to the 2020 suicide rate, the most commonly identified risk factors were relationship problems (69%), access to firearms (37%), history of maltreatment (37%) and child mental health disorder (37%).

The Title V Program will consider creating an interagency taskforce for adolescent health so state agencies can bring awareness to mental health disorders, discuss, align and coordinate as applicable. This includes tracking the schools/demographic of the schools that training is provided for professionals on bullying prevention to make sure that the most vulnerable are being reached. There is also planning to expand Mental Health First Aid to include Mental Health First Aid for Youth mental health certification training for youth, not just adults, and expand ADHS trained mental health first aiders to be trained in youth mental health first aid and offer training to schools and youth. There is also a plan on increasing mental health providers who are focused on youth mental health in areas with low access making sure they are familiar with cultural norms surrounding these areas and mental health.

Adverse Childhood Experiences (ACEs)

Adverse Childhood Experiences refer to specific kinds of adversity and traumatic events during childhood and adolescence (0-17 years). ACEs impact the health, wellbeing, and quality of life for children, families, and communities in Arizona. The number of Arizona children with two or more ACEs is significantly higher than in the U.S. as a whole. In Arizona children ages 12 to 17, 44.4% have experienced two or more ACEs, compared to the national average of 30.5%. As children age, the number of those who have experienced two or more ACEs increases. It is estimated that nearly 70,000 Arizona children have more than five ACEs. The growing body of knowledge about ACEs offers suggestions about how Arizona can respond and make a positive impact on its citizens' lives.

Children and Youth with Special Health Care Needs (CYSHCN)

CYSHCN are children who have a chronic medical, behavioral, or developmental condition that has lasted or is expected to last 12 months or longer and need prescription medications and/or specialized therapies. Approximately 1 out of 5 children in Arizona is CYSHCN. Based on findings from the 2020 Title V Needs Assessment, and in collaboration with statewide MCH partners, Arizona defined two priorities above to focus the programmatic efforts over the five-year reporting cycle. The priorities are to strengthen systems of care to advance inclusivity and promote equitable and optimal outcomes for children and youth with special health care needs, and to 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. Using data for 2019 and 2020 from the National Survey of Children’s Health, we determined the prevalence and predictors of flourishing among Arizona children and adolescents ages 6–17. A three-survey question included indicators of flourishing: children’s interest and curiosity in learning new things, persistence in completing tasks, and capacity to regulate emotions. The rate of CYSHCN that meet all three flourishing items was 35.4% compared to 28% for their non-CYSHCN counterparts and 36.6% for CYSHCN who meet 2 and 1 flourishing item respectively. This shows that 67.4% of families of non-CYSHCN report their child is flourishing compared to 35.4% of families of CYSHCN children.

Components of a well-functioning health care system include family partnerships, medical home, early screening, early access to services, and preparation for adult transition. In 2019-2020, the percentages of CYSHCN (6.2%) and Non-CYSHCN (15.9%) receiving well-functioning system care were lower. The rate of CYSHCN that did receive care in a well-functioning system in 2020 (6.2%) decreased from the 2019 rate (13%). The vast majority of children and youth with special health care needs (CYSHCN) in Arizona (93.8%) did not receive care in a well-functioning health care system.

Cross-Cutting

Oral Health

The percent of women who had dental work during their pregnancy was at 34% during the year 2020 which is slightly lower

than 2019. In order to achieve that, there has been an increase in the number of inter-agency partnerships implemented to coordinate dental services for pregnant women and children and also a number of medical, dental and other healthcare professionals who receive perinatal oral health education. Since 2015, the state of Arizona has seen a decrease in percent of children, ages 1 through 17, who had a preventive dental visit (75.6%). This indicates that 3 out of 4 children in Arizona (age 1 to 17 years) had a preventive dental visit. The goal is to get that percentage increased to 81% by year 2025. The percentage of children ages 0 through 17, who are continuously and adequately insured in 2020 was 62.5% in Arizona compared to 64.9% in the U.S. During the years 2019-2020 in Arizona, there was a higher percentage of children ages 6 to 11 years old that received one or more preventive dental care visit (86.5%) in the past 12 months compared to the older and younger kids who were 63.2% and 80.4% for the children age 0 to 5 years of age and 12 to 17 years of age respectively.

Future Assessments

BAE will continue to collaborate with the Title V Program and the Bureaus of Nutrition and Physical Activity and the Bureau of Chronic Disease and Health Promotion to identify leverage points for collaboration and to better understand the intersectionality of Arizona's MCH populations. In addition to the MCH epidemiology workforce BAE's structure includes epidemiologists in violence and injury and chronic disease along with the PRAMS, BRFSS, and YRBSS programs. The structure of BAE will allow for more robust and integrative assessments to inform the Division of Prevention Services and the Title V Program.

Click on the links below to view the previous years' needs assessment narrative content:

2022 Application/2020 Annual Report – Needs Assessment Update

2021 Application/2019 Annual Report – Needs Assessment Summary

III.D. Financial Narrative

	2019		2020	
	Budgeted	Expended	Budgeted	Expended
Federal Allocation	$7,281,597	$7,394,328	$7,407,455	$7,441,320
State Funds	$6,062,350	$6,199,963	$6,112,351	$5,777,746
Local Funds	$0	$0	$0	$0
Other Funds	$5,973,992	$5,940,991	$5,973,992	$6,176,097
Program Funds	$100,000	$255,283	$250,000	$197,581
SubTotal	$19,417,939	$19,790,565	$19,743,798	$19,592,744
Other Federal Funds	$21,670,496	$22,030,621	$21,491,093	$21,313,113
Total	$41,088,435	$41,821,186	$41,234,891	$40,905,857

	2021		2022	
	Budgeted	Expended	Budgeted	Expended
Federal Allocation	$7,394,328	$7,432,377	$7,401,320	
State Funds	$5,806,251	$5,338,348	$5,739,975	
Local Funds	$0	$0	$0	
Other Funds	$6,100,000	$7,064,004	$6,200,000	
Program Funds	$200,000	$110,796	$200,000	
SubTotal	$19,500,579	$19,945,525	$19,541,295	
Other Federal Funds	$19,903,148	$17,671,013	$19,473,032	
Total	$39,403,727	$37,616,538	$39,014,327	

	2023	
	Budgeted	Expended
Federal Allocation	$7,432,377	
State Funds	$4,408,649	
Local Funds	$0	
Other Funds	$7,447,711	
Program Funds	$200,000	
SubTotal	$19,488,737	
Other Federal Funds	$22,533,467	
Total	$42,022,204	

III.D.1. Expenditures

The Title V expenditures for Arizona, FFY2021, was $7,432,377. To meet the Title V requirement as specified in Section 501(a)(1)(D): 30/30/30/10 split, the funds were expended as follows; 32.2% ($2,398,197) of the Title V Block grant was expended for preventative and primary care needs for children and adolescents; 32.8% ($2,440,334) for children with special health care needs; 30.7% ($2,277,786) for women, mothers, and infants and 4.3% ($316,060) for administrative costs.

Title V FFY2021 Expenditures	**Amounts**
Preventative and primary care needs for children and adolescents. Includes all activities listed in the Children and Adolescent Health Domains. Some activities outlined in Cross-Cutting domain.	$2,398,197
Children with special health care needs	$2,440,334
Other Includes activities listed in the Women and perinatal/infant domains. Some activities outlined in Cross-Cutting domain.	$2,277,786
Administration	$316,060
TOTAL	**$7,432,377**

This is more or less what Arizona's Title V program had originally budgeted for FFY2021, in spite of the programmatic changes and disruption due to COVID. We had originally budgeted $7,401,320; 35.7% ($2,642,851) for preventative and primary care needs for children and adolescents; 32.5% ($2,407,587) for children with special health care needs; 26.5% ($1,965,295) for women, mothers, and infants and 5.3% ($385,857) for administrative costs.

For FFY 2021, the **state's match** and maintenance of effort included State General, Lottery, and Dental Sealant funds. The $5,338,348 in State General funds, which included High Risk Perinatal Services, Adult Cystic Fibrosis, Child Fatality Review Program, State Loan Repayment, Newborn Screening, and operating funds allocated to the Public Health Prevention Division, supports some of the personnel located in the Bureau of the Women's and Children Health (BWCH). The $7,064,004 in Lottery funds includes the Teen Pregnancy Prevention and Prenatal Outreach (Health Start) Programs. $110,796 was from fees generated by the Dental Sealant Program. Due to COVID less services were able to be provided in the schools. Arizona's FFY 2021 match and overmatch of $12,513,148 continues to exceed the maintenance of effort amount of FY1989's $12,056,360.

Other federal funds administered by BWCH, besides the MCH Title V Block Grant Program, include: Emergency Medical Service for Children, Primary Care, State Loan Repayment Program, Abstinence Education Grant Program, Personal Responsibility Education Program, Oral Health Workforce Activities, Pregnancy Risk Assessment Monitoring System (PRAMS), Maternal Infant and Early Childhood Home Visiting Program, Maternal Health Innovation Program, Maternal Mortality ERASE Program, Preventive Health and Health Services Block Grant, and Sudden Unexpected Infant Death Case Registry.

For a breakdown of state appropriated funds, state non-appropriated funds, and monies received from federal grants please refer to **Figure 6.**

Public Health Services and Systems - $3,505,457

Bureau of Women's and Children's Health: Supported the Empower Program, management service, information technology automation, assessment evaluation and epidemiologic analysis, immunizations, access to care, injury prevention and preconception health, including policy and organizational strategies.

Children with Special Health Care Needs Program: Supported personnel costs and administrative initiatives, program contracts were established with community stakeholders to provide enabling services – such as information and referral, education and advocacy, family engagement, transition, inclusion, gap filling services and community collaborations – to support the mission of improving the systems of care for children and youth with special health care needs (CYSHCN) and their families. Education and training were provided to families and professionals that focused on family-centered care, cultural competence, support of medical homes and pediatric-to-adult care transition, and technical assistance in the development of best practices for CYSHCN.

Enabling Services - $3,302,789

Initiatives included the Sensory Program, the Medical Home Project, the Pregnancy Breastfeeding Hotline, Breastfeeding Consultation, community nursing services for high-risk infants, reproductive health services for women, injury prevention and preconception health (including raising public awareness and providing community education), and Children with Special Health Care Needs, which includes respite and palliative care services.

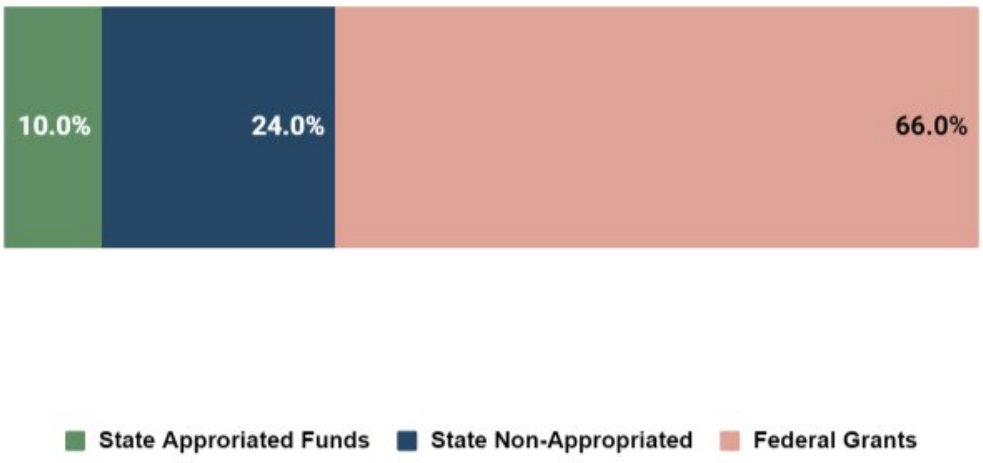
Direct Health Care Service - $624,131

Supported Oral Health services for children and Children with Special Health Care Needs, which included metabolic services.

Indirect Administrative Costs: $316,060

More information linking expenses to outcomes can be found in the ***2021 Annual Report*** narratives.

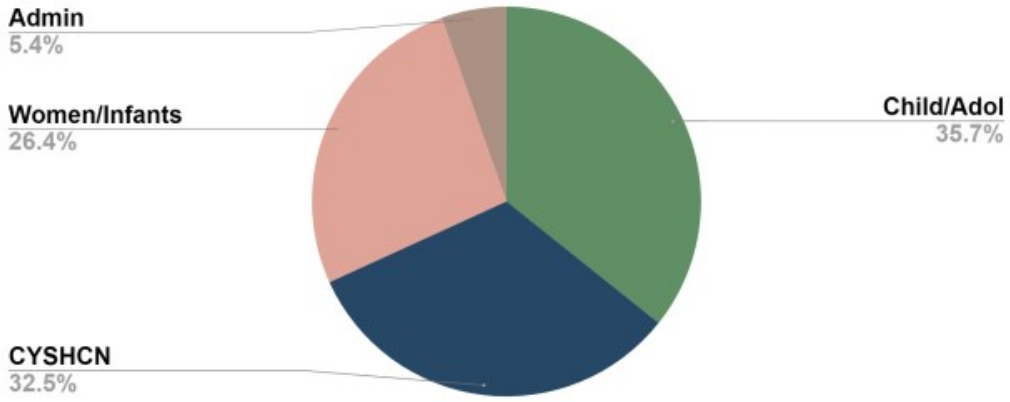
Figure 6 Breakdown of FFY 2021 Expenditures



III.D.2. Budget

The estimated Title V allocation for Arizona, FFY2023, is $7,432,377. To meet the Title V requirement as specified in Section 501(a)(1)(D): 30/30/30/10 split, the funds were budgeted as follows for FFY 2023, 35.7% ($2,653,359) of the Title V Block Grant will be allocated for preventative and primary care needs for children and adolescents; 32.5% ($2,415,523) will be allocated to children with special health care needs; 26.4% ($1,969,579) will be allocated for women, mothers, and infants and 5.4% ($393,916) will be budgeted for administrative costs. For breakdown of estimated Title V allocations see ***Figure 7*** below.

Figure 7 Breakdown of Estimated Title V Allocations



For FFY 2023, the state's match and maintenance of effort includes State General, Lottery, and Dental Sealant funds. The $4,408,649 in State General funds, which includes High Risk Perinatal Services, Adult Cystic Fibrosis, Child Fatality Review Program, State Loan Repayment, Newborn Screening and operating funds allocated to the Public Health Prevention Division, supports some of the personnel located in the Bureau of the Women's and Children Health (BWCH). The $7,447,711 in Lottery funds includes the Teen Pregnancy Prevention and Prenatal Outreach (Health Start) Programs. $200,000 is from fees generated by the Dental Sealant Program. Arizona's FY2023 match maintenance of effort amount of FY1989's $12,056,360.

Other federal funds administered by BWCH, besides the MCH Title V Block Grant Program include: Maternal Mortality Review, Maternal Health Innovation, State Loan Repayment Program, Primary Care, State Sexual Risk Avoidance Education, Personal Responsibility Education Program, Oral Health Workforce Activities, Pregnancy Risk Assessment Monitoring System (PRAMS), Maternal Infant and Early Childhood Home Visiting (MIECHV) Program, Preventive Health and Health Services Block Grant, and Sudden Unexpected Infant Death Case Registry.

Public Health Services and Systems - $3,427,207: Bureau of Women's and Children's Health: Will support the Empower Program, management service, assessment evaluation and epidemiologic analysis, immunizations, access to care, injury prevention and preconception health, including policy and organizational strategies**.** Office of Children with Special Health Care Needs will support administrative initiatives, education, training, support services, outreach and ADHS's birth defect registry. The CYSHCN Program will fund a contract with the University of Arizona to improve transition services to adult medical care. In addition, the CYSHCN Program will continue to fund a portion of IDEA, Arizona's annual transition conference for special education students. The CYSCHN Program will also establish a contract and fund work to train and place Family and Youth Advisors within BWCH’s Offices, local county health departments, and other community partners.

Enabling Services: $3,246,460 is budgeted for initiatives that include the Sensory Screening Program, the Medical Home Project, the Pregnancy and Breastfeeding Hotlines, breastfeeding consultation, community nursing services for high-risk infants, reproductive health services for women, injury prevention and preconception health (including raising public awareness and providing community education), and Children with Special Health Care Needs (which includes respite and palliative care services).

Direct Health Care Service: $758,710 will support Oral Health services for children and Children with Special Health Care Needs, which includes metabolic services.

Indirect Administrative Costs: $393,916

III.E. Five-Year State Action Plan

III.E.1. Five-Year State Action Plan Table

State: Arizona

Please click the links below to download a PDF of the Entry View or Legal Size Paper View of the State Action Plan Table.

State Action Plan Table - Entry View

State Action Plan Table - Legal Size Paper View

III.E.2. State Action Plan Narrative Overview

III.E.2.a. State Title V Program Purpose and Design

Arizona's Title V Program is housed in the Bureau for Women and Children's Health (BWCH) within the Division of Public Health Prevention Services at the Arizona Department of Health Services. BWCH's vision— *"Healthy Women, Healthy Children, Healthy Tomorrow"*—guides the Bureau's programmatic and strategic efforts. BWCH strives to: 1) reduce mortality and morbidity among women and children, 2) eliminate health disparities in health outcomes and access to services, and 3) increase access to health care and applying our key values to the work we do. **Figure 8** provides a summary of BWCH's overarching goals and key values.

Figure 8. Goals and Values, ADHS, BWCH

Overarching Goals	
• Reduce mortality and morbidity among women and children • Eliminate health disparities in health outcomes and access to services • Increase access to health care	
Key Values	
Service	We serve people in an environment of respect and understanding. We succeed through mutual participation, communication and cooperation. Our service is timely, accurate and consistent.
Partnerships	We partner in an environment characterized by cooperation and shared knowledge.
Integrity	Our relationships are based on honesty, respect, and mutual benefits.
Teamwork	Everyone works together to achieve goals that are guided by our vision.
Quality	We continually assess the effectiveness and efficiency of our processes and programs. Accurate documentation and measurement results in information that is factual, understandable, useful, and provides a basis for decision-making.
Diversity	We recognize and respect the many assets that people of different ethnic, cultural, and social backgrounds contribute to our society. We value this diversity and will develop strategies that build on those assets.
Accountability	We take ownership for our successes and our failures, realizing that by taking risks we are bound to fail at times, but it is only by taking risks that we make progress.
Flexibility	We anticipate change, adapt, and incorporate new experiences into our expanding base of skills and knowledge.
Community	We value healthy, safe communities, so we fund programs that work, in areas where they are needed, in amounts that make a difference.

The 2020 Title V Needs Assessment was composed of seven distinct methodologies designed to complement each other to better understand the needs for preventive and primary care services for Arizona's MCH populations. Surveillance data provided BWCH an opportunity to identify both desirable and undesirable overall trends in MCH populations using the most readily available data from state and national datasets. The public survey asked for information on specific programmatic needs by MCH population and included an assessment on the impact of 20 distinct social determinants of health. The focus groups collected perceived needs from special communities on MCH and public health issues. The community forums collected service needs at the local regional level and included a pre-prioritization session of health areas. As part of the 2020 Title V Needs Assessment, BWCH used the Capacity Assessment for State Title V (CAST-5) to examine our Bureau's capacity to support the MCH populations with respect to the 10 Essential Public Health Services and identify ways to improve workforce development over the next five years. The two tribal MCH needs assessments were an innovative addition to the needs assessment and leveraged BWCH's ongoing relationship with the Inter Tribal Council of Arizona and Diné College/the Navajo Nation to identify the unique MCH needs of the 22 sovereign nations in Arizona.

Based on findings from the needs assessment, Arizona's Title V Program selected seven priority areas to focus on for the 2020–2025 block grant cycle. The priority setting exercises, conducted in partnership with the Needs Assessment Steering Committee and other statewide stakeholders, ensured that the new MCH priorities and selected NPMs were data driven, accepted, and needed to improve the overall MCH status.

These priority areas reflect the continuation of traditional, long-standing interventions and strategies and the development and inclusion of innovative public health programming. The 2020 Needs Assessment identified new areas of focus for Arizona's MCH populations, such as enhanced mental health services for children, but also confirmed that certain work remains a priority, such as reducing maternal mortality and infant mortality. Also with internal and external stakeholder input, BWCH selected the National Performance Metrics (NPMs) assigned to each of the new priority statements. **Figure 9** links our priorities and NPMs for each population.

For these new priorities, BWCH chose to include healthy equity and optimal health statements. The needs assessment showed that low-income and racial/ethnic minority women and children consistently face disparities in access to care, quality of care, and health outcomes. Thus, the inclusion of 'equitable and optimal health' in each priority statement is intentional to demonstrate BWCH's commitment to health equity to ensure that all population groups have an opportunity to achieve optimal health. BWCH follows CDC's National Center for Chronic Disease Prevention and Health Promotion's definition of health equity:

> *"Health equity is achieved when every person has the opportunity to attain his or her full health potential" and no one is "disadvantaged from achieving this potential because of social position or other socially determined circumstances." Health inequities are reflected in differences in length of life; quality of life; rates of disease, disability, and death; severity of disease; and access to treatment."*
> — National Center for Chronic Disease Prevention and Health Promotion

Family engagement is at the core of the new priorities and is a mechanism through which health equity can be achieved. Family engagement is an authentic partnership between professionals and family leaders, who reflect the diversity of the communities they represent, working together at the systems level to develop and implement better policies and practices.

Figure 9. 2021-2025 Statewide Maternal and Child Health Priorities and NPMs

Population	Priority Statement	National Performance Metric
Women/Maternal	Reduce and eliminate barriers to ensure equitable and optimal health for women. Reduce disparities in infant and maternal morbidity and mortality.	NPM #1 - Well-woman visits
		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 wellbeing of adolescents.	NPM #7.2 - Injury Hospitalization
		NPM #9 - Bullying
		NPM #10 - Adolescent well visits

Through the MCH Health Arizona Families Intergovernmental Agreement (MCH HAF IGA), ADHS provides $2,017,415 in Title V funding annually to local county health departments in 14 of Arizona's 15 counties to implement programs to improve maternal, infant, child and adolescent health, including children and youth with special health care needs. As part of the agreement, local county health departments are expected to select NPMs and develop evidence-based or -informed strategies to address them. In addition to the NPMs selected by ADHS, county partners chose to work on **NPM 5: Safe Sleep** and **NPM 7: Injury Hospitalization**.

Each year, as part of our continuous improvement and measurement process, Arizona's Title V Program conducts a series of Visioning Meetings by population domain, which include an annual review of our selected NPMs and State Performance Measures (SPMs), and corresponding Evidence-informed Strategy Measures (ESMs). Program managers, office chiefs, and internal partners participate in the annual review along with the Title V MCH Director. Based on data presented during the 2021 review, the group chose to remove our previous SPM (SPM 1: Access to a Healthcare Provider) and add a new NPM, **NPM 15: Adequate Insurance**, to the Children's Health domain. Many ESMs were revised to be more specific and measurable, and new ESMs were added to measure all Action Plan strategies. By contrast, in 2022, very few ESMs were revised or removed. It is our hope that the remaining ESMs will serve to measure the impact of our work for the remainder of the 2021-2025 Action Plan cycle.

The ***III.E.1. Five-year State Action Plan Table*** displays the identified strategies that BWCH selected to address each priority area listed above along with our 2023 objectives and linked ESMs, NPMs and NOMs.

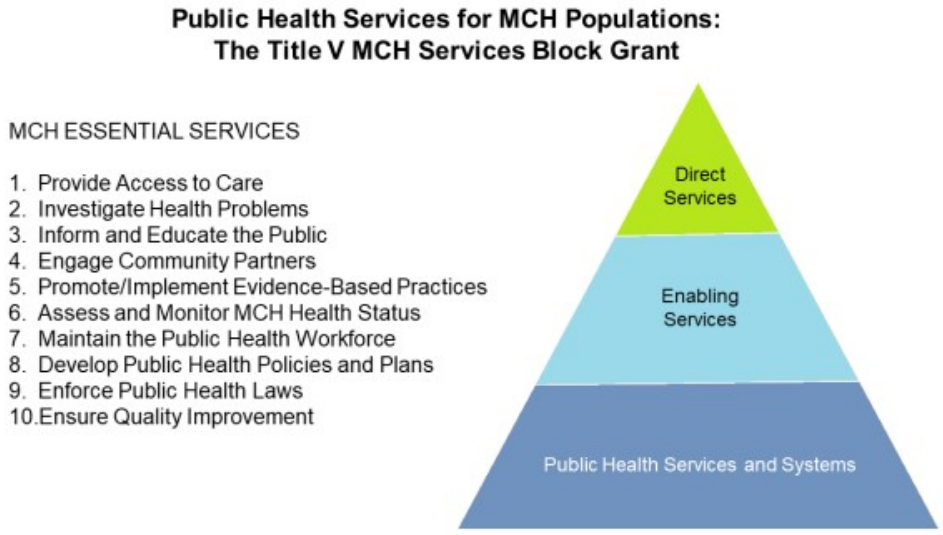
BWCH utilizes three conceptual frameworks in the development of its strategies: 1) **Life Course Perspective**; 2) **Spectrum of Prevention**; and 3) **MCH Pyramid of Health Services**.

The **Life Course Perspective Model** comprises four key concepts: timeline, timing, environment and equity. Timeline recognizes that genetics, current and prior health behaviors, social experiences, and environmental conditions have a cumulative effect—not only on an individual's long-term health but that of future generations. The Life Course Perspective acknowledges that there are critical or sensitive periods of development when exposure to various events and experiences —harmful or positive—can have significant long term impact. Environment encompasses physical, social, and economic factors, such as housing, clean air and water, poverty, racism, employment opportunities, and the capacity of a community to engage in change. Equity highlights the need to adopt strategies that will result in population-level and systems-level changes designed to address persistent health disparities across populations and communities and the root causes of differences in health status. The identification of risk factors and the promotion of protective factors in the lives of individuals and communities are interwoven throughout this model as is the reality that these factors can change during a person's life span. The life course perspective acknowledges the link between individual health behaviors and social, economic, and environmental factors and proposes that communities and agencies develop strategies that support good health by addressing all these factors.

The Prevention Institute developed the **Spectrum of Prevention** to provide a multilevel, multi-faceted approach to improving the health of communities. This model acknowledges that teaching people about health behaviors alone is not likely to result in improved health status. The Spectrum of Prevention identifies six levels of intervention that serve as a framework for a comprehensive approach to effective primary prevention. Those levels include 1) Strengthening Individual Knowledge and Skills; 2) Promoting Community Education; 3) Educating Providers; 4) Fostering Coalitions and Networks; 5) Changing Organizational Practices; and 5) Influencing Policies and Legislation. When all of these levels work in concert with each other, there is a greater chance of producing effective and meaningful results than when prevention strategies are limited to a single level of intervention. While public health has had great expertise in the first three levels of the spectrum, there is growing recognition that we need to focus more efforts on coalition-building, changing organizational practices, and influencing policies in order to affect greater, lasting change in the environment and communities in which we live.

The **Maternal and Child Health Pyramid of Health Services** is a conceptual framework developed by HRSA's MCHB to help states implement their Title V MCH Block Grant Programs. The pyramid comprises three tiers of service that represent the full spectrum of services designed to improve the health of women, mothers, and children. The foundation of the pyramid is Public Health Services and Systems, followed by Enabling Services and Direct Services. **Figure 10** depicts the pyramid and its essential services.

Figure 10. MCH Pyramid of Health Services Diagram



The three frameworks are consistent with each other and, in some cases, aspects of one model can serve to expand the focus of another model. The strategic plan integrates the unique feature of the longitudinal perspective of the Life Course Model by adopting priorities that promote health across the life span, beginning as early in life as possible, while the Spectrum of Prevention provides a framework for MCH program design and strategic planning. Lastly, the MCH Pyramid ensures that Arizona's Title V Program is focused on supporting the public health infrastructure in Arizona while supporting families through enabling services and ensuring that safety gap services are provided to those families with the greatest need. The Title V Action Plan is considered a living document that will be modified based on new strategic direction from within the Agency, from national initiatives, and other important influences as appropriate.

Title V Program Structure

Arizona Revised Statute (A.R.S. Title 36-691) designates ADHS as Arizona's Title V MCH Block Grant administrator. ADHS, currently led by Interim Director Don Herrington, is one of the executive agencies that report to the Governor.

ADHS is organized into four divisions: Public Health Services, Licensing Services, Operations, and the Arizona State Hospital (see ADHS organizational chart). The Division of Public Health Services is organized into Public Health Preparedness and Public Health Prevention, which is led by Deputy Director Carla Berg. The Bureau of Women's and Children's Health (BWCH) is housed under Public Health Prevention Services along with three other bureaus: Assessment and Evaluation (as of May 2022), Nutrition and Physical Activity (includes the WIC Program) and Chronic Disease and Health Promotion.

BWCH is comprised of 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 Primary Care. Laura Luna Bellucci, Chief, BWCH, currently serves as the Title V Administrator and both the Title V MCH and Children with Special Health Care Needs (CSHCN) Director. Most of the programs funded through Title V are housed in BWCH. Where the funded programs are not a part of BWCH, there is a clear coordination of efforts.

Overview of Title V Activities and Aims

The mission of BWCH is to strengthen the family and the community by promoting and improving the health and safety of women and children. The Bureau leverages Title V and federal funds as well as state funds to accomplish this mission; thus, increasing accessibility to affordable quality care, promoting best practices, supporting programs and services that continue Arizona's efforts to address priorities by populations.

Arizona's Title V Program also collaborates with numerous public and private partners to achieve our strategies and

objectives and meet our priority needs. More information on our partnerships can be found in ***Public and Private Partnerships***, ***Appendix C Program Partnership Listing***, and in the domain narratives.

Women/Maternal Health

- **Family Planning:** Comprehensive reproductive health services provided through local health departments, funded exclusively with Title V funding through the MCH Healthy Arizona Families IGA (MCH HAF IGA) and a contract with one federally qualified health center that serves Maricopa County.
- **Preconception Health:** Title V partners with the Preconception Health Alliance to distribute preconception health information and promote the use of reproductive health plans. They are using information from Arizona PRAMS to guide their work and funding from Arizona Title V to support printing and distribution of materials.
- **PRAMS:** A maternal health surveillance project in collaboration with the CDC, PRAMS receives some Title V funding to supplement its work.
- **Oral Health in Pregnancy:** Training and oral hygiene kits provided to home visitors, providers, pregnant women, and new mothers to emphasize the importance of oral health during pregnancy.
- **Other:** Other federally funded programs, like the Maternal Mortality Review, Maternal Health Innovation Program, and Alliance for Innovation on Maternal Health (AIM), and state-funded programs, like the Health Start home visiting program, serve women in Arizona and benefit from contributions of Title V-funded staff time and other Title V program resources.

Adolescent Health

- **Adolescent Champion Model:** Program replicates the evidence-based program from University of Michigan's Adolescent Champion Model in provider sites in Arizona to improve adolescent care and increase adolescent wellness visits.
- **Bullying Prevention:** Program works with schools on bullying prevention strategies, implements bullying prevention awareness, and supports the Bullying Prevention Stakeholder Workgroup.
- **Youth Advisory Councils:** Focus on public health topic areas impacting adolescents as outlined in the Title V needs assessment; specifically, suicide prevention, bullying prevention, sexual health, promoting annual adolescent well visits, injury prevention, and/or promoting preventive dental visits.
- **Teen Pregnancy:** The Teen Pregnancy Prevention Program implements medically accurate, culturally diverse, and age appropriate Abstinence and Abstinence Plus education statewide through contracts with 14 (out of 15) county health departments and 10 community-based organizations, including four tribal communities.
- **Youth Mental Health First Aid:** Certifying youth-focused health educators in all 15 counties and in the Inter Tribal Council of Arizona to deliver training to youth-serving organizations in their communities and tribal nations.

Perinatal/Infant Health

- **High Risk Perinatal Program:** A comprehensive system of services that provides a safety net to ensure the most appropriate level of care surrounding birth as well as early identification and support for the child's developmental needs.
- **Breastfeeding:** Title V-funded helplines provide information on the WIC Program and breastfeeding support. Title V also partially funds statewide breastfeeding training and Maricopa and Coconino counties promote breastfeeding through the MCH HAF IGA.

- **Birth Defects Monitoring:** A statewide, population-based, active surveillance program that collects and analyzes information on children with reportable birth defects diagnosed within the first year of life.
- **Safe Sleep:** ADHS Injury Prevention Program receives Title V funding to support their work providing and offering educational sessions on safe sleep environments to families, distributing pack n' plays, distributing crib cards to hospitals and providing technical assistance to county health departments.
- **Car Seats:** Program allocates car seats to local county health departments and other statewide partners to provide to at-risk families along with car seat and child passenger safety education.
- **Preventing Substance Exposed Newborns:** Efforts to improve care coordination processes and reduce stigma for substance exposed newborns and their mothers.

Children's Health

- **Title V Helplines:** The Helplines direct callers to the most current information for women and children's health care.
- **Pediatric Prepared Emergency Care:** Ensures hospitals statewide are ready to care for pediatric emergencies.
- **Empower:** A voluntary program to support licensed early childhood education facilities' efforts to empower young children to grow up healthy.
- **Immunizations:** Funding for The Arizona Partnership for Immunization (TAPI), a non-profit, statewide coalition comprising 400 members from 200 organizations, to foster a comprehensive, sustained community program for the immunization of Arizonans against vaccine-preventable diseases.
- **Medical Services Project:** The Medical Services Project provides access to health care for uninsured school-age children from low-income families who do not qualify (or are in the process of qualifying) for Medicaid.
- **Oral Health:** School-based Dental Sealant Program; School-based Fluoride Varnish Program Community; Oral Health Systems Development Program; Healthy Teeth, Healthy Families (early childhood caries prevention program); Silver Diamine Fluoride (SDF) Program
- **Child Fatality Review:** Contracts with and funds 11 local review teams to conduct in-depth analysis of all child fatalities occurring within the state.
- **Home Visiting Programs:** Evidence-based home visiting programs, funded through MIECHV, serve families in at-risk communities, providing outreach to pregnant women and children ages birth to 5 years old (or entering kindergarten) and coordinating services across Arizona's early childhood system.

Children with Special Healthcare Needs

- **Education and Awareness:** Educates families, stakeholders and community partners regarding children and youth with special health care needs.
- **Newborn Screening:** Tests every infant born in Arizona for early detection of certain inherited conditions and to coordinate community nurse home visitations through HRPP for high risk infants.
- **Sensory Screening:** The Sensory Screening Program contracts with providers in the community to fund a hearing and vision screening train-the-trainer program.
- **Access to Care for Genetic Conditions:** Title V collaborates with HRSA-funded Mountain States Regional Genetics Network state team to identify gaps and opportunities to enhance access to care for genetic disorders.
- **Gap Filling Services:** Metabolic Formula Program; respite and palliative care services for children with life

threatening conditions and their families.

- **Family and Young Adult Engagement:** A statewide contract to recruit, train, and place family and young adult advisors, especially those who are vulnerable and medically underserved, to ensure they are key partners in health care decision-making at all levels in the system of services.
- **Transition:** Increase efforts to educate practitioners using the Got Transition Model, develop strategies, and implement policies aimed at emphasizing the importance of sustained practice for transitioning youth with special health care needs into adulthood across the state.

Other Notable Teams

The **Bureau of Assessment and Evaluation (BAE)** serves as the lead office in the collection, analysis, and interpretation of public health maternal child health data at the Arizona Department of Health Services. The BAE was formerly the BWCH Office of Assessment and Evaluation. Due to OAE's strong track record leveraging data management and epidemiological capacity to drive stronger programming, in May 2022 OAE was converted to a Bureau with the intention of replicating this support across all Division of Prevention programs. The mission of BAE is to serve as a resource to all stakeholders so that Title V-funded programs and partners will make data-driven decisions that provide equitable opportunities for all children, women, and families in Arizona for them to achieve their own versions of optimal health. The main functions of BAE are to provide technical assistance and expertise on:

- Data Analytics
- Data Management
- MCH Epidemiology
- Program Evaluation
- Public Health Assessment
- Surveillance

The following list represents the priorities of BAE. These are large initiatives where BAE serves as the lead and/or its involvement is vital to its successful execution.

- Title V Maternal Child Health Block Grant
- Pregnancy Risk Assessment Monitoring System (PRAMS)
- Maternal Mortality Review Program (MMRP)
- Child Fatality Review Program (CFRP)
- Enhanced and maintained home visiting data collection system
- Assessments related to maternal child health
- Ongoing data processing and quality assurance
- Routine maternal child health surveillance

The Arizona **Primary Care Office** supports activities to improve access to care throughout Arizona, such as health professional shortage and medically underserved area designations, loan repayment programs for provider recruitment and retention, and sliding fee scale programs.

BWCH's **Business and Finance** team provide support across all offices and programs.

Additional information on Title V Programs by domain can be found in ***Appendix A***. An overview of BWCH's and BAE's programs is available in ***Appendix D***.

III.E.2.b. State MCH Capacity to Advance Effective Public Health Systems

III.E.2.b.i. MCH Workforce Development

The Arizona Maternal and Child Health Title V Program continues to look to innovation for supporting recruitment and retention of staff while building capacity within the MCH Program and community partners. Strategies include formal internal policies and relationships that include contractually funded agreements, memorandums of understanding and data sharing agreements. Utilizing the Capacity Assessment for State Title V (CAST-5) as one of seven components of the Title V Statewide Needs Assessment, Arizona was able to identify ways to improve workforce development over the next five years. With a need to be mindful of our agency's headcount, Arizona MCH program implements staffing strategies that are collaborative and enhance public health infrastructure internally and externally. This section will provide a brief overview of the MCH workforce development in Arizona.

to support social distancing and mitigate contact, non-supervisory staff have been allowed to telework/remote work almost exclusively. BWCH leadership rotates into the office one day per week to assure that there is onsite coverage. Tools and equipment are provided to staff to support all business functions, including issuance of laptops, cell phones, and Wi-Fi and access to various video conferencing applications, cloud-based computer drives, and software. Routine one-on-one meetings and standing weekly staff meetings to promote connectedness, communication, and morale building. Staff are oriented on the use of Google Meet and Zoom, including skills like sharing screens, to support remote work settings and meetings.

A total of 6 staff were hired during 2021 and 2022; five of whom are funded through the Title V MCH Block Grant and five of whom are funded using a combination of other federal and/or state funding. The new staff funded by the MCH Title V grant include:

Ms. Ashley Neves, Masters in Public Health, Block Grants Program Manager this position was formerly held by Alison Lucas until June 10, 2022. Ashley is responsible for the coordination of both the Title V Block Grant and the CDC Preventive Health and Health Services Block Grant. Ashley also manages the MCH Healthy Arizona Families Intergovernmental Agreements (MCH HAG IGAs) with 14 of the 15 local county health departments. Approximately $2.2M in Title V funds are made available through these IGAs to implement MCH strategies at the local level impacting each of the MCH population domains. Ashley reports directly to the Bureau Chief/Title V MCH Director. Ashley will temporarily continue to cover duties as part of her previous role as the Sensory Screening Program Manager until a new program manager is hired. This includes the coordination of all aspects of the statewide hearing and vision sensory screening program.

Ms. Juanita Celis has a Bachelor of Arts in Psychology from Arizona State University and is currently working towards a Master's in Public Health from New Mexico State University. Juanita joined BWCH in February 2022 and is serving as the Home Visiting Program Manager in the Office of Children's Health. This position manages home visiting contracts for HRPP and MIECHV programs and supports additional home visiting initiatives.

Ms. Vanessa Davis, currently working towards a Bachelor of Science in Behavioral Health Science and Trauma, Priority Populations Program Manager. Vanessa started in the position in May 2022. Vanessa is responsible for contract management and monitoring for home visiting programs and budget management for MIECHV including tribal and serving health disparity population contracts. This position will coordinate with BWCH offices and programs on health equity initiatives. Additionally, it will coordinate efforts with the CYSHCN program and engage family and young adult representatives on state-level home visiting workgroups. Additionally, this position is for coordinating the statewide home visiting priority population initiatives and ensuring that state and local priorities are identified with action steps to improve the system.

Ms. Itzell Celaya has a Bachelor of Arts in Global Studies from the University of Arizona. She serves as the Community Support Program Coordinator, this position will support the Title V /Strong Families AZ Helpline, provide customer service, answer calls, and connect callers to resources including home visiting, healthcare navigation and economic resources such as the earned income child tax credit. Strong Families chatbox, community outreach and support, manage Strong Families AZ referral email and coordinate close-loop referrals back to providers, develop resource coordination among internal and external partners, update community resource list and assist in maintaining home visiting program inventory list. Itzell joined

BWCH in June 2022.

Dr. Bin Suh, PhD in Nursing, Epidemiology Program Manager works with intra- and interagency partners on developing our state's first Adverse Childhood Experiences (ACEs) surveillance system. She also provides support to adolescent health initiatives. Dr. Suh brings over six years of research experience with a strong interest in ACEs and resiliency among children and families.

Ms. Veronica Gaitan, is a Contract Specialist in the Business Section for BWCH/Title V Program. Veronica provides business and financial support for the Title V- and state-funded contracts, provides advice and assistance to programs in all areas of contract requirements.

Other staff hired, including Program Managers, are funded through other federal and state funds, including CDC ERASE Maternal Mortality Program, HRSA's MCHB Maternal Health Innovation Program, HRSA-funded Primary Care Office, and state-funded programs include the Teen Pregnancy Prevention Program, the Primary Care Workforce Programs. A full list of 2020–2021 new Title V MCH Staff can be found in **Figure 11.**

BWCH New Employee Orientation includes information on HRSA's MCH Navigator along with an overview of the MCH Block Grant purpose and the Arizona State MCH Profile. BWCH utilizes virtual program team huddles to review progress on program implementation, identify resources needed to move forward, and share information with peers on relevant MCH topics and emerging issues. BWCH invests approximately 40 hours per year per BWCH employee for staff to attend in-person or virtual national, state, and local conferences, summits and trainings, and workgroups on MCH-related topics to support their professional development.

The OCH, through the Children and Youth with Special Health Care Needs (CYSHCN) Program, works to engage parents of CYSHCN to be empowered and advocate effectively for the care and services needed to meet their child's unique needs. The program employs a part-time paid Family Advisor, Ms. Dawn Bailey and Danielle Crudup, to build and implement innovative models of community-based care and resources for CYSHCN to meet the unique and complex needs of families of children with special needs. The OCH will continue to work in tandem with Ms. Bailey to focus on CYSHCN activities as well as family and youth engagement strategies. More information on Ms. Bailey's activities is provided in the ***III.E.2.b.ii. Family Partnership*** section of this application and in **Appendix E**.

To support MCH workforce more broadly statewide, the Arizona MCH program contracted with Diné College on the Navajo Nation and with the Inter Tribal Council of Arizona (ITCA) to conduct needs assessments for tribal communities. While these rich needs assessments and findings assured tribal input into the overall statewide Needs Assessment, MCH funding was also provided to support planning and training at the community level of the Navajo Nation. Other funds are used to support efforts with ITCA.

Figure 11. New Title V MCH Staff, Arizona (2021–2022)

MCH Staff Name	Degree	Position
Ashley Neves	Masters in Public Health	Block Grants Program Manager
Juanita Celis	Bachelor of Arts in Psychology	Home Visiting Program Manager
Vanessa Davis	Working towards a Bachelor of Science in Behavioral Health Science and Trauma	Priority Populations Program Manager
Itzell Celaya	Bachelor of Arts in Global Studies	Community Support Program Coordinator
Dr. Bin Suh	PhD in Nursing	Epidemiology Program Manager
Veronica Gaitan	-	Contract Specialist

Additionally, Arizona MCH Assessment and Evaluation Office Chief Martin Celaya and Ms. Dawn Bailey participate and are active members of the Arizona State University (ASU), College of Health Solutions, Maternal and Child Health Translational Research Team. In 2021, the Arizona MCH Director, along with other MCH program staff, presented during the ASU MCH Translational Research Conference. This partnership helps the Arizona MCH program to tap into local experts' skills and knowledge to assist us in addressing the health needs of populations in Arizona.

ADHS has a comprehensive workforce development plan for the recruitment and retention of public health professionals. The plan includes training and professional development, monetary performance rewards, tuition reimbursement or loan repayment, compensation plan, worksite wellness program and policies that support a work-life balance, including alternative work schedules (e.g., 4/10s) and telework. Additionally, ADHS offers an Infant at Work policy, lactation accommodations and various employee recognition events.

BWCH through its all staff meeting includes MCH related presentations to inform the workforce the topics for 2021 include:

Knowledge to Action: Care Equity for Black Moms

Effects of Medicaid Expansion on Access to Care and Maternal Health Outcomes

Use of Telehealth and the Impact on Maternal Health Outcomes

Arizona Social Determinants of Health Program

Pregnant and Behind Bars

Adverse Childhood Experiences in Arizona

Arizona Hear Her Campaign

ADHS Stigma Reduction Campaign - Women and Substance Use

Arizona Child Homicide 2009 - 2019

ADHS partners with Maricopa County Department of Public Health to implement a statewide Healthy Arizona Worksite Program (HAWP), an evidence-based public health initiative. HAWP uses the CDC Worksite Health Scorecard and provides Arizona employers with training, tools, and resources to design, implement, and evaluate worksite wellness initiatives to improve the overall health of their employees and businesses. To learn more about HAWP and the award levels, please click here.

While state agencies are not under a hiring freeze, agencies are expected to maintain a certain level of vacancies and not exceed a designated headcount. Within BWCH, several positions are funded using a combination of Title V funds, other federal funds or state lottery funding allowing for flexibility in staffing for programs based on workload and deliverables. Additionally, BWCH partners with Maricopa Department of Public Health to fund a full-time employee to support PRAMS. The individual is assigned to work full time with BWCH.

In order to ensure that BWCH is able to identify and monitor emerging trends affecting maternal and child health populations, professional development opportunities in epidemiology and data analytics are made available to the Bureau's MCH epidemiologists in the Office of Assessment and Evaluation. In 2020, three of the four epidemiologists in our Bureau were selected to participate in CityMatCH's 2020 Training Course in MCH Epidemiology. This virtual training covered items related to needs assessment and prioritization; specialized multivariable regression methods; performance measurement and trend analysis; program and policy evaluation; quality improvement analysis and reporting; effective data presentation and translation. Additionally, the epidemiologist who supports the Maternal Mortality Review Program receives technical assistance and training on maternal mortality data analyses.

The epidemiologists are encouraged to submit abstracts for national and state meetings and conferences. Currently, nine abstracts have been submitted to national meetings or conferences, of which three have been accepted to present at the Association of Maternal and Child Health Programs Annual meeting, the Arizona Maternal and Child Health Conference and the American Public Health Association meeting.

Through the agency internship program, BWCH has hosted various student interns from both in and out of state. In fall 2020, BWCH hosted an undergraduate student, who focused her project on doulas, and in spring 2021 hosted two doctorate level Nurse Practitioner students, who focused their projects on Maternal Health policy development.

BWCH partners with universities and professional associations, such as the Arizona Public Health Association, Rural Health Association, and Arizona Alliance for Community Health Centers, to post vacancies at no cost. This strategy is targeted towards recruitment of applicants with public health passion, knowledge, and expertise.

The statewide needs assessment included seven (7) different methodologies or approaches to collecting and understanding the need for preventive and primary care services for the MCH populations in Arizona. The Capacity Assessment for State Title V (CAST-V) tool from the Association of Maternal and Child Health Programs was utilized to examine ADHS' organizational capacity to carry out core maternal and child health functions. Arizona's assessment involved a series of strategic planning steps from the CAST-5 Process with internal Title V leadership team and partners, including a review of the Ten MCH Essential Services (ESs) and Process Indicator Scores (PIS) for each service, completion of a Capacity Needs Tool (CNT), and a Strengths, Weaknesses, Opportunities, and Threats (SWOT) analysis. Through the CAST-5 assessment of Arizona's Title V capacity with respect to the 10 essential MCH services, we identified both strengths and weaknesses that Arizona's Title V Program possesses in carrying out key MCH program functions. Results from this methodology showed that ADHS's Bureau of Women's and Children's Health (BWCH) demonstrates strengths in essential MCH services #1, 2, 5, and 10. The internal evaluation ranked ADHS's capacity to address these services "substantially to fully adequately" but ranked our capacity to address services #4, 7, 8, and 9 as "partially to minimally adequate" (**Figure 12**). A Strengths, Weaknesses, Opportunities, and Threats (SWOT) analysis of our weaker essential services, conducted with the Office Chiefs, resulted in the recommendations to improve Title V Program capacity.

Figure 12. ADHS Recommendations for Improvement on the 10 Essential MCH Services, CAST-V (2020)

MCH Essential Services	Recommendations for Improvement
4) Mobilize community partnership between policy makers, health care providers, families, the general public and others to identify and solve maternal and child health problems.	Capitalize on and fostering the existing relationships with the organized bodies such as the Governor's Goal Council, non-profit partnerships, and community advocacy groups in a deliberate effort to enhance opportunities for indirect political influence should be prioritized for future capacity development. Further, BWCH can work on refinements in program procedures and policies to better streamline services to communities in need. These efforts will further awarenes on emerging maternal and child health issues.
7) Link women, children and youth to health and other community and family services and assure access to comprehensive, quality systems of care.	Efforts to strengthen communication strategies, data and information sharing, and collaboration with the AHCCCS (Medicaid) and other insurers is recommended. This collaboration could be done by establishing better mechanisms for sharing information within the Bureau when members participate in insurance related activities, and also by seeking out opportunities to engage additional stakeholders in the AHCCCS Medical Policy Manual (AMPM).
8) Assure the capacity and competency of the public health and personal health workforce to effectively and efficiently address maternal and child health needs.	Efforts in this area should focus on capacity building, such as enhancing communication, collaboration, and workforce data sharing with federal, state, and local agencies and higher academic institutions. These efforts should focus on mechanisms for the state to have input into Labor Force Training and needs, particularly with public health and social work programs. It is also recommended that the Bureau partner with academic institutions in identifying projects for students to support.
9) Evaluate the effectiveness, accessibility, and quality of personal health and population-based maternal and child health services.	In order for the Title V Program to effectively evaluate the effectiveness, accessibility, and quality of MCH services, provider outcomes and quality performance data must be evaluated and shared between providers, insurers, and the Bureau. The Bureau should be involved in the decision-making process of AHCCCS (Medicaid) and other insurance providers and should be invited to discussions related to coverage of services contained in the AHCCCS Medical Policy Manual (AMPM).

Through the Maternal Health Innovation Program (MHIP) and the Maternal Mortality Review Program (MMRP), staff have been afforded the opportunity to participate in a variety of training addressing cultural awareness, racism, implicit bias, and health equity and their impacts on maternal health and maternal health outcomes among African American and American Indian mothers, who have the highest maternal mortality rates in Arizona. These training sessions have helped staff understand the intersection of racism and poor maternal health outcomes and inequalities among people of color and those living in rural communities. Staff attended several grant-related conferences and meetings—such as the Maternal Health Collaborative Learning Institute in April, designed to focus on active application of new knowledge and skills; the Alliance for Innovation on Maternal Health (AIM) monthly meetings and annual conference, which brought together professionals from states working with AIM to hear lessons learned, strategies for improvements in reducing disparities, and quality improvement around engagement and partnership; and the Maternal Health Roundtable Meetings through HRSA. Maternal Health staff have also attended various training about maternal mental health and how it contributes to maternal mortality and severe maternal morbidity. This included state and national perinatal mental health leaders. The MHIP and MMRP staff took part in a Community of Learning about incorporating individuals with lived experience into the work we do.

As part of the MHIP, ADHS was assigned a coach from the Maternal Health Learning and Innovation Center (MHLIC). In April 2022, eight ADHS staff, including the MCH Title V Director, attended a two-day Learning Institute to increase our understanding of health equity and build skills to identify and implement improvements in our own agency and programs. The MHLIC directly supports twelve HRSA-funded collaborating partners in nine states providing information and capacity-building resources. The MHLIC aims to advance federal- and state-level efforts to eliminate preventable maternal deaths and reduce severe maternal morbidity, using equity as the cornerstone of all services. MHLIC provides resources and capacity-building assistance in three specific areas: maternal health policy, community and provider engagement, and maternal health innovations.

Program Specific - National

- AIM State Lead Coordinator Meetings
- AIM Annual Conference
- Spring 2022 MHLIC Learning Institute April 6
- Maternal Health Roundtable - HRSA

AI/AN Focused

- National Indian Health Board Maternal Mortality Institute NIHB 2022 AI/AN Maternal Mortality Prevention Institute April 4-5
- NIHB 2022 AI/AN Maternal Mortality Prevention Institute April 4-5
- Hearing Native Mothers – A Tribal Discussion Session on a Campaign To Support AI/AN Pregnancy and Maternal Health Jan 27
- MHI/RMOMS Discussion: Engaging with Tribal Communities on Maternal Health in January
- Mindfulness as a Tool for Engaging with Indigenous Communities

Community of Learning

- Mamma's Voices COL: Lived Experience Cohort

Mental Health/SUD Specific

- 2022 Annual Maternal Mental Health FORUM: Building the MMH Constellation March 23-25
- PSI Trainings

Other

- ASU Maternal Health webinar April 7-8
- Two (2) March of Dimes Trainings about health equity in maternal health one general and one focused on stigma reduction with SUD and mental health

III.E.2.b.ii. Family Partnership

Family participation plays an essential role in state Title V Maternal and Child Health (MCH) programs. Family members volunteer, advise, and/or are contracted by state Title V MCH and/or Children and Youth with Special Health Care Needs (CYSHCN) Programs to bring their unique insights, experiences, and perspectives and to advocate on behalf of Arizona's women, children, and families. BWCH will continue to enhance family and youth engagement through the intentional practice of working with families toward the ultimate goal of improved outcomes in all areas through the life course. This section will outline current family and youth engagement activities, current involvement of Family Advisors in MCH programs, and next steps to enhance family and youth engagement across all Title V population domains.

There are a variety of levels of engagement and involvement in our current family and youth engagement opportunities, including advisory committees, program planning and strategy, quality improvement initiatives, block grant development and review, development of program materials, ongoing needs assessment, and program outreach and awareness.

Currently, the CYSHCN Program partners with two family advisors which serve in a variety of activities (both internally at ADHS and externally across partnering agencies) and as consultants to the program and other MCH serving programs. Ms. Dawn Bailey, CYSHCN Family Advisor and AMCHP Family Delegate, serves as a part-time consultant to ADHS; offering input on pediatric care coordination, transition services, medical home, developmental screening, genetics, newborn screening, family/youth engagement, emergency preparedness for CYSHCN, and technical assistance to CYSHCN Program contracted vendors and county health departments. In addition, Ms. Bailey provides ongoing representation and active participation on internal and external stakeholder workgroups, provides a review of Title V Block Grant narratives and participates on the Arizona Title V Block Grant stakeholder team. The CYSHCN Program's previous Sickle Cell family advisor, Eadie Smith relocated to another state and prior to exiting, connected the CYSHCN Program with another family representative, Danielle Crudup, who has been able to transition into the CYSHCN Program Sickle Cell Family Advisor role. Ms. Danielle Crudup has been able to connect with the Sickle Cell Foundation of Arizona and offer support, technical assistance, and part-time consultation on family engagement. An extended list of activities is outlined in the ***CYSHCN 2022 Annual Report*** and ***CYSHCN 2023 Action Plan*** narratives.

In October of 2021, BWCH's Office of Children's Health awarded the Request for Grant Application (RFGA) to Diverse Ability Inc in collaboration with Raising Special Kids for the newly developed family engagement program titled "Engaging Families & Young Adults Program". The program's aim is to ensure Family and Young Adult Advisors are key partners in health care decision-making at all levels in the system of services, especially those who are vulnerable and medically underserved. The Office of Children's Health team drafted the scope of work and designed a Family and Youth Engagement Structure and Framework adapted from the Patient And Family Engagement: A Framework For Understanding The Elements And Developing Interventions And Policies.

Family Advisors must be family members (i.e., parent, grandparent, foster parent, aunt, uncle, adult sibling or adult cousin, or other adult considered family by a child) who have first-hand, lived experience with systems of care in order to have direct and meaningful input into the systems, policies, programs, and/or practices that affect care, health, well-being and the lives of children, youth and families. Youth Adult Advisors recruited must be individuals 18-26 years of age, including youth with special health care needs and a variety of disabilities.

Overarching goals for the Engaging Families & Young Adults Program are as follows:

- Ensure Family and Young Adult advisors are financially compensated for their time and effort based on the level of engagement.
- Ensure families and individuals are key partners, especially those who are vulnerable and medically underserved.
- Ensure the provision of training, both in orientation and ongoing professional development, for staff, family leaders, and volunteers in the area of cultural and linguistic competence.
- Collaborate with community leaders/groups and families/youth of every background in:
    - Needs/assets assessments;

    - Program planning;
    - Service delivery; and
    - Evaluation/monitoring/quality improvement activities.
- Increase involvement of Family and Young Adult Advisors in groups/organizations at the local level for diverse communities.
- Help systems learn to value and support Family and Young Adult Advisors.

Diverse Ability, Inc and Raising Special Kids will utilize the Family Voices' toolkit *Serving on Groups* to train Family and Young Adult Advisors as well as a newly developed Health Equity Training as part of an onboarding process. Diverse Ability, Inc in collaboration with Raising Special Kids will also develop relationships with:

- Identified Placement Agencies*, including county health departments, at the community level and statewide that work to improve systems of care, health, well-being of children, including CYSHCN; and
- The offices within the Bureau of Women and Children's Health: Office of Children's Health, Office of Women's Health, Office of Oral Health and Primary Care, and the Bureau of Assessment and Evaluation (formerly the Office of Assessment and Evaluation).

The scope of services for the Engaging Families and Young Adult Program (EFYAP) has been intentionally written in 2 phases, with Phase 1 encompassing Year 1 and Phase 2 encompassing years 2 - 5. For Phase 1 of EFYAP, Diverse Ability Inc in collaboration with Raising Special Kids, we will be focusing on replicating the structure of the CYSHCN Program and embedding family and/or young adult advisors into each Office within BWCH (including BAE) and utilize the BWCH FA/YA Organizational Chart to capture the desired placement. BWCH is utilizing tools like the Family Voices Compensation Model to ensure appropriate compensation for placed and trained family advisors. The CYSHCN Program Director and Family Advisor Dawn Bailey have established monthly meetings with each office to identify a specific role and capacity that the family and/or young adult advisor will serve including discussing annual allocation plans, internal program staff support, office onboarding, and programs to connect office initiatives. Below is the progress made towards implementation of Phase 1 of EFYAP in BWCH.

In 2021-2022, CYSHCN Program Director and Family Advisor, Dawn Bailey, established some early procedures and created a Toolbox For Engaging Families and Young Adult Program that serves as a resource and guide for the program and partners.

BWCH's maternal health programs have a strong focus on integrating patient and family voices into programs and committees. The Arizona Maternal Mortality Review Committee (MMRC) is a multidisciplinary group of clinical and non-clinical members that review all maternal deaths occurring in Arizona within 365 days of a pregnancy, regardless of live birth. Understanding the broad range of contributing factors that could result in a maternal death, Arizona reviews all-natural deaths (e.g., hemorrhage, sepsis, eclampsia) as well as deaths that occur due to overdose, suicide, homicide, and other causes not related to clinical complications of pregnancy. In an effort to increase MMRC representation of individuals that represent patient and family experiences outside of a clinical setting, BWCH has recruited several new members representing peer support programs for perinatal mood disorders and substance use disorders, low-cost doula services for women recovering from substance use, lactation support consultants specifically serving Native women, and domestic violence services for pregnant and postpartum women. These additions have transformed the recommendations being put forth by the committee to focus on opportunities to improve patient and family engagement at all levels of the health system and community. As a commitment to the value, insight, and recommendations that came from MMRC, the newly developed Bureau of Assessment and Evaluation (BAE, formerly the Office of Assessment and Evaluation) is developing three family advisor roles that will be able to support and contribute as family advisors within the MMRC. BWCH is dedicated to inviting Family Advisors to be part of the MMRC, particularly those representing women and family members of women who

experienced a severe maternal morbidity or “near miss” event. Through this partnership, BWCH & BAE will support travel and participation time for these members given the distance and other participation barriers that may arise for women coming from tribal communities across the state.

The Office of Women’s Health serves two population domains, women/maternal health and adolescent health. In conversations developing roles for family/young adult engagement, two family advisor roles are in the process of being developed. A Maternal Health Advisor and a Tribal Maternal Health Advisor. Creating two roles that serve in an overarching capacity within all programs that serve women/maternal health is the goal for year 1 when it comes to the Office of Women’s Health. There are opportunities to build connections to the home visiting programs, maternal health innovations program including the maternal health steering committee, which would include maternal mental health subcommittee and the tribal maternal health subcommittee. To address the needs of younger populations served, high school aged youth engagement, the Office of Women’s Health will be funding youth-led advisory groups and/or expanding the efforts of existing groups to lead, plan, and execute adolescent-focused projects in their communities. The youth will also provide input and feedback on various adolescent-focused projects conducted at the state level. Three agencies with four youth-led advisory groups have been awarded as part of the request for grant application in 2022. These youth advisory groups are open to youth statewide, ages 11-19, in order to encompass a wider range of adolescents and include youth involvement that will complement the efforts of the 18-26-year olds who will be engaged through the Engaging Families & Young Adults Program.

With the Primary Care Office and the Office of Oral Health, the goal is to begin by enhancing focus groups by incorporating practices from our Engaging Families and Young Adults Program to enhance participation, feedback, and later identify a role for a family or young adult advisor. These two offices are unique in their structures and utilizing focus groups as the initial opportunity for community level engagement will help further define a long term successful role for an advisor.

For a summary of the progress made please refer to the BWCH FA/YA Organizational Chart. Additional information is outlined in 2023 Action Plans on how the Arizona Title V Program's Engaging Families and Young Adults Program plans to embed family and youth engagement within each domain.

III.E.2.b.iii. MCH Data Capacity

III.E.2.b.iii.a. MCH Epidemiology Workforce

Effective May 2, 2022 the MCH epidemiology workforce transitioned to the newly established Bureau of Assessment and Evaluation (BAE) within the Division of Prevention Services. The new bureau was established to enhance the Division's capacity for program evaluation, epidemiology, and data analytics. The model for BAE was based on the former Office of Assessment and Evaluation within the Bureau of Women's and Children's Health which has been restructured as a bureau. The former Office had a strong track record of implementing a successful model of organizing the data management and epidemiological capabilities of the bureau to effectively support BWCH's many programs. The Assistant Director for Prevention Services and Chiefs from the 3 bureaus in Prevention Services (Women's and Children's Health, Nutrition and Physical Activity, and Chronic Disease and Health Promotion) agree to build on that model for all of Prevention Services. In order to support the growth and development of epidemiologists, BAE is organized into four teams: Data Management, Population Surveys, Fatality Reviews, and Prevention Epidemiology and Evaluation. BAE will continue to serve as the lead entity in collecting, analyzing, and interpreting public health maternal and child health data at the Arizona Department of Health Services. The mission of BAE is to serve as a resource to all stakeholders with the purpose that programs and partners will make data-driven decisions that provide equitable opportunities for all children, women, and families in Arizona to achieve their versions of optimal health. The main functions of BAE are to provide technical assistance and expertise on data analytics, data management, prevention epidemiology (Chronic Disease, Maternal and Child Health, and Injury/Violence), program evaluation, public health assessments, and surveillance.

An exciting development to this change is that the Behavioral Risk Factor Surveillance System (BRFSS), the Youth Risk Behavior Survey (YRBS), and the Pregnancy Risk Assessment Monitoring System (PRAMS) will all be housed under one organizational entity, the Population Survey Team, which will increase collaboration and linkages across all systems. In addition, the Prevention Epidemiology and Evaluation Team (PEET) is led by LCDR Shayne Gallaway, PhD, MPH who is supporting the state under Direct Assistance contract with the US Centers for Disease Control and ADHS. This agreement is funded by the CDC's Public Health Services Block Grant and the Overdose Data to Action Grants. Shayne is a PhD epidemiologist with over 15 years of experience working for the Federal Government. Shayne joined ADHS in December 2019 and increases epidemiologic capacity across various Bureaus, Offices and Programs, including Maternal and Child Health, Chronic Disease and Health Promotion, and Injury and Violence Prevention; and provides direct support to county and local partners. The Fatality Review Team (FRT) consists of the Maternal Mortality Review Program and the Child Fatality Review Program all led by Aline Indatwa, PhD. Aline has a doctorate in Epidemiology with over 5 years of experience working in state public health. Prior to this role Aline served as the home visiting epidemiologist for the state. The Data Management Team is comprised of data managers that provide critical expertise and skills in data entry, quality assurance, and data management. BAE epidemiologists include the Bureau Chief, two epidemiology program managers, two advanced epidemiologists (PhD trained), four intermediate epidemiologists, and 2 CSTE fellows totaling 11.0 FTEs. This is a significant increase from last year's Title V application when only 6.0 FTEs were reported. Eight out of the 11 epidemiology positions have a master's degree (two are actively pursuing doctorate degrees), and 3 possess doctorate degrees. An updated organizational chart for BAE can be found in ***VI. Organizational Chart*** for more detail.

Non-epidemiology personnel in BAE include two senior health program managers, one executive assistant, one information processing specialist, two management analysts, one public health nursing consultant, and two temporary contracted nurses. BAE continues to grow with new demand for innovative approaches to monitor and survey the health status of MCH populations as we will aim to establish 3 additional epidemiology positions to support tribal epidemiology, injury/violence epidemiology, and population health epidemiology. The bureau has a history of working collaboratively with the SSDI epidemiologists and the Business Intelligence Office at the agency which includes vital statistics, hospital systems, mandatory disease reporting, and health registries.

BAE is primarily funded by Arizona's Title V Program and other smaller federal and state funding earmarked for specific programmatic activities. BAE will continue to rely on financial support from the Title V Program and other bureaus within the Division of Prevention Services to ensure that there is strong collaboration, communication, and support for the Program and program staff. A goal for BAE is for each Title V MCH population domain to receive adequate and consistent epidemiological support to conduct good public health surveillance and program evaluation. Currently, epidemiologists

support the women's, infant's, children's, and adolescent health domains. The Bureau Chief communicates with the Title V Director to secure resources to support specialized assessments and studies to support children and youth with special healthcare needs, primary care, and oral health programming.

BAE continues to lack maternal and child health emergency preparedness skills. This critical skill set is needed to support ongoing and emergency public health threats in maternal and child health. The COVID-19 pandemic has made things challenging to collaborate with the Division of Preparedness. Ongoing communications in the upcoming year with the State's Epidemiologists will identify ways for prevention epidemiologists to support emergency preparedness efforts. MCH epidemiologists have successfully monitored and surveyed health status indicators for all populations amidst the COVID-19 pandemic. More information can be found in the ***MCH Emergency Planning and Preparedness*** section of this application.

All epidemiologists have daily access to data sources indicated in Form 12 and the equipment needed to conduct their critical work. The BAE chief and team leads actively work collaboratively to identify unique professional development opportunities to enhance learning and peer-to-peer coaching and mentoring of all BAE staff. Epidemiologists are often encouraged and supported to pursue additional schooling, submit abstracts, travel to conferences, and partner with academic and community-based organizations on designing robust and inclusive assessments. In addition, agency epidemiologists have access to multiple professional development resources, trainings, and workgroups to sharpen and improve their skills in epidemiology, data visualization, and report writing. The epidemiologists are encouraged and supported in pursuing training opportunities sponsored by national organizations. In the past years the epidemiologists have participated in the CityMatCH Epidemiology Training Course Series, Tribal Epidemiology Training Course from the Urban Indian Health Institute, the National MCH Workforce Development Center's Strategic Skills Institute, SAS seminars, and data visualization trainings.

BAE is an active participant of the Arizona State University's MCH Translational Research Team whose purpose is to leverage a community of practice to address early childhood, special needs, mothers and baby behavioral health and special health conditions This team is funded through HRSA MCHB's Workforce Development Program. In the past year BAE in partnership with the Title V Program has provided monthly updates on Title V activities and have established connections between researchers, epidemiologists, and program managers. In 2021 the team conducted a prevalence study on Positive Childhood Experiences (PCEs) in Arizona to supplement the bureau's ACE prevalence report. This study will be published on the agency's webpage and converted to manuscripts for publication. The next project the team will embark on is a study that understands geographical differences of Severe Maternal Morbidity in partnership with Dignity Health. This study will be modeled after a study published in Jama Public Health titled, "Municipality-Level Variation in Severe Maternal Morbidity and Association with Municipal Expenditures in New Jersey" along with a geographical difference in the influence of positive childhood experiences on childhood overweight and obesity using the National Survey of Children's Health.

III.E.2.b.iii.b. State Systems Development Initiative (SSDI)

In 2021, The State Systems Development Initiative (SSDI) was housed in the Bureau of Public Health Statistics (BPHS), which also housed the Arizona Birth Defects Registry, the Behavioral Risk Factor Surveillance Survey, and the Arizona Hospital Discharge and Cost Reporting Program. In March 2022, the Bureau of Public Health Statistics was reorganized into the Business Intelligence Office under the Division of Planning and Operations. The prior mentioned areas were also moved into the same area to consolidate informatics and analytics related programs within the department. Business Intelligence had and maintains well established contacts and coordination for data access with other ADHS teams including the Bureau of Vital Records, the Bureau of Epidemiology and Disease Control (which includes immunization, childhood lead, and Sexually Transmitted Diseases Program), the Bureau of Women's and Children's Health, the Newborn Screening Program within the State Laboratory, the Bureau of Assessment and Evaluation, and the Bureau of Nutrition and Physical Activity (which includes the WIC Program). This means that SSDI is best suited to bring data resources to bear on behalf of the Maternal and Child Health (MCH) Title V Program.

I. The state's progress with emphasis on the contributions of the SSDI grant in building and supporting accessible, timely and linked MCH data systems, as documented on Form 12

The SSDI program provides technical support related to data extraction, data reporting, and data analysis in support of the Title V Program by staffing a SSDI epidemiologist to perform the above-mentioned duties. SSDI continues to make progress on the program's purpose and objectives by making significant new data resources and epidemiologic capacity available in support of the Title V statewide maternal and child health needs assessment and routine monitoring of Arizona's MCH outcomes. Funding through the SSDI Block Grant has provided useful resources to the MCH team and Title V Needs Assessment, in particular in the area of data linkage, automation of linking processes, and data quality metrics across numerous data resources.

During the past several years, the SSDI program has increasingly taken an informatics approach to the preparation, delivery and analysis of data, which has been highly successful in not only sustaining SSDI achievements, but has also helped key programs in the MCH sphere achieve significant efficiency improvements in having timely access to high quality data and reporting. This SSDI support has been heavily involved in selecting and providing data support for the PRAMS program, which will deliver a new source of survey data critical to MCH needs assessment efforts.

Linking of data systems with the birth database has already been completed for several separate databases. Gleaning experience gained by these efforts, the SSDI program has been able to establish efficient and relatively rapid algorithmically based linkage methods, utilizing aspects of the maternal and/or child name, dates of birth, and gender, which dramatically reduced the time required for linkage and validation. These methods create and use a standardized unique identifier from other generally available identifiers for the linkage. The unique identifier can be used for linkage with high specificity and sensitivity when certain standard matching queries are used that anticipate a tiered-probability approach that was developed based upon the frequency of standard mis-identification errors that had prevented identification of linked pairs. This match can then be further refined to isolate the individual's experience (admission or discharge dates, self-identified racial and ethnic categories, etc.). Several other available data sets are being prepared for linkage to the birth database, including Newborn Hearing Screening, and Fetal Death.

As work has progressed, large amounts of data were required for the linkage, validation, and analysis. For example, there were 3,028,493 hospital discharges from AZ hospitals in 2021. Both mother and infant would have a unique hospital visit and experience, which can be linked to one birth record. If there is a negative outcome, there may be a death record associated with the 2 HDD records and 1 birth record. Because of the intensive data demands and large data resources required for multiple databases, the SSDI program had to procure and put in place a large amount of restricted access data storage space for SSDI program work. This allows the SSDI program staff to efficiently and securely compile multiple years of identifiable information that can be shared with the Title V team and other departments in a timely manner to meet grant and departmental requirements.

ii. The role SSDI plays in enabling ongoing Title V program assessment, monitoring and reporting

The SSDI program epidemiologist provides data for Title V program assessment, monitoring, and reporting. This includes the development, maintenance, and implementation of SAS programs which deliver the latest available information. These programs have acted as launching pad for other interagency epidemiologists, reducing the amount of time otherwise that would have been spent making respective data sources congruent and cohesive.

In 2020, the SSDI program, working closely with the Office of Assessment and Evaluation, produced the majority of MCH indicators for the 5-year Needs Assessment. These indicators included birthing experience (teen births, early/preterm births, folic acid intake), Mortality (postneonatal, infant, child, adolescent, teen suicide), immunizations (childhood, MMR 2+, flu, Tdap), and quality of care (uninsured, adolescent well visit, well woman visit), amongst others. Data was retrieved from multiple internal and external/public sources, including Hospital Discharge Data [HDD], Newborn Screening, as well as Birth and Death records. Public records that likewise provide annual measures on some of the key indicators are the US Census/American Community Survey, the Behavioral Risk Factor Surveillance Survey in Arizona, the Arizona State Demographer's Office, and the National Survey of Children's Health [NSCH]. The NSCH was used as a resource for Title V indicators, but it was important to identify variation in data collection and reporting in AZ. The data was evaluated because the Title V program wanted the parameters of their indicators to be comparable to the nation. Since that major project, the SSDI has provided an annual update to those indicators, predominantly from the PRAMS survey data. These findings influence policy and identify areas where women and children are being underserved in the state.

The SSDI program works closely with the Pregnancy Risk Assessment Measurement Survey [PRAMS] to provide monthly randomized data selections from the birth cohort for the PRAMS survey, which is currently being conducted. During the 2020 birth year, AZ PRAMS met the 50% response rate threshold and was able to share findings from the returned weighted survey data externally in the fall of 2021. This survey includes findings which are unique amongst the existing health data collected in the state, and has been utilized in the past few years to assist the Title V goals and objectives.

iii. A description of key SSDI program activities, including any products or resource materials that were developed, which served to support State Title V program efforts in addressing its identified MCH priority needs, conducting the Five-Year Needs Assessment, implementing the Five-Year State Action Plan, and advancing data-driven MCH programming (e.g., core/minimum data set).

The SSDI program has made considerable progress in advancing the use of the minimum and core dataset indicators and the promotion of data-driven decision making. Most notably, this program has provided the Title V Maternal and Child Health Services Block Grant program with program-relevant data. Severe Maternal Morbidity (SMM) can be ascertained from key indicators of unexpected outcomes of labor and delivery. SSDI linkages were performed to link the SMM hospitalizations with their associated birth record. This linkage provides a more complete picture of the mothers who are experiencing the life-threatening effects of SMM, such as length of stay (Hospital Discharge Data [HDD] Record) and method of delivery (Birth Record).

Infant Health has also benefited from SSDI linkages. Birth and Death data linkages have aided Perinatal Periods of Risk (PPOR) and Infant Death reporting. Likewise, Newborn Screening data have been linked with Birth data as well as Hospital data to assist a major endeavor on the Birth Defects team. Because of the data and informatics support that SSDI has provided in the past four years, the management of several MCH-related programs at ADHS recognize the value of the SSDI effort, and have provided letters of support for the continuation of the Arizona SSDI program.

The relatively new availability of linkable 2020 birth-year PRAMS data opens up the opportunity to delve into the level of care aspect for new mothers and their children. This year of data can possibly be combined with 2020 and 2021 death records to identify cases of Sudden Infant Death Syndrome (SIDS) which requires having death data for the following 1 year after birth to assess. This spectrum of analysis is still in early phases, but highlights some of the benefits the SSDI programs brings to the Arizona Title V goals and ability to identify need within the state.

III.E.2.b.iii.c. Other MCH Data Capacity Efforts

BAE receives funding from various other sources (federal and state funds), apart from Title V and SSDI, to support data capacity efforts. The HRSA-funded Maternal Infant and Early Childhood Home Visiting (MIECHV) Program supports 0.50 FTE of the epidemiology program manager to maintain the Efforts-to-Outcome (ETO) home visitation data system. This is a statewide data source for Arizona's MIECHV-funded home visiting programs to submit data to the Bureau of Women's and Children's Health. The epidemiologist addresses data quality issues, serves as the chair for the statewide data coordination team, and responds to incoming home visiting data requests. The epidemiologist also performs epidemiological and research tasks that require expertise in analyzing, compiling, and coordinating data and conducting literature reviews for surveillance and reporting for the program. The epidemiologist also serves as an administrator for the new AZ Efforts-to-Outcomes (ETO) home visiting data management system and coordinates the interagency ETO Database Management Workgroup in partnership with the state's MIECHV Director. This position supports ongoing monitoring of data for ongoing home visiting programs to identify data quality issues and coordinate data transfer among various partners and consultants. In 2022, this position will be revamped to provide more direct support and additional evaluation activities for all home visiting programs within the Bureau of Women's and Children's Health.

The MIECHV program also provides 0.20 FTE for the BAE Bureau Chief. The Bureau Chief provides guidance in the areas of data collection, analysis, and interpretation of public health maternal child health data and provides assistance and guidance to the MIECHV Program Director in the areas of needs assessment, data collection, and analysis. The Bureau Chief collaborates with the Prevention Epidemiology and Evaluation Team Lead to provide direction and guidance to the Home Visiting Epidemiologist, supports efforts of the ETO Coordinated Data Management workgroup and BWCH ETO-related work, and reviews all MIECHV benchmark reports for the program.

Combined funding from the CDC-funded Enhancing Reviews and Surveillance to Eliminate Maternal Mortality Program (ERASE-MM) and the HRSA-funded Maternal Health Innovation Programs (MHIP) is used to support 1.0 FTE for a maternal health epidemiologist. This position serves as the data manager and evaluator for the MHIP and is responsible for the identification of maternal health outcomes and conducting linkages with existing data sources to improve the identification and availability of information on maternal health disparities. The maternal health epidemiologists conduct data quality assurance checks for data completeness and analyze data. They will also lead the data activities associated with the implementation of MHIP activities, participate in the MHIP evaluation team and in any related continuous quality improvement initiatives, participate in all Maternal Health Task Force (MHTF) meetings, and produce reports on the status of maternal health in Arizona, specifically maternal mortality and morbidity. This position will also coordinate efforts with the site-level Tribal MCH Epidemiologist and the two MHIP program managers to evaluate MHIP activities. This position is also responsible for the timely identification of maternal deaths and conducts linkages with existing data sources to improve the identification and availability of information on maternal death. They will conduct data quality assurance checks for data completeness in Maternal Mortality Review Information Application (MMRIA) and analyze MMRIA data to provide information on burden; causes, and distribution of deaths by age, race, rurality, and opportunities for prevention.

In 2021 Proposition 207, the Safe and Smart Act, passed into law in November 2020 and legalized marijuana for adult personal use. The statutory provision Prop 207 is found in Arizona Revised Statutes (A.R.S.) Title 36, Chapter 28.2. This voter initiative allows adults over the age of 21 to possess, purchase, transport, or process 1 ounce or less of marijuana or 5 grams or less of marijuana concentrate. The agency is responsible for licensing and regulating marijuana, marijuana retail sales, marijuana growth, and testing facilities in Arizona. The Arizona Department of Revenue (ADOR) is tasked in A.R.S. Title 42, Chapter 5, Article 10 with collecting the excise tax (imposed only by the state) and transaction privilege tax (state, counties, and cities) imposed on adult use marijuana sales. A portion of these revenues were earmarked to support MCH data efforts in child fatality reviews, adverse childhood experience surveillance, and the Pregnancy Risk Assessment Monitoring System (PRAMS). Funds earmarked for the Child Fatality Review program were allocated to modernizing the review process with 10 local review teams with the state, support 0.25 FTE for the infant/child health epidemiologist, increased reimbursement amounts to local review teams to support reviews of over 800 deaths a year, and provide training opportunities to first responders to complete the Sudden Infant Death Investigation Form. The CFR Program will partner with the National Center for Fatality Review and Prevention, the Network for Public Health Institutes, and the CDC in a pilot process to support enhanced surveillance of child drownings in Arizona. Funds earmarked to support surveillance of

Adverse Childhood Experiences (ACEs) funds for a 1.0 FTE epidemiology program manager. These funds have been used to support equipment and supplies for the epidemiology program manager to establish Arizona's first surveillance program on ACEs and support the agency's action plan on ACEs. In 2022 funds will support an oversampling of the National Survey for Children's Health in Arizona to collect geographical estimates, fund the ACE modules in the Behavioral Risk Factor Surveillance System (BRFSS) and the Youth Risk Behavior Survey (YRBS), along with a root cause analysis study for Arizona. Funds earmarked to support PRAMS have been used to support data collection personnel and procure participation rewards for PRAMS participants. Currently funding from the CDC PRAMS project supports 1.0 FTE for an Epidemiology Program Manager referred to as the PRAMS Coordinator and 0.25 FTE for the PRAMS Analyst which also functions as the SSDI Epidemiologist. Over $50,000 per year from Title V and $10,000 from Arizona MHIP are earmarked to support PRAMS operations.

Support for Title V Program Activities

BAE is very much involved in supporting the Title V Programs in multiple initiatives. All funded epidemiologists are embedded into program activities to ensure that the needs of the programs are met. In addition, as part of our annual needs assessment update activities, studies and reports published within the year of the update are included in the update. Most recently through a partnership with the Mel and Enid Zuckerman College of Public Health an MPH Practicum Intern completed information briefs from the Title V MCH Needs Assessment to inform the public and stakeholders on the most critical issues and needs for Adolescents and Children with Special Healthcare Needs. These activities leveraged findings from the Title V MCH Needs Assessments and condensed them to smaller reports for ease of use and uptake in our communities. We anticipate producing information briefs on Women's Health, Infant/Perinatal Health, and Children's Health in 2022/2023. The bureau also worked with the same academic institution and Diné College at the Navajo Nation to understand barriers and limitations to prenatal and postpartum care among indigenous, rural, and African American women in the state. These findings are communicated to the Maternal Health Task Force and the Maternal Mortality Review Committee to further inform the public and produce actionable steps to improve maternal health in Arizona. The bureau in partnership with the Title V Program has initiated an agency work group to establish a better surveillance system on Neonatal Abstinence Syndrome. This activity provides critical information to support the Title V Program in the area of women and perinatal health. The PRAMS project provides critical information to the Title V Program on the experiences of mothers before, during, and shortly after pregnancy. The PRAMS project has successfully implemented supplements related to COVID-19 experiences and COVID-19 vaccine to inform Title V programming efforts. Analyses on these supplements will be coming shortly. Nonetheless PRAMS provides critical information on postpartum depression, home visiting utility, access to services, and oral health care that the Title V program benefits from. The dataset for the 2020 birth cohort reached a 53% response rate meeting the CDC prescribed threshold. The PRAMS program has been diligently working to develop public use and limited data sets for distribution to researchers, students, and analysts. This is the first time a PRAMS dataset has been made available in the state of Arizona since its launch in 2016. The PRAMS team has engaged the Business Intelligence team to develop data dashboards on select PRAMS indicators using the 2020 dataset. We anticipate these to be completed in Winter 2022/2023.

The Bureau Chief is providing technical expertise and assistance to a replication model of El Rio Community Center's Reproductive Health Access Project (RHAP). The model is intended to ensure that all young people have access to the reproductive health care they need, over their lifetime. The Bureau Chief has provided expertise in implementation science methodologies and approaches in evidence-based intervention adaptation for statewide expansion. Activities that the Bureau Chief has provided support to this initiative include logic modeling exercise, identification of adoption models, adolescent health needs assessment, and stakeholder mapping. Lastly the BAE chief and epidemiologist have a lead role in the block grant performance measure reporting and monitoring to ensure that data-driven programming is represented in the block grant application. Yearly, BAE coordinates with the Title V Director and the Block Grants Manager to host annual visioning meetings with agency stakeholders to ensure that the state's action plan is reviewed, updated and reflects action driven implementation of strategies. Each strategy and metric for a population domain is discussed in detail and strategies are created or revised. Epidemiologists provide updates on emerging issues pertaining to that population domain to spark conversations and innovative thinking. In addition, as part of our continuous improvement and measurement process, the team conducts an annual review of its selected NPMs, State Performance Measures (SPMs), and associated Evidence-

based or -informed Strategy Measures (ESMs), using Arizona-specific information from the Strengthen the Evidence Base for MCH Programs initiative. Program managers, office chiefs, and agency stakeholders participated in the annual review along with the Title V MCH Director. BAE provides an annual dashboard to monitor and track the state's performance measures. This dashboard is used with internal and external partners during strategic planning processes to ensure that any program or project is linked to a NPM or SPM. BAE and the Title V Program worked collaboratively on emerging MCH issues. It's typical for a representative from both bureaus to attend an MCH issue meeting to ensure that data and programming are in synchronization. Future collaborations in 2022 will include the development of the Fetal Infant Mortality Action Plan, the Maternal Infant Mortality Summit, and the Family Engagement initiative referenced later in this application.

BAE will begin to plan for the 2025 Title V MCH Needs Assessment in 2023 in partnership with the Title V Director and the Title V MCH Needs Steering Committee. BAE will take a lead role in all assessment activities building upon the established 2020 MCH Needs Assessment activities. Other activities that support the Title V MCH Program are listed in the Needs Assessment Update Summary section titled, ***Ongoing Needs Assessment Activities.***

Key Challenges

A key challenge to improving MCH data capacity is recruiting epidemiologists to conduct routine MCH surveillance. Recently the agency established new classifications for epidemiologists to encourage and support epidemiologists who may want to grow in their careers into more advanced scientific positions. The COVID-19 pandemic strained Arizona's epidemiology workforce, and data linkage and other MCH capacity projects were paused to support the ongoing response. Recently agency divisions began to work together once more to continue projects that have been put aside. Collaboration between the SSDI Program and the Title V MCH Program have improved. However, the SSDI grant is managed by a unit outside of the Title V Program which creates some obstacles. The SSDI Grant PI has recently reached out to the Title V Program to determine the best course to increase communication and collaboration between both programs. The SSDI grant supports the publication of the Annual Vital Statistics Reports which the Title V Program relies on for annual surveillance and monitoring; the PRAMS survey; and the Title V MCH Needs Assessment. Access to data systems remains a unique challenge, as the Title V Program does not have access to and faces obstacles when requesting enrollment and encounter data from the state's Medicaid agency including data from the Early and Periodic Screening, Diagnostic, and Treatment program. There have been multiple efforts to improve data availability of Medicaid claims data for improved MCH surveillance, but legal obstacles have prevented the work from continuing. Currently BAE is limited to providing up to date information on maternal deaths. The maternal mortality review program currently reports starting the review of 2020 deaths. The program's latest reporting only includes deaths from 2016-2018. Maternal deaths reviews are delayed since Arizona reviews all maternal deaths whether they are pregnancy related or not. This increases the workload on the program and the maternal mortality review committee. Currently the program is working on strategies to reduce the amount of time it takes to review maternal deaths but also to produce more up to date preliminary reporting on maternal deaths. Lastly, the 2021 AZ PRAMS dataset response rate will fall below the CDC prescribed threshold of 50% and limits BAE's ability for updated surveillance reports on the status of mothers and infants in the state. Despite these unique challenges, BAE works across various programs and Bureaus within ADHS to further understand obstacles and identify ways to share limited datasets.

III.E.2.b.iv. MCH Emergency Planning and Preparedness

The ADHS All-Hazard Emergency Response Plan (ERP) guides state-level public health and medical coordination for all levels of public health emergencies and disasters. The scope of the plan includes support for at-risk populations and those with special health care needs, such as pregnant women, children, and people with disabilities. The Health Emergency Operations Center (HEOC) structure includes policy groups that convene to advise the ADHS Director on specific needs and populations.

The Arizona Crisis Standards of Care (CSC) Plan was most recently updated in 2021 and has received increased attention through the pandemic. The plan is intended to complement the ERP and HEOC, with clear guidance on allocating scarce healthcare resources during a catastrophic disaster in a compassionate and ethical way. The CSC Plan includes an entire section on pediatric considerations, including considerations related to communication, children's behavioral health, and family reunification.

While the Arizona Title V program does not have a formal role in the state's emergency structure, staff have contributed meaningfully to emergency preparedness planning and response in a variety of ways. A few are outlined below.

AMCHP Emergency Preparedness & Response Collaborative: Staff from the ADHS' Bureau of Women's and Children's Health (BWCH), along with ADHS Public Health Emergency Preparedness (PHEP) representatives, served on the AMCHP Emergency Preparedness & Response Collaborative for eight months over 2019-2020. The goal of this collaborative was to identify the extent to which MCH was integrated into states' emergency operations plans. However, completion of the project was interrupted due to staff turnover and COVID-19.

Access and Functional Needs Stakeholder Group: Arizona continues to work to make its ERP inclusive of "Whole Community." A stakeholder group focusing on Access and Functional Needs addresses the needs of the disability community to ensure they are met within the ERP, rather than having an addendum or separate plans. Dawn Bailey, MCH/Title V Family Advisor, serves on that stakeholder group, providing guidance on integrating Children and Youth with Special Health Care Needs and their families into the statewide ERP. Impacts of COVID-19 have spurred this group to continue to identify ways to better serve the needs of this population during an emergency. There are many opportunities to align these efforts with all domains of MCH going forward using the tools from AMCHP and the CDC.

Pediatric Advisory Council for Emergency Services: Dawn Bailey, MCH/Title V Family Advisor, and Alison Lucas, former Title V Block Grant Coordinator, are both members of the Pediatric Advisory Council for Emergency Services (PACES), which is led by ADHS' Emergency Medical Services for Children (EMSC) Program. Ms. Bailey offers guidance related to Children and Youth with Special Healthcare Needs and their families and Ms. Lucas served as a liaison between this work and the Title V-funded Pediatric Prepared Emergency Care (PPEC) activities implemented through the Arizona Chapter of the American Academy of Pediatrics (AzAAP). Both have been able to identify opportunities to collaborate and partner with Title V work and programs.

Schools Reopening Task Force: Angie Lorenzo, Chief, Office of Women's Health, provided support to the Schools Reopening Task Force after COVID-19 school closures. She was brought in to assist with a Schools Support pilot project that was being implemented with fourteen school districts across the state and included a myriad of options schools could select from to help support them during COVID-19. The main component offered was saliva-based testing and surveillance for school teachers and staff to help schools identify their infection rates within the school staffing community. Aside from the pilot project, her role included participation in weekly check-in meetings with the Arizona Department of Education and the local county health departments to ensure all agencies were kept informed of the work being conducted with schools around COVID-19.

Telehealth Task Force: On March 25, 2020, Governor Ducey issued Executive Order 2020-15, which expanded telemedicine statewide to address the COVID-19 crisis. In light of this, a Telehealth Task Force was created within the HEOC structure to assist with efforts in the statewide telehealth/telemedicine expansion and help identify barriers and resolutions to implement the Executive Order. Within ADHS, the work of the Telemedicine Task Force was led by staff from

BWCH.

The Telehealth Task Force identified a number of clinician- and patient-related barriers to implementing or using telemedicine services, including an overall lack or limited knowledge of telemedicine technology, limited understanding of telehealth requirements and regulations (i.e., reimbursements, coding, HIPAA regulations, etc.), lack of awareness of where telemedicine services could be accessed in Arizona, and broadband and connectivity issues. To address these barriers, ADHS provided funding through Title V to the University of Arizona's Arizona Telemedicine Program to provide training, technical assistance and resources related to telemedicine and telehealth to facilitate increased adoption and use of telemedicine services among providers, employers and patients.

Home Visiting Program: Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV), the High Risk Perinatal Program, and Health Start shifted to virtual home visits when COVID-19 hit. A Return to In-Person Home Visits document was written, and last updated in June 2021, to provide home visiting agencies with resources to make the decision on whether or not they should allow their home visitors to resume in-person visits, continue to provide virtual visits, or blend these two modes of home visitation service delivery. The guidance, recommendations, and considerations in this document were gathered from the CDC, home visiting national model developer guidance, and other states' home visitation guidance. The HEOC provided review, feedback, and recommendations for the recently published document: *COVID-19 Considerations: Checklist and Guidelines for Returning to In-Person Home Visits*.

ADHS Sensory Screening Program: The program developed the document *COVID-19 Considerations: Checklist and Guidelines for Schools, Hearing and Vision Screening* to provide guidance to ADHS Sensory Screening Program stakeholders on COVID-19-related considerations for conducting hearing and vision screening in schools and early childhood settings over the 2020-2021 school year. The HEOC provided review, feedback, and recommendations. The Considerations document was updated in August 2021 for the most recent school year to reflect changing guidelines and recommendations.

Children and Youth with Special Health Care Needs Program: BWCH fielded many calls from parents and families of Children and Youth with Special Health Care Needs (CYSHCN) inquiring about COVID-19 vaccination. The HEOC provided review, feedback, and recommendations for the *Frequently asked questions (FAQs) - COVID 19 Vaccination for CYSHCN* document to address these questions and provide clarification.

HEOC Support through COVID-19: Responding to the COVID-19 pandemic over the past two years has necessitated an enormous amount of effort and teamwork from across ADHS and other public health entities and stakeholders in Arizona. BWCH rose to the occasion, with approximately 20 different bureau staff members supporting the HEOC in various ways. Examples include: distributing PPE; conducting contact tracing; responding to infection prevention questions from dental providers; responding to inquiries regarding presidential and governor executive orders; compiling daily briefing notes; working at mass vaccination sites; assisting with onboarding of vaccine providers; supporting the ADHS Director's Office with answering public calls and emails regarding vaccine scheduling; and assisting with data entry for providers for vaccine provision.

III.E.2.b.v. Health Care Delivery System

III.E.2.b.v.a. Public and Private Partnerships

Federal, State and Private Partners

Arizona's Title V program benefits from strong organizational relationships with both public and private partners; allowing the program to leverage a variety of federal, state and private program resources to enhance the program's capacity.

The Title V program regularly collaborates with other **federally-funded programs**, such as: Federally Qualified Health Centers; Certified Rural Health Clinics; State Office of Rural Health; Critical Access Hospitals; HRSA-funded programs within BWCH (MIECHV, MHIP, Alliance for Innovation on Maternal Health, Primary Care Cooperative Agreement, State Loan Repayment Program, Oral Health Workforce Grant, SSDI); and CDC-funded programs within BWCH (ERASE MM – MMRP, Preventive Health and Health Services Block Grant, PRAMS, SUID).

Arizona Title V's **state level partners** include: state-funded MCH programs (High Risk Perinatal Program, Health Start Home Visiting, Teen Pregnancy Prevention, Homeless Pregnant Women); other programs within ADHS (Breastfeeding programs and Empower program for early care and education providers within the Bureau of Nutrition and Physical Activity, car seat and safe sleep injury prevention programs within Bureau of Chronic Disease and Health Promotion, Newborn Screening Program within State Laboratory Services, Arizona Birth Defect Monitoring Program within the Business Intelligence Office, Pediatric Prepared Emergency Services within Emergency Medical Services and Trauma Systems, STD/STI prevention/screening/treatment within Epidemiology and Disease Control, and the Suicide Prevention Program); other state agencies (Arizona Health Care Cost Containment System – state Medicaid agency, First Things First, state universities, Arizona Department of Education, Department of Economic Security's Division of Developmental Disabilities, and Arizona Department of Child Safety); local county health departments; and tribal nations.

Arizona's Title V Program also works with a wide variety of **non-governmental organizations**. Some examples include: community-based and non-profit organizations (Arizona Family Health Partnership, Advocates for Youth, El Rio Health Center, Ryan House, Ronald McDonald House, March of Dimes Arizona Chapter, Arizona Mission of Mercy, Arizona Rural Health Association, Arizona Oral Health Coalition); professional associations (Arizona Chapter of the Academy of Pediatrics, American College of Obstetricians and Gynecologists, Arizona Perinatal Trust, Arizona Alliance for Community Health Centers, Arizona Hospital and Healthcare Association); health care providers; for-profit private pharmacies for metabolic formula gap filling service; and media advertising agencies to conduct focus groups and educational campaigns on bullying and maternal and infant health.

A list of the Arizona Title V Program's key partners can be found in ***Appendix C***.

Strengthening the Integration of Health Care Delivery Systems

Engaging multidisciplinary teams of federal, state, and local leaders allows Arizona's Title V Program to improve access to quality health care and much needed services for MCH populations by coordinating to develop program priorities and address problems. These collaborative relationships contribute to strengthening Arizona's comprehensive early childhood systems and support Title V program efforts in the areas of early childhood development, breastfeeding, maternal and infant health outcomes. Partnerships in the area of children's health aim to improve comprehensive care for children and youth with special healthcare needs and their families, who often seek services across multiple systems – health care, public health, education, mental health, and social services.

Each of these partnerships presents an opportunity for Arizona's Title V program to continue strengthening the integration of health care delivery systems. Key strategies for systems integration work through public-private partnerships included sharing data analysis and reports with partners, supporting and/or funding professional development opportunities to strengthen workforce capacity, and identifying and improving performance measurement capabilities. Some programmatic examples of these strategic partnerships are outlined below.

Evidence-based and promising practice **home visitation models** that begin during a mother's pregnancy aim to improve birth outcomes by linking mothers to prenatal health care and providing them with information about fetal development.

Other programs begin after the birth of the child; these programs ensure that children have access to health care, receive appropriate well-child care and immunizations, and receive appropriate medical care for illnesses and injuries. Programs provide critical developmental and health screenings and assessments to support maternal and child health. Some programs also provide information to parents about ways to support physical health, such as the importance of nutritious meals and physical activity.

Implementing **best practice frameworks** supports program development and delivery systems. These include Standards for Systems of Care for Children and Youth with Special Health Care Needs Version 2.0; The Six Core Elements of Health Care Transition™ 3.0 (intended for use by pediatric, family medicine, med-peds, and internal medicine practices to assist youth and young adults as they transition to adult-centered care); and Family Engagement in Systems Tools (FESAT) and Toolkit.

The Primary Care Office promotes its **workforce programs** through partnerships with universities, residency programs and non-profit organizations. Through these collaborations, training and outreach are provided to students, residents, and practicing providers in health care service areas in an effort to recruit and retain providers to serve in rural or underserved areas.

The Office of Oral Health (OOH) has a long history of collaboration with the Arizona Health Care Cost Containment Agency, Arizona's Medicaid agency, with initial support for the **Arizona Sealant Program** to bill and receive reimbursement for dental services. Over recent years, this collaboration has led to policy change at the agency level and resulted in a requirement being added to the Arizona Medicaid Policy Manual, Early and Periodic Screening, Diagnostic and Treatment (EPSDT) section that health plans must work with OOH in providing preventive dental care for children.

Assessing the Effectiveness of Healthcare Delivery Systems and Models

Arizona's Title V Program devotes significant effort to assessment and evaluation, including analyzing the effectiveness of health care delivery systems in meeting the needs of women and children.

The Office of Oral Health (OOH) conducts **oral health surveillance** by collaborating on Basic Screening Survey data for kindergarten and third grade students. The information is used to inform the CDC's National Oral Health Data System for Arizona. Partnerships that make this possible include inter-agency relationships with the Arizona Department of Education, the Arizona Early Childhood Development and Health Board, local county health departments, community health centers and graduate dental educational institutions.

As a HRSA grantee, the **Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program** completes annual and quarterly performance reporting, develops and implements plans for continuous quality improvement (CQI), and must demonstrate improvement in at least four of six benchmark areas and implement data exchange standards for improved interoperability. The MIECHV performance measurement system includes a total of 19 measures across the six benchmark areas: Improvements in maternal, newborn, and child health; Prevention of child injuries, child abuse, neglect, or maltreatment and reductions of emergency room visits; Improvements in school readiness and child academic achievement; Reductions in crime or domestic violence; Improvements in family economic self-sufficiency; and Improvements in the coordination and referrals for other community resources and supports.

Arizona MIECHV's home visitation data management system, Efforts-to-Outcomes (ETO), includes five different programs across three state agency funders. This includes state and federally funded programs. The first system report, across all funders and models, is the Service Utilization report, allowing immediate access to live data regarding the number of enrolled families, service area, funder, model and disenrollment rates. Other system reports available also include demographic reports and the ability to view the reports by Zip Code, County or Primary Care Area contributing to the efficiency and accuracy of data reporting depending on the agency utilizing the information. The coordinated home visitation management system will enhance future MCH assessments and evaluation with home visiting populations in at-risk communities similar to those identified in the MIECHV at-risk communities.

III.E.2.b.v.b. Title V MCH – Title XIX Medicaid Inter-Agency Agreement (IAA)

Current State

The existing Title V MCH – Title XIX Medicaid Inter-Agency Agreement (IAA) for Arizona is a data sharing agreement from 2013 defining the sharing of Blood Lead Level Data between AHCCCS and the ADHS' Office of Environmental Health. Arizona's Title V Program recognizes that this does not address the legislative intention of this requirement; however, there have been multiple challenges that Arizona's Title V Program has faced in establishing an updated and more comprehensive agreement with AHCCCS, Arizona's Medicaid agency.

Recent Efforts and Challenges

In January 2021, Alison Lucas, Block Grants Program Manager, had a one-hour phone call with Kay Johnson of Johnson Group Consulting, Inc. to discuss strategies for drafting a Title V–Medicaid IAA. In February 2021, Ms. Lucas presented virtually at the Medical Management/Quality Management/Maternal Child Health/ EPSDT Quarterly Contractors Meeting, hosted by AHCCCS, in which she provided an update on the Title V Program and discussed our joint need to establish a new IAA (per both agencies statute). In April 2021, Ms. Lucas, Martin Celaya, Chief, Office of Assessment and Evaluation, and Clarke Baer, Maternal Mortality Program Manager, met to discuss how to include both Title V and Maternal Mortality Review Program (MMRP) agreement needs within one IAA, since both programs are managed through BWCH. Ms. Baer began drafting an IAA based on the technical assistance and other resources shared by Ms. Johnson, pulling ideas and language from other states' IAAs as well.

ADHS/BWCH wanted to include language around data sharing in the IAA, since this was a need of the MMRP. However, in May 2021, Ms. Baer received information from Dr. Tack at AHCCCS explaining that AHCCCS was unable to share data with ADHS because ADHS is not Minimal Acceptable Risk Standards for Exchange (MARS-E) compliant, which is a Federal requirement of theirs for any data to be shared. Ms. Baer and Mr. Celaya then reached out to ADHS' Bureau of Public Health Statistics for clarification, and they explained that MARS-E is a HIPAA privacy standard, and the ADHS programs that are seeking this data are HIPAA exempt and that the law does not require HIPAA privacy standards from organizations whose activities are allowable public health activities exempt from HIPAA. Dr. Cara Christ, former ADHS Director, made it very clear before she left that ADHS' position is that there can be no agreement unless we are able to provide AHCCCS with data (and vice versa) in a manner that does not put us in violation of state or federal laws. The former ADHS Bureau of Public Health Statistics was pursuing this matter in coordination with AHCCCS, so BWCH received guidance to hold off on any further negotiation with AHCCCS on agreements that include requests for data sharing at this time. In March 2022, the Bureau of Public Health Statistics was eliminated and most of its primary responsibilities were shifted to the ADHS Business Intelligence Office.

ADHS/BWCH recently obtained a letter from Jami Snyder, the Director of AHCCCS, to collaborate on a new Memorandum of Understanding that will outline a partnership and collaboration between the two agencies. For more details the signed letter from AHCCCS can be found in ***Appendix F.***

Looking Forward

As our next approach to establishing this IAA, Arizona's Title V Program plans to create an IAA that only describes the coordination that currently exists and does not include any requests for data sharing. We hope that it may be easier to establish an IAA of this nature, and that an IAA like that could potentially serve as a foundation to build on going forward.

Title V MCH – Title XIX Medicaid Coordination in Arizona

In spite of the challenges in establishing an IAA between Title V and Medicaid, Arizona's Title V Program coordinates with AHCCCS, Arizona's Medicaid Program, on a number of activities and initiatives serving our shared MCH populations outside of the formal mechanism of an IAA.

These activities include:

- Joint meetings with county health departments and ADHS, hosted by AHCCCS, to discuss suicide prevention

efforts, track action plans, and share resources.

- A suicide prevention specialist serves on the Adolescent and Young Adult Behavioral Health CollN state team.
- An AHCCCS agency representative participates on the MIECHV-funded Inter-Agency Leadership Team (IALT) focused on home visitation infrastructure.
- Health Start sites work with clients to get them enrolled in AHCCCS, if they are not currently enrolled. Home visitors are aware of the enrollment process and the available health plans for their service areas and provide assistance to clients to complete the enrollment and access services.
- Health Start has worked with the AHCCCS Office of Maternal and Child Health committees on additional policy changes related to MCH services delivery on substance use screening and perinatal depression screening.
- An AHCCCS agency representative is a member of the Maternal Health Task Force, Maternal Mental Health Task Force, and the Alliance for Innovation on Maternal Health Steering Committee.
- ADHS maternal health programs are members of the AHCCCS-led State Pilot Grant Program for Treatment for Pregnant and Postpartum Women learning collaborative.
- There is ADHS maternal health program representation on the AHCCCS-led Maternal Mental Health Advisory Committee.
- AHCCCS is a participating member of the Maternal Mortality Review Committee.
- An AHCCCS agency representative participates in the Annual State Child Fatality Review Program meeting to discuss the final child fatality data that gets included in the annual report.

III.E.2.c State Action Plan Narrative by Domain

State Action Plan Introduction

Arizona's Title V Program works to strengthen the family and the community by promoting and improving the health and safety of women and children; leveraging Title V and other federal funds as well as state funds to accomplish this mission. This federal-state partnership forms the bedrock of this work.

Arizona's Title V Program also collaborates with numerous other public and private partners to achieve our strategies and objectives and meet our priority needs. More information on our partnerships can be found in ***Public and Private Partnerships***, ***Appendix C - Program Partnership Listing***, and in the domain narratives.

Given this broad mandate and the diversity of funding sources and partners, it is not surprising that Arizona's Title V Program is involved in a large number of activities. The depth and breadth of our role in each activity depends on a variety of factors, including the needs of our communities and partners and our strategic allocation of limited resources (including financial resources and staff time).

The Action Plan narratives that follow describe planned activities for 2023. These strategies and objectives aim to address the priority needs identified through the 2020 Title V Needs Assessment. The Action Plans were developed, in collaboration with internal partners, during a series of strategic Visioning Meetings in spring of 2022. Where strategies are a continuation of ongoing efforts, the team has worked to identify ways to improve or scale up the activities being implemented.

In describing our work, we have tried to be explicit about our role in given activities. The easiest roles to describe are when we are leading or implementing an activity or when we are funding a contracted partner to lead or implement work. The hardest roles to describe are when we are collaborating or partnering with another organization to accomplish a goal, and the program's main contribution is time. Some partnerships require much more time than others, some require inputs that can be cyclical or seasonal. In some partnerships that time spent is very active and engaged (e.g., workgroups, technical assistance); in others, it is more passive (e.g., representation on a committee).

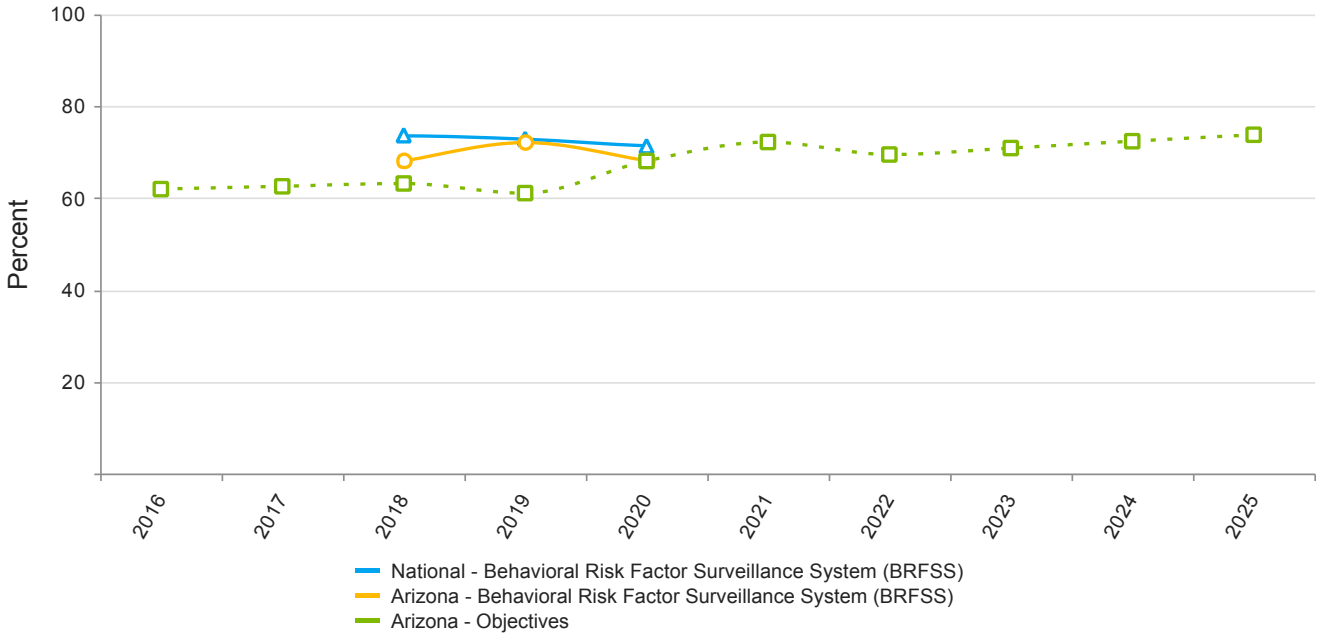
A key activity of Arizona's Title V Program is the collection, analysis, and dissemination of MCH data. This data helps us identify areas of need and emerging issues, assess program effectiveness, measure improvement, and channel federal and state funding where it can be most impactful. This data is also important for our community partners. Of particular importance is the data collected through mortality surveillance activities, like the Maternal and Child Fatality Reviews, and data used for the identification and designation of Health Professional Shortage Areas (HPSAs) and Medically Underserved Areas/Populations (MUA/Ps).

Family engagement and health equity are two guiding principles that are interwoven through all the work we do. We believe that family engagement is one of the best tools we have to identify and understand health inequities, and to help us address those inequities.

Women/Maternal Health

National Performance Measures

NPM 1 - Percent of women, ages 18 through 44, with a preventive medical visit in the past year
Indicators and Annual Objectives



Federally Available Data					
Data Source: Behavioral Risk Factor Surveillance System (BRFSS)					
	2017	**2018**	**2019**	**2020**	**2021**
Annual Objective				68	72.1
Annual Indicator			67.9	72.1	67.9
Numerator			817,156	893,986	857,506
Denominator			1,203,824	1,239,878	1,263,222
Data Source			BRFSS	BRFSS	BRFSS
Data Source Year			2018	2019	2020

Previous NPM-1 BRFSS data for survey years 2016 and 2017 that was pre-populated under the 2017 and 2018 Annual Report Years is no longer displayed since it is not comparable with 2018 survey data.

Annual Objectives				
	2022	**2023**	**2024**	**2025**
Annual Objective	69.4	70.8	72.3	73.7

Evidence-Based or –Informed Strategy Measures

ESM 1.1 - Number of agencies participating in the Preconception Health Alliance.

Measure Status:	Inactive - Completed				
State Provided Data					
	2017	**2018**	**2019**	**2020**	**2021**
Annual Objective			5	10	15
Annual Indicator			5	14	16
Numerator					
Denominator					
Data Source			Preconception Health Program	Preconception Health Program	Preconception Health Program
Data Source Year			2019	2020	2021
Provisional or Final ?			Final	Final	Final

ESM 1.2 - Number of activities conducted by the Preconception Health Alliance

Measure Status:	Active

State Provided Data			
	2019	2020	2021
Annual Objective			1
Annual Indicator	0	1	1
Numerator			
Denominator			
Data Source	Preconception Health Program	Preconception Health Program	Preconception Health Program
Data Source Year	2019	2020	2021
Provisional or Final ?	Final	Final	Final

Annual Objectives				
	2022	2023	2024	2025
Annual Objective	2.0	3.0	5.0	6.0

ESM 1.3 - Percent of family planning clinics that have LARCs available

Measure Status:	Active

State Provided Data			
	2019	2020	2021
Annual Objective			65
Annual Indicator	0	58	64
Numerator			
Denominator			
Data Source	Title V Family Planning Program	Title V Family Planning Program	Title V Family Planning Program
Data Source Year	2019	2020	2021
Provisional or Final ?	Final	Final	Final

Annual Objectives				
	2022	2023	2024	2025
Annual Objective	75.0	85.0	95.0	100.0

ESM 1.4 - Percent of women who participated in the Arizona Pregnancy Risk Assessment Monitoring System.

Measure Status:	Inactive - Not an evidence-based measure

State Provided Data		
	2020	2021
Annual Objective		
Annual Indicator	53	37.1
Numerator		
Denominator		
Data Source	AZ PRAMS	AZ PRAMS
Data Source Year	2020	2021
Provisional or Final ?	Final	Final

ESM 1.5 - Percent of Family Planning Summit attendees who report a practice change after the summit.

Measure Status:	Active

State Provided Data		
	2020	2021
Annual Objective		
Annual Indicator		0
Numerator		
Denominator		
Data Source		Family Planning Program
Data Source Year		2021
Provisional or Final ?		Final

Annual Objectives				
	2022	2023	2024	2025
Annual Objective	45.0	52.0	60.0	65.0

ESM 1.6 - Rate of severe maternal morbidity associated with hypertensive disorders of pregnancy in AIM participating hospitals.

Measure Status:	Inactive - Unable to accurately measure this metric

State Provided Data		
	2020	2021
Annual Objective		
Annual Indicator	0	61
Numerator		
Denominator		
Data Source	Arizona Vital Records of Birth/AIM Program	Arizona Vital Records of Birth/AIM Program
Data Source Year	2020	2021
Provisional or Final ?	Final	Final

ESM 1.7 - Percent of live births that occur in an AIM-participating birthing facility.

Measure Status:	Active

State Provided Data		
	2020	2021
Annual Objective		
Annual Indicator		84
Numerator		
Denominator		
Data Source		Arizona Vital Records of Birth/AIM Program
Data Source Year		2021
Provisional or Final ?		Final

Annual Objectives				
	2022	2023	2024	2025
Annual Objective	85.0	90.0	95.0	100.0

ESM 1.8 - Number of individuals trained to become community-based doulas

Measure Status:	Active

State Provided Data		
	2020	2021
Annual Objective		
Annual Indicator		50
Numerator		
Denominator		
Data Source		Maternal Health Innovation Program
Data Source Year		2021
Provisional or Final ?		Final

Annual Objectives				
	2022	2023	2024	2025
Annual Objective	50.0	60.0	70.0	80.0

ESM 1.9 - Percent of mothers enrolled in home visiting programs who received a postpartum visit with a healthcare provider within 60 days of delivery

Measure Status:	Active

State Provided Data		
	2020	2021
Annual Objective		
Annual Indicator		65.8
Numerator		
Denominator		
Data Source		Health Start Home Visiting Program and MIECHV
Data Source Year		2021
Provisional or Final ?		Final

Annual Objectives				
	2022	2023	2024	2025
Annual Objective	67.0	69.0	71.0	73.0

ESM 1.10 - The number of times home visitors access a maternal mental health consult for their clients.

Measure Status:	Inactive - Replaced

State Provided Data		
	2020	2021
Annual Objective		
Annual Indicator		70
Numerator		
Denominator		
Data Source		Health Start Home Visiting Program
Data Source Year		2021
Provisional or Final ?		Final

ESM 1.11 - 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.

Measure Status:	Inactive - Reprioritized at this time

Baseline data was not available/provided.

ESM 1.12 - Percent of family planning clinics that expanded (hours or sites) family planning services

Measure Status:	Active

State Provided Data		
	2020	2021
Annual Objective		
Annual Indicator		7.7
Numerator		2
Denominator		26
Data Source		Family Planning Program
Data Source Year		2021
Provisional or Final ?		Final

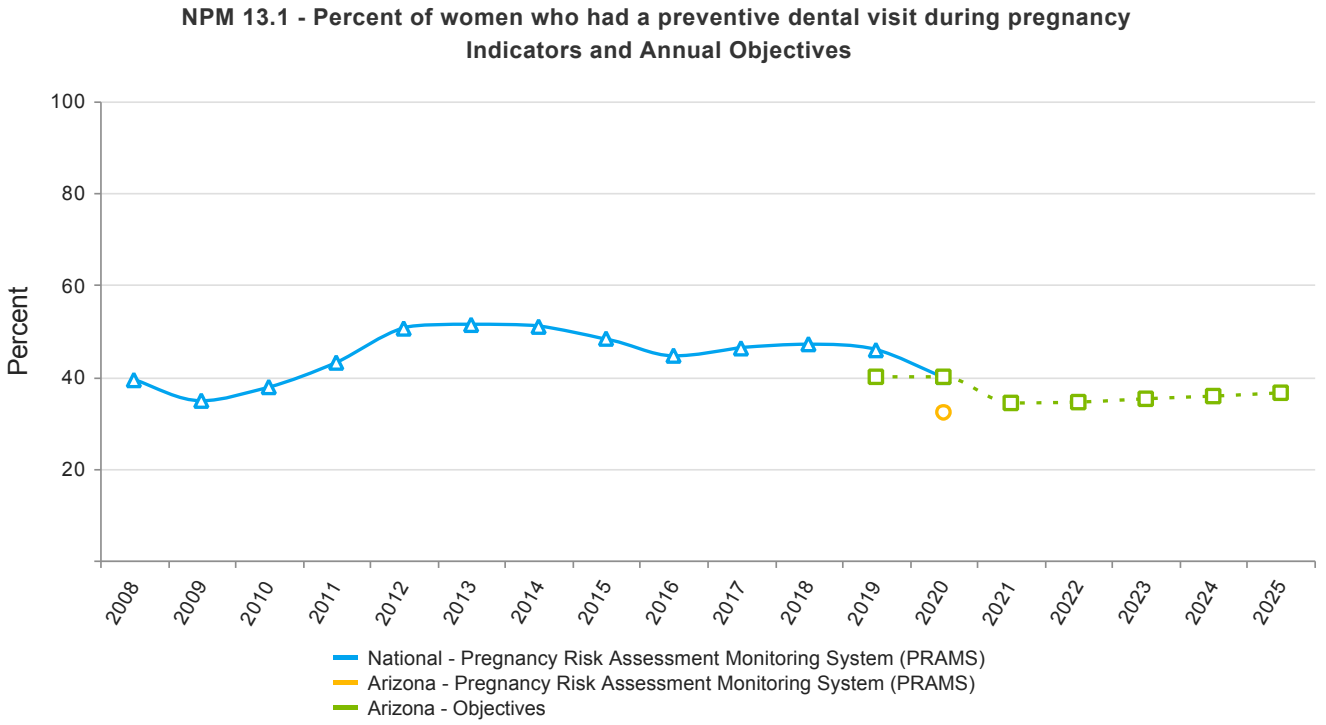
Annual Objectives				
	2022	2023	2024	2025
Annual Objective	11.5	30.8	34.6	38.5

ESM 1.13 - Number of unique clients served (yearly total) through local county health departments' Title V-funded family planning and reproductive health programs.

Measure Status:	Active

State Provided Data		
	2020	2021
Annual Objective		
Annual Indicator		1,789
Numerator		
Denominator		
Data Source		Healthy Arizona Families IGA
Data Source Year		2021
Provisional or Final ?		Final

Annual Objectives				
	2022	2023	2024	2025
Annual Objective	2,090.0	3,500.0	5,000.0	6,000.0



Federally Available Data	
Data Source: Pregnancy Risk Assessment Monitoring System (PRAMS)	
	2021
Annual Objective	34.3
Annual Indicator	32.4
Numerator	24,069
Denominator	74,300
Data Source	PRAMS
Data Source Year	2020

State Provided Data					
	2017	2018	2019	2020	2021
Annual Objective			40	40	34.3
Annual Indicator	0	30	35	34.3	
Numerator	0	6,301	5,700	6,874	
Denominator	1	20,980	16,274	20,051	
Data Source	AZ PRAMS	AZ PRAMS	AZ PRAMS	AZ PRAMS	
Data Source Year	2016	2017	2018	2019	
Provisional or Final ?	Provisional	Provisional	Provisional	Provisional	

Annual Objectives				
	2022	2023	2024	2025
Annual Objective	34.5	35.2	35.8	36.5

Evidence-Based or –Informed Strategy Measures

ESM 13.1.1 - Number of inter agency partnerships implemented to coordinate dental services for pregnant women and children.

Measure Status:				Active	
State Provided Data					
	2017	**2018**	**2019**	**2020**	**2021**
Annual Objective			9	10	11
Annual Indicator			9	10	6
Numerator					
Denominator					
Data Source			Office of Oral Health	Office of Oral Health	Office of Oral Health
Data Source Year			2019	2020	2021
Provisional or Final ?			Final	Final	Final

Annual Objectives				
	2022	**2023**	**2024**	**2025**
Annual Objective	8.0	10.0	12.0	14.0

ESM 13.1.2 - Number of medical, dental, and other healthcare professionals who receive perinatal oral health education.

Measure Status:	Active

State Provided Data		
	2020	2021
Annual Objective		
Annual Indicator		64
Numerator		
Denominator		
Data Source		Office of Oral Health
Data Source Year		2021
Provisional or Final ?		Final

Annual Objectives				
	2022	2023	2024	2025
Annual Objective	70.0	80.0	90.0	100.0

State Action Plan Table

State Action Plan Table (Arizona) - Women/Maternal Health - Entry 1
Priority Need
Reduce and eliminate barriers to ensure equitable and optimal health for women.
NPM
NPM 1 - Percent of women, ages 18 through 44, with a preventive medical visit in the past year
Objectives
By 2025, Arizona will increase the percentage of women ages 18 to 44 with a preventive medical visit in the past year by 4.0%.
Strategies
Fund and promote strategies to increase the availability of Title V funded Family Planning services to women with limited financial resources in urban and rural communities.
Collaborate with the Arizona Department of Health's Office of Epidemiology and Disease Control to promote prevention, screening, and treatment of STIs/STDs to support women’s health before, during, and after pregnancy.
Support workforce and workforce capacity that serve pregnant and postpartum women in Arizona.
Support the Preconception Health Alliance to promote behaviors that contribute to positive preconception health across the life span.
Leverage partnerships to increase awareness and address barriers to accessing and attending well-woman visits.
Utilize information helplines and partner with WIC, home visitors, and community health workers to encourage and promote well women visits in between pregnancies.
Support the continued implementation of the AZ Pregnancy Risk Assessment Monitoring System (PRAMS).
Support and collaborate with ongoing efforts in domestic violence prevention, shelter, and supportive services.
Promote the sliding fee scale sites (including FQHCs) to individuals and communities.
Promote women’s health preventive services through the Healthy Arizona Worksite Program.
Expand the prenatal telemedicine program to additional underserved communities.

ESMs	Status
ESM 1.1 - Number of agencies participating in the Preconception Health Alliance.	Inactive
ESM 1.2 - Number of activities conducted by the Preconception Health Alliance	Active
ESM 1.3 - Percent of family planning clinics that have LARCs available	Active
ESM 1.4 - Percent of women who participated in the Arizona Pregnancy Risk Assessment Monitoring System.	Inactive
ESM 1.5 - Percent of Family Planning Summit attendees who report a practice change after the summit.	Active
ESM 1.6 - Rate of severe maternal morbidity associated with hypertensive disorders of pregnancy in AIM participating hospitals.	Inactive
ESM 1.7 - Percent of live births that occur in an AIM-participating birthing facility.	Active
ESM 1.8 - Number of individuals trained to become community-based doulas	Active
ESM 1.9 - Percent of mothers enrolled in home visiting programs who received a postpartum visit with a healthcare provider within 60 days of delivery	Active
ESM 1.10 - The number of times home visitors access a maternal mental health consult for their clients.	Inactive
ESM 1.11 - 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.	Inactive
ESM 1.12 - Percent of family planning clinics that expanded (hours or sites) family planning services	Active
ESM 1.13 - Number of unique clients served (yearly total) through local county health departments' Title V-funded family planning and reproductive health programs.	Active

NOMs

NOM 2 - Rate of severe maternal morbidity per 10,000 delivery hospitalizations

NOM 3 - Maternal mortality rate per 100,000 live births

NOM 4 - Percent of low birth weight deliveries (<2,500 grams)

NOM 5 - Percent of preterm births (<37 weeks)

NOM 6 - Percent of early term births (37, 38 weeks)

NOM 8 - Perinatal mortality rate per 1,000 live births plus fetal deaths

NOM 9.1 - Infant mortality rate per 1,000 live births

NOM 9.2 - Neonatal mortality rate per 1,000 live births

NOM 9.3 - Post neonatal mortality rate per 1,000 live births

NOM 9.4 - Preterm-related mortality rate per 100,000 live births

NOM 10 - Percent of women who drink alcohol in the last 3 months of pregnancy

NOM 11 - Rate of neonatal abstinence syndrome per 1,000 birth hospitalizations

NOM 23 - Teen birth rate, ages 15 through 19, per 1,000 females

NOM 24 - Percent of women who experience postpartum depressive symptoms following a recent live birth

State Action Plan Table (Arizona) - Women/Maternal Health - Entry 2

Priority Need

Reduce disparities in infant and maternal morbidity and mortality.

NPM

NPM 1 - Percent of women, ages 18 through 44, with a preventive medical visit in the past year

Objectives

By 2025, Arizona will reduce the disparity gap for maternal and infant mortality in underserved communities by 5% across all impacted groups.

Strategies

Lead regular workgroup meetings to collaborate with statewide partners to reduce severe maternal morbidity and maternal fatalities.

Continue to support ongoing efforts related to the Maternal Mortality Review Committee and the State Child Fatality Review team.

Continue to implement the Alliance for Innovation in Maternal Health safety bundles in birthing facilities.

Engage partners in a statewide Maternal and Infant Mortality Summit.

Increase statewide awareness (individuals, families, providers, facilities, systems, and communities) of maternal health risk factors through awareness campaigns and education.

Partner with the Navajo Nation, Inter Tribal Council of Arizona (ITCA), and South Phoenix Healthy Start to develop and implement innovative initiatives to improve maternal and infant health status in underserved communities.

Support birth defects surveillance, prevention, and intervention efforts.

Support training for maternal health and family wellness from an indigenous perspective in tribal and urban native communities.

Collaborate in an internal working group to improve identification and surveillance of Neonatal Abstinence Syndrome (NAS) statewide

Improve maternal mental health status via stakeholder engagement and training.

Sustain the statewide Count-the-Kicks campaign in AZ, including training, to decrease stillbirth rates in the state.

ESMs	Status
ESM 1.1 - Number of agencies participating in the Preconception Health Alliance.	Inactive
ESM 1.2 - Number of activities conducted by the Preconception Health Alliance	Active
ESM 1.3 - Percent of family planning clinics that have LARCs available	Active
ESM 1.4 - Percent of women who participated in the Arizona Pregnancy Risk Assessment Monitoring System.	Inactive
ESM 1.5 - Percent of Family Planning Summit attendees who report a practice change after the summit.	Active
ESM 1.6 - Rate of severe maternal morbidity associated with hypertensive disorders of pregnancy in AIM participating hospitals.	Inactive
ESM 1.7 - Percent of live births that occur in an AIM-participating birthing facility.	Active
ESM 1.8 - Number of individuals trained to become community-based doulas	Active
ESM 1.9 - Percent of mothers enrolled in home visiting programs who received a postpartum visit with a healthcare provider within 60 days of delivery	Active
ESM 1.10 - The number of times home visitors access a maternal mental health consult for their clients.	Inactive
ESM 1.11 - 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.	Inactive
ESM 1.12 - Percent of family planning clinics that expanded (hours or sites) family planning services	Active
ESM 1.13 - Number of unique clients served (yearly total) through local county health departments' Title V-funded family planning and reproductive health programs.	Active

NOMs

NOM 2 - Rate of severe maternal morbidity per 10,000 delivery hospitalizations

NOM 3 - Maternal mortality rate per 100,000 live births

NOM 4 - Percent of low birth weight deliveries (<2,500 grams)

NOM 5 - Percent of preterm births (<37 weeks)

NOM 6 - Percent of early term births (37, 38 weeks)

NOM 8 - Perinatal mortality rate per 1,000 live births plus fetal deaths

NOM 9.1 - Infant mortality rate per 1,000 live births

NOM 9.2 - Neonatal mortality rate per 1,000 live births

NOM 9.3 - Post neonatal mortality rate per 1,000 live births

NOM 9.4 - Preterm-related mortality rate per 100,000 live births

NOM 10 - Percent of women who drink alcohol in the last 3 months of pregnancy

NOM 11 - Rate of neonatal abstinence syndrome per 1,000 birth hospitalizations

NOM 23 - Teen birth rate, ages 15 through 19, per 1,000 females

NOM 24 - Percent of women who experience postpartum depressive symptoms following a recent live birth

State Action Plan Table (Arizona) - Women/Maternal Health - Entry 3

Priority Need

Reduce and eliminate barriers to ensure equitable and optimal health for women.

NPM

NPM 13.1 - Percent of women who had a preventive dental visit during pregnancy

Objectives

By 2025, Arizona will increase the percentage of women who had a preventive dental visit during pregnancy by 6%.

Strategies

Identify partnerships to better coordinate dental services for pregnant women.

ESMs	Status
ESM 13.1.1 - Number of inter agency partnerships implemented to coordinate dental services for pregnant women and children.	Active
ESM 13.1.2 - Number of medical, dental, and other healthcare professionals who receive perinatal oral health education.	Active

NOMs

NOM 14 - Percent of children, ages 1 through 17, who have decayed teeth or cavities in the past year
NOM 19 - Percent of children, ages 0 through 17, in excellent or very good health
NOM 17.2 - Percent of children with special health care needs (CSHCN), ages 0 through 17, who receive care in a well-functioning system

Women/Maternal Health - Annual Report

Priority Needs
• Reduce and eliminate barriers to ensure equitable and optimal health for women. • Reduce disparities in infant and maternal morbidity and mortality.
National Performance Measures
• NPM 1 - Percent of women, ages 18 through 44, with a preventive medical visit in the past year • NPM 13.1 - Percent of women who had a preventive dental visit during pregnancy

For 2021, our priorities for women's health were to reduce and eliminate barriers to ensure equitable and optimal health for women and reduce disparities in infant and maternal morbidity and mortality.

To address **NPM 1: Well-Woman Visit** and improve provision and quality of family planning services, ADHS funds the **Title V Family Planning Program**, which in 2021 provided funding to 10 (out of 15) local county health departments (through the MCH Healthy Arizona Families IGA) and one (1) federally qualified health center (Valleywise Health; Maricopa County) in Arizona to provide family planning and reproductive health services to improve the health of women before, during, and after pregnancy; to promote safe sexual behavior, decrease the teen pregnancy rate, and ensure access to quality health care, particularly for low-income or uninsured individuals living in rural and other underserved areas. During 2021, these 12 local county health departments plus Valleywise Health conducted 3,030 visits (compared with 3,572 in 2020) with 1,789 unique clients (compared with 2,084 in 2020) statewide. Though it is not known why visits and caseload decreased between 2020 and 2021, it can be presumed that ongoing pandemic disruptions accounted for part of the decrease. ADHS is exploring additional causes and is looking at what type of additional support or technical assistance might best support county partners to expand the availability and accessibility of family planning services.

ADHS conducts an annual summit for the Title V Family Planning Program nurses that meets their clinical and educational needs. Summit topics are selected with inputs from the nurses and in collaboration with the Arizona County Directors of Nurses (ACDONA) leadership team. The **2021 Family Planning Summit** (February 23 and 25, 2021) was held virtually, with presenters from ADHS, University of Arizona Medical School, University of New Mexico Medical School, and Arizona Family Health Partnership covering topics like: contraception counseling and motivational interviewing, comprehensive partner services for the control of HIV and other STDs, best practices and guidelines for providing family planning services to minors, implicit bias in family planning counseling, etc. Bayer provided training on IUD (Kyleena/Mirena) insertion and Merck gave a presentation on vaccine confidence. Around 25-35 family planning nurses, educators, and other county-level family planning program staff attended.

Arizona's Title V Program continued to work on reducing severe maternal morbidity (SMM) and maternal mortality (MM) throughout the year through a multi-pronged approach that included coordination between the federally funded **Maternal Health Innovation Program (MHIP)**, **Maternal Mortality Review Program (MMRP)**, and **Alliance for Innovation on Maternal Health (AIM)** and through the state lottery– and federally-funded **Health Start** Program. Maternal Mortality continues to be an area of focus for the Governor's Goal Council and ADHS' maternal health work is structured around the five goals outlined in the plan: 1. Improving Knowledge and Education for Pregnant and Postpartum Women; 2. Improving Access to Care; 3. Supporting Workforce & Workforce Capacity; 4. Improving Surveillance; and 5. Supporting Systems of Care.

The maternal health programs collaborated with partners to reduce severe maternal morbidity and maternal mortality. A Maternal Health Task Force (MHTF), which includes its subcommittees – MHTF Steering Committee, Tribal Maternal Health

Task Force, AIM Steering Committee, and Maternal Mental Health Task Force, convened throughout the year. The Task Force committees engaged stakeholders from across the state to collaborate and begin developing a state-focused strategic plan that aligns with the Governor's Goal Council and the 2020 Title V Needs Assessment.

An updated MM and SMM report, Maternal Mortality and Morbidity in Arizona, was published on December 31, 2020. In 2021, the MMRP conducted at least 20 data dissemination presentations to stakeholders across the state to share findings.

ADHS hosted the second annual **Maternal and Infant Mortality Summit** on September 28-29, 2021, which focused on sharing data and prevention strategies for Arizona's most prominent maternal and infant health disparities. This year's Summit was aimed to achieve the following objectives to improve maternal and infant health outcomes in our state:

- Present prevalent and associated risk factors and barriers leading to maternal and excess infant mortality as demonstrated from the Perinatal Periods of Risk analysis.
- Identify opportunities to reduce preventable maternal and excess infant mortality.
- Discuss ways Arizona can achieve health equity for populations experiencing disparities in maternal and infant health, particularly African American and Native American populations.
- Participate in facilitated training to reduce health-related bias to deliver the best care for pregnant people, newborns, and their families.

A total of 400+ clinical and non-clinical professionals participated in the virtual conference, which was funded through a combination of Title V, MMRP, and Maternal Health Innovation Program funding. The majority of the participants rated the experience as 'Excellent' and felt like it was a good use of their time. The agenda focused on a variety of maternal and infant health data and metrics, it included select keynote speakers Dr. Sara Salek of AHCCCS, Dr. Sharon Thompson of Central Phoenix OBGYN, and Dr. Jennifer Richards of Johns Hopkins University; and highlighted best practices. Agenda topics included: Perinatal Periods of Risk (PPOR) analysis, Safe Sleep, access to maternal and infant healthcare, self-care, importance of preconception and interconception health, impacts of social determinants of health on Arizonan families, and improving maternal and infant health outcomes. Day 2 of the conference included an implicit bias training provided by March of Dimes. The summit planning workgroup included BWCH staff from the MMRP, maternal, and infant health teams, and community partners representing the African American and Native American priority populations.

More information on the Arizona Maternal and Infant Mortality Summit can be found in the 2021 ***Infant Health Annual Report***.

The SMM/MM report also revealed that American Indian/Alaska Native (303.0 per 10,000 delivery hospitalizations), Black/African American (163.8), and women living in rural areas (155.6) experience the highest rates of SMM in Arizona (119.4). To understand more about the experiences of these populations, the MMRP (with Title V funding) partnered with the University of Arizona and Diné College to conduct an extension of the 2020 Title V Needs Assessment to learn about barriers and facilitators to accessing maternal health care in the state. The teams collectively engaged 22 pregnant and postpartum women to understand more about their experiences with prenatal care, labor and delivery, postpartum care, mental health, telehealth and COVID-19.

The **Arizona Alliance for Innovation on Maternal Health (AIM) Collaborative** is led by ADHS in partnership with the Arizona Hospital and Healthcare Association (AzHHA). The first safety bundle, Severe Hypertension in Pregnancy, was launched in April 2021 with participation from 33 of the 41 birthing hospitals in the state. These hospitals account for over 90% of all births in Arizona. Hospitals were provided with monthly support through coaching calls and one-on-one support regarding both implementation of the bundle and data collection. The participating hospitals were also provided with additional education on implicit bias in maternity care through a live virtual training.

Community Health Workers (CHWs) in the state- and federally-funded Health Start and the Title V–funded High Risk Perinatal Programs were provided with urgent maternal warning signs education through the Association of Women's

Health, Obstetric and Neonatal Nurses (AWHONN) POST-BIRTH Warning Signs Education, which included handouts and magnets to provide to their clients. An early success story identified a mother who shortly after being discharged from the hospital started having a fever and heavy bleeding. After her doctor didn't seem as concerned, and her symptoms continued, she took the magnet she had received from the CHW to the emergency room and was admitted and received the treatment she needed saving her life.

MHIP partnered with tribal communities to identify community-driven and culturally appropriate training topics to improve maternal health outcomes for indigenous families free of charge. This training series, known as *Maternal Health & Family Wellness from an Indigenous Perspective*, offered over 120 sessions statewide in tribal nations and urban settings with over 4,200 participants. Each session was created by and for indigenous communities and included an indigenous breastfeeding counselor course, indigenous doula training, culturally competent approaches to maternal health, and traditional birth education.

Maternal health professionals statewide were offered two separate training opportunities through a partnership with the March of Dimes: *Breaking Through Bias in Maternity Care* and *Moving Beyond Labels*. These training opportunities were offered in several ways. The Arizona Aim Collaborative hosted a live virtual training of *Breaking through Bias in Maternity Care* on September 31, 2021 for participating hospitals. There were over 65 live participants and an additional 50 e-modules were completed by maternal health professionals with 200 remaining seats to use during 2022. The *Moving Beyond Labels* training was offered virtually to 151 participants during the 2021 Arizona Maternal & Infant Mortality Summit.

The maternal health programs partnered with the CDC's Hear Her campaign to increase awareness on urgent maternal warning signs for birthing individuals, their families and providers. Listening sessions and key informant interviews were conducted across the state with diverse populations to inform the campaign and resources. ADHS-branded materials from the campaign were made available in English and Spanish, and will be available in the Navajo language pending translation approval by the Navajo Nation. The campaign includes in-depth information on urgent maternal warning signs available on the ADHS website and linked to the CDC national campaign, promotion of the campaign through social media platforms and local radio on the Navajo Nation (specifically requested by indigenous community members). Digital and printable materials were adapted from the CDC's national campaign, including conversation guides, urgent maternal warning signs, and a preeclampsia infographic, which also supports the safety bundle being implemented in our work with the Arizona AIM Collaborative.

MHIP hosted a Perinatal Mental Health Training Series on August 11-13, 2021 for maternal health professionals offering three different trainings: Perinatal Mood & Anxiety Disorders; Advanced Psychotherapy, and Advanced Psychopharmacology. A record-breaking total of 708 participants attended the training series with participation from fourteen of fifteen counties and nine tribal communities. The series provided a pathway to a national certification in Perinatal Mental Health and MHIP offered scholarships for qualified Arizona professionals to take the certification exam.

MHIP continued to provide funding to support the efforts of the High Risk Perinatal Program connecting high risk pregnant women to consultation and medical transports and promoting telemedicine services for prenatal care in rural health professional shortage areas; and the Health Start Program to expand their work with rural and underserved communities.

In 2021, ADHS provided $15,000 in Title V funding to the Arizona **Preconception Health Alliance**, led by the Arizona Family Health Partnership and March of Dimes, to increase knowledge about the importance of preconception health among the general public and health care providers as a means of encouraging the adoption of healthy lifestyles as well as screening and referrals to healthcare resources as needed. The Alliance's priorities were based on recommendations and discussions by the group, as well as changes that occurred recently in Arizona that presented new opportunities to improve preconception care. The priorities and efforts included:

1. Development of an awareness campaign focusing on recently passed legislation allowing birth control to be obtained directly from a pharmacist without a medical provider's prescription;

2. Promoting a legislative proposal to provide 12-month postpartum Medicaid health coverage to Arizona's citizens;

3. Presentation of newly released Pregnancy Risk Assessment Monitoring System (PRAMS) data;
4. Potential actions to improve maternal mental health and substance use prevention.

Funded through MCH funding, MHIP provided $32,550 in funding to 4th Trimester - an organization committed to supporting and empowering all families during their transition to parenthood and beyond - to launch their Maternal Mental and Physical Health Professional Ecosystem Initiative which increased awareness of, communication between, and shared learning among existing maternal and behavioral health services in Arizona, particularly as it related to supporting women across perinatal periods. Additionally, ADHS supported the 4th Trimester Virtual Conference helping to secure speakers and educational materials.

The **Arizona Health Start Program** is an evidence-informed, promising approach home visiting program for at-risk pregnant and/or postpartum women with children under the age of 2 that is funded through a combination of state and federal funds. In December 2021, a Health Start Program Evaluation Impact Report was completed which summarized the results of the assessment of the impact of the Health Start Program from 2006–2016. The key findings of the report found that participation in the Health Start Program across this period is associated with decreases in adverse birth outcomes, increases in the level of prenatal care and higher immunization rates of children. The full report is also available in **Appendix G**. This data was also published in a peer-reviewed journal article "Addressing maternal and child health equity through a community health worker home visiting intervention to reduce low birth weight: retrospective quasi-experimental study of the Arizona Health Start Program" (*BMJ Open*; Jun 2021). The study found that Arizona Health Start Program participation is associated with decreases in adverse birth outcomes for most subgroups. The authors concluded that a state health department-operated MCH home visiting intervention that employs community health workers (CHWs) as the primary interventionist may contribute to the reduction of low birth weight, very low and extremely low birth weight, and preterm birth, and could improve birth outcomes statewide, especially among women and children at increased risk for disparate MCH health outcomes.

In 2021, the Arizona Health Start Program implemented the Triple P evidence-based parenting program in three (3) sites in rural communities. There were 25 at-risk families served by the program who received at least one session of the Triple P education to enhance and build family strengths. The All Babies Cry child abuse awareness and education intervention was integrated into the health education provided to Health Start families, with 296 families receiving the education and a new app that provides additional videos and resources. All 296 families signed a commitment form to make a plan to choose other safe and healthy options in case their baby cries a lot and they feel upset. The Arizona Health Start Program continued to address maternal health needs by providing the extensive screening and assessment of prenatal and postpartum women for perinatal mood and anxiety disorders, substance use and observing parent-child interactions. Maternal morbidity and mortality prevention education was integrated through the use of the Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN) education and resources. There were 50 Health Start staff who completed the AWHONN on-line training. In 2021, there were 414 families educated and three community classes held on Post-Birth Warning Signs.

The Arizona Health Start Program continued to collaborate with Prevent Child Abuse Arizona, the Arizona Department of Child Safety, Maricopa County Department of Public Health, the Arizona Substance Exposed Newborn Prevention Statewide Task Force and the Arizona Chapter of Postpartum Support International to ensure that linkages are strengthened and resources are shared to address the needs of all families and ensure positive health and behavioral health outcomes for mothers and babies. The Arizona Health Start Program is involved with the Safe and Healthy Infants and Families Thrive (SHIFT) collaborative teams and is part of the pilot project in Yavapai County implementing the 4Ps Plus© substance use screening tool and family care plan with all enrolled families.

Arizona continued to experience an exponential rise in opioid related deaths and overdoses, especially related to fentanyl use. In response to the opioid epidemic, as it impacts Title V populations, the Arizona Health Start Program, in collaboration with ADHS's Bureau of Chronic Disease and Health Promotion, developed the Stigma Reduction Campaign funded through

a combination of federal funding including Title V, addressing women and substance use. The campaign's purpose was to raise awareness and reduce the stigma associated with pregnant and postpartum women with substance use disorders. The target audience included pregnant and postpartum women and families and medical and substance use treatment providers. The two concepts developed were Hope Heals, targeting pregnant and postpartum women, and See Me Differently, targeting providers. The campaign included radio spots, digital media and billboards and industry publications. The campaign is expected to continue through 2022.

The utilization of cannabis by pregnant and breastfeeding women has increased in Arizona due to the passing of the Arizona Medical Marijuana Act in 2010 and the Smart and Safe Arizona Initiative Proposition 207 in November 2020 making it legal for individuals aged 21 and older to use marijuana. In the *2018 National Survey on Drug Use and Health: Methodological summary and definitions* by The Substance Abuse and Mental Health Services Administration (SAMHSA) found that marijuana has become one of the most widely used substances during pregnancy in the United States. SAMHSA created the 2019 *Preventing the Use of Marijuana: Focus on Women and Pregnancy* resource guide which noted that between 2017-2019 pregnant women were using substances in greater numbers, including significant increases in daily or nearly daily marijuana use. The use of cannabis in any form can cause harm to the baby, including many health and developmental problems such as low birth weight and developmental delays. Health Start, with Title V funding, developed an interactive, one-hour, virtual course for home visitors and providers that educates on the common use of cannabis while pregnant and breastfeeding, the negative health and mental health effects and poor infant and child outcomes as well as detail on motivational interviewing strategies to use with women and families to move towards change and harm reduction if actively using substances.

More information about the Health Start Program, in particular developmental screening and other activities specific to infant/perinatal health, can be found in the ***2021 Infant/Perinatal Health Annual Report***.

Arizona is a participant in the **Pregnancy Risk Assessment Monitoring System** (PRAMS) since 2016. PRAMS is a joint research project between our agency and the Centers for Disease Control and Prevention that collects data on maternal attitudes and experiences before, during, and after pregnancy. PRAMS is funded primarily through CDC funding, with supplemental funding provided through the state Justice Reinvestment Fund, Council of State and Territorial Epidemiologists (CSTE) funding, and Title V.

In 2021, AZ PRAMS completed four years of data collection and has grown to become a major source of information for maternal health in the state. In November 2021, Arizona PRAMS reached a 53% response rate which surpassed a 50% threshold set by the Centers for Disease Control and Prevention (CDC) for releasing data to the public. Because of that, data from Arizona is included in the national PRAMS dataset that is available to the public and researchers. The Arizona PRAMS team used innovative ways to communicate with participants, from reaching out to local organizations and providers to posting on Facebook, to improve the program's response rates.

Some other accomplishments for AZ PRAMS in 2021 include:

- Implemented two new funding sources, obtained through the Council of State and Territorial Epidemiologists (CSTE), to implement supplements related to COVID-19 and the COVID-19 vaccine
- Received congratulatory letter of support from the U.S. Senator, Kyrsten Sinema

- Received a funding allocation of $50,000 per year for three (3) years from Proposition 207 (Smart and Safe Arizona Act; the Arizona recreational marijuana voter initiative)
- Engaged in multiple community outreach efforts with tribal and underrepresented groups
- Received approvals to offer a $3 incentive and a $30 reward for Amazon or Bashas/Food City to improve our response rates
- Provided state data for the Title V application for metrics (NPM and NOM) related to safe sleep and postpartum depression
- Engaged stakeholders and family advisors in the PRAMS Steering Committee
- Provided data to internal agency programs for strategic planning initiatives, such as the Preconception Health Alliance, the Office of Oral Health, and the 2021 Arizona State Health Assessment (AzSHA) and Arizona Health Improvement Plan (AzHIP)

In 2021, Arizona also saw the passing of some maternal health legislation. SB 1181 outlines requirements for voluntary state-certification of doulas. It also requires that ADHS establish a Doula Community Advisory Committee consisting of at least nine (9) doulas, including those who represent diverse and underrepresented communities, to create rules and standards for the certification. SB 1011 establishes a Maternal Mental Health Advisory Committee to develop legislative recommendations for improving the screening and treating of maternal mental health disorders.

Key Maternal Health Legislation in Arizona (2021)

- SB 1181 Voluntary Doula Certification
- SB 1011 Maternal Mental Health
- SB 1082 Hormonal contraceptives through pharmacist (18+ yo)

The **Sexual Violence Prevention and Education Program (SVPEP)**, now located in the Bureau of Chronic Disease and Health Promotion, continued to collaborate with and support the Office of Women's Health programming, providing technical assistance as needed. SVPEP is funded through two CDC grants: Rape Prevention and Education and the Preventive Health and Health Services Block Grant. The Health Start program integrates domestic and sexual violence screening into the scope of service provided to clients, and CHWs screen clients using the Relationship Assessment Tool, adapted from the Women's Experience with Battering (WEB) scale, after the client has been in the program for three (3) months.

Women/Maternal Health - Application Year

Priority Needs
• Reduce and eliminate barriers to ensure equitable and optimal health for women. • Reduce disparities in infant and maternal morbidity and mortality.
National Performance Measures
• NPM 1 - Percent of women, ages 18 through 44, with a preventive medical visit in the past year • NPM 13.1 - Percent of women who had a preventive dental visit during pregnancy

For 2023, the priorities for women's health are to reduce and eliminate barriers to ensure equitable and optimal health for women and to reduce disparities in infant and maternal morbidity and mortality. The strategies described below are linked to **NPM 1: Well-Women Visits** and **NPM 13.2 Preventive Dental Visits - Pregnancy**.

In 2023, $2,017,415.00 in Title V funds will be allocated across 14 (out of 15) of Arizona's county health departments via the **Maternal and Child Health Healthy Arizona Families Intergovernmental Agreement (MCH HAF IGA)** to implement strategies specific to self-selected MCH National Performance Measures (NPMs). The counties will implement strategies focused on NPMs related to improving the health of women and mothers at the community level. BWCH will also promote and provide webinars on topics related to achieving health equity and selecting evidence-based strategies to the county programs.

Title V Family Planning Program: Within the MCH HAF IGA, nine (9) counties (Apache, Cochise, Gila, Graham, Greenlee, La Paz, Mohave, Navajo, Yuma) will implement family planning and reproductive health services to low-income and other higher need women, including those living in rural and underserved areas or without a reliable form of health insurance, and their partners. The overall goal of this program is to improve the health of women of childbearing age before, during, and after birth to promote optimal health, outcomes, and wellness for all Arizonans; in alignment with our priority to reduce and eliminate barriers to ensure equitable and optimal health for women and NPM 1: Well-Women Visits. Services provided will include family planning and reproductive health education; counseling on birth control methods and provision of birth control; screening for pregnancy, sexually transmitted infections, and cervical cancer; and referrals to other clinical or social services. Separately, the Arizona Title V Program also provides $250,158 to a network of federally qualified health centers (Valleywise Health) to provide these services in Maricopa County.

BWCH will continue to coordinate the annual summit for Title V Family Planning nurses that meets their clinical and educational needs. BWCH will work with the Arizona County Directors of Nursing Association (ACDONA) and county family planning nurses to identify training topics and anticipated outcomes.

BWCH will also continue to improve access to care for women by collaborating with the Healthy Arizona Workforce Program, WIC, home visitors, and community health workers to encourage and promote well-woman visits and sliding fee scale clinics; leverage partnerships to increase awareness and address barriers to accessing well woman visits; and encourage technical assistance to safety net providers to establish patient reminder protocols.

BWCH will continue to coordinate with the **STD Control and the HIV Prevention Programs** within the Office of Disease Integration & Services to ensure that we are aligning program activities and leveraging funding to reduce incidence of sexually transmitted infections before, during, and between pregnancies and eliminate vertical transmission of syphilis and HIV. Likewise, efforts will be coordinated with the **Sexual and Domestic Violence Programs** in the Bureau of Chronic Disease and Health Promotion to align strategies.

Arizona identified the continued need to improve the health of women before and between pregnancies as a priority. BWCH will continue to support the Preconception Health Alliance in partnership with the Arizona Family Health Partnership and the Arizona Chapter of the March of Dimes. The Alliance meets quarterly and will continue to increase its partnering agencies

and will continue to implement strategies outlined in the strategic plan.

In 2023, Arizona's Title V Program will continue to work on reducing severe maternal morbidity (SMM) and maternal mortality (MM) through a multi-pronged approach that includes coordination between the federally funded Maternal Health Innovation Program (MHIP), Maternal Mortality Review Program (MMRP), and Alliance for Innovation on Maternal Health (AIM) and through the state lottery–funded Health Start Program.

The **Arizona Health Start Program** is an evidence-informed, promising approach home visiting program for at-risk pregnant and/or postpartum women with children under the age of 2 that is funded through the state lottery (as part of the Title V match) and the Maternal Health Innovation Program. In 2023 the **Health Start Program** will continue to implement the Triple P evidence-based parenting program in two sites, which will enhance parenting education and build family strengths with the most at-risk clients. Health Start will continue to integrate the Community Health Worker American Public Health Association Core Competencies into training for new staff that will emphasize the core skills of communication, advocacy, capacity and relationship building and care coordination and focus on promoting health equity. Through the continued use of the All Babies Cry application and education in Health Start, families will be offered safer alternatives to addressing the needs of infants and toddlers. The Health Start Program will continue to address maternal health needs by continuing the extensive screening and assessment of prenatal and postpartum women for perinatal mood and anxiety disorders, substance use, intimate partner violence and observing parent-child interactions. Maternal morbidity and mortality prevention education will continue to be integrated through the use of the Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN) education and resources, including sharing the Post-Birth Warning Signs magnets and flyers with clients and families.

The Health Start Program will collaborate with Prevent Child Abuse Arizona, the Arizona Department of Child Safety, Maricopa County Department of Public Health, the Arizona Substance Exposed Newborn Prevention Statewide Task Force and the Arizona Chapter of Postpartum Support International to ensure that linkages are strengthened and resources are shared to address the needs of all families and ensure positive health outcomes for mothers and babies. Health Start will assist with the planning and implementation of the Safe, Healthy Infants and Families Thrive Summit which will address the care coordination and unique needs of mothers experiencing a substance use disorder and infants who may have been exposed prenatally.

Arizona continued to experience a rise in opioid-related overdoses and deaths, particularly those related to fentanyl use and exacerbated by the stress due to the COVID-19 pandemic. As part of the ongoing response to the opioid epidemic, particularly as it impacts Title V populations, in collaboration with and with funding from the Bureau of Chronic Disease and Health Promotion, the Health Start Program will continue the media placement of the Stigma Reduction Media Campaign for Women with Opioid Use or Substance Use Disorder. This campaign will continue to be directed toward women who are of reproductive age to promote behaviors that prevent/reduce prenatal exposure and to reduce the stigma that pregnant and parenting substance use disorder (SUD)/opioid use disorder (OUD) women feel when interacting with healthcare providers and support services. In response to the increased use of recreational cannabis by women during pregnancy and in the postpartum period, the Health Start Program will continue work on a Cannabis Awareness Project that will involve the development of a cannabis/marijuana warning sign poster and supportive education and materials that will be placed on the Arizona Department of Health Services Marijuana Program (under the Public Health Licensing) webpage. This effort will increase awareness of the detrimental effects that cannabis use during pregnancy has on the developing fetus and infant and the safety concerns of use with children in the home.

Arizona is one of nine states that was awarded HRSA's **Maternal Health Innovation Program** (MHIP) grant in 2019. With the continuation of the MHIP grant, Arizona will continue to support and address the five main goals listed in the Governor's Goal Council: 1. Knowledge and Education for Pregnant and Postpartum Women; 2. Improving Knowledge and Education for Pregnant and Postpartum Women; 3. Improve Access to Care; 4. Support Workforce and Workforce Capacity; and 5. Improve Surveillance and Support Systems of Care. MHIP funding will be leveraged to meet the needs of the Governor's Goal Council through a work plan developed by the multidisciplinary Maternal Health Task Force that engages stakeholders from across the state to identify pressing issues and potential opportunities related to maternal health. The Maternal Health

task force and its sub-task force groups: Maternal Health Steering Committee, Maternal Mental Health, Tribal Maternal Health, and AIM Steering Committee will continue to meet and provide guidance on the maternal health efforts being implemented by MHIP.

In 2022, the MHIP will continue to fund the **Arizona Maternal and Infant Mortality Summit** to bring together statewide stakeholders to share leading causes and risk factors for maternal and infant mortality, identify opportunities to reduce preventable maternal and infant mortality, and brainstorm how Arizona can improve health equity for populations experiencing disparities in maternal and infant mortality and morbidity. The Summit is organized and hosted jointly by the MHIP and Maternal Mortality Review Program (MMRP). MHIP and the MMRP collaborate on a number of initiatives to implement state-specific actions that address disparities in maternal health and improve maternal health outcomes, including the prevention and reduction of maternal mortality and severe maternal morbidity, in order to optimize resources by sharing access to maternal health data and experts.

Given that the leading causes of death and severe maternal morbidity (SMM) in Arizona are related to cardiac conditions, hypertensive disorders of pregnancy, sepsis, and mental health conditions, it was evident that education around urgent maternal warning signs was needed in Arizona. In 2022, MHIP leveraged the CDC's Hear Her campaign to increase awareness of maternal warning signs and share critical information with Arizona maternal health stakeholders and birthing people. In 2023, MHIP will expand those efforts, developing and launching a campaign with an increased focus on perinatal mood and anxiety disorders.

Through MHIP and AIM funding, ADHS will continue to support workforce capacity and support systems of care through implementation of the **Alliance for Innovation in Maternal Health (AIM)**. Since the AIM launch in April 2021, 33 of the 44 birthing hospitals in Arizona (accounting for over 90% of all births statewide) have been implementing the Severe Hypertension in Pregnancy patient safety bundle. The implementation will continue through 2023 with ADHS funding the Arizona Hospital and Healthcare Association to provide technical assistance and ongoing support to the participating birthing hospitals through monthly calls, webinars/training, and interpersonal education to share lessons learned and challenges experienced to improve implementation efforts and health outcomes. MHIP will also be working with community partners to develop a Continuing Medical Education (CME) course for emergency department staff to better equip them in providing care and identifying early warning signs of pregnant and postpartum people.

With funding from the MHIP, BWCH will continue the **Count the Kicks** campaign and training in Arizona. Establishing a partnership with Count the Kicks will help build awareness among women in their third trimester of the importance of counting their baby's movements and telling their provider right away if they detect any change, with the aim of decreasing stillbirths in Arizona. Webinars targeted to specialized groups such as OBGYNs, home visitors, etc. will be provided to continue to create awareness and promote the materials available for ordering. Additionally, targeted email campaigns and social media ads will be used to further create awareness of Arizona's campaign. According to Count the Kicks' Arizona profile, Arizona loses, on average, 489 babies a year due to stillbirth and, on average, 158 babies could be saved every year. Participating states have shown a significant decrease in stillbirth rates after a five-year investment.

In 2020, a contract was established with a rural health center in Cochise County, Chiricahua Community Health Center (partnering with Tucson Medical Center), to provide prenatal **telemedicine services** in the community. This work will continue to be supported in 2023 through MHIP funding.

Addressing Maternal Health Disparities: Data from the Maternal Mortalities and Severe Maternal Morbidity in Arizona (Dec 2020) report shows that indigenous (American Indian/Alaska Native) communities and Black communities experience higher rates of maternal mortality and morbidity compared to other racial and ethnic groups in Arizona.

To address the disparities observed and with American Indian/Alaskan Native stakeholder input, a specific **Tribal Maternal Task Force** was established to develop and implement a culturally relevant tribal maternal health strategic plan to improve maternal health outcomes and promote and execute innovation in tribal maternal health care delivery. The Tribal Maternal Task Force is staffed by a Tribal Maternal Health Innovation Program Manager who has over 10 years of direct service work experience and is a member of the Navajo Nation.

In response to recommendations put forth by the Tribal Maternal Health Task Force, MHIP established contracts with Diné College and with the Inter Tribal Council of Arizona to address the needs and improve health outcomes of indigenous women throughout Arizona. Through these two contracts, all 22 of Arizona's Federally Recognized Tribal Nations are represented. In 2023, the work to improve maternal health among the Indigenous populations will continue to be funded through MHIP. Efforts include conducting training about Maternal Health and Family Wellness from an Indigenous Perspective, which are culturally centered and community driven and are provided by elders, Indigenous knowledge holders, and birth workers. An evaluator experienced in the native culture is collaborating with partners to enhance their programming efforts.

MHIP will also continue to fund the Maricopa County Department of Public Health Healthy Start Program to extend their services with high-risk Black/African American mothers.

The **Maternal Mortality Review Program (MMRP)** is also aiming to address health disparities in Arizona through several data-related activities. First, the MMRP will continue to partner with Diné College and the University of Arizona to conduct an extension of the 2020 Title V Needs Assessment focused on access to prenatal, postpartum, mental, and oral healthcare in Arizona. While 2021 data collection efforts primarily included indigenous, African American, and rural populations, the continued needs assessment in 2022 will focus mostly on rural counties in Arizona that were not represented in 2021. Findings will be used to inform future programming for MMRP, MHIP, and Title V programming. The MMRP is also focused on development and dissemination of new data regarding maternal deaths related to mental health conditions and substance use disorder, and maternal health outcomes in rural Arizona. Dissemination of the new report is expected by September 2022 which will include recommendations to improve maternal health care, and will be shared with multidisciplinary partners across the state.

The MMRP will continue to disseminate findings from Maternal Mortality Reviews in Arizona by releasing a report regarding maternal mental health- and substance use-related deaths in Arizona. ADHS will continue to implement the **Pregnancy Risk Assessment Monitoring System (PRAMS)**, a joint research project between the Arizona Department of Health Services and the Centers for Disease Control (CDC). PRAMS conducts a survey about a woman's health and life experiences before, during, and after pregnancy and is the only surveillance system that provides data about pregnancy and the first few months after birth. Randomly selected mothers who delivered a live birth in Arizona may be eligible to participate in the mail and/or telephone questionnaires. AZ PRAMS aims to obtain data of high scientific quality on maternal behaviors before, during, and shortly after pregnancy that can be used to monitor health status as well as allow ADHS to more effectively tailor preconception, pregnancy, and postpartum services and programs to Arizona's diverse population. AZ PRAMS provides longitudinal data on factors such as low birth weight, preterm birth, ante/postpartum obesity, mental health, COVID-19, and breastfeeding during and after pregnancy, across Arizona's diverse maternal population. This knowledge across the state population of new mothers is necessary to monitor the progress of state and non-governmental program efforts to improve the quality of maternal and infant health services. AZ PRAMS is predominantly funded through the CDC, but receives supplemental funding through the Justice Reinvestment Fund (state), Council of State and Territorial Epidemiologists, and Title V to enhance program reach.

As part of the bureau's efforts to increase **family involvemen**t, the Office of Women's Health will continue efforts to fulfill the goals as outlined in Phase 1 of the *Engaging Families and Young Adult Program* to establish family advisor positions in the women's health domain. Meetings began in 2022 and the Office of Women's Health is working on developing drafts of scopes of work. CYSHCN Program Director and Family Advisor, Dawn Bailey have been providing technical assistance and the Office of Women's Health will continue to support bureau efforts to establish a family advisor position. The MHIP and the MMRP have also focused on engaging patients and families in our work and will continue to do so in 2023. The MMRP has onboarded three patient and family advisors to the Maternal Mortality Review Committee. These advisors not only serve as full MMRC members with voice and vote, but will also be engaged to inform how we disseminate MMRC findings to communities.

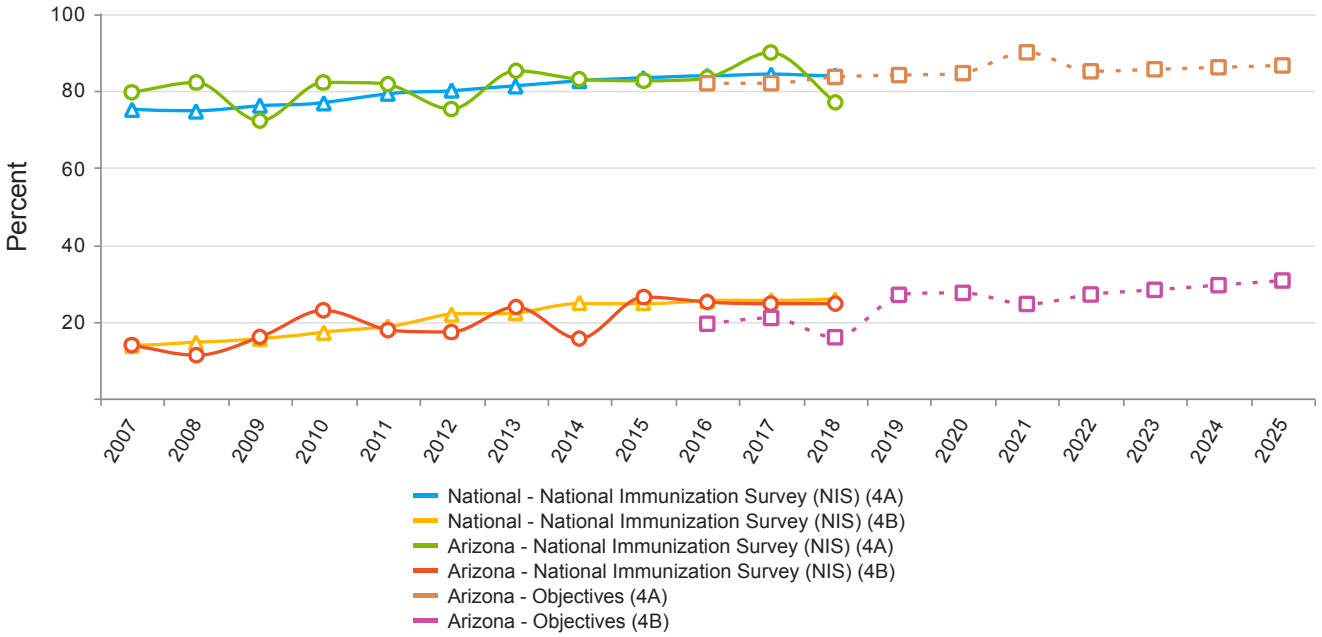
MHIP has engaged a patient and family advisor for the AIM Steering Committee. She is a fully participating and active member of the Committee as well as a speaker for the AIM Kick Off Event. The Maternal Mental Health Task Force has a

patient advocate that actively participates in planning and programing efforts. MHIP is committed to continued engagement efforts for all committees and planning work. The team is also participating in a National Lived Experience Integration Community of Learning with Momma's Voices. This was a Community of Learning that was in conjunction with several other states in which Momma's Voices provided information and technical assistance in how to better engage and work with individuals with lived experience.

Perinatal/Infant Health

National Performance Measures

NPM 4 - A) Percent of infants who are ever breastfed B) Percent of infants breastfed exclusively through 6 months
Indicators and Annual Objectives



NPM 4A - Percent of infants who are ever breastfed

Federally Available Data					
Data Source: National Immunization Survey (NIS)					
	2017	**2018**	**2019**	**2020**	**2021**
Annual Objective	81.9	83.5	84	84.5	89.9
Annual Indicator	83.0	82.7	83.2	89.9	76.9
Numerator	71,364	63,833	65,228	68,341	58,239
Denominator	85,962	77,148	78,437	76,005	75,707
Data Source	NIS	NIS	NIS	NIS	NIS
Data Source Year	2014	2015	2016	2017	2018

Annual Objectives				
	2022	**2023**	**2024**	**2025**
Annual Objective	85.0	85.5	86.0	86.5

NPM 4B - Percent of infants breastfed exclusively through 6 months

Federally Available Data					
Data Source: National Immunization Survey (NIS)					
	2017	**2018**	**2019**	**2020**	**2021**
Annual Objective	21	16	27	27.5	24.6
Annual Indicator	15.6	26.3	25.1	24.6	24.6
Numerator	13,014	19,701	19,398	18,153	18,036
Denominator	83,649	74,879	77,308	73,717	73,186
Data Source	NIS	NIS	NIS	NIS	NIS
Data Source Year	2014	2015	2016	2017	2018

Annual Objectives				
	2022	**2023**	**2024**	**2025**
Annual Objective	27.1	28.3	29.5	30.7

Evidence-Based or –Informed Strategy Measures

ESM 4.1 - Number of home visitors trained to receive a lactation counseling or breastfeeding support certification over the next 5 years.

Measure Status:				Active	
State Provided Data					
	2017	**2018**	**2019**	**2020**	**2021**
Annual Objective	5	5	5	15	30
Annual Indicator	7	5	9	18	17
Numerator					
Denominator					
Data Source	MIECHV Program Data	MIECHV Program Data	MIECHV Program Data	MIECHV Program Data	MIECHV Program Data
Data Source Year	2017	2018	2019	2020	2021
Provisional or Final ?	Final	Final	Final	Final	Final

Annual Objectives				
	2022	**2023**	**2024**	**2025**
Annual Objective	20.0	22.0	25.0	27.0

ESM 4.2 - Percent of home visitors trained on lactation counseling or breastfeeding support training who report an increase in knowledge and skill around breastfeeding best practices.

Measure Status:	Inactive - Completed	
State Provided Data		
	2020	**2021**
Annual Objective		
Annual Indicator		100
Numerator		
Denominator		
Data Source		Health Start Home Visiting Program
Data Source Year		2021
Provisional or Final ?		Final

ESM 4.3 - Number of local county health departments working on strategies to promote breastfeeding through the Title V-funded MCH Healthy Arizona Families IGA

Measure Status:	Active	
State Provided Data		
	2020	**2021**
Annual Objective		
Annual Indicator		2
Numerator		
Denominator		
Data Source		Healthy Arizona Families IGA
Data Source Year		2021
Provisional or Final ?		Final

Annual Objectives				
	2022	**2023**	**2024**	**2025**
Annual Objective	2.0	6.0	10.0	14.0

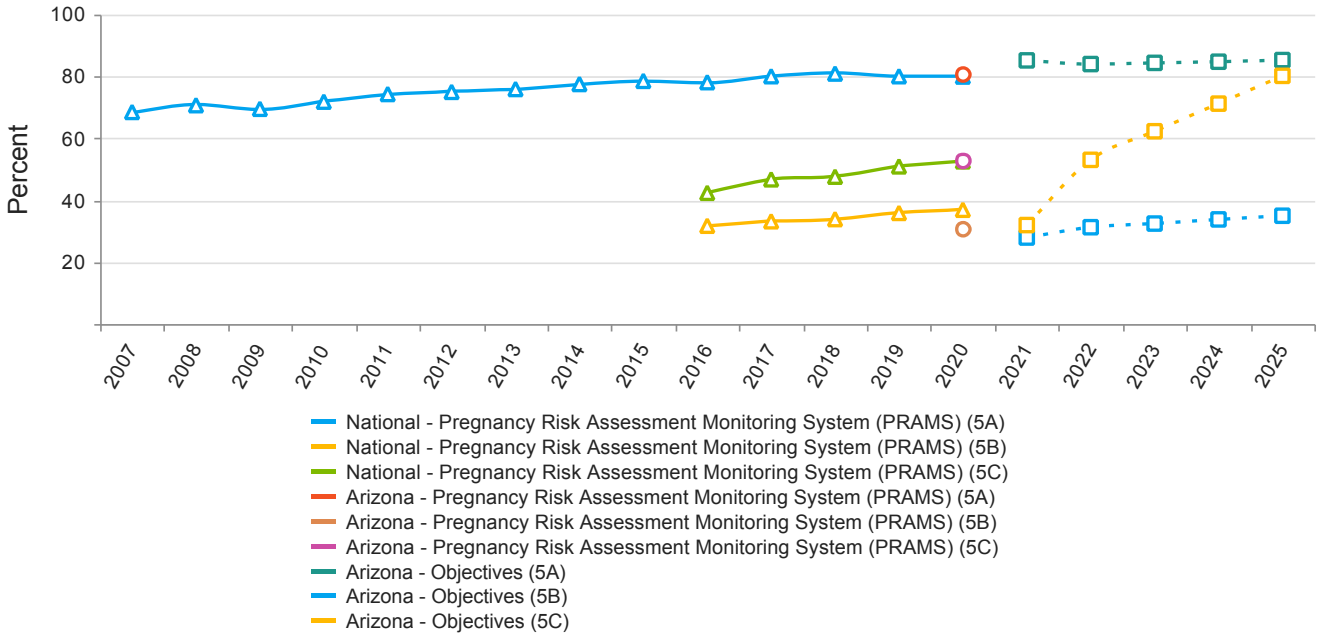
ESM 4.4 - Number of calls to the breastfeeding helpline

Measure Status:	Active

State Provided Data		
	2020	2021
Annual Objective		
Annual Indicator		1,789
Numerator		
Denominator		
Data Source		Breastfeeding Helpline
Data Source Year		2021
Provisional or Final ?		Final

Annual Objectives				
	2022	2023	2024	2025
Annual Objective	2,000.0	2,500.0	3,000.0	3,500.0

NPM 5 - A) Percent of infants placed to sleep on their backs B) Percent of infants placed to sleep on a separate approved sleep surface C) Percent of infants placed to sleep without soft objects or loose bedding Indicators and Annual Objectives



NPM 5A - Percent of infants placed to sleep on their backs

Federally Available Data	
Data Source: Pregnancy Risk Assessment Monitoring System (PRAMS)	
	2021
Annual Objective	85
Annual Indicator	80.4
Numerator	59,099
Denominator	73,536
Data Source	PRAMS
Data Source Year	2020

State Provided Data			
	2019	2020	2021
Annual Objective			85
Annual Indicator	81.5	84.2	
Numerator			
Denominator			
Data Source	AZ PRAMS	AZ PRAMS	
Data Source Year	2017-2018	2019	
Provisional or Final ?	Final	Final	

Annual Objectives				
	2022	2023	2024	2025
Annual Objective	83.8	84.2	84.6	85.1

NPM 5B - Percent of infants placed to sleep on a separate approved sleep surface

Federally Available Data	
Data Source: Pregnancy Risk Assessment Monitoring System (PRAMS)	
	2021
Annual Objective	28
Annual Indicator	30.6
Numerator	21,815
Denominator	71,254
Data Source	PRAMS
Data Source Year	2020

State Provided Data			
	2019	**2020**	**2021**
Annual Objective			28
Annual Indicator	28.1	27.7	
Numerator			
Denominator			
Data Source	AZ PRAMS	AZ PRAMS	
Data Source Year	2017-2018	2019	
Provisional or Final ?	Final	Final	

Annual Objectives				
	2022	**2023**	**2024**	**2025**
Annual Objective	31.3	32.5	33.8	35.0

NPM 5C - Percent of infants placed to sleep without soft objects or loose bedding

Federally Available Data	
Data Source: Pregnancy Risk Assessment Monitoring System (PRAMS)	
	2021
Annual Objective	32
Annual Indicator	52.8
Numerator	37,757
Denominator	71,503
Data Source	PRAMS
Data Source Year	2020

State Provided Data			
	2019	**2020**	**2021**
Annual Objective			32
Annual Indicator	29	31.3	
Numerator			
Denominator			
Data Source	AZ PRAMS	AZ PRAMS	
Data Source Year	2017-2018	2019	
Provisional or Final ?	Final	Final	

Annual Objectives				
	2022	**2023**	**2024**	**2025**
Annual Objective	53.0	62.2	71.1	80.0

Evidence-Based or –Informed Strategy Measures

ESM 5.1 - Number of safe sleep-related activities that are implemented by local county health departments.

Measure Status:	Active

State Provided Data			
	2019	2020	2021
Annual Objective			9
Annual Indicator		9	6
Numerator			
Denominator			
Data Source		Healthy Arizona Families IGA	Healthy Arizona Families IGA
Data Source Year		2020	2021
Provisional or Final ?		Final	Final

Annual Objectives				
	2022	2023	2024	2025
Annual Objective	8.0	10.0	12.0	14.0

ESM 5.2 - Number of digital impressions of the safe sleep media campaign.

Measure Status:	Inactive - Completed

State Provided Data		
	2020	2021
Annual Objective		
Annual Indicator		1,000,000
Numerator		
Denominator		
Data Source		MIECHV Program Data
Data Source Year		2021
Provisional or Final ?		Final

ESM 5.3 - Number of caregivers who receive safe sleep training and a pack 'n' play (safe sleep environment) through local county health departments.

Measure Status:	Active

State Provided Data		
	2020	2021
Annual Objective		
Annual Indicator		1,170
Numerator		
Denominator		
Data Source		Office of Injury Preventon
Data Source Year		2021
Provisional or Final ?		Final

Annual Objectives				
	2022	2023	2024	2025
Annual Objective	1,400.0	2,930.0	4,480.0	6,000.0

ESM 5.4 - Percent of at-risk communities with a safe sleep campaign outdoor media presence.

Measure Status:	Active

State Provided Data		
	2020	2021
Annual Objective		
Annual Indicator		50
Numerator		
Denominator		
Data Source		MIECHV Program Data
Data Source Year		2021
Provisional or Final ?		Final

Annual Objectives				
	2022	2023	2024	2025
Annual Objective	55.0	60.0	65.0	70.0

ESM 5.5 - Number of ABCs of Sleep Crib Cards distributed.

Measure Status:	Active

State Provided Data		
	2020	2021
Annual Objective		
Annual Indicator		60,000
Numerator		
Denominator		
Data Source		Office of Injury Preventon
Data Source Year		2021
Provisional or Final ?		Final

Annual Objectives				
	2022	2023	2024	2025
Annual Objective	60,000.0	120,000.0	180,000.0	240,000.0

ESM 5.6 - Percentage of hospitals that are distributing the ABCs of Safe Sleep crib cards to their patient population.

Measure Status:	Active

State Provided Data		
	2020	2021
Annual Objective		
Annual Indicator		58
Numerator		
Denominator		
Data Source		Office of Injury Preventon
Data Source Year		2021
Provisional or Final ?		Final

Annual Objectives				
	2022	2023	2024	2025
Annual Objective	60.0	75.0	80.0	85.0

State Action Plan Table

State Action Plan Table (Arizona) - Perinatal/Infant Health - Entry 1

Priority Need

Promote equitable and optimal care and protective factors for mothers and infants before, during, and after pregnancy.

NPM

NPM 5 - A) Percent of infants placed to sleep on their backs B) Percent of infants placed to sleep on a separate approved sleep surface C) Percent of infants placed to sleep without soft objects or loose bedding

Objectives

By 2025, Arizona will increase the percent of infants placed to sleep on their backs by 15%.

By 2025, Arizona will increase the percent of infants that sleep on a separate approved sleep surface by 16%.

By 2025, Arizona will increase the percentage of infants placed to sleep without soft objects or loose bedding by 15%.

Strategies

Provide continued education and training on the use of sudden unexpected infant death doll reenactments to law enforcement and providers.

The Safe Sleep Task Force will continue to convene partners to address improvements that prevent and reduce infant deaths through collaborative learning, quality improvement and innovation.

Distribute Safe Sleep Baby Crib Cards with education across all birthing facilities.

Support hospitals in establishing safe sleep policies in their facilities.

Support local county health department Safe Sleep initiatives through the Healthy Arizona Families Intergovernmental Agreement.

Continue to enhance safe sleep campaign to increase awareness of safe sleep practices among families with infants to address SUID-related deaths.

Procure and distribute pack n’ plays with safe sleep education to families across the state.

Fund and coordinate Indigenous doula training through the Maternal Health Innovation Program including SUID prevention and cradleboard teachings.

Partner with IHS and tribal communities to distribute pack n’ plays and safe sleep education.

ESMs	Status
ESM 5.1 - Number of safe sleep-related activities that are implemented by local county health departments.	Active
ESM 5.2 - Number of digital impressions of the safe sleep media campaign.	Inactive
ESM 5.3 - Number of caregivers who receive safe sleep training and a pack 'n' play (safe sleep environment) through local county health departments.	Active
ESM 5.4 - Percent of at-risk communities with a safe sleep campaign outdoor media presence.	Active
ESM 5.5 - Number of ABCs of Sleep Crib Cards distributed.	Active
ESM 5.6 - Percentage of hospitals that are distributing the ABCs of Safe Sleep crib cards to their patient population.	Active

NOMs
NOM 9.1 - Infant mortality rate per 1,000 live births
NOM 9.3 - Post neonatal mortality rate per 1,000 live births
NOM 9.5 - Sudden Unexpected Infant Death (SUID) rate per 100,000 live births

State Action Plan Table (Arizona) - Perinatal/Infant Health - Entry 2

Priority Need

Promote equitable and optimal care and protective factors for mothers and infants before, during, and after pregnancy.

NPM

NPM 4 - A) Percent of infants who are ever breastfed B) Percent of infants breastfed exclusively through 6 months

Objectives

By 2025, Arizona will increase the percentage of infants who are ever breastfed to 92%.

By 2025, Arizona will increase the percentage of infants who are breastfed exclusively for 6 months to 27%.

Strategies

Coordinate with internal partners within ADHS' Bureau of Nutrition and Physical Activity (BNPA) and Bureau of Chronic Disease and Health Promotion (BCDHP) to ensure appropriate nutrition for pregnant people (e.g., WIC Program, EmpowerMeA2Z folic acid supplements) and infants (WIC Program, breastfeeding support and policies).

Partner with BNPA to support education and distribute Make it Work Breastfeeding Toolkit.

Promote the Power Me A2Z and Folic Acid resources in county health departments

Support partnership between HRPP and Newborn Screening program to connect families with community health nursing to support families with managing care for newly diagnosed children.

BNPA will continue to provide lactation webinars, partnership meetings and training (LATCH-AZ) to support WIC staff, peer counselors, home visitors, and other community partners.

Promote home visitation programs (HRPP, Health Start, and MIECHV) to support positive parenting and child development.

Child Fatality Review Program will provide in-depth analysis of all child fatalities occurring within the state that will be used to inform strategies.

Partner with MIECHV to enhance the Children's Information Helpline to include a state-wide referral for home visitation programs while continuing to provide information and assistance to pregnant women and children.

Support breastfeeding initiatives through training and certification of home visitors and health professionals, technical assistance, policy and procedures, and direct support services.

Develop a fetal-infant mortality action plan to support statewide infrastructure.

ESMs	Status
ESM 4.1 - Number of home visitors trained to receive a lactation counseling or breastfeeding support certification over the next 5 years.	Active
ESM 4.2 - Percent of home visitors trained on lactation counseling or breastfeeding support training who report an increase in knowledge and skill around breastfeeding best practices.	Inactive
ESM 4.3 - Number of local county health departments working on strategies to promote breastfeeding through the Title V-funded MCH Healthy Arizona Families IGA	Active
ESM 4.4 - Number of calls to the breastfeeding helpline	Active

NOMs
NOM 9.1 - Infant mortality rate per 1,000 live births
NOM 9.3 - Post neonatal mortality rate per 1,000 live births
NOM 9.5 - Sudden Unexpected Infant Death (SUID) rate per 100,000 live births

Perinatal/Infant Health - Annual Report

Priority Needs
• Promote equitable and optimal care and protective factors for mothers and infants before, during, and after pregnancy. • Reduce disparities in infant and maternal morbidity and mortality.
National Performance Measures
• NPM 4 - A) Percent of infants who are ever breastfed B) Percent of infants breastfed exclusively through 6 months • NPM 5 - A) Percent of infants placed to sleep on their backs B) Percent of infants placed to sleep on a separate approved sleep surface C) Percent of infants placed to sleep without soft objects or loose bedding

In 2021, BWCH's infant and perinatal priorities focused on reducing infant mortality and morbidity and promoting equitable and optimal care and protective factors for mothers and infants before, during, and after pregnancy.

To support **NPM 4: Breastfeeding**, the ADHS Bureau of Women's and Children's Health (BWCH) partnered with the ADHS Bureau of Nutrition and Physical Activity (BNPA) to support breastfeeding initiatives through training, technical assistance, policy and procedures, and direct support services. In addition, BNPA, through the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program, was able to provide ongoing training and support opportunities for International Board-Certified Lactation Consultant (IBCLC) certification. Early childhood home visiting programs continued to educate families about infant toddler development, mental health, the critical importance of bonding, injuries in the home, safe sleep, immunizations, and the effects of Adverse Childhood Experiences (ACE). Arizona was also involved in efforts to monitor the incidence of neonatal abstinence syndrome (NAS) and work with child welfare and other state agencies on collaborative strategies to prevent and reduce opioid use and stigma reduction as part of the larger public health response to the opioid epidemic.

BWCH programs continued to experience a level of interruption/impact due to the COVID-19 pandemic; however, stakeholders worked together to shift strategies, establish revised processes, and implement remote/virtual resources to continue supporting infants. The 2021 Perinatal/Infant Health Annual Report will include program updates addressing COVID-19 impact and the strategies implemented to sustain the programs/services. Impact of COVID-19 is addressed within each strategy and new partnerships/strategies developed as a result of COVID-19 are included at the end of this narrative. The following sections detail the 2021 implemented strategies.

In 2021, BWCH continued work to identify programmatic measures and indicators that apply to all BWCH **home visiting programs**, which include MIECHV-funded home visiting programs, the state- and MIECHV-funded Health Start program, and the state- and Title V-funded High Risk Perinatal Program (HRPP). MIECHV, Health Start, and HRPP Community Health Nursing have worked collectively with BWCH's Office of Assessment and Evaluation (OAE) to implement a coordinated home visitation data management system, Efforts-To-Outcomes (ETO). In 2021, we achieved the goal of producing a state-wide home visiting internal service utilization report across state-agency funded evidence-based and promising practice programs. The Service Utilization Report shows data across five (5) home visiting models and three (3) state agency funders. It allows immediate access to live data regarding the number of enrolled families, service area, funder, model and disenrollment rates. The Interagency Leadership Team (IALT) priority workgroup for the Data Management System continued to work on developing system reports with the goal of completing a total of three (3) within 2021. The workgroup surpassed that goal by completing six (6) reports. These reports include the service utilization report; priority populations; demographics; missing data reports; staff funding; data by zip code; and data by Primary Care Area.

In 2021, the **Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV)** in Arizona provided funding to these evidence-based home visiting programs: Healthy Families (through Arizona Department of Child Safety), Nurse-Family Partnership (through Maricopa County Department of Public Health, Pima County Health Department, and First Things First), Family Spirit (through Coconino County and San Carlos Apache Tribe) and Parents as Teachers (provided by three Native American Tribes: Cocopah, Hualapai, and Navajo Nation). In addition, the AZ MIECHV grant was approved to provide funding to three (3) of the Health Start sites as a promising approach. Through the home visiting programs listed

above, MIECHV served 1,831 families in at-risk communities through 25,351 visits, coordinating services across Arizona's early childhood system.

MIECHV supported the 2021-2025 Title V priority needs by implementing various strategies. The strategies and outcomes for 2021 are included in the ***Children's Health Annual Report***. Phase I of the 2020 MIECHV Needs Assessment was completed in April 2020. Phase II of the MIECHV Needs Assessment began in 2021. More information can be found in the ***Children's Health Annual Report***.

Arizona's **Health Start Program**, funded through MIECHV and state lottery funds, uses community health workers (CHWs) to conduct home visits. In December 2021, a Health Start Program Evaluation Impact Report was completed which summarized the results of the assessment of the impact of the Health Start Program from 2006 - 2016. The key findings of the report found that participation in the Health Start Program across this period is associated with decreases in adverse birth outcomes, increases in the level of prenatal care and higher immunization rates of children. The full report is also available in **Appendix G**.

In 2021, the Health Start Program continued to train Health Start home visitors in developmental screening in support of ESM 6.1 (number of home visitors trained to provide ASQ3 and SE2 training over the next five years). In 2021, the program trained two new staff members virtually through trainers at their sites. The program did not meet the annual objective of 10 home visitors trained in 2021, due to the COVID-19 pandemic and the barriers it created to setting up annual in-person training.

Health Start will continue to provide developmental screening for children ages 10-17 months to increase early identification and treatment of developmental delays. In 2021, Health Start provided at least one Ages and Stages Questionnaire (ASQ) screening to 195 children under one year of age (64% of enrolled children). The number of children screened using the ASQ increased slightly during 2021 but was lower than years prior due to the COVID-19 pandemic and the decrease of in-person visits.

Health Start continued to provide the Arizona Survey on Children's Health (ASCH) in 2021 at all 16 sites. There were 305 ASCH surveys completed with families with children ages 11-13 months. There were slightly more surveys completed this year but less than prior years due to COVID-19 and the lack of in-person home visits. This survey was difficult to provide to families during the pandemic. Health Start screened 800 prenatal and postpartum women for substance use; of which, 44 were using tobacco. Of those using tobacco, 24 (55%) accepted education on quitting and referrals to the Arizona ASHline for cessation services.

In 2021, the Health Start program continued working with internal partners in the Bureau of Chronic Disease and Health Promotion (BCDHP) to provide tobacco cessation training and referrals and with the Office of Epidemiology and Disease Control (Division of Preparedness) to mitigate the syphilis outbreak among women and babies through the promotion of increased testing. Additional activities can be found in the ***Women's Health Annual Report***.

The High Risk Perinatal Program (HRPP) is Arizona's oldest home visiting program. The HRPP's purpose is to reduce maternal and infant morbidity and mortality through a statewide regionalized system of coordinated perinatal care. The HRPP is a primarily state-funded program that leverages Title V funds to increase access and enhance services. The HRPP continued to provide early identification of women and children at risk of morbidity and mortality and educate health professionals, families, and communities on developmental care and the needs of medically fragile infants. The HRPP also continued to link pregnant women and infants to the appropriate level of care hospital and establish standards of care and education once families return home after discharge. The components of the program are: a 24/7 Information and Referral Line, Maternal and Neonatal Transport Services, Hospital and Inpatient Physician Services, Community Nursing Services, and Hospital Developmental Care. As mentioned in the ***Children's Health Annual Report***, in 2021 over 4,534 infants were enrolled in HRPP, Community Health Nurses documented 8,661 visits to medically fragile infants and their families after they were discharged from the neonatal intensive care unit (NICU), and 505 critically ill pregnant women and 691 critically ill newborns were transported to the appropriate level of care hospital as determined by program contracted physicians.

The HRPP Community Health Nurses (CHNs) continued to support families through the COVID-19 pandemic by continuing to adapt to the circumstances. The CHNs continued to offer virtual visits for families to help mitigate the spread of COVID-19. The families receive educational materials, ASQ screenings, and Edinburgh Postnatal Depression surveys prior to the visit via email, mail, or dropping the materials off to the families' home. Return to In-Person Visit guidelines were released in May 2021 for CHN agencies to begin the transition back to in-person home visits. CHNs continued to provide POST-BIRTH Warning Signs information to all families at the initial home visit to educate the families on signs and symptoms that would require the family to seek medical care after leaving the hospital.

In 2021, the HRPP CHNs completed 545 surveys for the National Survey of Children's Health (NSCH), which is utilized to improve referrals for children identified as having special health care needs. The CHNs also completed 1,905 initial Ages and Stages Questionnaires (ASQ) and 1,926 Edinburgh Postnatal Depression Screenings (EPDS). Of these EPDS, 215 of

the people screened had a score greater than 9, leading them to be referred to mental health services.

Infants diagnosed with Neonatal Abstinence Syndrome (NAS) are automatically eligible for HRPP home visiting follow-up services. Of the 4,534 infants enrolled in 2021, 732 (16%) of these were diagnosed with NAS and 951 home visits were provided to these infants over the course of the year. The HRPP expanded services to meet the needs of infants diagnosed with NAS and began contracting with Hushabye Nursery in July 2021. The mission of Hushabye Nursery is to 'embrace substance-exposed babies and their caregivers with compassionate, evidence-based care that changes the course of their entire lives.' Eighty-three (83) infants were enrolled over the first six months of the Hushabye Nursery HRPP contract in 2021.

In 2021, the annual High Risk Perinatal Program Conference was integrated into the Strong Families AZ Home Visiting Conference, an annual conference for home visitors in Arizona hosted by ADHS. The four-day conference included one day with a priority population focus specific to the High Risk Perinatal Program population. The conference attendees for that day consisted of Community Health Nurses and Neonatal Intensive Care Nurses across the state of Arizona. This provided an opportunity for Community Health Nurses and Neonatal Intensive Care Nurses to receive professional development targeted to their role and the services that they provide to families.

BWCH continued to implement the **Pregnancy Risk Assessment Monitoring System (PRAMS).** BWCH leveraged Title V and other federal and non-federal funds to further support its ongoing implementation. In 2021, PRAMS continued to use data collected to describe the maternal and infant populations in Arizona and to assess possible associations between perinatal health outcomes and maternal characteristics. Additional information regarding PRAMS is mentioned in the ***Women's Health 2021 Annual Report*** and ***2023 Application***.

Information on **Arizona's Child Fatality Review (CFR) program** is included in the ***Children's Health*** section of the application, with exception to the Safe Sleep and Sudden Unexpected Infant Death (SUID) efforts listed here.

Title V funding is provided to the Office of Injury and Violence Prevention (within the Bureau of Chronic Disease and Health Promotion) to carry out a variety of strategies dedicated to **Safe Sleep.** The Safe Sleep Task Force continued to partner with key stakeholders from around the state to accelerate improvements that prevent and reduce infant deaths. In 2021, the Safe Sleep Task Force met on a quarterly basis and, due to the pandemic, virtually. Partners included the Arizona Department of Economic Security (DES), Arizona Chapter of the American Academy of Pediatrics (AzAAP), Arizona Health Care Cost Containment System (AHCCCS; Arizona's Medicaid program), March of Dimes, partners from birthing and non-birthing hospitals, home visitors, Safe Kids coalitions, county health departments, South Phoenix Healthy Start, Child Care Licensing (within ADHS), Prevent Child Abuse Arizona and Candelen (formerly, Association for Supportive Child Care). Although the COVID-19 pandemic proved to be a barrier in providing education and resources to new parents, our partners found a way to continue educating their communities. At first moving education to virtual platforms proved to be a challenge; however, once the kinks were smoothed out, most agencies were able to continue education. However, not every partner had that success; some faced challenges due to staff being reassigned or for others technology was a barrier. A goal of the task force is to decrease the sudden unexpected infant death (SUID) mortality rate by 5% by promoting safe sleep practices. The task force also worked toward reducing SUID disparities between White and Non-Hispanic Black and between White and American Indian/Alaska Natives by 3%.

Arizona safe sleep work continues to focus on providing safe sleep education and support to families through birthing hospitals, home visiting programs, local county health departments, and licensed and unlicensed child care. Arizona's activities include: adding safe sleep modeling to annual skills training for nurses in hospitals; using safe sleep Bassinet Cards as visual reminders for nursery staff; standardizing safe sleep messages for all home visiting programs; standardizing education and training for home visitors on current American Academy of Pediatric (AAP) guidelines; developing standardized safe sleep messages at ADHS with input from community partners; partnering with community tribal elders on AAP guidelines; engaging grandparents and caregivers on the recommended AAP guidelines; providing training for nursing and medical schools and helping hospitals establish policies.

In 2021, using Title V funding, the Office of Injury and Violence Prevention partnered with the Strong Families home visiting alliance, which is housed within BWCH, to develop a Safe Sleep Toolkit that is easily accessible on the Strong Families website and also available on the ADHS website. The Safe Sleep Toolkit contains suggestions for partners and providers for social media posts, posters that can be printed and commercials that can be added to individual or organizations' social media pages.

A media campaign supported by MIECHV and Title V with newly developed creative was pushed out through digital platforms and within healthcare provider waiting rooms. As a result of this campaign, 213,200 unique users visited the strongfamiliesaz.com/abcsafesleep website.

In 2021, 21 out of Arizona's 36 birthing hospitals participated in the distribution and education of the Crib Cards. Crib Cards are still being distributed to all of our birthing hospitals as needed. Title V funds covered the printing of 60,000 crib cards

distributed to hospital partners in 2021. Through the Safe Sleep Task Force and partnerships, there was consensus to recommend that all birthing hospitals participating in the distribution of the Crib Cards should also develop a safe sleep policy to further educate staff and ensure the same standard of care. Lastly, AzAAP developed a computer-based training on Safe Sleep for pediatricians to improve professional practice, which was rolled out in 2021. Providers can also earn credit for Maintenance of Certification (MOC) Part 4 by taking the training.

In 2021, there were 1170 Pack 'N Plays, purchased with Title V funds, distributed to Apache, Mohave, Pinal, Maricopa, Yuma County and San Carlos Indian Community. To receive a pack 'n play, families receive education about safe sleep and how to follow the ABCs of safe sleep prior to receiving a pack 'n play. Education and pack 'n plays are provided through the partner agencies that receive Title V funded pack 'n plays.

ADHS provided technical guidance on the final activities of the **Border Health CoIIN** initiative carried out by Mariposa Community Health Center in Santa Cruz County for their participation in inter-statewide meetings to increase by 10% the utilization of early and adequate prenatal care amongst Latina women on the US-Mexico Border.

In 2021, Arizona continued to support **Neonatal Abstinence Syndrome (NAS)** and **Substance Exposed Newborn (SEN) prevention** efforts through various collaborative efforts. In 2021, ADHS staff attended meetings and collaborated with stakeholders to discuss ideas and next steps around care coordination processes for substance-exposed newborns and their mothers. ADHS continued to implement two specific action steps identified in the NAS Strategic Plan that was developed in conjunction with other key state agencies and stakeholders, as part of a Learning Lab project under the National Governors Association in 2018 (which has been sunsetted). These two action steps include: 1. development of a stigma reduction media campaign for women using substances and 2. the improvement and enhancement of the NAS/SEN data collection and surveillance system.

The stigma reduction media campaign for women using substances was developed using Title V funds. It was initiated September 7, 2021, and will continue through 2022. The campaign was targeted towards women, families, and providers and included radio spots, billboards and posters, digital media and publications. Messages and information for pregnant people who use substances and their families are available at azhealth.gov/hopeheals and messages and resources for providers who serve pregnant people with substance use disorder are available at azhealth.gov/seemedifferently.

In 2021, an internal ADHS work group convened that is reviewing the definition of NAS and NAS data collection and reporting processes in an effort to improve the accuracy and integrity of the data. This will help ADHS and statewide partners have a better understanding of the incidence and distribution of NAS statewide to guide future prevention efforts. The Bureau continued to monitor the incidence of NAS and worked with child welfare and other state and local county agencies on collaborative strategies to prevent and reduce opioid use specifically, including stigma reduction, as part of the larger universe of efforts addressing the opioid epidemic.

ADHS hosted the annual **Maternal and Infant Mortality Summit** (Sep 28-29, 2021). A total of 627 clinical and non-clinical professionals participated in the virtual conference. One session provided an overview of infant mortality in Arizona; discussed Arizona's approach to assessing disparities across socioeconomic characteristics; and shared results from the Perinatal Periods of Risk (PPOR) analysis conducted by Arizona's Title V Program for 2014-2018 fetal-infant deaths in Arizona (view session recording here). Another session focused on Safe Sleep. Given that 40% of excess infant deaths in Arizona are related to safe sleep, the purpose for this session was to hear from a panel of community providers about strategies to address safe sleep as a primary risk factor for Arizona's infants (view here).There were also presentations on: access to maternal and infant health care, the importance of preconception and interconception health, the impacts of social determinants of health, and other information on improving maternal and infant health outcomes. More information on the Arizona Maternal and Infant Mortality Summit can be found in the ***2021 Women's/Maternal Health Annual Report***.

In 2021, BWCH developed a draft of the Arizona Fetal-Infant Mortality Action Plan. In 2022, the proposed goal is to share the Action Plan with the **People of Color Infant Mortality Workgroup and the Maternal Mortality Workgroup** to gain insight and feedback from community partners and clinical and non-clinical professionals. The draft action plan incorporates the following research and data:

- Findings from Perinatal Periods of Risk (PPOR) analysis for 2014-2018 fetal-infant deaths in Arizona and Arizona's 2021 Child Fatality Review Report (Nov 2021) indicated the importance of improving maternal health conditions in order to reduce the number of excess infant mortality in communities of color (African American and Native

American), especially in deaths due to prematurity or low birthweight.

- Maternal complications are a top cause of infant mortality both in Arizona and nationwide.
- New Title V Block Grant priorities commit Arizona to reducing health disparities related to maternal and infant mortality.
- Causes of mortality in mothers and babies are linked.
- Improved surveillance efforts on maternal and infant deaths establish a relationship between maternal and infant morbidity and other suboptimal outcomes.
- Federal partners encourage integration of prevention strategies for maternal and infant mortality.
- Child Fatality Review (CFR) and Maternal Mortality Review Committee (MMRC) Report recommendations
- Arizona Health Improvement Plan (AzHIP) - ADHS's statewide plan
- MIECHV 2020 Needs Assessment

The Bureau of Nutrition and Physical Activity (BNPA) hosted a number of activities in 2021, related to the **promotion of breastfeeding** with new virtual opportunities to ensure support was not disrupted. In 2021, LATCH-AZ conferences were held in a virtual setting in both January and August. The intent of LATCH-AZ is to provide education and networking opportunities to breastfeeding promotion and support professionals. These sessions attracted a total of 685 Women, Infants and Children (WIC) program staff, peer counselors, Strong Families home visitors, and community partners. In addition, the International Board of Certified Lactation Consultants (IBCLCs) Mentoring Program provided five (5) education sessions designed specifically for the candidates to prepare for the examination. A total of six (6) five-day-long Virtual Breastfeeding Boot Camps were also held to educate more individuals on breastfeeding.

In 2021, the program conducted partner outreach and promoted the breastfeeding courses for clinicians' courses. There are 15 courses available and outreach was conducted among hospital staff. This outreach was facilitated by ADHS and encouraged the Local WIC Agency Breastfeeding Coordinator to also reach out to deepen the relationship and partnership between the organization and birthing facility. By the conclusion of 2021, there were approximately 2,175 total online courses completed. Breastfeeding promotion and support related to child care centers, health care providers, and workplace accommodation programs were challenged in 2020 and 2021 due to the COVID-19 pandemic.

In 2020, through a partnership with Maricopa County Department of Public Health, ADHS supported the Healthy Arizona Workplace Program (HAWP). HAWP is an evidence-based public health initiative that provides various resources to employers to develop and implement workplace plans to improve employee health and wellness using the CDC Worksite Health ScoreCard, which includes "Make It Work Arizona." The "Making It Work Arizona" toolkit materials were reprinted and updated in 2020 and can be requested online by employers to better understand how to support breastfeeding mothers returning to work or school. The toolkit is designed to provide assistance to breastfeeding mothers as well as tools and information for businesses and families. In 2021, 35 employers requested toolkits and reported implementing workplace policies supporting breastfeeding.

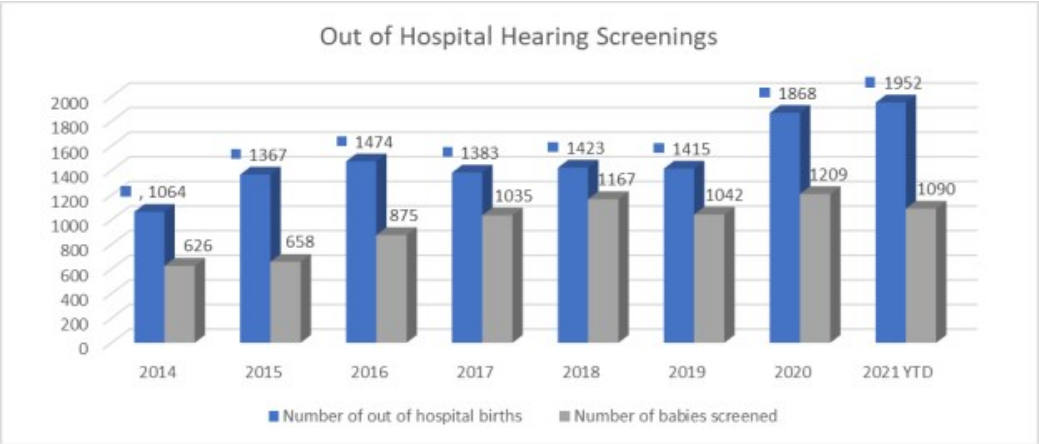
To support families, children and parents with newborns, Arizona's Title V Program funds the **Title V Toll-Free MCH Helplines**, which are maintained by BWCH and BNPA. The dedicated service includes three helplines: 1. Breastfeeding; 2. Children Information Center; and 3. Women's, Infant, and Children (WIC) Program. Information is provided in English, Spanish and Telecommunications Device for the Deaf (TDD). Title V Toll-Free MCH Helplines provided callers with information and resources about breastfeeding; the Women, Infants, and Children (WIC) Program; and other resources for children, including sliding fee scale sites for uninsured families and individuals. In 2021, the 24-hour Breastfeeding Helpline provided breastfeeding support to 6,215 calls.

Newborn Screening (NBS) is a coordinated system of care with partners who collaborate to ensure every newborn receives a screening as well as the appropriate follow-up services, care, and intervention. While not within the BWCH, the Office of Newborn Screening (ONBS) partners with the BWCH on cross-cutting activities and initiatives. In the past, Title V funds were used to help support the work of the Newborn Screening Program.

The COVID-19 pandemic has continued to create numerous issues related to timely and complete screening. For hearing screening, if a mother tests COVID positive, no hearing screening is completed at all. This delay is compounded by limited to no availability to receive an outpatient hearing screening after discharge. The newborn screening program created guidance documents related to the timely collection of newborn screens and emphasized to partners that, as a public health standard of care, these timeframes should be maintained wherever possible. This guidance was sent to pediatricians by the AzAAP chapter as well as posted to the www.aznewborn.com website under COVID-19 Guidance.

In addition, Arizona has experienced a rise in the number of out of hospital births over the last few years — and this number rose by 32% between 2019 and 2020, presumably due in part to the pandemic. The ONBS conducts a program to loan otoacoustic emissions (OAE) hearing screening equipment to midwives who attend home births. Since beginning the loan program, there has been a 50% increase in the number of infants born out of hospital who receive a hearing screening. In the summer of 2021, Title V funding was used to purchase an additional 6 OAE hearing screening kits. These kits have been deployed to high volume urban practices as well to lower volume, but rural, midwives to increase access to screening for these underserved communities.

Figure 13. Newborn Screening of Out of Hospital Births, Arizona (2014-2021)



Despite the pandemic, newborns continued to be identified with conditions through newborn screening. For bloodspot screening, preliminary 2021 data documents that 78 newborns were identified with one of the 29 core bloodspot conditions and an additional 172 infants were incidentally identified with a condition through newborn screening. In addition, for hearing screening, so far, there have been 163 infants identified with permanent hearing loss in Arizona that were born in 2021.

Laboratory analysis is a core function of the ONBS and the program continued to provide data on bloodspot and hearing screening to families and providers in 2021. The ONBS partnered with the CYSHCN Program on a project to lend out otoacoustic emissions (OAE) hearing screening equipment to midwives in the community to ensure that hearing screening is available to those newborns who are born outside of a hospital. The program supports supplies needed to continue to offer this service.

The Title V program also planned on supporting the participation of ONBS staff at national conferences targeted at specific disorders identified through newborn screening, such as the annual National Cystic Fibrosis Conference. Again, due to COVID-19 conferences were either postponed, canceled, or virtual.

The **Arizona Birth Defects Monitoring Program (ABDMP)**, housed within ADHS' Bureau of Public Health Statistics, is a statewide, population-based, active surveillance program that collects and analyzes information on children with reportable birth defects diagnosed within the first year of life. Data is ascertained from hospitals and medical facilities throughout the state on live-born children with potential birth defects and all still-born children of Arizona residents. ABDMP works under the guidance of, and collaboratively with, the National Birth Defects Prevention Network (NBDPN) and CDC to compare data and trends, align prevention efforts, and improve referral to services. With the support of the Title V program, ABDMP shares data to inform internal and external partners, including several programs within BWCH, BNPA, Office of Infectious Disease Services (OIDS), as well as March of Dimes, Arizona Perinatal Trust, and others.

One example is the relationship between ABDMP and BNPA. ABDMP provides annual data to BNPA to guide and support the state's folic acid distribution program, PowerMeA2Z. ABDMP participated in the initial PowerMeA2Z focus groups, and has continued to support and collaborate with the program. ABDMP promotes PowerMeA2Z at community events, and designs projects aimed at increasing folic acid consumption, specifically highlighting PowerMeA2Z.

Highlights of ABDMP's work are best seen through ongoing engagement with partners to foster community support and intervention for families and children with birth defects, promote prevention efforts statewide and nationally, and to provide its unique perspective to partner meetings and collaborations. The Title V program funds a portion of ABDMP staff salaries, supporting the ongoing efforts in birth defect surveillance, prevention, and intervention.

Through continued engagement with its partners in the Division of Prevention within ADHS, in 2021 ABDMP assumed oversight of enhanced surveillance of neonatal abstinence syndrome (NAS). Through improved and expanded surveillance,

we will have improved data and be better able to provide outreach and services to affected families.

Perinatal/Infant Health - Application Year

Priority Needs
• Promote equitable and optimal care and protective factors for mothers and infants before, during, and after pregnancy.
National Performance Measures
• NPM 4 - A) Percent of infants who are ever breastfed B) Percent of infants breastfed exclusively through 6 months • NPM 5 - A) Percent of infants placed to sleep on their backs B) Percent of infants placed to sleep on a separate approved sleep surface C) Percent of infants placed to sleep without soft objects or loose bedding

In application year 2023, the infant and perinatal priority for the Bureau of Women's and Children's Health (BWCH) is to promote equitable and optimal care and protective factors for mothers and infants before, during, and after pregnancy. In meeting this priority, we will continue to remain focused on reducing infant mortality and morbidity, and reducing disparities in infant and maternal morbidity and mortality. BWCH will continue to support NPM 4 and NPM 5 and utilize Title V Needs Assessment data to inform strategies and At the conclusion of this narrative Family Engagement projects will be shared.

Arizona's Title V Program works to address **NPM 6: Developmental Screening** through BWCH's home visiting programs.

Arizona's **early childhood home visiting programs** provide support for new families to promote positive parenting and child development. In 2023, the Maternal, Infant, and Early Childhood Home Visiting (MIECHV), Health Start and the High Risk Perinatal Program (HRPP) home visiting programs will continue to implement strategies that support services for mothers, infants, and families, including educating families about infant toddler development, mental health, the critical importance of bonding, injuries in the home, safe sleep, immunizations, and the effects of Adverse Childhood Experiences (ACEs). In addition, continued professional development for home visitors and home visiting supervisors will be a priority. More information on MIECHV and Health Start home visitation planned activities are included in the ***Children's Health*** and ***Women's Health 2023 Action Plans***.

The High Risk Perinatal Program (HRPP), funded through Title V and state appropriated funds, will continue to contract with medical transport companies to provide air and ground transport for high risk pregnant women and neonates in need of inter-facility transport to a higher level of care. Transport providers obtain authorization and administrative specialty program direction from a board-certified maternal fetal medicine specialist or neonatologist contracted with the ADHS. HRPP provides financial assistance for emergency maternal and neonatal transports and requires contracted transport companies to write off the remaining balances after the established family liability has been met.

The HRPP contracts with all Level II, IIIA, IIIB, and IV hospitals certified by the Arizona Perinatal Trust (APT) to provide the appropriate level of neonatal care. In 2023, as the APT begins recertifying hospitals based on new standards of care, the HRPP will begin contracting with newly established Level II, IIIA, IIIB, and IV perinatal care centers to ensure program services are being offered to all eligible infants in Arizona. The HRPP also will continue to contract with neonatology groups to provide risk-appropriate medical care to enrolled infants during hospitalization. The HRPP provides financial assistance for the families of enrolled infants with third party private insurance to prevent catastrophic costs incurred during the infant's hospital stay. All contracted hospitals and neonatology groups have agreed to "write off" the remaining balances for families after an established family liability has been met.

The HRPP will coordinate with the Arizona Department of Child Safety (DCS) to determine how the program can support and partner with 'SENSE' (Substance Exposed Newborn Safe Environment). The primary goal of SENSE is to ensure substance exposed infants and their families are provided with a coordinated and comprehensive array of services once discharged from the hospital. The HRPP will continue to allow infants with a diagnosis of neonatal abstinence syndrome (NAS) to be automatically eligible regardless of the number of days in the newborn intensive care unit (NICU). The HRPP will continue to collaborate and contract with Hushabye Nursery, a free-standing, non-profit organization whose mission is to 'embrace substance exposed babies and their caregivers with compassionate, evidence-based care that changes the course of their entire lives'. In 2023, the HRPP will also explore the opportunity for collaboration and establish a contract with Jacob's Hope, a care center for newborns suffering from NAS with registered nurses that provide 24-hour medical care.

The HRPP contracts with eight Community Health Nursing (CHN) agencies which cover the entire state and employ over 40 CHNs, who will provide support to families as they transition out of the Special Care Nursery or NICU to home. CHNs will continue to conduct developmental (e.g.., Ages & Stages Questionnaire [ASQ]), physical and environmental assessments; the Edinburgh Postnatal Depression Scale (EPDS) screening; inter-conception education and support; and provide referrals to community services. The HRPP will continue to work with the ADHS Newborn Screening Program (NBS) to ensure infants who require a second screening are identified in a timely manner and administered a second screening. The HRPP will continue to collaborate with MIECHV Strong Families Arizona Network to provide professional development for CHNs.

HRPP plans to continue to offer virtual visits as an alternative to in-person visits (once the program does go back into homes). The virtual visits will be used as needed in between in-home visits. In certain situations, virtual visits act as a transition to the in-person home visit, allowing the nurse to establish a rapport with the family as some families seem comfortable initially doing virtual visits.

Currently, HRPP is in the beginning stages of researching the implementation of the evidence-based Maternal Early Childhood Sustained Home-Visiting (MECSH) program. This program is implemented by nurses for families at risk of poor maternal and child health and development outcomes. It was developed as an effective intervention for vulnerable and at-risk mothers living in areas of socio-economic disadvantage. MECSH draws together available evidence on the importance of the early years, children's health and development, the types of support parents need, parent-infant interaction and holistic, ecological approaches to supporting families. MECSH uses a tiered service model, which encompasses the primary health care and more specialized services that families may need.

Furthermore, BWCH will continue to convene an internal home visiting workgroup to support the goals of shared vision for home visitation within the Bureau, improve communication and coordination among Bureau home visiting programs, and identify opportunities for collaboration and alignment of strategies where applicable. The BWCH Home Visiting Workgroup will continue to monitor trends and impacts of COVID-19 to ensure alignment in strategies to support home visiting programs.

BWCH will continue to support statewide participation in the home visiting database management system for all of its home visiting programs. This initiative will continue to be a partnership between home visiting programs housed within BWCH (Health Start, MIECHV, and HRPP CHN) and the Bureau of Assessment and Evaluation. The aim of this initiative is to consolidate measures; identify rich data sources; reduce unnecessary data collection; and provide consistency to data collection tools and methods at the field level that will provide instant feedback to evaluate programmatic performance and outcomes of each of their programs.

Pregnancy Risk Assessment Monitoring System (PRAMS) is a joint research project between the Arizona Department of Health Services and the Centers for Disease Control and Prevention (CDC) that aims to find out why some babies are born healthy and others are not by asking new mothers in Arizona about their behaviors and experiences around the time of their pregnancy. Findings from AZ PRAMS guide infant health strategies. Housed within the ADHS Bureau of Assessment and Evaluation, AZ PRAMS is predominantly funded through the CDC, but receives supplemental funding through the Justice Reinvestment Fund (state), Council of State and Territorial Epidemiologists, and Title V to enhance program reach. Additional information on PRAMS can be found in the ***Women's Health 2021 Annual Report*** and ***2023 Application***.

In 2023, the **Arizona's Child Fatality Review (CFR) program** will offer additional training to law enforcement agencies, medical examiners, and other first responders. These trainings aim to increase awareness and understanding of the Arizona Child Fatality Review Program as well as the associated Arizona State Statutes; increase understanding on use of the Sudden Unexpected Infant Death (SUID) Investigation Reporting Form and basic Sudden Unexpected Infant Death Investigation (SUIDI) concepts; demonstrate how to perform a doll re-enactment for a SUIDI; and teach first responders the importance of the doll re-enactment for the SUIDI in regards to determination of cause and manner of death. These trainings are scheduled to occur every other year (offset with the pause of the 2022 training due to the COVID-19 pandemic); the next training is scheduled for Spring 2023.

Arizona Revised Statute 36-3506 requires law enforcement to utilize the Infant Death Investigation Checklist as a part of their investigations involving infants. In 2019, the CFR program adopted the Centers for Disease Control's Sudden Unexpected Infant Death Investigation Reporting Form (SUIDIRF) for all investigations surrounding Sudden Unexpected Infant Death (SUID). Additional training on the use of SUID doll reenactments is also provided to better assist agencies with understanding the manner and cause of an infant's death. Additional proposed 2023 activities for Arizona's CFR program are included in the ***Children's Health 2023 Application*** (with exception of the Safe Sleep and SUID efforts listed here).

According to the 2021 Child Fatality Review Report, there were 53 SUIDs in Arizona in 2020 and unsafe sleep environments were identified in 100% (53/53) of them. Arizona's Title V Program works to address **NPM 5: Safe Sleep** through the following strategies.

The **Safe Sleep Task Force** will continue to partner with key community stakeholder from around the state to accelerate improvements that prevent and reduce infant deaths through collaborative learning, quality improvement, and innovation. Key stakeholders include the Department of Child Safety, Safe Kids Coalitions, county health departments, March of Dimes, AzAAP, Health Start, Tribal Injury Prevention, Indian Health Services, First Things First among many others. Arizona plans to reduce unsafe sleep related deaths by improving safe sleep practices to decrease the SUID mortality rate caused by unsafe sleeping conditions by 5%. Arizona also plans to work toward the reduction of disparities between White and Non-Hispanic Black and American Indian/Alaska natives by 3%. Arizona continues to focus on three key partnerships to promote safe sleep practices: birthing hospitals, home visiting programs, and licensed and unlicensed child care. Arizona's activities to address primary drivers of safe sleep include:

- Adding safe sleep modeling to annual skills training as part of the Strong Families AZ Learning Festival;
- Distribute Safe Sleep Crib Cards, which hospital staff can share with families to teach them about Safe Sleep environments and practices, to birthing hospitals;
- Standardizing safe sleep messages for all home visiting programs;
- Standardizing education and training for home visitors on current AAP guidelines;
- Developing standardized safe sleep messages with input from community partners;
- Support local county health department Safe Sleep initiatives through the Healthy Arizona Families Intergovernmental Agreement (MCH HAF IGA);
- Engaging grandparents and caregivers on the recommended AAP guidelines;
- Providing training for nursing and medical schools to help hospitals establish policies; and
- Coordinating efforts to train doulas serving tribal communities through the Maternal Health Innovation Program.

Through this collaborative partnership, there was a consensus that it be recommended that all birthing hospitals participating in the distribution of the crib cards develop a safe sleep policy to further educate staff and ensure the same standard of care across hospitals. The goal is that 75% of all birthing hospitals participate in the distribution of and education of patients using the crib cards. In 2023, the Safe Sleep Task Force will continue to support birthing facilities in developing

and implementing safe sleep policies for their patients. In addition, ADHS's Child Fatality Review program will continue to partner with the Maricopa Medical Examiner's Office to provide training and continued education on the use of Sudden Unexpected Infant Death doll reenactments to law enforcement and providers all around the state. Lastly, current local AzAAP providers also developed a Cognitive Behavior Therapy (CBT) on Safe Sleep for pediatricians to improve their professional practice that will help providers earn credit for Maintenance of Care (MOC) part 4.

Besides the crib cards education and distribution, Title V funding will also continue to be used to purchase cribs (Pack 'n Plays) that are provided to families without a safe sleep environment at home in conjunction with safe sleep education for the family. The ADHS Injury Prevention Program Manager will continue to provide technical assistance on the distribution of Pack 'n Plays to our local partners, including county partners and tribal communities, as funding allows. ADHS Injury Prevention will be developing an online request form to help with the statewide pack 'n play distribution and needs of each of our partners' communities. The intent is to improve the ordering and tracking process for this very important community resource. Additionally, this will allow the program manager to manage communication and support a coordinated internal process.

In 2019 ADHS formed a partnership with Prevent Child Abuse of Arizona to help with distribution, implementation and dissemination of the All Babies Cry program. At this time, it is being distributed through birthing hospitals the All Babies Cry program is a new, evidence-based media program designed to help prevent child abuse during the first year of life - when the highest proportion of incidents occur. Incorporating the protective factors of the Strengthening Families framework and other outcomes-based research. All Babies Cry empowers new mothers and fathers with practical demonstrations of infant soothing and clear strategies for managing normal stress in parenting. Currently, participating hospitals are Mount Graham, Yavapai Regional Birthing Center, Banner Gateway and Banner Desert. There is interest in adding Carondelet St. Joseph's, Tucson Medical Center, Kingman Regional Center as well as all of the Banners in Arizona in 2023.

In application year 2023, Arizona will support efforts to address **Neonatal Abstinence Syndrome (NAS) and newborns exposed prenatally by tobacco, alcohol, and other drugs that are harmful to the newborn.** Arizona will attend meetings and collaborate with stakeholders to discuss ideas and next steps around care coordination processes for newborns exposed prenatally and their mothers and families. Arizona will continue to monitor the progress of achieving the goals and priority action steps that were developed in the 2018 Arizona National Governors Association NAS Action Plan, which was sunsetted in conjunction with other key state agencies' and stakeholders' strategic plans and implementation efforts. Arizona will continue to distribute the NAS provider and patient/client informational flyers through the county health departments to reach local medical providers and the communities. Arizona will continue to work with the Arizona Statewide Task Force on Preventing Prenatal Exposure to Alcohol and Other Drugs to increase awareness of Substance Exposed Newborn (SEN) best practices at the hospital setting and to support universal screening of prenatal and postpartum mothers and newborns.

Arizona will continue to monitor the incidence of NAS and other substance exposure and will improve the NAS and substance exposures surveillance system in an effort to enhance the reporting system to ensure all cases are captured in the data collection.

Strategies will be focused on the larger universe of the opioid epidemic and addressing women and substance use and overdose risk. In application year 2023, ADHS will continue to implement the CDC Overdose Data To Action (OD2A) and SAMHSA's State Opioid Response (SOR) grants that focus on the prevention of opioid drug misuse, abuse, and overdose fatalities. As part of these grants, ADHS works in collaboration with various state agencies, county health departments, local substance abuse coalitions, and other key partners on the implementation of the state's opioid action plan.

ADHS will continue to provide technical assistance to ten (10) county health departments on the implementation of local overdose fatality review (OFR) teams; analyze and disseminate overdose data; increase the capacity of county health departments to deploy and distribute Naloxone; provide support and training on linkages to care; and enhance public access and application of data from multiple sources. This includes providing assistance with increasing public awareness related to prescription drug and illicit substance misuse and abuse; encouraging the adoption of safe opioid prescribing practices by healthcare providers; and distributing and encouraging the use of the Arizona Opioid Prescribing Guidelines, the Guidelines

for Identifying Substance Exposed Newborns, and the online continuing medical education course on safe opioid prescribing practices.

In 2023, BWCH will continue efforts to combine the **People of Color, Infant Mortality workgroup** with the Maternal Mortality Task Force with the intent of aligning maternal and infant mortality and morbidity strategies in Arizona. The goal of the group would be to convene a combined group of stakeholders with a vested interest in addressing the underlying factors associated with health disparities in infant mortality rates among American Indians, Hispanic/Latinos and African Americans in Arizona. BWCH, through the former Office of Assessment and Evaluation (now Bureau of Assessment and Evaluation), completed the Perinatal Periods of Risk (PPOR) analysis to inform the workgroup strategies. Based on the analysis, the workgroup has identified areas in which to implement prevention efforts to address the highest risk factors for high-risk populations including: inadequate weight gain, no prenatal care, multiple gestation, and previous preterm birth. Additionally, focused intervention efforts will be aimed at addressing unsafe sleep environments as excess deaths in the infant health period were attributed to an unsafe sleep environment. Therefore, BWCH will continue to partner with the Maternal Mortality Task Force to focus efforts and build out a plan that aligns with the Maternal Mortality Action Plan; exploring the opportunity to develop a Maternal and Infant Mortality Action Plan. Planned activities for 2023 include: coordinating efforts with the Maternal Mortality Task Force, strategic planning, and continuing to fund a Maternal and Infant Mortality Summit. In order to move this work forward toward the goal of aligning maternal and infant mortality strategies in AZ, BWCH applied for HRSA Catalyst for Infant Health Equity (AzCIHE) Program funding in 2022 and plans to implement the **Arizona Catalyst for Infant Health Equity Program** in 2023, if awarded this funding would provide the financial support to further develop the infrastructure for fetal-infant mortality work and enhance collaboration and alignment between maternal and infant health strategies in Arizona. The purpose of the AzCIHE will be to improve infant health and reduce morbidity through targeted policy and systems-change strategies aimed at improving social determinants of health of at-risk Black/African American, Native American and Hispanic women of child-bearing-age and infants. The AzCIHE will serve as a foundation for policy and systems change on a statewide level through the development of a comprehensive infrastructure that will position Arizona to be a Fetal-Infant Mortality Review (FIMR) state and to become a national leader in infant health. The activities within the AzCIHE will focus primarily on: Economic Stability and Health Care Access and Quality, with some activities around Neighborhood and Built Environment and Social and Community Context. Its activities will have a statewide impact along with a more specific focus on South Phoenix Healthy Start's project area, which comprises 30 zip codes in South Phoenix.

The statewide infrastructure created through the AzCIHE will include the implementation of the existing **Fetal-Infant Mortality Action Plan (FIMA)**; the formation of an **Infant Health Task Force (IHTF)**; and the development of a **Fetal-Infant Mortality Review (FIMR)** team. It will also directly target change in areas with some of the highest fetal-infant mortality disparities in Arizona by forming a South Phoenix Alliance for Infant Health Coalition (SPHS AIM) and starting a Social Determinants of Health Institute (SDOHI) for healthcare providers. If awarded, this funding opportunity will provide the crucial financial backing needed to establish the infrastructure to enact the Fetal-Infant Mortality Action Plan and the Fetal Infant Mortality Review Program in Arizona. The goals of the FIMA are based on the top areas of fetal-infant mortality needs: 1) Reduce prematurity/preterm births; 2) Prevent birth defects; 3) Strengthen systems of care for mothers and infants; 4) Diversity and strengthen the workforce; 5) Improve surveillance of fetal-infant morbidities and deaths; and 6) Promote optimal fetal-infant health. The goals of the FIMA will be accomplished through activities implemented by the Infant Health Task Force that will be formed as part of this program. The Infant Health Task Force will be composed of members of the current Maternal Health Task Force, which will include representatives from ADHS and SPHS AIM, along with members from the South Phoenix Alliance for Maternal Health Coalition. Additionally, ADHS will recruit family advisors and key infant-perinatal health partners, with emphasis in recruiting members that represent the specific population to be served (Black/African American, Native American and Hispanic current or future parents from at-risk communities), to join the IHTF. Additionally, under the AzCIHE, SPHS will develop a Health Equity Institute for providers in response to a direct need from participants for more provider education around the specific social determinants of health affecting fetal-infant health and birth outcomes.

To support **NPM 4: Breastfeeding**, BWCH, in partnership with the Bureau of Nutrition and Physical Activity (BNPA), will continue to support breastfeeding initiatives through training, technical assistance, policy and procedures, and direct support services. In addition, BNPA, through the Maternal, Infant, and Early Childhood Home Visiting (MIEHCV) grant, will provide training and support for home visitors to become International Board-Certified Lactation Consultant (IBCLC) certified or receive in-depth breastfeeding education and training.

To support ***NPM 4: Breastfeeding***, BWCH, in partnership with the Bureau of Nutrition and Physical Activity (BNPA), will continue to support breastfeeding initiatives through training, technical assistance, policy and procedures, and direct support services. In addition, BNPA, through the Maternal, Infant, and Early Childhood Home Visiting (MIEHCV) grant, will provide training and support for home visitors to become International Board-Certified Lactation Consultant (IBCLC) certified or receive in-depth breastfeeding education and training.

The **Bureau of Nutrition and Physical Activity (BNPA)** has a number of planned activities for 2023 related to the promotion of breastfeeding as funds are available. The LATCH-AZ conferences will be scheduled twice yearly as education and networking sessions. These sessions will aim to attract at least 300 WIC staff, peer counselors, Strong Families AZ home visitors, and community partners. In addition, the International Board of Certified Lactation Consultants (IBCLCs) Mentoring Program will provide at least four education sessions designed specifically for the candidates to prepare for the examination. A minimum of four 5-day-long Breastfeeding Boot Camps will be held.

In 2021, the Arizona WIC Program and external community partners identified a need for more robust community-based lactation support for breastfeeding individuals and lactation support professionals. The Arizona WIC Program does not have the human or financial resources to provide all this support on their own, but they are connected to a rich statewide network of lactation professionals. WIC leveraged this network to bring lactation professionals from other programs and arenas together with community members to build community based or circle of lactation support for moms and babies. These networks will continue to meet in 2023.

In 2022, virtual breastfeeding support groups were established throughout Arizona and will continue as a statewide service in 2023. Programs related to child care centers, health care providers, and workplace accommodation programs will continue to be supported but will not be a focus for 2023. BNPA continues to look for additional funding that would allow for sustained and increased efforts in these areas as well as increased awareness and education around breastfeeding and trauma-informed approaches.

To support families, children and parents with newborns, BWCH and BNPA will continue to coordinate efforts to maintain the **Title V toll-free MCH Helplines**. The dedicated service includes three helplines: 1. Breastfeeding; 2. Women's, Infant, and Children (WIC) Program; and 3. Children's Information Center. Information is provided in English, Spanish and Telecommunications Device for the Deaf (TDD). The Breastfeeding Helpline will continue to provide 24-hour breastfeeding support in 2023. BNPA will use information gathered from these calls to guide the development of additional training and educational materials. The website will be evaluated to provide the most updated resources that align with the American Academy of Pediatrics (AAP) and other relevant guidelines recommended by national subject matter authorities as an ongoing effort to maintain up-to-date information and user-friendly resources. Additional information about the Children's Information Helpline can be found in the ***Children's Health 2023 Application***.

Newborn Screening (NBS) is a coordinated system with partners who collaborate to ensure every newborn receives a screening as well as the appropriate follow-up services, care, and intervention. In 2023, as COVID-19 restrictions are lifted, the Office of Newborn Screening looks to continue initiatives with the Title V program, including a successful hearing screening partnership with the CYSHCN Program to provide education and training to physicians, midwives, and other health care professionals in the use of otoacoustic emission (OAE) machines for early hearing screening and detection of children with hearing conditions. NBS is also looking to return to a successful initiative from many years ago that assists midwives in obtaining critical congenital heart disease (CCHD) screening equipment to ensure that pulse oximetry screening is completed on every newborn in their care. There is an opportunity for increased collaboration with the midwife

community as a whole to ensure access to timely newborn screening (bloodspot, hearing and CCHD) is available for all infants in Arizona, even those born outside of the hospital setting.

The program will reevaluate its use of the High Risk Perinatal Program (HRPP), Community Health Nurses (CHN) to ensure that families with newly identified infants receive the support needed in navigating a new diagnosis. This partnership will continue to support efforts to identify infants who need a repeat screening due to an abnormal prior screening and ensure that those infants receive appropriate follow-up screening. Additionally, infants with newly diagnosed conditions will be referred to the CHNs for extra support for the parents/caregivers in caring for their infant with special health care needs. The Office of Newborn Screening (ONBS) will continue to provide refresher training and resources to CHNs at bi-annual HRPP trainings, as needed. In 2022, a planning team made up of the BWCH Home Visiting Workgroup (HRPP, Health Start and MIECHV funded home visitation programs) and NBS will explore opportunities to improve follow-up services and intervention strategies. The goal will be to identify gaps and strategies and map out a process for how home visitation programs can support families whose infants require a second screening or repeat screening.

Laboratory analysis remains a core function of the ONBS and the program will continue to provide data on blood spot and newborn hearing screening. ONBS and the Office of Children's Health, Children and Youth with Special Healthcare Needs (CYSHCN) Program, will continue to partner with data sharing and outreach projects related to sickle cell disease and sickle cell trait. Additionally, the ONBS will continue to partner with the CYSHCN Program on the project (referenced above) to lend out otoacoustic emissions (OAE) hearing screening equipment to midwives in the community to ensure that hearing screening is available to those newborns who are born outside of a hospital. Over the past several years, and especially since COVID-19, there has been an increase in babies born outside of a hospital in Arizona (see data in the ***2021 Infant Health Annual Report***). This has increased the need for additional screening equipment available to loan to midwives around the state, especially in more rural areas where access to loaner equipment is lacking. The NBS program will support the purchase of additional screening equipment, training, calibration and supplies needed to continue to offer this service.

In 2023, the Title V Program will continue to support staff time (a little under .5 FTE) within the **Arizona Birth Defects Monitoring Program (ABDMP)**, housed within ADHS' Business Intelligence Office. AMBDP will collect and analyze information on children with reportable birth defects diagnosed within the first year of life. ABDMP will coordinate with other Title V-funded efforts to work on birth defects prevention efforts (e.g., Preconception Health Alliance, PowerMeA2Z), and promote referrals to appropriate services (e.g., through home visiting programs) to ensure children and families affected by birth defects have access to appropriate care. ABDMP will continue to provide annual data to BNPA to guide and support the state's folic acid distribution program, PowerMeA2Z. ABDMP now also oversees surveillance of Neonatal Abstinence Syndrome (NAS), and works with Title V-funded programs on in-depth analysis of NAS, as well as prevention and intervention projects. More information about the ABDMP can be found in the ***CSHCN domain*** of this application.

BWCH will partner with **Count the Kicks** to plan a full campaign and training in Arizona. Establishing a partnership with Count the Kicks will help build awareness among women in their third trimester and decrease stillbirths in Arizona. According to Count the Kicks Arizona profile, Arizona loses, on average, 489 babies a year due to stillbirth and, on average, 158 babies could be saved every year. Participating states have shown a significant decrease in stillbirth rates after a five-year investment. More information can be found in the ***Women's Health 2023 Action Plan.***

The Office of Children's Health will continue to support Bureau wide implementation of **family and young adult engagement** by managing the contract within the Children and Youth with Special Health Care Needs (CYSHCN) Program awarded to Diverse Ability Inc and Raising Special Kids. The CYSHCN Program sits within the Office of Children's Health and has two family advisors positioned within the program that currently provide insight and feedback based on their lived experience to support the program and offer support to other programs and offices as requested. For Perinatal/Infant Health, similarly to Child Health, the goal is to connect the CYSHCN Family advisors to more opportunities that impact the population served within this priority by connecting to programs like the High Risk Perinatal Program, Safe Sleep, and Home Visiting.

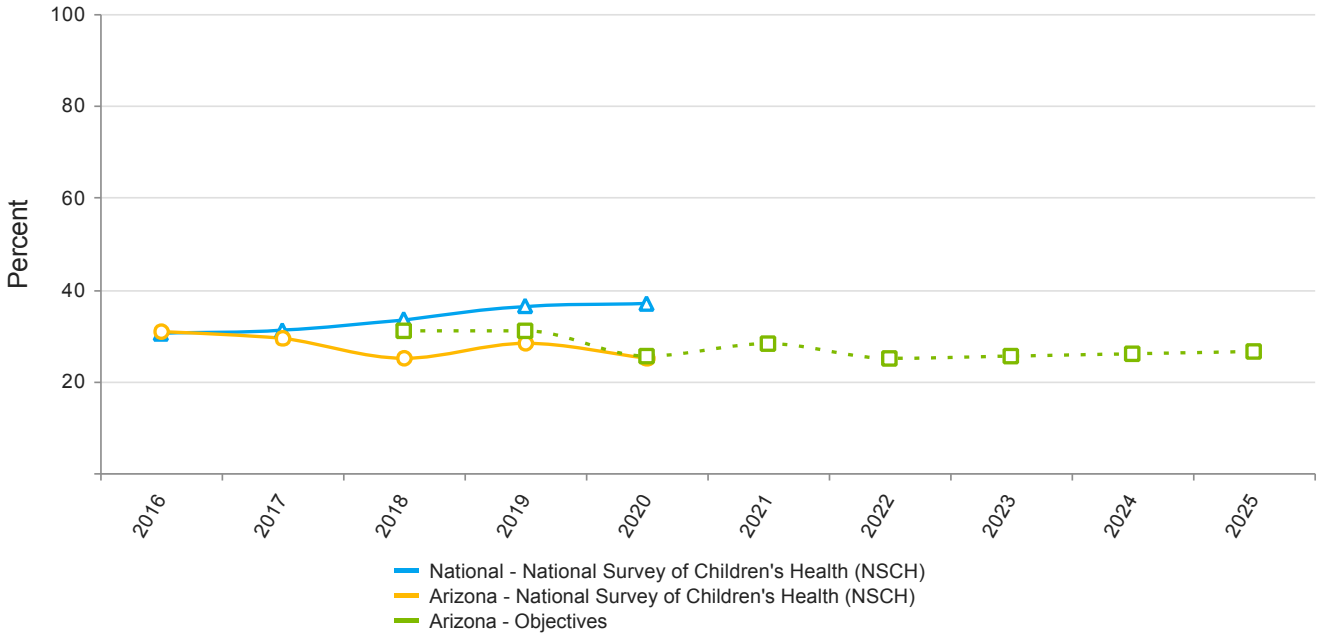
Through that initial intentional review of the program, we will be able to develop a family engagement role that will be able to continue to collaborate with initiatives within the Perinatal/Infant domain.

Due to current exploratory conversations and leading the efforts in bureau wide implementation, the CYSHCN Program Family Advisor Dawn Bailey, along with Diverse Ability Inc will share information on family engagement best practices at a learning festival taking place in 2023 for the Home Visiting Program.

National Performance Measures

NPM 6 - Percent of children, ages 9 through 35 months, who received a developmental screening using a parent-completed screening tool in the past year

Indicators and Annual Objectives



Federally Available Data					
Data Source: National Survey of Children's Health (NSCH)					
	2017	**2018**	**2019**	**2020**	**2021**
Annual Objective		31	31	25.5	28.2
Annual Indicator	30.8	29.2	25.1	28.2	24.9
Numerator	58,903	52,685	39,741	48,139	46,714
Denominator	191,410	180,653	158,512	170,991	187,257
Data Source	NSCH	NSCH	NSCH	NSCH	NSCH
Data Source Year	2016	2016_2017	2017_2018	2018_2019	2019_2020

Annual Objectives				
	2022	**2023**	**2024**	**2025**
Annual Objective	25.0	25.5	26.0	26.5

Evidence-Based or –Informed Strategy Measures

ESM 6.1 - Proportion of new home visitors trained to provide ASQ within 6 months of hire.

Measure Status:				Active	
State Provided Data					
	2017	**2018**	**2019**	**2020**	**2021**
Annual Objective			75	85	85
Annual Indicator			75	83.3	92.3
Numerator					
Denominator					
Data Source			In-House HV Data	In-House HV Data	In-House HV Data
Data Source Year			2019	2020	2021
Provisional or Final ?			Final	Final	Final

Annual Objectives				
	2022	**2023**	**2024**	**2025**
Annual Objective	95.0	96.0	97.0	98.0

ESM 6.2 - Percentage of children receiving an ASQ within 1 year of program enrollment.

Measure Status:	Active

State Provided Data					
	2017	2018	2019	2020	2021
Annual Objective			80	90	70
Annual Indicator			89	68	57.6
Numerator					
Denominator					
Data Source			In-House HV Data	In-House HV Data	In-House HV Data
Data Source Year			2019	2020	2021
Provisional or Final ?			Final	Final	Final

Annual Objectives				
	2022	2023	2024	2025
Annual Objective	60.0	65.0	70.0	75.0

ESM 6.3 - Percent of children enrolled in home visiting who received a referral for developmental services and have a complete referral.

Measure Status:	Active

State Provided Data		
	2020	2021
Annual Objective		
Annual Indicator		83.9
Numerator		
Denominator		
Data Source		Efforts to Outcome
Data Source Year		2021
Provisional or Final ?		Final

Annual Objectives				
	2022	2023	2024	2025
Annual Objective	84.0	87.0	90.0	93.0

ESM 6.4 - Number of providers that receive developmental screening training.

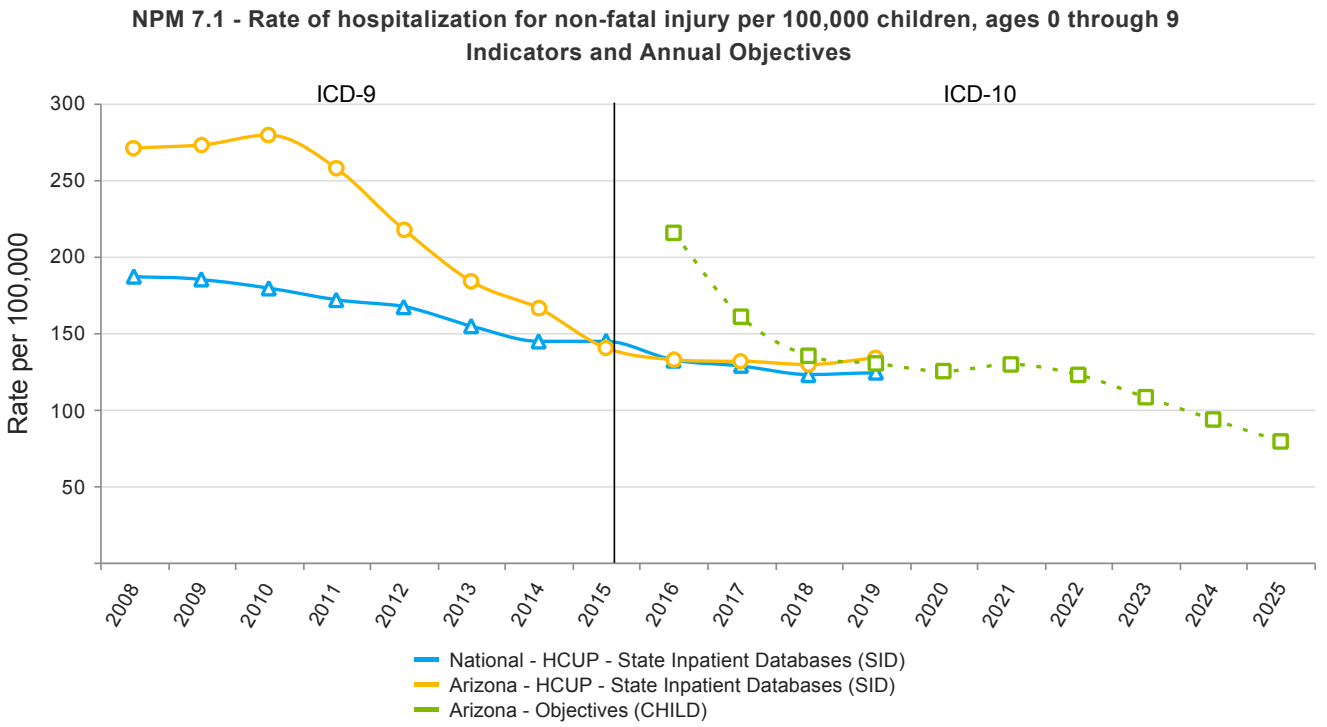
Measure Status:	Inactive - Unable to accurately collect this metric

State Provided Data		
	2020	2021
Annual Objective		
Annual Indicator		20
Numerator		
Denominator		
Data Source		MIECHV Program Data
Data Source Year		2021
Provisional or Final ?		Final

ESM 6.5 - Percent of providers that receive developmental screening training who report initiating developmental screenings with parents in their practices.

Measure Status:	Inactive - Unable to accurately collect this metric

State Provided Data		
	2020	2021
Annual Objective		
Annual Indicator		75
Numerator		
Denominator		
Data Source		In-House HV Data
Data Source Year		2021
Provisional or Final ?		Final



Note: ICD-10-CM beginning in 2016; previously ICD-9-CM with 2015 representing January - September

Federally Available Data					
Data Source: HCUP - State Inpatient Databases (SID)					
	2017	**2018**	**2019**	**2020**	**2021**
Annual Objective	160.5	135	130	125	129.4
Annual Indicator	140.1	132.0	131.5	129.4	133.8
Numerator	937	1,179	1,168	1,149	1,182
Denominator	668,659	893,476	888,421	887,662	883,480
Data Source	SID-CHILD	SID-CHILD	SID-CHILD	SID-CHILD	SID-CHILD
Data Source Year	2015	2016	2017	2018	2019

Annual Objectives				
	2022	**2023**	**2024**	**2025**
Annual Objective	122.6	108.0	93.5	79.2

Evidence-Based or –Informed Strategy Measures

ESM 7.1.1 - Number of injury prevention activities done by local county health departments specific for children ages 0 through 9

Measure Status:	Active

State Provided Data			
	2019	2020	2021
Annual Objective			6
Annual Indicator	0	5	4
Numerator			
Denominator			
Data Source	Healthy Arizona Families IGA	Healthy Arizona Families IGA	Healthy Arizona Families IGA
Data Source Year	2019	2020	2021
Provisional or Final ?	Final	Final	Final

Annual Objectives				
	2022	2023	2024	2025
Annual Objective	6.0	8.0	10.0	12.0

ESM 7.1.2 - Number of car seats and home safety kits distributed with caregiver education.

Measure Status:	Active

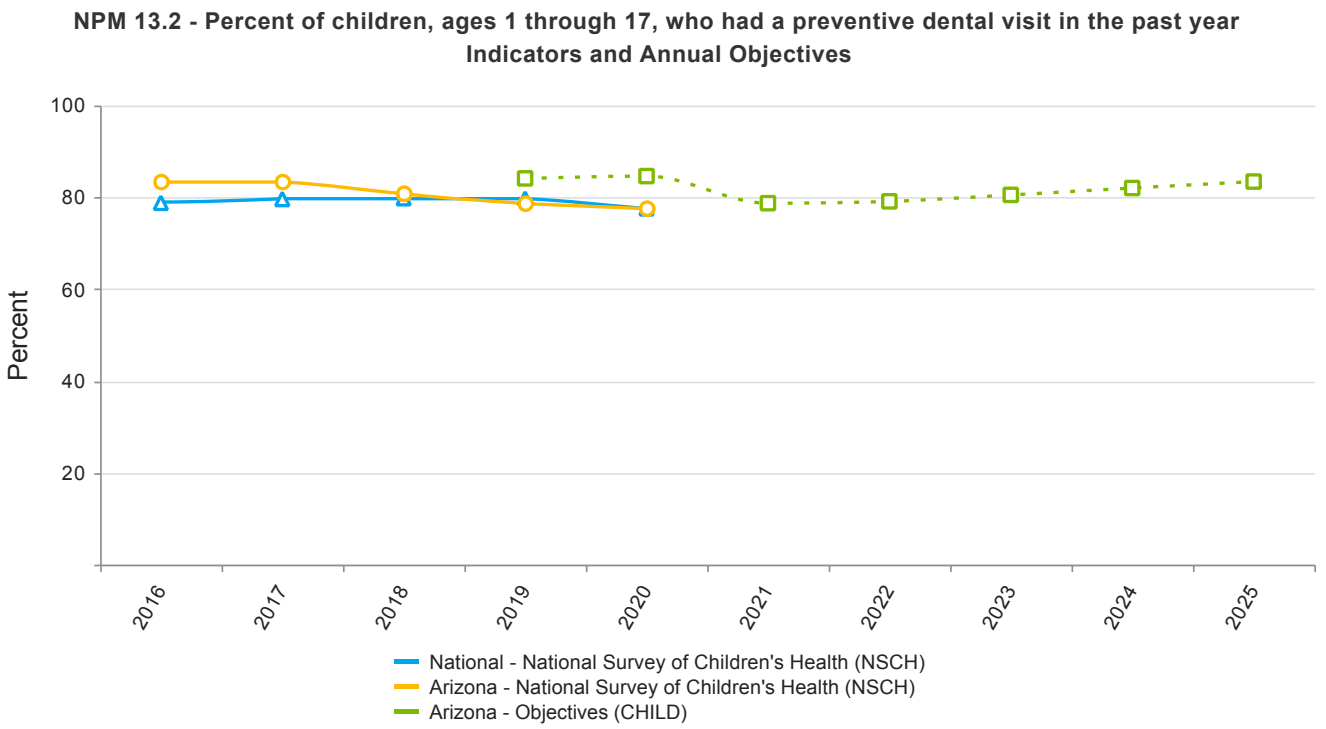
State Provided Data		
	2020	2021
Annual Objective		
Annual Indicator		4,270
Numerator		
Denominator		
Data Source		Office of Injury Preventon
Data Source Year		2021
Provisional or Final ?		Final

Annual Objectives				
	2022	2023	2024	2025
Annual Objective	4,500.0	5,000.0	5,500.0	6,000.0

ESM 7.1.3 - Percent of local county health departments that have at least one staff trained in safe car seat installation and use.

Measure Status:	Inactive - Completed

State Provided Data		
	2020	2021
Annual Objective		
Annual Indicator		100
Numerator		
Denominator		
Data Source		Office of Injury Preventon
Data Source Year		2021
Provisional or Final ?		Final



NPM 13.2 - Child Health

Federally Available Data					
Data Source: National Survey of Children's Health (NSCH)					
	2017	**2018**	**2019**	**2020**	**2021**
Annual Objective			84	84.5	78.6
Annual Indicator	83.3	83.2	80.5	78.6	77.5
Numerator	1,276,556	1,273,160	1,229,320	1,226,972	1,216,486
Denominator	1,531,909	1,530,467	1,527,075	1,561,412	1,569,334
Data Source	NSCH	NSCH	NSCH	NSCH	NSCH
Data Source Year	2016	2016_2017	2017_2018	2018_2019	2019_2020

Annual Objectives				
	2022	**2023**	**2024**	**2025**
Annual Objective	79.0	80.4	81.9	83.3

Evidence-Based or –Informed Strategy Measures

ESM 13.2.1 - Proportion of urgent dental cases identified in the sealant program referred for treatment.

Measure Status:				Active	
State Provided Data					
	2017	**2018**	**2019**	**2020**	**2021**
Annual Objective			84	87	94
Annual Indicator			82	94	95
Numerator					
Denominator					
Data Source			Office of Oral Health	Office of Oral Health	Office of Oral Health
Data Source Year			2019	2020	2021
Provisional or Final ?			Provisional	Final	Final

Annual Objectives				
	2022	**2023**	**2024**	**2025**
Annual Objective	97.0	99.0	100.0	100.0

ESM 13.2.2 - Proportion of early dental cases identified in the sealant program referred for treatment.

Measure Status:	Active

State Provided Data					
	2017	2018	2019	2020	2021
Annual Objective			79	67	91
Annual Indicator			65	91	93
Numerator					
Denominator					
Data Source			Office of Oral Health	Office of Oral Health	Office of Oral Health
Data Source Year			2019	2020	2021
Provisional or Final ?			Final	Final	Final

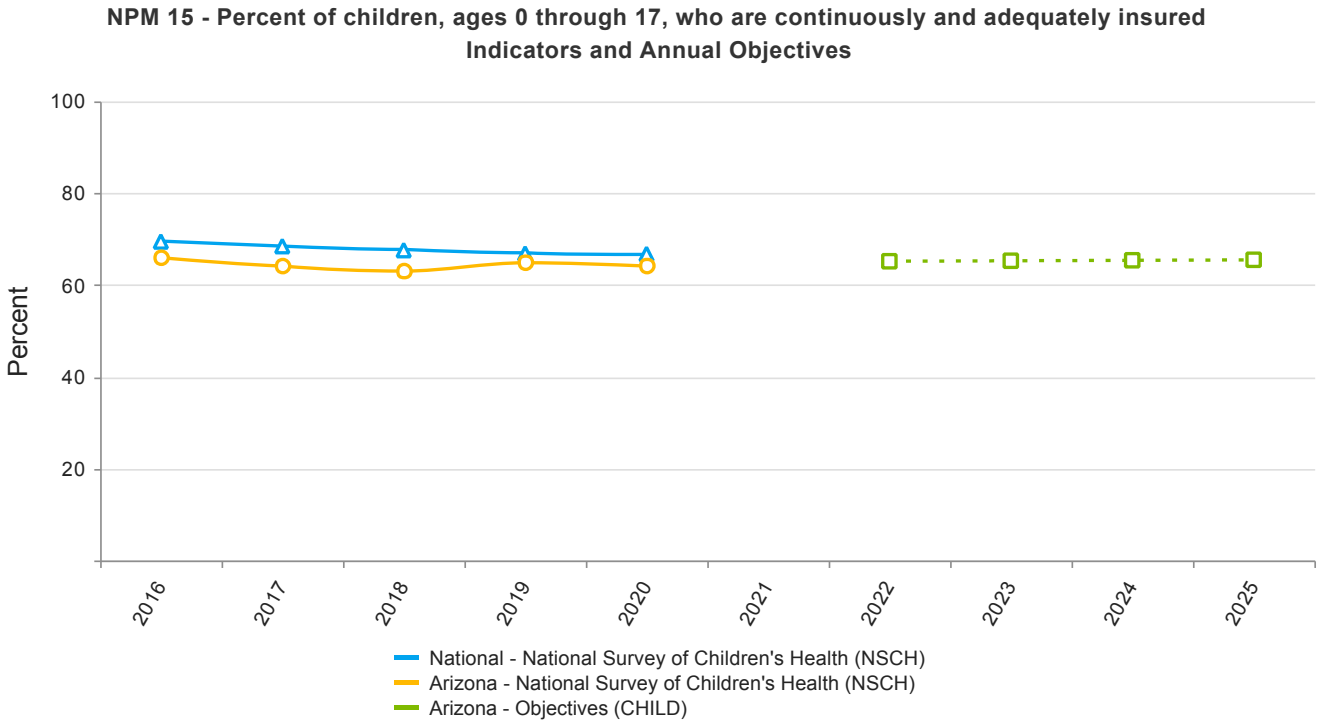
Annual Objectives				
	2022	2023	2024	2025
Annual Objective	95.0	97.0	98.0	99.0

ESM 13.2.3 - Percent of children who participate in the School-based dental program

Measure Status:	Active

State Provided Data			
	2019	2020	2021
Annual Objective			30
Annual Indicator	0	29	32
Numerator			
Denominator			
Data Source	Office of Oral Health	Office of Oral Health	Office of Oral Health
Data Source Year	2019	2020	2021
Provisional or Final ?	Final	Final	Final

Annual Objectives				
	2022	2023	2024	2025
Annual Objective	35.0	40.0	45.0	50.0



NPM 15 - Child Health

Federally Available Data		
Data Source: National Survey of Children's Health (NSCH)		
	2020	**2021**
Annual Objective		
Annual Indicator	64.9	64.2
Numerator	1,056,110	1,049,453
Denominator	1,627,954	1,635,373
Data Source	NSCH	NSCH
Data Source Year	2018_2019	2019_2020

Annual Objectives				
	2022	**2023**	**2024**	**2025**
Annual Objective	65.1	65.2	65.3	65.4

Evidence-Based or –Informed Strategy Measures

ESM 15.1 - The number of state loan repayment program registered sites that offer assistance with insurance applications.

Measure Status:	Active

State Provided Data		
	2020	2021
Annual Objective		
Annual Indicator		321
Numerator		
Denominator		
Data Source		Primary Care Office
Data Source Year		2021
Provisional or Final ?		Final

Annual Objectives				
	2022	2023	2024	2025
Annual Objective	400.0	500.0	600.0	700.0

ESM 15.2 - Percent of Title V staff and contractors that receive education on insurance coverage options for children and pregnant women.

Measure Status:	Inactive - Not an evidence-based strategy

State Provided Data		
	2020	2021
Annual Objective		
Annual Indicator		0
Numerator		
Denominator		
Data Source		Primary Care Office
Data Source Year		2021
Provisional or Final ?		Final

ESM 15.3 - Number of learning opportunities for external maternal and child health partners on insurance coverage for children and pregnant women.

Measure Status:	Inactive - Not an evidence based strategy	
State Provided Data		
	2020	**2021**
Annual Objective		
Annual Indicator		0
Numerator		
Denominator		
Data Source		Primary Care Office
Data Source Year		2021
Provisional or Final ?		Final

ESM 15.4 - Percentage of adults that have access to a personal care provider.

Measure Status:	Inactive - The measure is not connected to Children's health.	
State Provided Data		
	2020	**2021**
Annual Objective		
Annual Indicator	79.7	77.1
Numerator	7,093	7,880
Denominator	8,898	10,216
Data Source	BRFSS	BRFSS
Data Source Year	2019	2020
Provisional or Final ?	Final	Final

State Action Plan Table

State Action Plan Table (Arizona) - Child Health - Entry 1	
Priority Need	
Strengthen emotional, physical, and social services to achieve an equitable and optimal development for children.	
NPM	
NPM 6 - Percent of children, ages 9 through 35 months, who received a developmental screening using a parent-completed screening tool in the past year	
Objectives	
By 2025, 1 out of every 3 children, ages 9 through 35 months, will have received a developmental screening using a parent-completed screening tool in the past year in Arizona.	
Strategies	
Provide support and ongoing professional development among existing home visitors and early childhood professionals trained in the Ages & Stages Questionnaire to ensure a trained workforce.	
Expand knowledge and awareness of the ASQ training to pediatric and family practice providers, connecting providers to trainers. i.e.safety net providers including FQHCs, National Service Corp Sites, Rural Health Clinics, etc)	
Provide ongoing professional development among ADHS funded home visiting programs to complete the ASQ to ensure families follow through on the referral.	
ESMs	**Status**
ESM 6.1 - Proportion of new home visitors trained to provide ASQ within 6 months of hire.	Active
ESM 6.2 - Percentage of children receiving an ASQ within 1 year of program enrollment.	Active
ESM 6.3 - Percent of children enrolled in home visiting who received a referral for developmental services and have a complete referral.	Active
ESM 6.4 - Number of providers that receive developmental screening training.	Inactive
ESM 6.5 - Percent of providers that receive developmental screening training who report initiating developmental screenings with parents in their practices.	Inactive

NOMs

NOM 13 - Percent of children meeting the criteria developed for school readiness (DEVELOPMENTAL)

NOM 19 - Percent of children, ages 0 through 17, in excellent or very good health

State Action Plan Table (Arizona) - Child Health - Entry 2

Priority Need

Strengthen emotional, physical, and social services to achieve an equitable and optimal development for children.

NPM

NPM 7.1 - Rate of hospitalization for non-fatal injury per 100,000 children, ages 0 through 9

Objectives

By 2025, Arizona will reduce the rate of hospitalization for non-fatal injury per 100,000 children, ages 0 through 9 by 7%.

Strategies

Provide funding to support Injury Prevention resources and activities (e.g. motor vehicle, safe sleep, injury prevention coalition, Safe Kids Coalition, etc.) to reduce injury hospitalization and deaths due to injury/accidents.

Provide car seat safety education and distribute car seats to reduce motor vehicle/traffic injuries and fatalities.

Partner with MIECHV and Office of Injury prevention, to develop home and environmental safety kits for home visitors to provide to families in need.

Fund the local county health departments to implement injury prevention strategies through the MCH Healthy Arizona Families IGA.

Fund the Arizona American Academy of Pediatrics (AzAAP) to provide support to critical access and tribal hospitals to develop their pediatric emergency readiness needs and engage existing Pediatric Prepared Emergency Care member health care providers to continue to develop their capacity to stabilize and manage pediatric emergencies.

Continue to engage with ADHS's Pediatric Advisory Council for Emergency Services (PACES) to ensure that Emergency Medical Services are prepared to serve children and CYSHCN.

Partner with the Bureau of Nutrition and Physical Activity (BNPA) on initiatives that support the health and wellness of children (e.g., Empower, WIC Program).

The Arizona Partnership for Immunization (TAPI) will distribute educational pieces to schools, child care facilities, private providers, county health departments, community health centers, managed care organizations and Women, Infants, and Children (WIC) Program sites.

TAPI will help get public health COVID-19 immunization guidance to primary care offices, including health alerts and how to manage immunizations for infants and vaccine inventory.

Share statewide AZ TAPI Immunization efforts with providers and partners.

ESMs	Status
ESM 7.1.1 - Number of injury prevention activities done by local county health departments specific for children ages 0 through 9	Active
ESM 7.1.2 - Number of car seats and home safety kits distributed with caregiver education.	Active
ESM 7.1.3 - Percent of local county health departments that have at least one staff trained in safe car seat installation and use.	Inactive

NOMs
NOM 15 - Child Mortality rate, ages 1 through 9, per 100,000
NOM 16.1 - Adolescent mortality rate ages 10 through 19, per 100,000
NOM 16.2 - Adolescent motor vehicle mortality rate, ages 15 through 19, per 100,000
NOM 16.3 - Adolescent suicide rate, ages 15 through 19, per 100,000

State Action Plan Table (Arizona) - Child Health - Entry 3

Priority Need

Strengthen emotional, physical, and social services to achieve an equitable and optimal development for children.

NPM

NPM 13.2 - Percent of children, ages 1 through 17, who had a preventive dental visit in the past year

Objectives

By 2025, 4 out of every 5 children ages 1 through 17, will have a preventive dental visit in Arizona.

Strategies

Identify partnerships to better coordinate dental services for pregnant women and children.

Implement a school-based dental sealant program high-risk children in eligible public and charter schools throughout Arizona to support progress toward an increased percentage of children with a preventive dental visit.

Partner with AT Still University, School of Dentistry and Oral Health to implement the sealant program in under served schools.

Implement the oral health study in Arizona's public schools.

ESMs	Status
ESM 13.2.1 - Proportion of urgent dental cases identified in the sealant program referred for treatment.	Active
ESM 13.2.2 - Proportion of early dental cases identified in the sealant program referred for treatment.	Active
ESM 13.2.3 - Percent of children who participate in the School-based dental program	Active

NOMs

NOM 14 - Percent of children, ages 1 through 17, who have decayed teeth or cavities in the past year

NOM 19 - Percent of children, ages 0 through 17, in excellent or very good health

NOM 17.2 - Percent of children with special health care needs (CSHCN), ages 0 through 17, who receive care in a well-functioning system

State Action Plan Table (Arizona) - Child Health - Entry 4

Priority Need

Strengthen emotional, physical, and social services to achieve an equitable and optimal development for children.

NPM

NPM 15 - Percent of children, ages 0 through 17, who are continuously and adequately insured

Objectives

By 2025, 2 out of every 3 children, ages 0 through 17 will be continuously and adequately insured.

Strategies

Continue to support COVID-19 pandemic recovery efforts that will focus on improved child health and well-being.
Partner with MIECHV to enhance the Children's Information Helpline to include a state-wide referral for home visitation programs while continuing to provide information and assistance to pregnant women and children.
Partner with the Bureau of Nutrition and Physical Activity (BNPA) on initiatives that support the health and wellness of children (e.g., Empower, WIC Program).
Leverage existing partnerships and resources to support child/family care for communities in need
Create and provide resources that improve awareness of, and address, the impact of social isolation and loneliness on family health and building social connections.
Continue to promote Strong Families AZ, Arizona's home visiting alliance supporting home visiting as a key link to early childhood intervention, community supports such as health care, mental health, early care and education and services that promote child development and healthy child-parent interaction.
Increase community awareness on available tax resources (i.e. tax credits such as the Child Care Credit, Child Tax Credit) and other resources established to address poverty and social inequity.

ESMs	Status
ESM 15.1 - The number of state loan repayment program registered sites that offer assistance with insurance applications.	Active
ESM 15.2 - Percent of Title V staff and contractors that receive education on insurance coverage options for children and pregnant women.	Inactive
ESM 15.3 - Number of learning opportunities for external maternal and child health partners on insurance coverage for children and pregnant women.	Inactive
ESM 15.4 - Percentage of adults that have access to a personal care provider.	Inactive

NOMs

NOM 17.2 - Percent of children with special health care needs (CSHCN), ages 0 through 17, who receive care in a well-functioning system

NOM 18 - Percent of children, ages 3 through 17, with a mental/behavioral condition who receive treatment or counseling

NOM 19 - Percent of children, ages 0 through 17, in excellent or very good health

NOM 22.1 - Percent of children who have completed the combined 7-vaccine series (4:3:1:3*:3:1:4) by age 24 months

NOM 22.2 - Percent of children, ages 6 months through 17 years, who are vaccinated annually against seasonal influenza

NOM 22.3 - Percent of adolescents, ages 13 through 17, who have received at least one dose of the HPV vaccine

NOM 22.4 - Percent of adolescents, ages 13 through 17, who have received at least one dose of the Tdap vaccine

NOM 22.5 - Percent of adolescents, ages 13 through 17, who have received at least one dose of the meningococcal conjugate vaccine

NOM 25 - Percent of children, ages 0 through 17, who were unable to obtain needed health care in the past year

State Action Plan Table (Arizona) - Child Health - Entry 5

Priority Need

Reduce disparities in infant and maternal morbidity and mortality.

NPM

NPM 15 - Percent of children, ages 0 through 17, who are continuously and adequately insured

Objectives

By 2025, Arizona will increase the number of healthcare providers in underserved communities by 5%.

By 2025, Arizona will increase the number of data points collected by the SLRP to understand the impact of the program in underserved communities.

Strategies

Continue to implement the State Loan Repayment Program.

Partner with stakeholders to provide opportunities telehealth and telemedicine statewide

Improve data collection efforts to evaluate service impact by the State Loan Repayment Program.

Fund and coordinate continuing education opportunities for workforce program participants on topics of interest to Arizona’s Title V program, such as social determinants of health, implicit bias, culturally and linguistically appropriate care, adolescent health, etc .

Outreach to medical and dental schools, clinical professional schools, and professional organizations to promote recruitment and retention of providers in underserved communities.

Provide internship rotations throughout BWCH to develop the public health workforce.

Leverage existing partnerships to diversify MCH workforce.

Establish an MOU with the AzAHEC and Arizona Alliance for Community Health Centers (AACHC), Arizona’s Primary Care Association (PCA), to create a rotation at an FQHC for a medical student interested in becoming a Developmental Pediatrician.

Collaborate with partners and family advisors to discuss shortage of providers, including oral health providers and specialists, that serve CYSHCN and their families and identify potential strategies.

ESMs	Status
ESM 15.1 - The number of state loan repayment program registered sites that offer assistance with insurance applications.	Active
ESM 15.2 - Percent of Title V staff and contractors that receive education on insurance coverage options for children and pregnant women.	Inactive
ESM 15.3 - Number of learning opportunities for external maternal and child health partners on insurance coverage for children and pregnant women.	Inactive
ESM 15.4 - Percentage of adults that have access to a personal care provider.	Inactive

NOMs
NOM 17.2 - Percent of children with special health care needs (CSHCN), ages 0 through 17, who receive care in a well-functioning system
NOM 18 - Percent of children, ages 3 through 17, with a mental/behavioral condition who receive treatment or counseling
NOM 19 - Percent of children, ages 0 through 17, in excellent or very good health
NOM 22.1 - Percent of children who have completed the combined 7-vaccine series (4:3:1:3*:3:1:4) by age 24 months
NOM 22.2 - Percent of children, ages 6 months through 17 years, who are vaccinated annually against seasonal influenza
NOM 22.3 - Percent of adolescents, ages 13 through 17, who have received at least one dose of the HPV vaccine
NOM 22.4 - Percent of adolescents, ages 13 through 17, who have received at least one dose of the Tdap vaccine
NOM 22.5 - Percent of adolescents, ages 13 through 17, who have received at least one dose of the meningococcal conjugate vaccine
NOM 25 - Percent of children, ages 0 through 17, who were unable to obtain needed health care in the past year

Child Health - Annual Report

Priority Needs
• Strengthen emotional, physical, and social services to achieve equitable and optimal development for children.
National Performance Measures
• NPM 6 - Percent of children, ages 9 through 35 months, who received a developmental screening using a parent-completed screening tool in the past year • NPM 7.1 - Rate of hospitalization for non-fatal injury per 100,000 children, ages 0 through 9 • NPM 13.2 - Percent of children, ages 1 through 17, who had a preventive dental visit in the past year • NPM 15 - Percent of children, ages 0 through 17, who are continuously and adequately insured

In 2021, the Arizona Title V Program priorities for children continued to focus on decreasing the rate of injuries, both intentional and unintentional, for children aged 0-19 years and improving access to quality preventive health services, specifically developmental screening. Injury prevention programs supported **NPM 7.1 and 7.2: Injury Hospitalization** (rate of hospitalization for non-fatal injury per 100,000 children, ages 0 through 9 and 10 through 19). The strategies to decrease the incidence of childhood injury continued to analyze child death data to support and train law enforcement agencies, medical examiners, and first responders on death scene investigation and primary prevention efforts in the recognition of unsafe sleeping environments. Technical assistance for emergency departments and support of local Safe Kids coalitions strategies were implemented. BWCH home visiting programs continued to implement a variety of home visiting models to support **NPM 6: Development Screening** (percent of children, ages 9 through 35 months, who received a developmental screening using a parent-completed screening tool in the past year).

The ADHS Bureau of Women's and Children's Health (BWCH) programs continued to experience a level of interruption/impact due to the COVID-19 pandemic; however, stakeholders worked together to shift strategies, establish revised processes, and implement remote/virtual resources to continue supporting children. The Children's Health Annual Report will include program updates addressing COVID-19 impact and the strategies implemented to sustain the programs/services. The impact of COVID-19 is addressed within each strategy and new partnerships/strategies developed as a result of COVID-19 are included at the end of this narrative. The following sections detail the 2021 implemented strategies.

Arizona's Child Fatality Review (CFR) Program contracts with and funds 10 local review teams to conduct in-depth analysis of all child fatalities occurring within the state. CFR reviews are conducted by a multi-disciplinary group of dedicated professionals including: medical professionals, law enforcement, public health professionals, child safety specialists, behavioral specialists, and representatives from Arizona's tribal nations. Each year the team reviews around 800 child deaths in the state. Teams have been instrumental in the identification of preventable child deaths occurring throughout the state. ADHS used the review data collected to develop prevention strategies, increase public awareness of high-risk behaviors, and promote child safety. The Annual Child Fatality Review Report on 2020 Arizona Deaths, published in November 2021, provided statewide partners with key insights, data, and recommendations concerning child fatalities in Arizona. In addition, regional CFR infographics provide communities with localized data summaries.

Due to the current state of the pandemic, the CFR program switched to virtual review meetings, which presented new challenges. Arizona's CFR Program received funding through Proposition 207 (Smart and Safe Arizona Act) to purchase

equipment and supplies for the 10 coordinators throughout the state to support this transition to a virtual work environment.

ADHS continued to administer and/or fund a variety of **evidence-based or -informed home visiting programs**—such as Health Start, High Risk Perinatal Program (HRPP), Healthy Families AZ (HFAz), Nurse-Family Partnership (NFP), Parents as Teachers, and Family Spirit—that are intended to connect families to preventive and primary care. All of the programs work with families and coordinate their referral to other health and family support providers to improve maternal and child health; decrease family violence, including reduction of childhood injuries and maltreatment; ensure families have access to health care and essential health services, including immunizations; enhance child development and a child's school readiness through parent education; and assist families in improving their economic security. Collectively, the home visitation programs completed 45,945 home visits serving 8,931 clients in Arizona in 2021.

Figure 14. Summary of ADHS Home Visiting Programs

Programs	Funding Sources	Clients Served in 2021	Implementation Partners
Healthy Families**	MIECHV	1,831	State Agencies, County Health Departments, Community-Based Agencies, Tribal Nations
Nurse-Family Partnership**			
Family Spirit**			
Parents as Teachers**			
Health Start*	State Lottery, MIECHV	2,566	County Health Departments, Community-Based Agencies, Tribal Nations
HRPP	State General, Proposition 207 and Title V	4,534	County Health Departments, Community-Based Agencies

**Evidence-based model
*Promising approach

To address the Title V priority need to reduce infant mortality and morbidity and **NPM 4: Breastfeeding**, ADHS home visiting programs worked to increase the number of home visitors or community health nurses who are pursuing their certification as an International Board Certified Lactation Consultant (IBCLC) over the next 5 years. In 2021, there were five (5) candidates who qualified and were able to sit for the test. At the time of this report, three (3) had received their test scores and were certified as IBCLCs. Additionally, 12 home visitors completed the Breastfeeding Counselor training program offered through Florida State University.

To address the Title V priority need to increase early identification and treatment of developmental delays and **NPM 6: Developmental Screening**, ADHS home visiting programs implemented revised measures to monitor new home visitor

Ages and Stages Questionnaire (ASQ) training and document the percent of children enrolled in home visiting programs that receive at least one ASQ within one year of enrollment. New home visitors hired during the federal reporting period of October 1, 2020-September 30, 2021 all received ASQ training to be able to provide the screening to families. Seventy-five percent (75.1%) of families enrolled in the MIECHV programs received a timely ASQ screening, which is a 14-percentage point increase from the previous year (when 61% of families enrolled in the program received a timely ASQ screening) and a 31-percentage point increase from 2019 (when only 44% of families did). The completed screening percentage ranges between 14-80% across programs. Eighty-five (85%) of HRPP families received a timely ASQ screening and Health Start provided at least one Ages and Stages (ASQ) screening to 575 children under 1 year of age (60% of enrolled children). The number of children screened using the ASQ fluctuated slightly between home visiting programs during 2021 as a result of ongoing impact due to COVID-19 pandemic and the decrease of in-person visits.

In 2021, the **Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV)** in Arizona provided funding to these evidence-based home visiting programs: Healthy Families (through Arizona Department of Child Safety), Nurse-Family Partnership (through Maricopa County Department of Public Health, Pima County Health Department, and First Things First), Family Spirit (through Coconino County and San Carlos Apache Tribe) and Parents as Teachers (provided by four Native American Tribes: Cocopah, Hualapai, and Navajo Nation). In addition, the AZ MIECHV grant was approved to fund Arizona's state-funded home visiting program, Health Start, as a promising approach. Through the home visiting programs listed above, MIECHV served 1,831 families in at-risk communities through 25,351 visits, coordinating services across Arizona's early childhood system.

Phase II of the MIECHV Needs Assessment was completed in 2021. Arizona's MIECHV program compared those identified at-risk communities in Phase I (completed in 2020) of the analysis with the current list of communities that currently benefit from home visiting services. The comparison showed that under Phase I, a considerable number of communities would stop receiving MIECHV support. These communities reside in the counties of Yuma, Apache, Yavapai, and Cochise. A review of these communities led the assessment team to discover that migrant border, monolingual Spanish-speaking, and tribal communities would be negatively affected by their omission in the identified list of Phase I. A review of each standardized metric showed that the main reason for the deletion of these sites was data unavailability and not a true lower prevalence for most of the HRSA-prescribed indicators.

The unavailability of data in these regions placed these communities at a disadvantage for receiving much-needed services that the communities themselves expressed as part of the HRSA Title V Maternal and Child Health Block Grant Needs Assessment for Arizona. Arizona MIECHV leveraged the findings of this needs assessment and proceeded with Phase II of the MIECHV Needs Assessment.

Infant mortality and the absence of prenatal care were two indicators used under the Perinatal Outcomes domain in Phase I. These indicators are included due to their alignment with the Title V Maternal and Child Health Priorities.

The approach to Phase II utilized updated data from Arizona's Vital Records to calculate the infant mortality rate and proportion of live births where the mother indicated having "no prenatal care during pregnancy." The assessment team used the statewide rate for infant mortality and the overall proportion of no prenatal care for comparison. Any county whose infant mortality rate was higher than the state's rate received 1 point in prioritization. Any county whose proportion of no prenatal care was higher than the state's average received an additional point in the prioritization. Counties with a priority score of "2" are considered at-risk for the purpose of the MIECHV Needs Assessment. Of the counties assessed (Apache, Cochise, Greenlee, Santa Cruz, Yavapai and Yuma), Cochise and Yuma received a priority score of "2"; therefore, all PCAs within these counties are considered at-risk.

Phase II of the MIECHV Needs Assessment also utilized the Health Status Profile of American Indians in Arizona: 2019 Databook to assess the health indicators for the 22 federally recognized tribal communities of Arizona. In 2019, American Indian residents of Arizona ranked worse than the state average on 53 of 65 health indicators. Some of these indicators include no prenatal care, prenatal care started in the first trimester, infant mortality, post neonatal mortality, drowning and sudden infant death syndrome. As a result, federally recognized tribal communities in Arizona, not already identified as at-risk in Phase I, have been included as at-risk in the Phase II assessment.

The full needs assessment can be viewed here: MIECHV Needs Assessment

MIECHV supported and leveraged BWCH's efforts to address the 2021 Title V state priority needs by implementing various strategies. Results and accomplishments for 2021 include:

To address the Title V priority, need to "strengthen emotional, physical, and social services to achieve equitable and optimal development for children," in 2021 MIECHV supported voluntary evidence-based home visiting programs in at-risk communities and coordinated services across the early childhood system; serving 1,831 families through 25,351 home visits.

Evidence-based home visiting continued to be augmented by professional development provided through training and education, online courses, regular informative e-newsletters, a podcast, and an annual conference. In 2021, 745 home visitors and home visiting supervisors attended the MIECHV-funded 10th Annual Strong Families Home Visiting Conference. The Strong Families AZ Conference Planning Workgroup made the decision to remain on a virtual platform for the 2021 conference.

The conference has historically been a 3-day conference which includes two statewide agenda days and one day of tribal-focused priorities to meet the professional development needs of our tribal partners and those who serve native families throughout the state. In 2021, the Strong Families AZ Conference expanded to be a 4-day conference and included a second day of a priority population focus, working with High Risk Perinatal families. This provided an opportunity for Community Health Nurses and Neonatal Intensive Care Nurses to receive professional development targeted to their role and services that they provide to families.

In addition to maintaining the large conference on a virtual platform, the "Learning Festival," a once-a-month professional development opportunity for home visitors, also continued. It was originally designed to take the place of conference breakout groups when the conference switched the online platform. It was very successful in 2020 and so continued in 2021. These included but were not limited to cooking demonstrations, author chats, and short presentations to address topics that otherwise would have been included in the in-person conference as break-out sessions. There were 13 learning festivals in 2021 and the number of attendees ranged between 72-152 depending on the topic.

Strong Families AZ, Arizona's Home Visiting Alliance, also produces The Parenting Brief, a podcast for parents featuring tips from fellow parents and the latest insights from childhood experts hosted by Jessica Stewart-Gonzalez, Office Chief for Office of Children's Health at the ADHS. The episodes focus on public health topics. The podcast provides an opportunity for caregivers to access accurate public health information in a format that is quick, aligns with how they access other information, validates experiences, and provides resources. In 2021, there were 24 podcast episodes produced on topics like: lead poisoning, nutrition (breastfeeding, first foods), healthy behaviors (sun safety, household safety) and more. The most downloaded episode was on Safe Sleep with almost 1,200 downloads during 2021. During 2021 there were 5,300 downloads of the podcast overall with the majority of listeners accessing it directly from a podcast application on a smartphone. Most individuals who downloaded at least one episode found the podcast through a Google search with the keyword phrases of "support for parents", "advice for new parents", and "parenting tips". The click through rate is 6.36% which is significantly above the industry standard of 2%.

The number of Strong Families AZ newsletter subscribers increased by 23% during FY21 and is sent to 5,739 home visitors, home visiting supervisors, and community partners that serve families enrolled in home visiting programs. In 2021, 96 home visitors completed online professional development courses on the Strong Families AZ website on topics such as: adverse childhood experiences, perinatal mood disorders, nutrition, substance exposed newborns (NAS), communicating a diagnosis, and participant-centered services.

In 2021, MIECHV-funded sites focused their continued quality improvement (CQI) efforts on how to use the 2020 data collected through the MIECHV benchmarks to increase the number of enrolled caregivers that engaged in early language and literacy by singing, reading, or telling stories to their children on a daily basis. In 2020, seventy-six percent (76%) of primary caregivers indicated that they engaged in early language and literacy activities by singing, reading or telling stories to

their child(ren) on a daily basis. In 2021, that increased to eighty-seven percent (87%) of primary caregivers that indicated they engaged in early language and literacy activities by singing, reading or telling stories to their child(ren) on a daily basis.

Additional home visiting activities included the ongoing implementation of a coordinated home visitation data management system. In 2021, all programs included in the Efforts-to-Outcomes (ETO) continued their participation in the Data Management Workgroup. The state system reports now include enrollment data, demographic data, zip code/service area data, and continue to work toward establishing a report on developmental screenings and depression screenings completed across models and funders. The coordinated home visitation management system will enhance future MCH assessments and evaluation with home visiting populations in at-risk communities similar to those identified in the MIECHV at-risk communities.

The **Health Start Program** 2021 updates and activities can be found in the ***Perinatal/Infant*** and ***Women's Health Annual Reports***.

The **High Risk Perinatal Program (HRPP)** 2021 updates and activities can be found in the ***Perinatal/Infant Health Annual Report***.

The **BWCH Home Visiting Workgroup** continued to convene to create a shared vision for home visitation within BWCH. In 2021, the workgroup worked collaboratively to address a variety of areas such as safe sleep, ongoing impact of COVID-19, and maternal mental health consultation. Health Start, MIECHV, and HRPP staff continued to reach out to funded sites to monitor the impact of COVID-19 and share strategies to support home visitors and home visiting supervisors. In 2021, evidence-based and promising practice home visiting programs continued to reach out to families through both virtual and in-person visits. In late 2021, home visiting programs began to resume in-person visits as requested by families and/or dependent on family needs. Home visiting programs in Arizona continue to respond to the needs of young families by purchasing and delivering handwashing stations to remote tribal areas, conducting local food and diaper drives, holding COVID-19 classes online, and delivering many more creative responses across the state.

The workgroup continued efforts to coordinate goals and actions to be congruent with the ADHS Strategic Plan, Arizona Health Improvement Plan (AzHIP) strategies, Title V MCH Block Grant priorities, and home visitation program requirements. The group met regularly in 2021 and will continue meeting moving forward as this workgroup has already improved communication and alignment of efforts among BWCH home visiting programs.

The **Office of Injury and Violence Prevention** is housed in the Bureau of Chronic Disease and Health Promotion. In 2021, Arizona's Title V Program continued to provide funding to and collaborate closely with the Office of Injury and Violence Prevention on initiatives to reduce injury and death among infants and children (e.g., Safe Sleep, traffic injuries, etc.).

The Office of Injury and Violence Prevention provides support to the five local **Safe Kids** coalitions that are located around the state; additionally, the Office of Injury and Violence Prevention serves as the liaison between Safe Kids Worldwide and the local coalitions. Each coalition works to help families and communities keep kids safe from unintentional injuries, including but not limited to reducing traffic injuries, drownings, falls, burns, poisoning and more. As the Safe Kids Arizona coordinator, ADHS held quarterly meetings to update the local coalitions on what was happening at the national level and to ensure that the local coalitions were aware of any grant opportunities that Safe Kids Worldwide was providing. Currently, there are two local health departments that are the lead agencies for Safe Kids coalitions—Coconino and Yuma Counties—however, the Office of Injury and Violence Prevention also collaborates with Apache, Cochise, Gila, La Paz, Mohave, Navajo, Pinal, Pima, Santa Cruz and Yavapai counties.

The Office of Injury and Violence Prevention promotes car seat accessibility and **child passenger safety (CPS)** education in order to reduce traffic injuries and fatalities among infants and children. With Title V funding, the Office of Injury Prevention and Violence Prevention was able to purchase 4270 car seats for these Safe Kids partners. This allows the county health department to provide car seats and car seat safety education to the families in their communities who are most vulnerable. Some of these 4270 car seats were provided to a few HRPP sites, including Abrazo West Campus, some Banner Healthcare Hospitals, Carondelet St. Joes, Flagstaff Medical Center and Valleywise Health (formerly known as Maricopa Integrated Healthcare).

The Office of Injury and Violence Prevention also provides the national Child Passenger Certification training around the state to certify individuals to become car seat technicians, with a focus on rural and tribal communities. Due to the COVID-19 pandemic, providing education and in-person training proved to be a huge barrier and therefore 2021 was very challenging. In July of 2021, the Office of Injury and Violence Prevention partnered with Salt River Maricopa Indian Community and offered a two-day recertification course for those technicians whose certification had expired. It was for Child Passenger Safety technicians who have maintained their child passenger safety knowledge and their hands-on skills, but who, for one reason or another, allowed their certification to expire. It is expected that students attempting to renew their certification have stayed involved in CPS programs and activities and have monitored changes in the field by reading technician updates, attending other CPS classes and working with non-expired technicians.

Also, the Office of Injury and Violence Prevention was able to collaborate with the Coconino County Health Department with one child passenger training in August of 2021. There was a total of 20 students and 4 instructors as well as one Instructor Candidate. All mitigation measures were taken, including wearing masks during the whole training and social distancing. Hand washing and cleaning of surfaces were always conducted in the morning, before leaving for lunch and before leaving for the day. Hand sanitizer stations were also set up so that during the return demonstration participants and instructors could sanitize their hands.

Originally the Office of Injury and Violence Prevention had planned, in conjunction with the Safe Kids Pima County, to hold a one-day Continued Education Unit (CEU) conference for technicians in the fall of 2021 with Title V funds. With the participation of national car seat manufacturers, this conference gives technicians from around the state who are not able to attend national conferences the opportunity to have one-on-one time with car seat manufacturers to ask them questions and get answers straight from the source regarding their product. However, due to the pandemic, face-to-face conferences were unable to be held during 2021.

Although the COVID-19 pandemic proved to be a barrier in providing education and resources to new parents, our partners found a way to continue educating their communities through virtual platforms. Education was able to be provided virtually to families. Unfortunately, not every partner or family had access to the internet or phone service allowing for virtual education. Additionally, some partners faced challenges due to staff being reassigned or staff turnover. Due to lack of technology or available staff, not all families who could have benefited from car seat education were able to access it.

Arizona's Title V Program, through the Office of Injury Prevention and the MCH HAF IGA, Arizona's home visiting programs, and Arizona's CFR Program all continue to collaborate closely on **Safe Sleep** education and sudden unexpected infant death (SUID) prevention. More information on these efforts can be found in the ***2021 Perinatal/Infant Health Annual Report***.

In 2021, local county health departments used Title V funding they receive through the **MCH Healthy Arizona Families IGA (MCH HAF IGA)** to work on a number of strategies and activities to improve children's health and wellbeing, including household safety, promotion of physical activity, teen safe driving programs, and collaborating on and leveraging the state-level Safe Sleep and Child Passenger Safety interventions. More information on the MCH HAF IGA can be found in the ***Cross-Cutting Annual Report***.

Arizona continued and enhanced several strategies to improve **oral health** for children. Oral health strategy updates, including Cavity Free AZ Program, School-Based Sealant Program, Fluoride Varnish, and Fluoride Mouthrinse Programs, are outlined in the ***2021 Cross-Cutting Annual Report***.

BWCH engaged in several continued strategies, partnerships, and meetings to address child health topics, including **Adverse Childhood Events (ACEs)** and child welfare. BWCH continues to support and implement the Governor's Goal Council, ACEs Action Plan, to support the following goals: 1) Reduce the number of ACEs that Arizona children are exposed to; 2) Characterize the data that leads to Arizona having the highest percentage of children exposed to ACEs; and 3) Mitigate the number of adverse health outcomes that are associated with ACE exposure. BWCH is the lead on several strategies, including the Action Plan's evaluation and home visitation strategies. BWCH sponsored 11 core questions on

ACEs in the 2021 Behavioral Risk Factor Surveillance System (BRFSS). BWCH has sponsored these ACE questions since 2012. BWCH's internal and external stakeholders have become dependent on this data to better inform their strategies to mitigate ACEs. These data are also used by BWCH to inform our home visiting programs. The ACEs action plan will be refreshed in 2022 and BWCH will participate in several of the efforts to update the plan.

Arizona's program on Adverse Childhood Experiences (ACEs) was established under the Office of Assessment and Evaluation (within BWCH) in October 2021. An epidemiology program manager position was established to direct and manage the agency's action plan in collaboration with the Office of Strategic Initiatives under the Director's Office. With $300,000 in funding support for the next 3 years (allocated in October 2021 through the Smart and Safe Arizona Act – Proposition 207), Arizona expects to increase data collection and analysis capacity, increase the uptake of effective prevention strategies, and increase data-to-action activities.

ADHS partnered with the Mel and Enid Zuckerman College of Public Health at the University of Arizona produced a state profile on adverse childhood experiences utilizing 2018-2019 trend data from the National Survey for Children's Health (NSCH). The profile was published in May 2021. Essential highlights for ACEs in Arizona are:

- Forty-three percent (43%) of children in Arizona aged 0-17 years experienced one or more ACEs
- The top three ACEs experienced were:
    - experiencing family divorce or separation (24.9%)
    - hard to cover the basics on family's income (17%)
    - living with someone with an alcohol/drug problem (10.8%)
- Arizona had a higher prevalence of ACEs in all nine ACEs assessed in the NSCH compared to the national prevalence
- Children who were third generation immigrants or beyond (all parents in the household are born in the US) had the highest percentage of experiencing one or more ACEs (45%) compared to more recent immigrants
- Black children had the highest prevalence of two or more ACEs (34%) compared to other racial/ethnic groups
- Children who had no insurance coverage in the past 12 months had the highest prevalence of experiencing one or more ACEs (44%) compared to other types of insurance coverage

The Arizona State University Maternal and Child Health Translational Research Center is collaborating to utilize the same dataset to study Positive Childhood Experiences (PCEs) in Arizona. A white paper and potential manuscript is an expected deliverable of this work in May 2022. In December 2021, using Title V funds, BWCH supported and participated in the 8th Annual Arizona ACEs Summit (theme: Cultivating Trust). The summit consisted of three days of cutting-edge information on ACEs, the science of resilience, and systems change transformation. The summit included critically acclaimed author and speaker Donna Jackson Nakazawa, six workshops to choose from, virtual networking, and keynote from Monica Fulton on Historical Trauma and Cultural Resilience within the Indigenous community. BWCH will continue participating in the Arizona ACE Consortium, which is dedicated to promoting ideas, policies, and practices that reduce and prevent childhood adversity and build resilience in individuals, families, and communities.

In 2021, ADHS (through BWCH) partnered with **Sesame Streets in Communities (SSIC)** to implement the SSIC model in Maricopa County. ADHS was one of several partners in Maricopa County to whom SSIC provided strategic consultation, professional development, and marketing and communications support. The aim of this work was to support the existing approach and strategies for improving children's overall well-being by raising public awareness about the benefits of investing in and supporting children and families coping with adverse experiences, particularly those who have had traumatic experiences related to parental addiction. Together the group participated in virtual listening sessions with community stakeholders and hosted a virtual town hall (May 26, 2021) for Arizona families and partners. Health Start and Empower sites integrated SSIC materials and resources into their existing resources for children and families and selected

sites participated in SSIC research activities, such as focus groups and surveys. As a SSIC partner, ADHS has access to the Partner Portal and can access information, materials and resources to share with contractors to support the important work they provide in Arizona communities. As a result of additional funding from SSIC, the participating Empower sites were also able to enhance their preschool and school-age classrooms with materials to support self-regulation and social emotional development.

In 2021, Arizona's Title V Program continued to provide funding to partially support the work of the **Empower Program**, which is administered through the Bureau of Nutrition and Physical Activity (BNPA). ADHS developed the Empower Program in 2010 as a voluntary program to support licensed child care facilities' efforts to empower young children to grow up healthy. Facilities participating in the Empower Program pledge to adopt 10 standards that support healthy eating, encourage active play, prevent exposure to second- and third-hand smoke, practice sun safety and promote good oral health habits in exchange for reduced licensing fees. In addition, the Arizona Department of Economic Security (DES) collaborates with the ADHS by requiring Empower participation as part of their written child care agreements. Arizona now has almost 3,000 child care facilities participating in the Empower Program – reaching more than 200,000 children. In 2013, the Empower Program was included as a Best Practice within the Association of Maternal and Child Health Programs (AMCHP) MCH Innovation Database.

The Empower Advisory Committee (EAC) comprises diverse internal and external partners. Internal partners include staff from ADHS' Bureau of Women's and Children's Health (i.e., Sensory Screening Program, Home Visiting Programs, CYSHCN Program, Oral Health), the Bureau of Nutrition and Physical Activity (i.e., WIC Program, Early Care and Education, AZ Health Zone), Bureau of Chronic Disease and Health Promotion (Tobacco), Division of Licensing (Child Care Licensing), Office of Epidemiology & Disease Control (SunWise Skin Cancer Prevention, Smoke-free AZ) and others. External partners are drawn from other state agencies that are aligned with the work of Empower, such as: Arizona Department of Education (Child and Adult Care Food Program [CACFP], Early Care and Education), Department of Economic Security (Arizona Early Intervention Program [AzEIP], Child Care Administration) and First Things First (FTF; Arizona's Early Childhood Agency).

The purpose of the EAC is to advise the Empower Program, develop common and consistent messaging, and align activities throughout Arizona's early care and education (ECE) statewide systems work around health, nutrition and wellness. The EAC meets quarterly and is continuing the review process for each of the ten Empower standards and standard components. Stakeholders in standards work groups review the current standard and components and compare to best practices, providing updated recommendations. This work is projected to be completed in December, 2022, with tentative implementation scheduled for July, 2023.

In 2021, the Empower Guidebook for Out-of-School-Time (OOST) and self-assessment checklist were developed exclusively for programs serving children from 5-12 years of ages. This will go into effect in July, 2022. Addressing school-aged children in care settings with more age-appropriate examples for Empower implementation has been a request from care providers for several years.

In November 2019, ADHS's Bureau of Nutrition and Physical Activity (BNPA) was awarded a grant from Nemours, a private children's health system, to implement learning collaboratives and the Go NAPSACC program statewide and to improve state ECE health and nutrition systems work. While learning collaboratives continued to be successfully implemented throughout 2021, the continuing pandemic has proved very challenging for ECE programs to consistently participate. Staffing shortages, illness, closures, pandemic protocol, and staff mental, emotional and physical fatigue have been constant stressors. Project funders and staff have been very supportive in assisting ECE programs to stay enrolled and engaged in the project, allowing flexibility and make up sessions. The implementation of statewide Go NAPSACC (Nutrition and Physical Self Assessment for Child Care), an online platform, has seen many developments during 2021. Arizona has over 50 technical assistance (TA) consultants trained, and almost 300 ECE programs enrolled. Funding for the next three years for Arizona's Go NAPSACC has been secured through the support of ADHS, FTF, and DES. Go NAPSACC training courses are being integrated into the AZ Workforce Registry, as well as recognized by the DES State Plan requirements.

Empower currently has ten online Learning Management Systems (LMS) courses. In 2020, there was an unprecedented

spike in course utilization due to the onset of the pandemic. During 2021, Empower course utilization normalized as many additional ECE courses were added to the statewide ECE system and registry. Course user totals for 2021 are as follows: Overall total was 9,791, and for each topic as follows: Family-Style Meals (1,155), Fruit Juice (1,001), Physical Activity (1,266), Sedentary and Screen Time (1,048), Sun Safety (1,148), Tobacco (631), Toothbrushing (688), Inclusion (973), Breastfeeding (807), and Overview of Empower (884). Spanish course completion numbers were as follows: Inclusion (34), Breastfeeding (41), Overview of Empower (30), Family Style Meals (32) and Physical Activity 0-12 (53). These LMS courses are available to anyone free of charge via the Empower website as well as the Arizona Early Childhood Workforce Registry. Individual certificates are sent out and staff accounts in the registry are updated within 2-3 weeks of course completion. Additional information about the Empower Program can be found in the ***CYSHCN Annual Report***.

With the help of Title V funding, ADHS has partnered with **The Arizona Partnership for Immunization (TAPI)** to promote immunizations statewide. TAPI is a non-profit statewide coalition formed to foster a comprehensive, sustained community program for the immunization of Arizonans against vaccine-preventable diseases. TAPI was created in 1993 to improve the immunization levels of children in Arizona and later expanded to include adolescents and adults. Cooperative efforts between the public and private sectors have become a major force in implementing system changes resulting in long-term improvements in immunization service delivery in Arizona. TAPI has over 400 members representing over 200 organizations. TAPI's efforts are reflective of the importance of immunizations over the lifespan, and will impact Arizona and its citizens' quality of life.

Community Education: In 2021 TAPI distributed over 150,000 educational pieces to schools, child care facilities, private providers, county health departments, community health centers, managed care organizations and WIC sites. Materials are used for new patient packets and parent outreach and for COVID-19 vaccine information. The TAPI webpage (whyimmunize.org) allows parents, teens, and adults to ask medical experts questions about vaccines and immunizations and was updated to reflect Advisory Committee on Immunization Practices (ACIP) recommendations and COVID-19 outbreak information.

Social Media and Other Public Health Communication: TAPI maintained a Facebook page with consistent "likes" and developed a closed "Parents Who Protect" group to share pro-vaccine stories. Posts to both pages included flu, measles, mumps, Hep A and COVID-19 outbreak information; water safety; flu information; community awareness for general vaccine education; off to college, Vaccinate Before You Graduate, and other recommendations for young adults; well-baby-visit education; partner links; Tdap in pregnancy, and the importance of adult immunizations. Each quarter TAPI's tweets on Twitter were viewed 15,000-20,000 times. Content included medical exemptions, parent and doctor relationships, National Infant Immunization Week, CDC updates, back-to-school information about vaccinations, Tdap, coverage and exemption data, catch-up vaccines and flu/COVID-19 vaccinations. TAPI participated in national social media partnerships to keep accurate immunization information trending across all immunization coalitions, using the COVID-19 outbreak to educate about the importance of all immunizations.

TAPI responded to local media routinely on appropriate referrals for back-to-school and flu immunizations and in-depth stories on vaccine exemptions, school readiness vaccine education, the development of the COVID-19 vaccine by age and catch-up vaccines disrupted by COVID-19. TAPI worked with pro-immunization spokespeople on childhood/teen immunizations, anti-vaccine stories and outbreaks, and frequently referred reporters to appropriate subject matter experts regarding disease outbreaks and headline events.

Provider Education: TAPI supplied articles for immunization newsletters and health publications for community health centers, hospitals, public health, and professional associations through weekly/monthly emailed updates. Professional groups participated in the flu & COVID-19 Button Up campaigns this year and regularly disseminated immunization education to hospitals and long-term care centers with a heavy emphasis on preventing the twin-demic by promoting wider flu distribution along with COVID-19 vaccines.

The HPV conversations and oral health work groups were maintained to coordinate statewide HPV projects with other agencies and to increase awareness of the HPV vaccine for hygienists and dentists. The groups have developed sets of recommendations to prevent duplication of efforts and to be used during oral cancer screenings for patients under 46 and

parents of teens. Materials, messaging, training curriculum have been disseminated to professional programs.

TAPI supported video contests with university health students (winning video here) and developed posters with vaccine QR code quizzes that helped students learn in interactive ways. The student videos were disseminated and are being used by primary care offices for teen immunization education. Information from the quizzes was used to better target gaps in knowledge for teen and young adult immunization outreach.

TAPI conducted Immunization Best Practices Trainings for provider office vaccine management staff on using patient education materials and resources. Aiming to improve vaccine delivery and increase immunization rates, in 2021 TAPI hosted 50 virtual statewide trainings for routine and COVID-19 vaccines (reaching over 1700 participants). After the training, practices that have implemented the CDC Standards of Immunization Practice are encouraged to apply for the Outstanding Immunization Practice Award. As a result of the trainings, 84 practices achieved or maintained 90% coverage level for toddler or teen patients in 2021 and were awarded at the annual Big Shots for AZ dinner. Continuing best practices maintained high coverage levels despite disruption from COVID-19.

Special Project: In 2021, Arizona's percentage of children aged 19-35 months being adequately immunized has remained below our 90% target at 63%. Arizona continues to be challenged by high exemption rates in some parts of the state. TAPI partnered with AzAAP, Arizona Family Practice Association, Arizona Osteopathic Medical Association (AOMA), and state and local health departments to continue vaccine education through media, clinicians and partners to help educate parents looking for exemptions about vaccine safety.

TAPI developed a speaker program that paired volunteer immunization experts with community events in order to answer questions about routine and COVID-19 vaccines. They continued to promote vaccine safety and alleviate parent concerns about routine and pandemic vaccines throughout the year.

Though the focus of health agencies was primarily on COVID-19 response, Arizona partners continue to promote immunization coverage in high-risk areas and have been able to continue to protect children from vaccine preventable diseases.

To support families, children and parents with newborns, BWCH and BNPA maintain the **Title V Toll-free MCH Helplines**. The dedicated service includes three helplines: 1. Breastfeeding; 2. Children Information Center; and 3. Women's, Infant, and Children (WIC) Program. Information is provided in English, Spanish and Telecommunications Device for the Deaf (TDD). Additional information about Children's Information Helpline can be found in the ***Perinatal-Infant Health 2021 Annual Report***.

The **ADHS Sensory Screening Program**, funded through Title V, addresses the Arizona Legislature's mandate for hearing screening for preschool- through high-school-aged children. The program loans hearing and vision equipment to stakeholders to complete screenings. The hearing screening reports from schools are due annually and the program received 2,334 hearing screening and 598 vision screening reports for the 2020-2021 school year.

Vision screening reports have historically been lower than hearing screening because there was no law requiring vision screening, but vision screening legislation (SB1456) was passed on August 17, 2019. This bill requires vision screening of children in Arizona upon initial entry to school as well as in not more than two additional grade levels in a district or charter school that provides preschool and/or K-12 instruction. The vision screening law is now officially in the Arizona Revised Statutes (ARS §36-899.10). To assist in the rulemaking process, ADHS has entered into a Memorandum of Agreement (MOA) with Vitalyst Health Foundation to be subject matter experts. The Program is currently in the draft phase of the rulemaking, which should be completed within a year.

The ADHS Sensory Screening Program has automated the hearing and vision loan equipment program through Checkfront, an online booking and reservation system designed to make it easier for stakeholders to reserve hearing and vision screening equipment. The online system allows stakeholders to reserve sensory equipment from locations in Phoenix, Sedona, Yuma, and Tucson. In 2021, the program received 438 reservation requests to reserve 921 pieces of hearing and vision equipment for screening/training. Through a donation received in 2021 from the Technical Assistance Partnership of

Arizona (TAPAZ), the program has been able to purchase an additional 10 Spot Vision Screening Machines, which are used to conduct modern eye exams, to be loaned to schools through the Sensory Screening Loaner Program. This has increased the availability of vision screening equipment, allowing for additional vision screening among Arizona children.

The ADHS Sensory Screening Program has also developed an online reporting database to maintain the trainer/screener certifications, training rosters, and training evaluation through Qualtrics, a research software. The online database allows the program to enter training rosters after completing the training and it generates an email to the trainees with a link to download the certificates along with a training satisfaction survey. The feedback from the training satisfaction survey assists with modifying the training sessions as needed and helps improve the quality of training. In 2021, the ADHS Sensory Screening Program processed 2,335 certificates through the Qualtrics system. Of the 2,335 certificates, 1,319 were for hearing certificates and 1,016 were for vision certificates. The program screened 205,145 children, 118,978 adolescents, and 81,751 CYSHCN.

The Sensory Screening Program is still being impacted by COVID-19 causing the program to cease in-person training for hearing or vision screeners/trainers. The program is currently working with stakeholders to develop training(s) online using a Learning Management System (LMS). COVID-19 has continued to delay current screeners/trainers getting their vision or hearing certification renewed. An Administrative Order was signed by Dr. Cara Christ, Director of ADHS, to waive or defer requirements to renew certifications until May 31, 2021. The continued impact of COVID-19 caused the program to extend this further until December 31, 2021.

Due to COVID-19 many schools in the State of Arizona were not able to conduct in-person learning and moved to a virtual or hybrid classroom setting. With students not being physically present on-campus, many schools were not able to conduct hearing/vision screenings. To address the schools' concern and provide continued guidance, the Sensory Screening Program published the *COVID-19 Considerations: Checklist and Guidelines for Schools* on how to conduct screenings during the pandemic while being compliant with the COVID-19 infection prevention and control recommendations published by the Centers for Disease Control and Prevention (CDC). On March 3, 2021, Governor Doug Ducey signed Executive Order 2021-04, which required all district and charter schools to return to in-person (or hybrid model) instruction after a scheduled spring break or on March 15, 2021. With schools returning to in-person (or hybrid model) the Sensory Screening Program extended the 45-day requirement for conducting screenings and schools had until March 31, 2022 to complete their mandatory hearing and vision screenings.

The State of Arizona mandates the annual collection of sensory screening information based upon the hearing and vision screenings conducted by schools during the school year. Questions were added to consider the continued impact that COVID-19 had on schools administering the sensory screenings. The annual reports were developed using Qualtrics and the Sensory Screening Program published guidance on how to properly fill out the reports.

Moving forward the Sensory Screening Program is devising solutions to better administer the program, including the revision of policies and procedures, enacting evidence-based curriculum, mandating vision screening, expanding the sensory equipment loaner program, and working with stakeholders to provide free sensory screening training for the State of Arizona.

In 2019, the **Emergency Medical Services for Children (EMSC) Program** was transferred from the Division of Prevention, Bureau of Women's and Children's Health, to the Division of Preparedness, Bureau of Emergency Medical Services.

In 2020, the Arizona Emergency Medical Services for Children (EMSC) program collaborated on a number of projects. Program highlights include data collection and analysis, pediatric disaster preparedness, pediatric education, and work in support of the nine EMSC performance measures. January through March 2020, AZ EMSC participated in national EMSC data collection through the National EMSC Data Analysis Resource Center (NEDARC) Emergency Medical Services (EMS) Survey. Seventy-five (75) EMS agencies participated, providing a snapshot of Arizona's progress towards EMSC performance measures two and three (see **Appendix H**). Additionally, AZ EMSC worked with the Bureau of EMS Data & Quality Assurance section to publish the 2019 Pediatric EMS Incident Report and provided support to the Arizona

Prehospital Information and EMS Registry System (AZ-PIERS).

The Pediatric Advisory Council for Emergency Services (PACES) EMSC advisory council met (virtually as a result of COVID-19) on a regular basis. Highlighted activities include the development of a Safe Sleep for EMS Training and Toolkit and a workgroup to address issues related to children and youth with special healthcare needs. The EMSC Manager additionally worked with the Governor's Office of Youth, Faith, and Family to create an Adverse Childhood Experiences training for EMS. The EMSC Manager participated in pediatric disaster preparedness through collaboration with Coyote Crisis Collaborative's mass casualty incident workgroup, the Western Regional Alliance for Pediatric Emergency Medicine's EMSC workgroup, and the HPP Senior Advisory Committee. An intern assisted with the development of resources for Pediatric Emergency Care Coordinators. EMSC educational resources are shared on the ADHS website.

The Arizona Title V Program continues to provide funding to the Arizona Chapter of the American Academy of Pediatrics (AzAAP) to promote **Pediatric Prepared Emergency Care (PPEC)**. AzAAP provides technical assistance to hospitals in Arizona, including to Critical Access Hospitals (CAHs) in rural and remote areas of the state, in order to achieve a higher level of preparedness in caring for children. These efforts include supporting Emergency Department nurses to acquire specialty certification and increasing the number of Arizona Emergency Departments certified as 'Pediatric Prepared'.

Certifications: In 2021, a total 37-member hospitals across Arizona were certified as 'Pediatric Prepared' hospitals (see ***Appendix I***). Certification is available for three levels of care: Pediatric Prepared Emergency Care (25 hospitals), Pediatric Prepared Plus Care (5 hospitals), and Pediatric Prepared Advanced Care (7 hospitals). The first level of certification, Pediatric Prepared Emergency Care, provides services for pediatric care as part of a general Emergency Department. The hospital refers critically ill or injured children to other facilities and may or may not have pediatric inpatient services available. The second level, Pediatric Prepared Care Plus, provides services for most pediatric emergency care. The hospital has a focus on pediatrics, but ICU services for children are not available. The highest level of certification, Pediatric Prepared Advanced Care, provides services for all levels of pediatric emergency care, includes a pediatric intensive care unit, and has a specific focus on pediatric services.

A total twelve hospitals were re-certified in 2021 (see **Appendix J**). In addition, there were ten hospitals that were due for recertification in 2021 (and one that was due for recertification in 2020) that will need to be recertified in 2022 due to COVID-induced postponements. Since mid-2020, all of the site visits have been conducted virtually. AzAAP anticipates going back to in-person site visits at some point, but they do not have a set date for that.

Trainings: One Certified Emergency Nurse (CEN) course (May 18-19, 2021) was completed with a total of 68 participants. One Certified Pediatric Emergency Nurse (CPEN) course was completed (Aug 18-19, 2021) with a total of 22 participants from 12 different hospitals. One Emergency Nursing Pediatric Course (ENPC) was completed (Apr 17-18, 2021) with a total of 19 participants.

Webinars: Members of the PEM Committee reported that due to the COVID-19 pandemic, child abuse is on the rise and emergency department professionals are reporting a need for support in this area. The PEM Committee members developed a webinar on "The Role of the Emergency Provider in Understanding and Identifying Child Abuse and Neglect Child" (Jan. 25, 2021) that offered continuing education credits to physicians. There was a total of 35 participants who were offered CME and MOC Part 2 credit.

AzAAP also conducted a webinar entitled "Neonatal Fever – No Sweat, Right?" (May 21, 2021). This CME educational offering was attended by 22 individuals.

Challenge of COVID-19: The COVID-19 pandemic has continued to strain hospitals and their staff. While many have scheduled and completed their site visits, some—especially smaller critical access facilities—have requested extensions to better prepare. AzAAP has worked closely with hospitals to reschedule these visits for later dates. The organization communicates with and provides support to any facilities that express difficulty meeting the criteria set forth by the program. In addition, staff turnover at hospitals within some hospital emergency departments has meant that AzAAP has needed to establish new contacts for this work.

In response to the COVID-19 pandemic, the AzAAP has established the **Arizona Pediatric COVID-19 Training Center** to provide high-quality education and training around the diagnosis and treatment of pediatric COVID-19. This work was intended to be funded in 2021 through one-time, one (1) year special funding from the Title V Maternal and Child Health Services Block Grant, but now will continue to be funded at least through 09/30/2022. The Arizona Pediatric COVID-19 Training Center was created in direct response to the urgent public health crisis to support AzAAP members (pediatric providers) by providing timely information and resources as they navigate the pandemic and provide care to patients and families. The Training Center is the home for a broad range of COVID-19 related resources, webinars, and toolkits; hosts a podcast and a blog; and serves as a resource to help members address concerns and safely provide care to patients. The objective of this work is to promote understanding of and adherence to Centers for Disease Control (CDC) and national-level American Academy of Pediatrics (AAP) guidelines and policy recommendations on infectious disease, immunizations, and infection disease control methods, particularly with respect to pediatric populations and COVID-19, in order to improve patient outcomes.

Through the COVID-19 Training Center, AzAAP hosts a podcast, ID Talk: Answers from an Infectious Disease Specialist, which is hosted by Pediatric Infectious Disease Specialist and AzAAP Chapter Leader, Dr. Sean Elliott. Each podcast episode is about 20 minutes long and discusses the most up-to-date, Arizona-specific information on COVID-19 and addresses issues surrounding the pandemic, particularly related to pediatric populations. The podcast is available through the AzAAP website and YouTube channel, as well as on Spotify, Pandora, and Apple Podcasts. There have been over 5,194 total downloads since the inception of the podcast with 2,909 downloads between March and December 2021.

AzAAP produced 18 podcast episodes in 2021, covering topics like: vaccine hesitancy, vaccine requirements for schools, vaccine availability for children, children with special healthcare needs and COVID-19 vaccinations, long-haul COVID-19 in children, myocarditis in pediatric patients, missed immunizations and how to best catch up, among others. A special podcast episode was aired in this reporting cycle in which Jessica Rigler, Assistant Director of Public Health Preparedness Services at ADHS, was interviewed by Dr. Sean Elliott and shared vital information with the podcast audience on the programs and services available through ADHS to health care professionals and the public during this time.

AzAAP also offered a webinar, in collaboration with national AAP and the CDC's infection control training collaborative, Project Firstline, on “Infection Prevention and Control: Vaccination during the COVID-19 Pandemic.” Twenty-two (22) physicians participated.

PICK TEAMS: AzAAP is also implementing the “Promoting Immunization Against COVID-19 for Kids thru Training, Education, Assistance, Mentorship, Support Model (PICK TEAMS)” project, in partnership with national AAP, to bring together health and school officials throughout Arizona to collaborate to identify how to improve COVID-19 confidence and uptake throughout the school environment. A state needs assessment was conducted in 2021 and an Action Plan has been developed with activities planned for 2022. Alison Lucas, Block Grants Program Manager at ADHS, participates in this multi-stakeholder project along with two other ADHS colleagues. There are also representatives from ADE, Arizona School Administrators, and School Nurse Organization of Arizona.

Other efforts to improve vaccine confidence:

Between March and May 2021, AzAAP developed materials focused on improving families’ confidence in vaccines by reducing the spread of myths and misinformation in Yavapai County. Yavapai County has some of the lowest vaccination rates and highest personal belief exemptions in the country. AzAAP engaged an Action Team—comprised of a community pediatrician, a pediatric nurse practitioner, the coordinator for the Vaccines for Children program, and the Director of the Healthy Students program in Yavapai County—to implement culturally effective vaccine confidence strategies within their community. AzAAP launched a targeted social media campaign (a total of 19 social media images) in the county and created magazine advertisements, a magazine article, and a podcast. The social media campaign messages, which highlight the importance of COVID-19 vaccination as well as other vaccinations to protect children and families from vaccine-preventable diseases, began posting in early June 2021 have over 4,000 views each.

AzAAP conducted a needs assessment of pediatric healthcare clinicians related to increasing vaccination in children and adolescents (in partnership with national AAP and the CDC). AzAAP is using this data to assess vaccination needs across the state and develop campaigns and projects to meet these needs. National AAP the survey data by AzAAP with eight other chapters participating in the project (for a total of 560 responses) and engaged an expert communications and design team to turn chapter feedback into tools for members. The creative assets have been shared widely so all AAP chapters can customize and use them for routine immunization messaging. The goal of these images is to promote getting pediatric patients up to date on all routine childhood vaccines (to help them get back to "normal" activities) by visiting their pediatrician's office. The themes of these images are: (1) "get back on track", (2) "get back in the game", and (3) "get back to school". AzAAP also translated several of the messages into the Apache and Navajo languages with graphics that feature Apache and Navajo infants, children, and teens doing a variety of activities.

AzAAP is participating in the Improving Immunization Rates for Adolescents (IIRA) Learning Collaborative, which began in October 2020, and aims to address adolescent vaccination rates within Arizona by helping pediatricians build confidence in their critical role and meet measurable goals. See the ***Adolescent Health 2021 Annual Report*** for more information.

AzAAP formed a Vaccine Preventable Disease (VPD) Committee to strategize on the most pressing issues facing infants, child, and adolescents in the state. The committee is responsible for developing and submitting proposed infectious disease prevention and immunization goals and to develop an annual plan to achieve the approved goals for improving infectious disease prevention and immunization within Arizona. The VPD Committee currently includes 15 provider members from across the state and with diverse backgrounds, including two residents and two medical students.

COVID-19 Challenges: The capacity to navigate and be responsive to pediatric professional needs with the constantly changing COVID-19 guidance has also been a challenge. Through Title V funding provided by ADHS, AzAAP has been able to hire a full-time Manager of Infectious Diseases and Immunizations, which has allowed them to address this challenge and work quickly to support members, children, and families in real time. Having a dedicated staff person allows AzAAP to follow issues, new guidance, and conduct evaluations of members' needs to better understand how to support pediatric practitioners addressing COVID-19 and providing other vaccinations in our state to improve the health of Arizona children and families.

As AzAAP creates and shares positive evidence-based messaging with caregivers on the best ways to protect their children and families from vaccine-preventable diseases, they have been met with strong anti-vaccination sentiment and have experienced negative comments on their social media posts. These challenges reinforce the compelling need to address parental attitudes and perceptions associated with vaccines and provide trustworthy, evidence-based information to counter the spread of misinformation in order to increase vaccination rates in our communities for the benefit of children and families. In 2021, AzAAP's Manager of Infectious Disease and Immunizations had the opportunity to attend a six-week training and professional development in social media training to be better equipped to meet this challenge.

Child Health - Application Year

Priority Needs
• Strengthen emotional, physical, and social services to achieve equitable and optimal development for children.
National Performance Measures
• NPM 6 - Percent of children, ages 9 through 35 months, who received a developmental screening using a parent-completed screening tool in the past year • NPM 7.1 - Rate of hospitalization for non-fatal injury per 100,000 children, ages 0 through 9 • NPM 13.2 - Percent of children, ages 1 through 17, who had a preventive dental visit in the past year • NPM 15 - Percent of children, ages 0 through 17, who are continuously and adequately insured

For the 2023 application year, the Bureau of Women's and Children's Health (BWCH) priorities for children's health will focus on strengthening emotional, physical, and social services to achieve equitable and optimal development for children in Arizona. Key activities will include the early identification and treatment of developmental delays and improving access to high-quality preventive health services, including oral health services.

BWCH home visiting programs will continue to support **NPM 6: Developmental Screening** (percent of children, ages 9 through 35 months, who received a developmental screening using a parent-completed screening tool in the past year). The strategies implemented will provide support and ongoing professional development of Ages & Stages Questionnaire (ASQ) trainers to ensure a trained workforce and support families involved in the home visiting program to complete a developmental screening. Additionally, the BWCH home visitation program will expand this strategy to build awareness of the ASQ with medical providers, including FQHCs and other professionals working with children. In an effort to coordinate and align public health with early learning systems, BWCH will continue to participate in the state-wide, inter-agency efforts to leverage all existing efforts around screening and follow up. The purpose of this work is to align systems to ensure that each child's needs are identified; referrals to needed services are made and completed; services are not duplicated; and the messages that families hear are clear, aligned, and consistently reinforced to ensure that children and their families thrive.

The Arizona Dental Sealant Program will continue to provide school-based dental sealant programs to high-risk children in eligible public and charter schools throughout Arizona supporting **NPM 13.2: Preventive Dental Visit - Child/Adolescent**. The strategies to decrease the incidence of childhood injury will include continued analysis of child death data to carry out safe sleep initiatives, child passenger safety training, and community partnerships to support Arizona's efforts to address **NPM 7.1: Injury Hospitalization - Ages 0 through 9**. Planned activities for 2023 focused on Children and Youth with Special Healthcare Needs (CYSHCN) can be found in the ***Children with Special Health Care Needs 2023 Action Plan***.

The following narrative details the strategies that will either be continued or strengthened in 2023.

Arizona's Child Fatality Review (CFR) Program contracts with 10 local review teams to provide in-depth analysis of all child fatalities occurring within the state. State appropriated funds support these contracts along with partial full-time equivalencies (FTEs) for the program manager and an administrative assistant. CFR reviews are conducted by a multi-disciplinary group of dedicated professionals including: medical professionals, law enforcement, public health professionals,

child safety specialists, behavioral specialists, and representatives from Arizona's tribal nations. Teams have been instrumental in the identification of preventable child deaths occurring throughout the state. Collected review data enables the development of prevention strategies and promotes increased public awareness. In 2023, Arizona will continue analyzing child death data while providing support and training for law enforcement agencies, medical examiners, and first responders on death scene investigation and primary prevention efforts in the recognition of unsafe sleeping environments for infants. More information on deaths due to unsafe sleep environments is covered in the ***Perinatal/Infant Annual Report and Application***.

Arizona's early childhood **home visiting programs** provide support for new families to promote positive parenting and child development. In 2023, home visiting programs will continue to implement strategies that support services for mothers, infants, and families. In addition, continued professional development for home visitors and home visiting supervisors will be a priority. Details for planned activities are included below.

Arizona's Maternal, Infant, and Early Childhood Home Visiting (MIECHV), funded by HRSA, is requesting funds for federal FY 2022/2023. BWCH is requesting the ceiling award amount of $10.7 million to leverage its resources in supporting voluntary, evidence-based home visiting programs in at-risk communities and coordinating services across the early childhood system. In addition, MIECHV will continue to carry out work under the American Rescue Plan funding allocated for home visiting programs in Arizona. Overall, ADHS, through MIECHV formula funding, will continue to fund evidence-based home visiting programs and continue to fund a state-funded home visiting program, Health Start, as a promising approach.

MIECHV funds will support evidence-based home visiting programs with fidelity for a caseload capacity of 1,668 families. MIECHV funds will continue to strengthen home visiting services by using the integrated home visiting data management system (Efforts-to-Outcomes) to provide data for home visitors and home visiting programs and to aggregate statewide data to make data driven decisions. MIECHV will continue to implement evaluation and continuous quality improvement requirements and home visiting services will continue to be augmented by professional development provided through training and education, online courses, regular informative e-newsletters, and an annual conference.

MIECHV will continue to support Title V National Performance measures and state priorities including:

- Title V priority need to reduce infant mortality and morbidity and **NPM 4: Breastfeeding** (A. percent of infants who are ever breastfeed and B. percent of infant's breastfeed exclusively through 6 months) through ongoing training and support for home visitors to become IBCLC certified or receive in-depth breastfeeding education and training.
- Title V state priority need to increase early identification and treatment of developmental delays and **NPM 6: Developmental Screening** (percent of children, ages 9 through 35 months, who received a developmental screening by using a parent-completed screening tool in the past year) through ongoing professional development of Ages & Stages Questionnaire trainers to ensure a trained workforce and support home visiting families to complete a developmental screening.

Arizona MIECHV will coordinate the use of the American Rescue Plan award to provide resources and supplies for families funded through MIECHV as outlined by HRSA, including: 1) Home Visiting service delivery, 2) Hazard pay or other staff costs, 3) Home visitor training, 4) Technology, 5) Emergency supplies (i.e., food and infant formula), 6) Diaper bank coordination, and 7) Prepaid grocery cards.

The **Health Start Program** will continue to support ESMs within this domain (e.g., percentage of children receiving an ASQ within 1 year of program enrollment; proportion of new home visitors trained to provide ASQ within 6 months of hire). Health Start will continue to provide developmental screening for children ages 10-17 months to increase early identification and treatment of developmental delays. In 2023, Health Start will continue to evaluate the Health Start Promising Approach program in accordance with the Office of Planning, Research and Evaluation (OPRE)- and HRSA-approved evaluation plan. MIECHV will continue to fund five promising approach home visiting program sites that will support Health Start becoming an evidence-based model. In FY 2023, Health Start will continue to provide home visitation services and provide

enhanced education, brief intervention, and referrals to treatment for mothers and families who use alcohol, tobacco, and/or other drugs to assist with decreasing the substance use crisis. Full details and planned activities for the Health Start program can be found in the ***Women's Health 2023 Application***.

High Risk Perinatal Program (HRPP) planned activities for 2023 can be found in the ***Perinatal/Infant Health 2023 Application***.

MIECHV, Health Start, and **HRPP** home visiting programs will continue to offer virtual and in-person home visitation. Programs will use the guidance released by ADHS Home Visiting Workgroup in 2022, *COVID-19 CONSIDERATIONS: CHECKLIST AND GUIDELINES FOR RETURNING TO IN-PERSON HOME VISITS* (see **Appendix K**). The guidance recommends that contractors continue to implement home visiting programs as outlined in program guidelines, following model developer guidance, with fidelity. Furthermore, the guidance provides information and a checklist to assist home visiting programs in making decisions regarding resuming in-person home visits during the COVID-19 pandemic. Each of the home visiting models successfully adjusted home visits to continue reaching families via alternative methods, such as telehealth visits or phone calls, to ensure that families continue to receive the services they need at the same high-quality level that they would receive in home. In 2023, MIECHV, Health Start, and HRPP home visiting programs will continue to monitor the impacts of COVID-19 and work collaboratively with federal and state partners, contractors and subcontractors to support telehealth home visits and monitor emerging trends to provide quality home visiting services.

Additionally, MIECHV, Health Start, and HRPP home visiting programs will continue to provide home visits to those communities that experience the highest level of disparities. The BWCH Home Visiting workgroup will continue to meet to ensure communities of highest need, including rural and tribal communities, have access to home visiting services through BWCH home visiting. Lastly, ADHS home visiting programs will provide ongoing opportunities to support home visitors in the area of developmental screening through training and capacity building.

In 2023, the **Office of Injury and Violence Prevention (OIVP),** in ADHS's Bureau of Chronic Disease and Health Promotion, will continue to provide support to the five local Safe Kids coalitions that are located around the state. Additionally, OIVP serves as the liaison between the Safe Kids Worldwide and the local coalitions. Each coalition works to help families and communities keep kids safe from unintentional injuries, including but not limited to reducing traffic injuries, drownings, falls, burns, poisoning and more. OIVP will provide Child Passenger Safety training to certify people to become car seat technicians around the state, with a focus on rural and tribal communities. Safe Kids Worldwide has now developed a way to provide the certification program virtually. A component of this includes identifying participants during the training to build local child passenger safety instructor capacity. In 2023, BWCH and OIVP will utilize Title V MCH Block Grant funding to purchase educational materials for child passenger safety as well as car seats to be distributed through our partners at the local health departments, community partners, Indian Health Services, tribal community partners, home visitors, Health Start and/or Safe Kids coalitions. In 2023, OIVP will continue to support safe sleep by providing access to resources and educational materials to families (i.e., Pack 'n Play bassinet/playpen) to be distributed through our partners. Additionally, OIVP continues to chair the Safe Sleep Task Force, with quarterly meetings being held. Our partners again include: the Department of Child Safety, Arizona Chapter of the American Academy of Pediatrics (AzAAP), March of Dimes, First Things First, local county health departments, community partners, Indian Health Services, tribal community partners, home visitors, Health Start, birthing hospitals and/or Safe Kids coalitions. Injury prevention efforts will also include updating home-safety and environmental checklists to address falls, drowning, sun safety, and accidental injury. Arizona will explore the opportunity to create kits to be provided to families through the home visitation programs and other community partners working with children. Overall, strategies will align with data and prevention recommendations as outlined in the Arizona Child Fatality Review Program annual report.

In 2023, local county health departments will continue to receive Title V funding through the **MCH Healthy Arizona Families IGA (MCH HAF IGA)** to work on a number of strategies and activities to improve children's health and wellbeing, including but not limited to: promotion of safe sleep environments, interventions aimed at reducing motor vehicle and common household injuries, promotion of physical activity, etc. The ADHS Block Grants Program Manager, who manages this IGA, will participate in the Safe Sleep Task Force, the BWCH Home Visiting Work Group, the Injury Prevention Advisory Council

(IPAC), and other groups as required to ensure that there is coordination between Title V-funded activities implemented by local county health departments through the MCH HAF IGA and other Title V-funded or MCH-serving work occurring at the state level. More information on the MCH HAF IGA can be found in the ***Cross-Cutting domain*** of this application.

The **Office of Oral Health (OOH)** will continue to implement programs to address primary prevention strategies to address **NPM 13.2: Preventive Dental Visit - Child/Adolescent**. Planned activities for 2023 can be found in the ***Cross-Cutting domain*** of the report.

Adverse childhood experiences (ACEs), stressful or traumatic events that occur during a child's key development stages, may have long-lasting and negative impacts on a person's health and well-being. Unfortunately, data shows that children in Arizona experience a higher frequency and number of ACEs compared to children in other states. For this reason, in 2023 ADHS will work to increase surveillance and understanding of ACEs in Arizona and expand programming to prevent ACEs and support individual and family resilience in the face of adverse events.

BWCH will continue co-sponsoring questions related to ACEs in the Behavioral Risk Factor Surveillance Survey (BRFSS), as we have done since 2012, to support internal and external stakeholders working on children's health initiatives. Additionally, BWCH will continue to participate in the Governor's Goal Council, ACEs Action Plan, to support the following goals: 1) Reduce the number of ACEs that Arizona children are exposed to; 2) Characterize the data that leads to Arizona having the highest percentage of children exposed to ACEs; and 3) Mitigate the number of adverse health outcomes that are associated with ACE exposure. In addition, BWCH will continue participating in the state-wide Arizona ACE Consortium; dedicated to promoting ideas, policies, and practices that reduce and prevent childhood adversity and build resilience in individuals, families, and communities.

BWCH will ensure ongoing partnership and participation on the Arizona Collective Impact for Child Safety and Well Being workgroup. This group represents a collective of key decision makers representing key organizations spanning Arizona's child well-being and family health services network. The Collective Impact group meets regularly to discuss ongoing initiatives and programs dedicated to advancing the surveillance and prevention of ACEs in Arizona, and has representation from several of Arizona's most active ACEs prevention groups. The group is made up of a core team and two priority Action Teams. The Core team includes: Governor's Office for Youth, Faith and Families; Department of Child Safety; Department of Economic Security; Casey Family Programs; Prevent Child Abuse AZ; ASU Morrison Insititute of Public Policy; Piper Family Trust; First Things First; Jewish Family Community Services; and Pima County Court. The two priority Action Teams focus on Family Navigation and Home Visitation. Each group is composed of organizations and state agency program staff. The Inter-Agency Leadership Team (IALT), under MIECHV funding, serves as the Home Visitation Action Team.

In 2023, BWCH will continue to partner with First Things First (FTF)—Arizona's early childhood agency and a critical partner in creating a family-centered, comprehensive, collaborative, and high-quality early childhood system that supports the development, health, and early education of all Arizona's children from birth through age five—on state-wide initiatives, including the Zero-To-Three Building Strong Families Initiative.

In 2023, BWCH will continue to partner with the **Bureau of Nutrition and Physical Activity (BNPA)** on initiatives that support the health and wellness of children. BNPA participates as an exhibitor and presenter at the annual Strong Families Home Visiting Conference, as well as many other early childhood events and conferences. In addition, BWCH will continue its participation with the Empower Advisory Committee (EAC) and the State Nutrition Action Committee (SNAC).

Empower is a set of 10 standards designed to promote nutrition, health, and wellness in Arizona child care facilities. ADHS-licensed facilities participating in the **Empower Program** pledge to adopt 10 standards that support healthy eating, breastfeeding, encouraging active play, preventing exposure to second-and third-hand smoke, practicing sun safety, and promoting good oral health habits in exchange for a 50% reduction in licensing fees. In 2023, Arizona's Title V Program will continue to provide funding to support child care licensing through Empower.

The Empower Advisory Committee includes both internal and external partners from state agencies that are aligned with the work of Empower. Its purpose is to advise the program and to help develop common and consistent messaging to early care and education (ECE) providers. The Empower Advisory Committee uses a systems-building approach and is a

collaborative effort with partners and supporters throughout the state. Internal partners include staff from ADHS' Bureau of Women's and Children's Health (i.e., Sensory Screening Program, Home Visiting Programs, CYSHCN Program, Oral Health), the Bureau of Nutrition and Physical Activity (i.e., WIC Program, Early Care and Education, AZ Health Zone), Bureau of Chronic Disease and Health Promotion (Tobacco), Division of Licensing (Child Care Licensing), Office of Epidemiology & Disease Control (SunWise Skin Cancer Prevention, Smoke-Free AZ) and others. External partners are drawn from other state agencies that are aligned with the work of Empower, such as: Arizona Department of Education (Child and Adult Care Food Program [CACFP], Early Care and Education), Department of Economic Security (Arizona Early Intervention Program [AzEIP], Child Care Administration) and First Things First.

In 2023, EAC activities will continue to focus on reviewing Empower standards and components, comparing them to licensing rules and best practices, and developing and finalizing recommendations for updating them. In 2023, Arizona's Title V Program will continue to provide partial funding to support the work of the EAC.

The mission of the **Arizona State Nutrition Action Committee (SNAC)** is to strategically align nutrition and physical activity efforts across programs to ensure that Arizonans have access to resources that support increased knowledge and cultivate the environment to live a healthy lifestyle. This will be done by forming workgroups around increased access to food and nutrition, providing nutrition education to support increased knowledge in the community, and implementing policy, systems, and environmental (PSE) changes to support health promoting behaviors.

The **Arizona Partnership for Immunization (TAPI)** will continue to promote immunizations statewide in partnership with ADHS. Using their 500 members representing over 400 organizations, TAPI will distribute educational pieces to schools, child care facilities, private providers, county health departments, community health centers, managed care organizations and WIC sites.

TAPI will further promote usage by parents and professionals of the TAPI website (www.whyimmunize.org), which is undergoing redesign to better meet the needs of the community. TAPI's Facebook page has become a resource for hundreds of Arizonans and TAPI will continue to expand the information shared and the number of times information is read. TAPI's tweets on Twitter will be viewed 12,000-15,000 times. Content will leverage interest in the COVID-19 vaccine to include education to minimize exemptions, strengthen parent and doctor relationships, and share CDC updates, back-to-school information about vaccinations, Tdap, the pneumococcal vaccine recommendations, and flu season vaccinations. TAPI will provide information to the media routinely on vaccine funding and appropriate referrals as well as in-depth stories. TAPI will use appropriate subject matter experts and conduct media training through a speaker's bureau. TAPI will continue to provide provider education through annual best practice training. TAPI will work with agencies on vaccine equity and provide support with vaccine education and with the International Infection Prevention Week (IIPW) to raise awareness of the role infection prevention plays. Continuation of HPV vaccine education is planned through both the dental partnerships and collaborations of HPV-related research and educational grant agencies.

TAPI will continue to develop materials and programs aimed at pregnant moms who are questioning vaccine safety that highlight healthy pregnancy and early childhood and list recommended vaccines at every stage of development and share these with providers statewide. Emphasis will continue for the appropriate coverage of infants and children with continued expansion in young adults (e.g., "Off to College"), receiving oral cancer screenings and systemic support for increased pregnant women and adult immunization.

As a result of the COVID-19 outbreak, TAPI will help get public health outbreak guidance to primary care offices, including health alerts and how to manage immunizations for infants and vaccine inventory. TAPI will be ready to assist offices with best practices to host nurse-only immunization clinics, use of catch-up schedules, and how to prevent vaccine preventable disease outbreaks after system disruption.

The **Office of Children's Health (OCH)** will promote the importance of **childhood immunizations** by using Health and Human Services (HHS) social media messages and graphics from the "Catch-up to Get Ahead" Toolkit. Information will be shared with BWCH home visiting programs. The "Catch-up to Get Ahead" messages and toolkits will be posted on the

OCH web pages. Messages and resources shared will focus on the vaccine schedule for children (ages 0-12), while the Adolescent Health program will focus on the vaccine schedule for teens. Furthermore, OCH will continue to promote the American Academy of Pediatrics campaign to help get patients and families *Back to the Office* during the pandemic. Resources aim to reach parents with reminders that going to the pediatrician, even during COVID-19, is important and safe.

The OCH will revise and enhance the Children's Information Helpline during 2023, which is one of the three areas covered by the **Arizona Title V toll-free helplines** for pregnant women, infants, and children. With the support of MIECHV, the helpline will be renamed to Strong Families AZ Helpline and will continue to provide information and assistance to pregnant women and children in addition to serving as the state's home visiting referral line. The helpline will continue to provide families with information and resources about immunizations, car seats, health information, and other health services available for women and children, including youth under the age of 21 with special health care needs. In addition, the Strong Families AZ Helpline will provide home visiting referrals to families and professionals seeking services for families. The customer service representative will provide a hand-off, connecting the family directly to the home visiting program and/or the already established coordinated referral center in the desired service area. BWCH will continue to partner with the Bureau of Nutrition and Physical Activity to operate the Breastfeeding and Women, Infant, and Children (WIC) Program Helplines.

The **ADHS Sensory Screening Program**, funded through Title V, will continue to manage and oversee the hearing and vision screening for children in the State of Arizona. Hearing and vision screening statutes legislatively mandate the administration of screenings and referrals to children enrolled in educational programs. The mandates require that a systematic program for hearing and vision screenings be made available to children in order to allow early identification and appropriate intervention. The program will continue to implement the mandates for hearing and vision screening for preschool through high school-aged children by providing hearing and vision loaner equipment, training of hearing and vision trainers and screeners, and revision and issuance of hearing and vision rules and program guidelines. Areas of focus will include; creation of hearing and vision screening guidance, creation of web-based trainings, selection and implementation of a statewide training vendor through an RFP process, increase the number of trainers and screeners throughout the State, and continued support of statewide access to hearing and vision screening equipment for Arizona trainers and screeners.

In 2023, BWCH will continue to use Title V funds to contract with the Arizona Chapter of the Academy of Pediatrics (AzAAP) to support **Pediatric Prepared Emergency Care** (PPEC) services. The objective of this work is to support and expand a well-established pediatric emergency preparedness certification system to effectively deliver pediatric emergency care across the state. In 2023, AzAAP will continue to certify and recertify PPEC hospitals and provide a publicly available, up-to-date register of hospital emergency departments who are certified: https://azaap.org/ppec. AzAAP will also provide support and coordination to tribal and critical access hospitals (CAHs) seeking membership and certification in the program.

AzAAP will also provide continuing medical education opportunities for physicians, nurses, and other health care professionals in Pediatric Prepared Emergency Care (e.g., Certified Emergency Nurse [CEN] Course, Certified Pediatric Emergency Nurse [CPEN] Course, Emergency Nursing Pediatric Course [ENPC]). In 2023, AzAAP will complete a needs assessment of Continuing Medical Education (CME) needs for physicians and mid-level providers. The program will continue to use virtual platforms to advance its aims as the needs of member hospitals require.

BWCH will continue to partner with the **Emergency Medical Services for Children (EMSC) Program**, housed in the Bureau of Emergency Medical Services & Trauma System within ADHS's Division of Preparedness. The Title V Block Grant Coordinator and Family Engagement Specialist will continue to participate in the Pediatric Advisory Council for Emergency Services (PACES) meetings. The EMSC Program Manager will continue to provide a technical review of AzAAP reporting.

In 2023, **COVID-19 pandemic recovery efforts** will focus on improved child health and well-being. The Office of Children's Health (OCH) will continue to monitor the impacts on children as a result of the interruption and return to schooling, social and emotional well-being, well-child visits, family functioning, and overall social determinants of health. Areas of focus will include: Leverage existing partnerships and resources to support child/family care for communities in need; Create and provide resources that improve awareness of, and address, the impact of social isolation and loneliness on family health and building social connections; Support the Arizona Department of Education "ready for school" campaign to get students

excited and welcome them back to in-person instruction; Share statewide AZ TAPI Immunization efforts with providers and partners; Support coordinated efforts of child safety and well-being highlighting protective factors and promote the Lean on Me AZ report and toolkit; Continued efforts to promote Strong Families AZ, Arizona's home visiting alliance supporting home visiting as a key link to early childhood intervention, community supports such as health care, mental health, early care and education and services that promote child development and healthy child-parent interaction; and Increase community awareness on available tax resources (i.e. tax credits such as the Child Care Credit, Child Tax Credit) and other resources established to address poverty and social inequity. The OCH will work to incorporate these strategies within all population health domains that focus on children of all ages, including perinatal/infant, adolescent, and children and youth with special healthcare needs. The OCH will work with family advisors to create, review, and provide feedback on information and resources that are developed. All information will be accessible online and translated as needed.

The Office of Children's Health will continue to support Bureau wide implementation of **family and young adult engagement** by managing the contract within the Children and Youth with Special Health Care Needs (CYSHCN) Program awarded to Diverse Ability Inc and Raising Special Kids. The CYSHCN Program sits within the Office of Children's Health and has two family advisors positioned within the program that currently provide insight and feedback based on their lived experience to support the program and offer support to other programs and offices as requested. For Child Health, similarly to Perinatal/Infant Health, the goal is to connect the CYSHCN Family advisors to more opportunities that impact the population served within this priority by connecting to programs like the High Risk Perinatal Program, Safe Sleep, and Home Visiting.

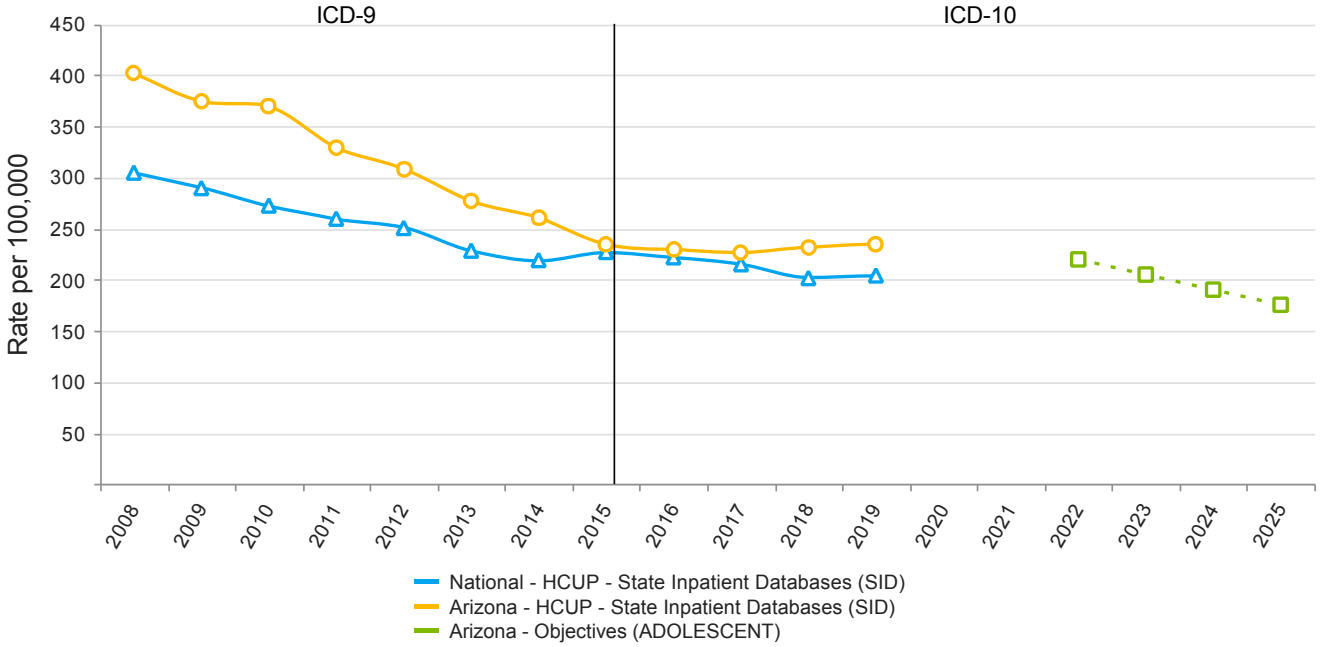
Through that initial intentional review of the program, we will be able to develop a family engagement role that will be able to continue to collaborate with initiatives within the Child Health domain.

Due to current exploratory conversations and leading the efforts in bureau wide implementation, the CYSHCN Program Family Advisor Dawn Bailey, along with Diverse Ability Inc will share information on family engagement best practices at a learning festival taking place in 2023 for the Home Visiting Program.

Adolescent Health

National Performance Measures

NPM 7.2 - Rate of hospitalization for non-fatal injury per 100,000 adolescents, ages 10 through 19
Indicators and Annual Objectives



Note: ICD-10-CM beginning in 2016; previously ICD-9-CM with 2015 representing January - September

Federally Available Data		
Data Source: HCUP - State Inpatient Databases (SID)		
	2020	**2021**
Annual Objective		
Annual Indicator	232.1	234.7
Numerator	2,205	2,242
Denominator	950,215	955,118
Data Source	SID-ADOLESCENT	SID-ADOLESCENT
Data Source Year	2018	2019

Annual Objectives				
	2022	**2023**	**2024**	**2025**
Annual Objective	219.8	204.9	190.1	175.4

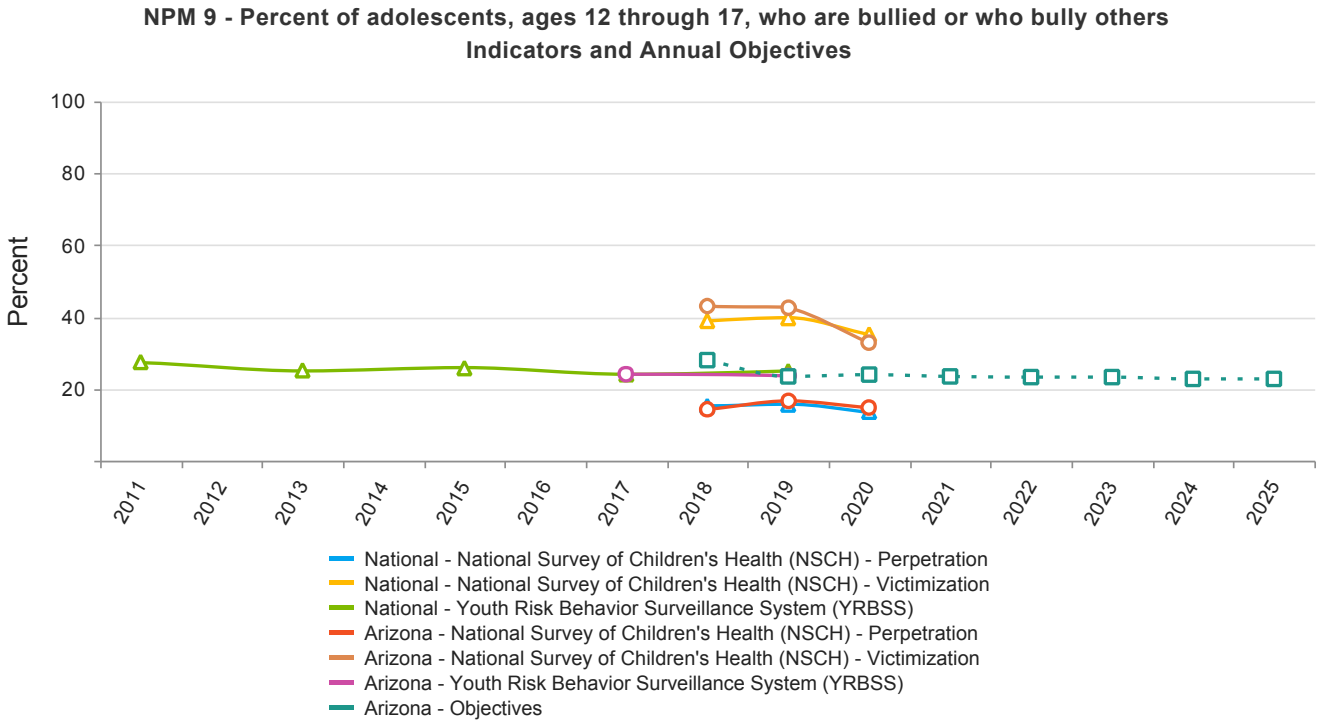
Evidence-Based or –Informed Strategy Measures

ESM 7.2.1 - Number of injury prevention activities done by local county health departments specific to adolescents 10-19 years old.

Measure Status:	Active

State Provided Data		
	2020	2021
Annual Objective		
Annual Indicator		6
Numerator		
Denominator		
Data Source		Healthy Arizona Families IGA
Data Source Year		2021
Provisional or Final ?		Final

Annual Objectives				
	2022	2023	2024	2025
Annual Objective	6.0	8.0	10.0	12.0



Federally Available Data				
Data Source: Youth Risk Behavior Surveillance System (YRBSS)				
	2018	**2019**	**2020**	**2021**
Annual Objective	28	23.5	24	23.5
Annual Indicator	24.3	24.3	23.8	23.8
Numerator	72,015	72,015	77,647	77,647
Denominator	296,928	296,928	326,495	326,495
Data Source	YRBSS	YRBSS	YRBSS	YRBSS
Data Source Year	2017	2017	2019	2019

Federally Available Data					
Data Source: National Survey of Children's Health (NSCH) - Perpetration					
	2017	**2018**	**2019**	**2020**	**2021**
Annual Objective			23.5	24	23.5
Annual Indicator			14.2	16.8	14.8
Numerator			70,628	91,211	85,872
Denominator			498,963	543,968	579,383
Data Source			NSCHP	NSCHP	NSCHP
Data Source Year			2018	2018_2019	2019_2020

Previous NPM-9 NSCH data for survey years 2016 and 2017 that was pre-populated under the 2017 and 2018 Annual Report Years is no longer displayed since it is not comparable to 2018 survey data given major wording and response option changes.

Federally Available Data					
Data Source: National Survey of Children's Health (NSCH) - Victimization					
	2017	**2018**	**2019**	**2020**	**2021**
Annual Objective			23.5	24	23.5
Annual Indicator			42.9	42.5	32.8
Numerator			213,883	231,633	190,362
Denominator			498,361	544,804	580,157
Data Source			NSCHV	NSCHV	NSCHV
Data Source Year			2018	2018_2019	2019_2020

Previous NPM-9 NSCH data for survey years 2016 and 2017 that was pre-populated under the 2017 and 2018 Annual Report Years is no longer displayed since it is not comparable to 2018 survey data given major wording and response option changes.

Annual Objectives				
2022	**2023**	**2024**	**2025**	
Annual Objective	23.3	23.3	22.8	22.8

Evidence-Based or –Informed Strategy Measures

ESM 9.1 - Number of school professionals who receive technical assistance on bullying prevention.

Measure Status:	Inactive - Completed				
State Provided Data					
	2017	**2018**	**2019**	**2020**	**2021**
Annual Objective			300	400	700
Annual Indicator			300	697	2,063
Numerator					
Denominator					
Data Source			Bullying Prevention Program	Bullying Prevention Program	Bullying Prevention Program
Data Source Year			2019	2020	2021
Provisional or Final ?			Final	Final	Final

ESM 9.2 - Number of schools implementing bullying prevention guidance.

Measure Status:	Inactive - The strategy has been replaced.		
State Provided Data			
	2019	**2020**	**2021**
Annual Objective			10
Annual Indicator			2
Numerator			
Denominator			
Data Source			Bullying Prevention Program
Data Source Year			2021
Provisional or Final ?			Final

ESM 9.3 - Number of unique pageviews in the must stop bullying campaign website.

Measure Status:	Active

State Provided Data		
	2020	2021
Annual Objective		
Annual Indicator		10,413
Numerator		
Denominator		
Data Source		Bullying Prevention Program
Data Source Year		2021
Provisional or Final ?		Final

Annual Objectives				
	2022	2023	2024	2025
Annual Objective	15,000.0	30,000.0	45,000.0	60,000.0

ESM 9.4 - Number of unique pageviews to the child page of the must stop bullying campaign website.

Measure Status:	Inactive - Measure 9.3 is similar to this metric.

State Provided Data		
	2020	2021
Annual Objective		
Annual Indicator		342
Numerator		
Denominator		
Data Source		Bullying Prevention Program
Data Source Year		2021
Provisional or Final ?		Final

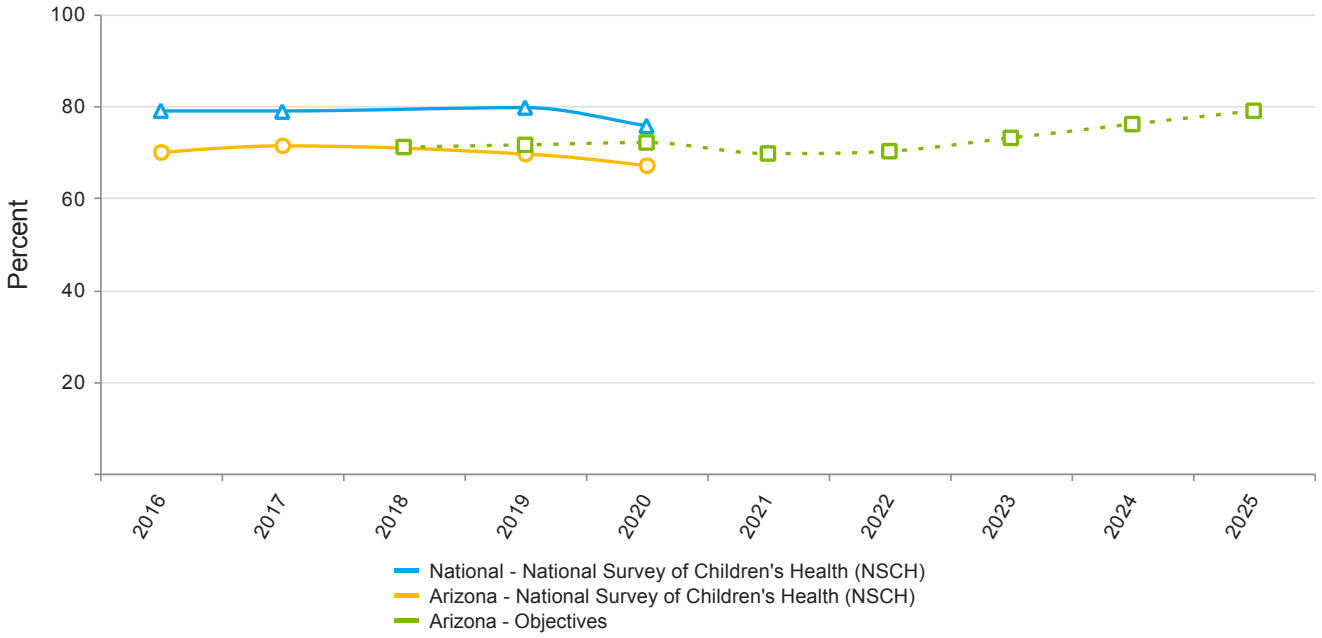
ESM 9.5 - Total number of youth served by an organization trained on mental health first aid for youth.

Measure Status:	Active

State Provided Data		
	2020	2021
Annual Objective		
Annual Indicator		21,717
Numerator		
Denominator		
Data Source		Youth Mental Health First Aid Program
Data Source Year		2021
Provisional or Final ?		Final

Annual Objectives				
	2022	2023	2024	2025
Annual Objective	30,000.0	55,000.0	75,000.0	100,000.0

NPM 10 - Percent of adolescents, ages 12 through 17, with a preventive medical visit in the past year.
Indicators and Annual Objectives



Federally Available Data					
Data Source: National Survey of Children's Health (NSCH)					
	2017	**2018**	**2019**	**2020**	**2021**
Annual Objective		71	71.5	72	69.6
Annual Indicator	70.0	71.2	71.2	69.6	67.1
Numerator	407,952	401,729	401,729	413,138	390,830
Denominator	582,704	564,184	564,184	593,931	582,351
Data Source	NSCH	NSCH	NSCH	NSCH	NSCH
Data Source Year	2016	2016_2017	2016_2017	2019	2019_2020

Annual Objectives				
	2022	**2023**	**2024**	**2025**
Annual Objective	70.1	73.0	76.0	78.9

Evidence-Based or –Informed Strategy Measures

ESM 10.1 - Number of healthcare clinics implementing University of Michigan's Adolescent Champion Model at their sites.

Measure Status:	Active

State Provided Data					
	2017	2018	2019	2020	2021
Annual Objective	0	2	4	10	7
Annual Indicator	0	3	10	7	10
Numerator					
Denominator					
Data Source	In-House Data (OWH)	In-House Data (OWH)	In-House Data (OWH)	In-House Data (OWH)	In-House Data (OWH)
Data Source Year	2017	2018	2019	2020	2021
Provisional or Final ?	Final	Final	Final	Final	Final

Annual Objectives				
	2022	2023	2024	2025
Annual Objective	9.0	12.0	15.0	18.0

ESM 10.2 - Percent of clinical sites that engage in continuous learning to maintain the adolescent champion model's high standards of practice.

Measure Status:	Active

State Provided Data		
	2020	2021
Annual Objective		
Annual Indicator		66
Numerator		
Denominator		
Data Source		ACM Evaluation Report
Data Source Year		2021
Provisional or Final ?		Final

Annual Objectives				
	2022	2023	2024	2025
Annual Objective	70.0	75.0	80.0	85.0

ESM 10.3 - 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

Measure Status:	Active

State Provided Data		
	2020	2021
Annual Objective		
Annual Indicator		43
Numerator		
Denominator		
Data Source		ACM Evaluation Report
Data Source Year		2021
Provisional or Final ?		Final

Annual Objectives				
	2022	2023	2024	2025
Annual Objective	50.0	62.0	74.0	85.0

ESM 10.4 - 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.

Measure Status:	Active

State Provided Data		
	2020	2021
Annual Objective		
Annual Indicator		62
Numerator		
Denominator		
Data Source		ACM Evaluation Report
Data Source Year		2021
Provisional or Final ?		Final

Annual Objectives				
	2022	2023	2024	2025
Annual Objective	63.0	70.0	77.0	85.0

ESM 10.5 - Number of youth advising state initiatives.

Measure Status:	Active

State Provided Data		
	2020	2021
Annual Objective		
Annual Indicator		0
Numerator		
Denominator		
Data Source		Youth Councils
Data Source Year		2021
Provisional or Final ?		Final

Annual Objectives				
	2022	2023	2024	2025
Annual Objective	2.0	4.0	6.0	8.0

ESM 10.6 - Number of continuing education opportunities for dental and medical providers to promote preventive medical visits and mental health for adolescents.

Measure Status:	Active

State Provided Data		
	2020	2021
Annual Objective		
Annual Indicator		9
Numerator		
Denominator		
Data Source		Office of Oral Health
Data Source Year		2021
Provisional or Final ?		Final

Annual Objectives				
	2022	2023	2024	2025
Annual Objective	10.0	10.0	10.0	10.0

State Action Plan Table

State Action Plan Table (Arizona) - Adolescent Health - Entry 1
Priority Need
Enhance equitable and optimal initiatives that positively impact the emotional, physical, and social wellbeing of adolescents.
NPM
NPM 9 - Percent of adolescents, ages 12 through 17, who are bullied or who bully others
Objectives
By 2025, Arizona will decrease the percentage of adolescents, ages 12 through 17, who are bullied or who bully others by 9%.
Strategies
Support the bullying prevention network multi agency task force
Promote the “Must Stop Bullying” campaign in school and community settings
Promote adolescent mental health to prevent and mitigate impact of bullying, reduce adolescent suicide and depression and reduce adolescent risky behaviors.
Lead the Bullying Prevention Stakeholder Workgroup (a multi agency workgroup).
Train and certify youth program health educators in all 15 counties across the state in Youth Mental Health First Aid and fund county health departments and CBOs to provide training to youth serving organizations in their communities.
Establish diverse youth advisory groups across the state (substance use, mental health, bullying, oral health, sexual reproductive health) to engage youth, 11-19 years of age in program development.
Create a monthly podcast centered around adolescent health wellness

ESMs	Status
ESM 9.1 - Number of school professionals who receive technical assistance on bullying prevention.	Inactive
ESM 9.2 - Number of schools implementing bullying prevention guidance.	Inactive
ESM 9.3 - Number of unique pageviews in the must stop bullying campaign website.	Active
ESM 9.4 - Number of unique pageviews to the child page of the must stop bullying campaign website.	Inactive
ESM 9.5 - Total number of youth served by an organization trained on mental health first aid for youth.	Active

NOMs

NOM 16.1 - Adolescent mortality rate ages 10 through 19, per 100,000

NOM 16.3 - Adolescent suicide rate, ages 15 through 19, per 100,000

State Action Plan Table (Arizona) - Adolescent Health - Entry 2

Priority Need

Strengthen emotional, physical, and social services to achieve an equitable and optimal development for children.

NPM

NPM 10 - Percent of adolescents, ages 12 through 17, with a preventive medical visit in the past year.

Objectives

By 2025, 3 out of every 4 adolescents, ages 12 through 17, will have a preventive medical visit in the past year.

Strategies

Collaborate w/American Academy of Pediatrics to encourage members to be adolescent health champions

Implement the University of Michigan's Adolescent Champion Model to drive health centers to become adolescent-centered medical homes.

Partner with county health departments to develop and implement a transition to adulthood checklist to distribute to families and providers.

Design and launch a statewide media campaign to create awareness of the importance of preventive medical visits.

Collaborate with the Office of Oral Health to identify the best methods for promoting preventive medical and mental health visits for adolescents during regularly scheduled dental visits.

Collaborate with the Adolescent Health Alliance to partner with professional medical and youth-serving organizations and federally qualified health centers to promote preventive medical visits.

Partner with TAPI to support oral health providers in promoting the HPV vaccine for adolescents and women.

ESMs	Status
ESM 10.1 - Number of healthcare clinics implementing University of Michigan's Adolescent Champion Model at their sites.	Active
ESM 10.2 - Percent of clinical sites that engage in continuous learning to maintain the adolescent champion model's high standards of practice.	Active
ESM 10.3 - 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	Active
ESM 10.4 - 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.	Active
ESM 10.5 - Number of youth advising state initiatives.	Active
ESM 10.6 - Number of continuing education opportunities for dental and medical providers to promote preventive medical visits and mental health for adolescents.	Active

NOMs
NOM 16.1 - Adolescent mortality rate ages 10 through 19, per 100,000
NOM 16.2 - Adolescent motor vehicle mortality rate, ages 15 through 19, per 100,000
NOM 16.3 - Adolescent suicide rate, ages 15 through 19, per 100,000
NOM 18 - Percent of children, ages 3 through 17, with a mental/behavioral condition who receive treatment or counseling
NOM 19 - Percent of children, ages 0 through 17, in excellent or very good health
NOM 20 - Percent of children, ages 2 through 4, and adolescents, ages 10 through 17, who are obese (BMI at or above the 95th percentile)
NOM 22.2 - Percent of children, ages 6 months through 17 years, who are vaccinated annually against seasonal influenza
NOM 22.3 - Percent of adolescents, ages 13 through 17, who have received at least one dose of the HPV vaccine
NOM 22.4 - Percent of adolescents, ages 13 through 17, who have received at least one dose of the Tdap vaccine
NOM 22.5 - Percent of adolescents, ages 13 through 17, who have received at least one dose of the meningococcal conjugate vaccine
NOM 23 - Teen birth rate, ages 15 through 19, per 1,000 females
NOM 17.2 - Percent of children with special health care needs (CSHCN), ages 0 through 17, who receive care in a well-functioning system

State Action Plan Table (Arizona) - Adolescent Health - Entry 3

Priority Need

Enhance equitable and optimal initiatives that positively impact the emotional, physical, and social wellbeing of adolescents.

NPM

NPM 7.2 - Rate of hospitalization for non-fatal injury per 100,000 adolescents, ages 10 through 19

Objectives

By 2025, Arizona will reduce the rate of hospitalization for non-fatal injury per 100,000 adolescents, ages 10 through 19, by 5%.

Strategies

Provide funding to local county health departments to implement injury prevention activities with adolescents (e.g., safe driving programs and messages, mentorship to reduce injuries from violence crime and assault, and training on traumatic brain injury)

ESMs	Status
ESM 7.2.1 - Number of injury prevention activities done by local county health departments specific to adolescents 10-19 years old.	Active

NOMs

NOM 15 - Child Mortality rate, ages 1 through 9, per 100,000

NOM 16.1 - Adolescent mortality rate ages 10 through 19, per 100,000

NOM 16.2 - Adolescent motor vehicle mortality rate, ages 15 through 19, per 100,000

NOM 16.3 - Adolescent suicide rate, ages 15 through 19, per 100,000

Priority Needs
• Enhance equitable and optimal initiatives that positively impact the emotional, physical, and social wellbeing of adolescents.
National Performance Measures
• NPM 7.2 - Rate of hospitalization for non-fatal injury per 100,000 adolescents, ages 10 through 19 • NPM 9 - Percent of adolescents, ages 12 through 17, who are bullied or who bully others • NPM 10 - Percent of adolescents, ages 12 through 17, with a preventive medical visit in the past year

Based on the findings from the 2020 Needs Assessment, Arizona's Title V Program prioritized the need to enhance equitable and optimal initiatives to positively impact the emotional, physical, and social wellbeing of adolescents.

Bullying Prevention, funded through Title V, continued to be an area of focus for Arizona's Title V Program. The Bullying Prevention Stakeholder Workgroup was reconvened in 2021, after a two-year hiatus. Through a series of meetings, stakeholders were guided through an idea-generating activity to identify needs and gaps that still existed in bullying prevention programming in four categories: youth, parents, schools, and medical professionals. Participation was overwhelming, which resulted in a plethora of ideas that will inform the bullying prevention plan for the next five years. As of fall of 2021, the workgroup will begin meeting quarterly.

To better prepare adults in developing safe and supportive relationships with adolescents, ADHS partnered with an internationally recognized expert on bullying to coordinate trainings with schools, school districts, and community organizations. The training provided guidance on explaining the science of bullying and bullying prevention, leveraging the science of bullying prevention to reinvigorate existing anti-bullying efforts/identify more promising practices, informing of state laws and policies, and instructing on how Must Stop Bullying materials can be used effectively. With the onset of COVID-19, and more schools moving to online instruction, trainings were offered virtually and incorporated a focus on creating positive home climates to promote learning, prevent stress, and protect youth against cyberbullying. Ten trainings were provided in 2021 with participation from 2,063 school administrators and educators, 51 community partners, and 108 parents.

ADHS entered into a partnership with the Phoenix Suns and Phoenix Mercury, Arizona's NBA and WNBA basketball teams, to promote the bullying prevention youth bystander intervention messaging. The partnership included messaging on the Suns/Mercury digital banner, social media channels, and newsletters; on-court logo signage; and ads in home TV and radio game broadcasts in English and Spanish. With the Phoenix Suns rally to the National Basketball Championship in 2021, ADHS was able to extend message exposure past the regular season with a radio ad which played during every Suns playoff game.

To increase the percentage of adolescents with preventive visits, Arizona's Title V Program continued to fund and focus efforts on implementing the **Adolescent Champion Model (ACM)** in Arizona. The ACM, created by the University of Michigan, transforms healthcare settings by improving high-quality services for adolescent patients, enhancing the health center culture and climate, impacting patient outcomes without increasing costs, and strengthening innovative interdisciplinary collaboration and practice. The ACM continued to offer the "SPARK" training module, developed in

coordination with the Children and Youth with Special Health Care Needs (CYSHCN) Program, to help guide physicians and other healthcare professionals in meaningful engagement with this population. It also continued to incorporate the telemedicine practices training module, which addresses best practices when providing services to youth via telemedicine. No clinics in 2021 opted to participate in the Maintenance of Certification program geared toward increasing rates of adolescent well visits; however, it continued to be offered to practices as an alternative if a practice is not able to commit fully to the ACM. Though COVID presented many challenges and competing priorities, all seven clinics from the second cohort were able to complete all eleven requirements of the program. Even with COVID lingering, another ten clinics joined cohort three and began implementation of the model in June of 2021.

In response to the growing need for parents and youth to understand the importance of annual well visits, ADHS' Office of Women's Health (OWH) received one-time funding through Arizona Proposition 207 funds to develop a behavior change campaign differentiating **well visits** from sports physicals to create awareness around the importance of well visits and more clearly explain what a full well visit entails. ADHS is leading the development of the campaign and partnering with the Arizona Chapter of the Academy of Pediatrics (AzAAP), to piggy-back on their well visit campaign efforts targeting providers; to align messaging and feel of the campaigns, where possible. The campaign will begin with conducting focus groups statewide to understand current attitudes towards and awareness of well visits among parents of youth 14-17 years of age, high school coaches and primary physicians/pediatricians/pediatric nurse practitioners. The campaign will begin to be executed and launched in 2022.

ADHS also provided Title V funding to the AzAAP to support pediatric infection prevention and control work through their **COVID-19 Training Center**. As part of this initiative, AzAAP participated in the Improving Immunization Rates for Adolescents (IIRA) Learning Collaborative, which began in October 2020, and aims to address adolescent vaccination rates within Arizona by helping pediatricians build confidence in their critical role and meet measurable goals. Four pediatric practices located in different parts of the state are working to utilize quality improvement techniques and clinical education/training to increase adolescent immunizations in their practices using the Model for Improvement, while receiving free CME and MOC Part 2 & 4 credit for their efforts. This project ended in August 2021 and the preliminary data showed an increase overall in adolescent well visits and increased immunization rates for Tdap and MenACWY. In 2021, the learning collaborative completed seven (7) IIRA webinars focused on the topics of: 1. Utilizing IIS Functionality, 2. Motivational Interviewing, 3. COVID-19 Vaccines for Adolescents, 4. Lessons Learned at the Practice Level: QI Communication and Flow, 5. Learning Session 4: Celebration Webinar, 6. Practice End-of-Project Value Survey for Practice Teams, and 7. Learning Session 4: Evaluation.

ADHS released a solicitation in September 2021 to establish statewide **Youth Councils** to work on various adolescent-focused topic areas as outlined in the 2020 Title V Needs Assessment; specifically, suicide prevention, bullying prevention, sexual health, promoting annual adolescent well visits, injury prevention, and/or promoting preventive dental visits. Utilizing a combination of Title V and state lottery funding, four councils were awarded in two rural counties (Gila with 2 councils and Santa Cruz Counties) and one urban county (Maricopa County). Three of these youth councils will be newly created and one is an existing youth council that will be enhanced with this funding. One of the awardees, Arizona Foundation for Human Service Providers plans to create and support a new youth council in order to highlight the voices, experiences, and health priorities of Arizona adolescents/youth that have been in kinship care through the Arizona Department of Child Safety.

The health needs and experiences of youth are often under-represented. By empowering youth through participation on youth councils, they will have an opportunity to gain leadership skills that will give voice to their health needs and be able to drive positive change within their peer group as well as in their communities. Additionally, these youth councils will serve as the family/youth engagement partners for other ADHS adolescent health programming and the Arizona Adolescent Health Alliance. ADHS will host a Youth/Adult Partnership Training for youth council members and their adult youth advisors to aid in their skill building and ensure councils are engaged in the top 2 tiers (step 7 & 8) of the Hart's Ladder of Participation.

The 2020 Title V Needs Assessment showed high rates of suicide among young people in the state and a lack of resources to support their mental health and well-being. In response, ADHS has been working to focus more resources on youth mental health. ADHS's Office of Women's Health, which administers adolescent health programming, elected to participate in the second cohort of the Adolescent and Young Adult Behavioral Health (AYA-BH) Collaborative Innovation and

Improvement Network (CoIIN), which began in April 2021. The CoIIN focuses on the impacts of the pandemic, including decreased access to healthcare and increased isolation and exacerbation of adverse mental health outcomes. Arizona's AYA-BH CoIIN, led by ADHS, is composed of state agency representation from the Arizona Department of Education (ADE), Arizona State University, and AHCCCS (state medicaid agency), as well as rural community organizations and the AzAAP. In addition to participating in the prevention component of the CoIIN, the AzAAP served as the clinic champion; recruiting over 20 pediatric practices to participate in the quality improvement component. To reduce duplication of effort and align work which has similar goals, the ADHS-led AYA-BH CoIIN participants and the ADE-led School Mental Health CoIIN participants decided to work jointly and collaboratively; meeting monthly as a team, creating a Youth Empowerment team benefiting and informing the work of both CoIINs, and developing a stigma reduction campaign which will be launched in 2022. As part of the collaboration, all three state agencies (ADHS, ADE, AHCCCS) will contribute funding to the development of the campaign.

With Title V funding, ADHS hosted a certification training in Youth Mental Health First Aid (YMHFA) for teen pregnancy prevention (TPP) health educators. Thirty-two educators from all fifteen county-level TPP programs were certified to conduct trainings with other youth-serving organizations in their counties to assist them with identifying, understanding, and responding to signs of mental illness and substance use disorders in youth. Utilizing Prop 207 funding, the county-level programs will be paid a stipend for every training conducted. Additionally, the OWH entered into a contract utilizing Title V funding with the Inter Tribal Council of Arizona (ITCA) to hire staff to be certified and deliver trainings across Arizona's Tribal Nations, which will include a supplement specific to American Indian populations that is being created by YMHFA. ADHS also collaborated with the Arizona Department of Education's Project AWARE to provide technical assistance to YMHFA-certified educators around gathering and disseminating resources to youth-serving organizations that are trained.

At the recommendation of the bullying prevention stakeholders, ADHS will begin to look at bullying prevention from a mental health lens acknowledging the effect that bullying has on the mental health of youth.

Teen Pregnancy Prevention Programs (TPP) continued the delivery of evidence-based abstinence and abstinence plus curriculum services that were culturally relevant and age-appropriate with a positive youth development approach. Through state lottery funds and federal Personal Responsibility Education Program (PREP) and Sexual Risk Avoidance Education (SRAE) funding, the TPP funded 24 rural and urban programs statewide through County Health Departments and community-based organizations, including four in American Indian communities. All TPP programming incorporated at least three of the five (3 of 5) Adulthood Preparation Subjects (APS) into proposed evidence-based program models to meet the unique needs of Arizona youth. APS is designed to support youth's successful transition to adulthood and include (1) Healthy Relationships, (2) Healthy Life Skills, (3) Educational and Career Success, (4) Financial Literacy, and (5) Adolescent Development.

In 2021, **6,443** youth between the ages of 11-19 were served across all Teen Pregnancy Prevention (TPP) funding sources. There were **3,593** youth who received Abstinence Plus educational services and **2,850** youth who received Abstinence educational services.

COVID-19 continued to have a varying degree of impact on program delivery. Many schools did not allow outside visitors into the classroom to deliver TPP educational services as an effort to mitigate rising cases. Other schools did not have the capacity to offer dedicated time to TPP programming prioritizing core academics instead. As a result, all programs ended prematurely or did not start at all. Youth participant retention and recruitment efforts were also impacted as most programs had to find new ways for engagement. Before COVID-19, contracted agencies provided services to over 30,000 youth each year; however, services from 2019 to 2020 decreased by about 52% and TPP experienced yet another 55% decrease in numbers of youth served between 2020 to 2021. The flexibility afforded to sub-recipients at the height of COVID-19 helped with reaching Arizona's youth population, especially those at highest risk for becoming pregnant and/or contracting an STD. Contracted agency were able to focus on the delivery of APS to youth, as an adaptation, if the full core curriculum could not be delivered with fidelity. During the latter half of the year, implementation sites started to reopen their doors to TPP contracting agencies. Due to lessening of restrictive mitigating requirements enforced by schools in response to COVID-19, agencies, organizations, and schools have slightly generated an increased opportunity to serve

youth and provide program delivery.

Despite challenges with COVID-19, 334 parents participated in educational sessions providing information to help parents/guardians facilitate conversations with their youth on sexual health topics as well as other topics, such as healthy relationships.

ADHS is leading a workgroup to develop an adaptation model of the Advocates for Youth (AFY) **Adolescent Reproductive Health Access Project (RHAP)**; currently being implemented by the El Rio Health Center, a local federally qualified health center in the state. The intention is to develop a model, adapted from the original AFY RHAP, that is feasible to replicate in other health clinics statewide and nationally. The model is expected to be designed as a peer-led intervention that is an adaptable, scalable, and evidence-based model for reducing unintended pregnancy and improving the sexual health outcomes among youth. The ADHS workgroup includes AFY, El Rio, and Arizona Family Health Partnership. The group began meeting monthly in the summer of 2021, but needed to regroup in the fall to reset direction by establishing expectations and guidelines and the inclusion of a professional facilitator to ensure true and efficient collaboration among participating stakeholders.

The strategies to decrease the incidence of childhood injury for adolescents included supporting **'Battle of the Belt**'. The initiative, led by the Bureau of Chronic Disease and Health Promotion, is a yearlong program that increases seat belt usage and good driving habits in school communities by providing resources to students to develop their own positive seat belt messaging. Yuma county conducted a survey among 108 driver's education students to measure their responses on knowledge and attitudes on restraint use, and personal behaviors as a driver or passenger. Unfortunately, COVID presented challenges in program implementation with many schools closed or conducting education online for most of the school year. As a result, students were not driving onto school property and were not able to meet so the program could not be conducted. Though partners were eager to implement the program virtually, schools were overwhelmed with day-to-day activities and were not prepared to take on any outside programming.

The Chief for the Office of Women's Health represents ADHS in the Arizona Adolescent Health Alliance (AzAHA), a **steering committee of adolescent health and social service providers** convened to identify priorities in the focus areas of medical care and services, mental health, oral health, social determinants, special populations, and reproductive health. The aim of the Alliance is to develop a forum to connect and share best practices, identify common problems, and develop innovative strategies to overcome barriers for providing high-quality health and social services for adolescents. The OWH began working with the Alliance to explore the possibility of expanding efforts to create a **statewide adolescent health coalition**. The existing steering committee offers the opportunity to institute a statewide coalition as participating stakeholders are inclusive of safety-net providers, such as medical professionals and general youth-serving organizations located in the Phoenix and Tucson area. In lieu of the OWH reconvening the Adolescent Wellness Stakeholder Workgroup, the OWH will work collaboratively with the AzAHA to serve as the body that will inform adolescent wellness efforts.

The Chief for the Office of Women's Health continued to participate in the Suicide Prevention check-in call led by the AHCCCS. The call reviews the progress both agencies are making in accomplishing the recommendations outlined in the 2020 Suicide Prevention Action Plan, projects being conducted, and any emerging issues in mental health. The calls have temporarily paused after the AHCCCS lead left the agency and while the Suicide Prevention Program transferred to the ADHS Office of Chronic Disease Prevention and Health Promotion.

The Chief also maintained her role as the lead of the Adolescent & Young Adults Behavioral Health CollN team which began in 2021. She also continued to serve as the Secretary for the National Network of State Adolescent Health Coordinators Leadership team.

Adolescent Health - Application Year

Priority Needs
• Enhance equitable and optimal initiatives that positively impact the emotional, physical, and social wellbeing of adolescents.
National Performance Measures
• NPM 7.2 - Rate of hospitalization for non-fatal injury per 100,000 adolescents, ages 10 through 19 • NPM 9 - Percent of adolescents, ages 12 through 17, who are bullied or who bully others • NPM 10 - Percent of adolescents, ages 12 through 17, with a preventive medical visit in the past year

The Arizona Title V Program's priority for Adolescent Health is to enhance equitable and optimal initiatives that positively impact the emotional, physical, and social wellbeing of adolescents. Using several funding sources that include the Arizona state lottery funds, Arizona Prop 207 - Smart and Safe Act funds, Health and Human Services (HHS) Family and Youth Services Bureau (FYSB), and Title V, the ADHS Bureau of Women's and Children's Health (BWCH) will continue to prioritize and implement activities that young people need to thrive and address our priority and National Performance Measures (**NPM 7.2: Injury Hospitalization**, **NPM 9: Bullying**, and **NPM 10: Adolescent Well-Visits**) for this domain.

To better prepare adults in developing safe and supportive relationships with adolescents, ADHS will continue to partner with R. Bradley Snyder, an internationally recognized expert on **bullying prevention,** and Title V and state lottery will provide contract funding for him to continue a weekly podcast, *Talking About Kids*. The podcast discusses the latest trends in bullying prevention and on generally improving student well-being, covering additional topics such as sexual health, mental health, alcohol use, vaping, etc. The podcast is available on all the normal podcast channels.

Title V will continue to fund a marketing campaign and promote the MustStopBullying.org site focused on creating awareness of bullying prevention. Stakeholder input will drive the direction of the messaging. However, taking into account the effects that bullying has on the mental health of youth, messaging is expected to take on more of a mental health approach going forward. The MustStopBullying.org website will be expanded to include resources specific to school administrators and teachers, as well as include content related to mental health.

The Bullying Prevention Stakeholder Workgroup will continue to meet in 2023 to guide efforts, identify gaps and develop new ideas to promote the bullying prevention initiative, and assist in promoting and/or integrating bullying prevention strategies in their communities.

As the Adolescent & Young Adult Behavioral Health CollN project comes to an end on December 31, 2022, ADHS will invite CollN members to join a **Youth Mental Health Task Force** to help us continue to identify ways to integrate mental health into our adolescent health initiatives.

With funding from both Title V and Prop 207, the Arizona Title V Program will continue to implement the **Youth Mental Health First Aid** program in partnership with county health departments and community-based organizations in all 15 counties of the state and the Inter Tribal Council of Arizona. ADHS will host an annual certification training to ensure that we accommodate for any turnover in educators, and are able to maintain the program active in each county. Additionally, ADHS will explore expanding the effort among the teen pregnancy prevention contractors and offer the opportunity to the

community-based contracted program to become part of the certification and stipend training program.

To increase the percentage of adolescents with preventive visits, Title V will continue to fund efforts to implement the **Adolescent Champion Model (ACM)** in Arizona, through a contract with the Arizona Family Health Partnership. The ACM, developed by the University of Michigan, transforms healthcare settings by improving high-quality services for adolescent patients, enhancing the health center culture and climate, impacting patient outcomes without increasing costs, and strengthening innovative interdisciplinary collaboration and practice. The ACM will continue to offer the Spark training module, developed in coordination with the Children and Youth with Special Health Care Needs (CYSHCN) Program, to help guide physicians and other healthcare professionals in meaningful engagement with adolescents with special health care needs, and the Spark training module on best practices when providing services to youth via telemedicine. A new Spark training will be developed in 2023 around youth mental health for those ACM participants that are interested in becoming better versed in addressing mental health of the young people they serve.

ADHS, through a partnership with Phoenix Children's Hospital, Phoenix Children's Care Network, and the Arizona Family Health Partnership, funded the implementation of a Maintenance of Certification (MOC) Program geared toward increasing rates of adolescent well visits. The MOC is a quality improvement effort required of board-certified pediatricians to maintain certification with the American Board of Pediatrics. This adolescent well-check improvement module will continue to be offered to practices that may be unable to commit to full-scale implementation of the ACM. It provides an alternative form of participation that has the potential to positively impact adolescent health.

In partnership with Advocates for Youth and local stakeholders, an adaptation of Advocates for Youth's model —**Reproductive Health Access Project**—will be completed and will be ready for pilot implementation in 2023. The goal of the project is to develop an evidence-informed, peer-led intervention model to support health clinics in providing equitable, trauma-informed sexual and reproductive health education and services, centered in authentic, youth-adult partnerships. The model design will include program infrastructure, training and capacity-building tools, and evaluation. Efforts will be made to recruit participating ACM health centers to further enhance their youth-focused work by offering the opportunity for them to implement the model, in addition to Title X clinics and other clinical sites that provide services to adolescents.

With funding from State Lottery and FYSB, the **Teen Pregnancy Prevention Programs** (TPP) will continue delivering evidence-based curriculum services statewide with a positive youth development approach – an intentional, pro-social approach that recognizes, utilizes, and enhances young people's strengths and promotes positive outcomes for young people by providing opportunities, fostering positive relationships, and furnishing the support needed to build on their leadership strengths. This approach promotes positive adult-youth relationships and empowers youth to gain the skills needed for success. The Teen Pregnancy Prevention Programs will also incorporate delivery of adulthood preparation subjects, including healthy life skills, healthy relationships, financial literacy, adolescent development, and educational and career success. These topic areas are educational subjects that are aimed to help youth avoid harmful behaviors and develop the necessary skills and knowledge needed to positively transition into adulthood. They have been incorporated into all TPP programs funded by federal and state dollars. The TPP funds rural and urban programs through local county health departments and community-based organizations, including those in American Indian communities.

Teen Pregnancy Prevention's monthly unduplicated count of youth served are a reportable metric on the Governor's Scorecard and used as a means to measure program efforts, improve services, and ensure the program is on track with achieving its delivery goals.

Title V funds are also allocated to each County Health Department via the **MCH Healthy Arizona Families (HAF) Intergovernmental Agreement (IGA)**. County health department can use these funds to address adolescent health initiatives, such as bullying prevention, family planning, transition to adulthood, and injury and suicide prevention. In 2023, it is expected that Apache, Navajo, Pima, Pinal and Yuma Counties will use Title V funding provided through the MCH HAF IGA to support 'Battle of the Belt'; a teen safe driving strategy to decrease the incidence of childhood injury for adolescents. Battle of the Belt is a yearlong program that increases seat belt usage and good driving habits in school communities by providing resources to students to develop their own positive seat belt messaging. Each school develops its own activities and conducts four (4) seat belt checks per year. The education messaging is developed by the students with assistance from

adult staff facilitating the process, thus ensuring buy-in from the students. The Injury Prevention Program Manager from the Office of Injury Prevention works directly with the County Health Department and schools to implement and monitor this activity. More information about MCH HAF IGA can be found in the ***Cross-Cutting section*** of the application.

The following section will outline **coordination and collaboration** efforts in the Adolescent Health domain. Angie Lorenzo, Chief for the Office of Women's Health (OWH), and Darlene Depina, Adolescent Health Director, represent ADHS in the **Arizona Adolescent Health Alliance**, a steering committee of adolescent health and social service providers convened in 2020 to identify priorities in the focus areas of medical care and services, mental health, oral health, social determinants of health, special populations, and reproductive health. The aim was to develop a forum to connect and share best practices, identify common problems, and develop innovative strategies to overcome barriers for providing high-quality health and social services for adolescents. The OWH will also utilize a variety of adolescent-focused funding to expand the Alliance's efforts to create a **statewide adolescent health coalition**. The existing steering committee offers the opportunity to institute a statewide coalition as participating stakeholders are inclusive of safety-net providers, such as medical professionals and general youth-serving organizations located in the Phoenix and Tucson area. Assets developed through ADHS projects will be shared with the Alliance members for their dissemination, use and/or organizational branding to further spread the various messaging.

Ms. Lorenzo will continue to serve as the Secretary for the National Network of State Adolescent Health Coordinators Leadership team.

Arizona's Title V Program will collaborate, as needed, with the **Sexual and Domestic Violence Prevention Program** to increase awareness, reduce sexual violence and reduce stigma among youth participating in funded initiatives.

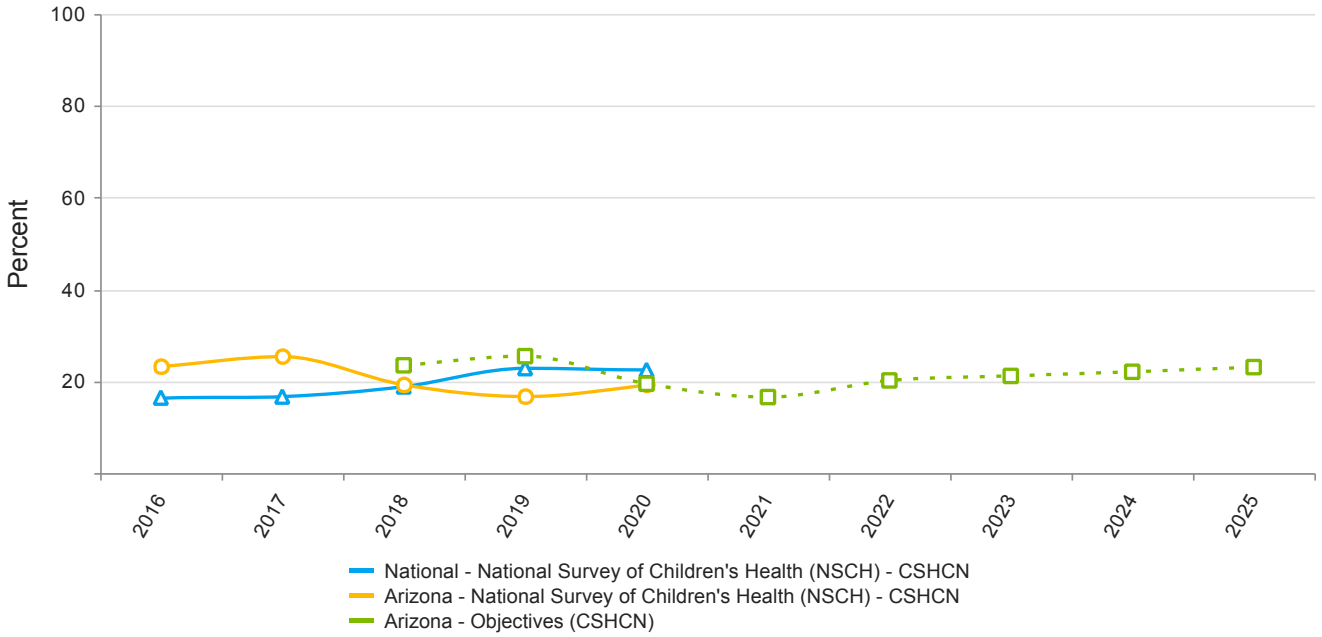
As part of the bureau's efforts to increase family and youth involvement, the ADHS Adolescent Health team is focused on incorporating youth voice and active youth involvement into program planning and implementation. Through Title V and state lottery funding, ADHS awarded four (4) statewide **youth-led advisory groups** to lead, plan, and execute adolescent-focused health projects in their communities. Youth groups can address any of the health topics identified through the 2020 Title V Needs Assessment, and groups are given the opportunity to address additional topics based on the needs of their community. Youth in the advisory groups will also be utilized to provide input and feedback on various adolescent- focused projects conducted at the state level.

The youth advisory groups will provide input to projects focused on youth 11-19 years of age with the Engaging Families and Young Adults Program focused on capturing the voice of older adolescents.

Children with Special Health Care Needs

National Performance Measures

NPM 12 - 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
Indicators and Annual Objectives



NPM 12 - Children with Special Health Care Needs

Federally Available Data					
Data Source: National Survey of Children's Health (NSCH) - CSHCN					
	2017	**2018**	**2019**	**2020**	**2021**
Annual Objective		23.5	25.5	19.5	16.6
Annual Indicator	23.1	25.3	19.1	16.6	19.2
Numerator	29,892	27,260	16,701	20,177	27,632
Denominator	129,664	107,571	87,460	121,243	143,826
Data Source	NSCH-CSHCN	NSCH-CSHCN	NSCH-CSHCN	NSCH-CSHCN	NSCH-CSHCN
Data Source Year	2016	2016_2017	2017_2018	2018_2019	2019_2020

Annual Objectives				
	2022	**2023**	**2024**	**2025**
Annual Objective	20.2	21.2	22.1	23.1

Evidence-Based or –Informed Strategy Measures

ESM 12.1 - Number of families that received a resource from the CYSHCN program.

Measure Status:	Active

State Provided Data			
	2019	2020	2021
Annual Objective			1,800
Annual Indicator	1,248	1,753	653
Numerator			
Denominator			
Data Source	CYSHCN - SSI Letters	CYSHCN - SSI Letters	CYSHCN - SSI Letters
Data Source Year	2019	2020	2021
Provisional or Final ?	Final	Final	Final

Annual Objectives				
	2022	2023	2024	2025
Annual Objective	700.0	800.0	900.0	1,000.0

ESM 12.2 - Number of pediatric providers registered for the GoT transition modules who already serve CYSHCN.

Measure Status:	Active

State Provided Data		
	2020	2021
Annual Objective		
Annual Indicator		3
Numerator		
Denominator		
Data Source		GoT Transition
Data Source Year		2021
Provisional or Final ?		Final

Annual Objectives				
	2022	2023	2024	2025
Annual Objective	4.0	5.0	6.0	7.0

ESM 12.3 - Number of family advisors placed in Bureau of Women's and Children's Health administrative offices.

Measure Status:	Active

State Provided Data		
	2020	2021
Annual Objective		
Annual Indicator		2
Numerator		
Denominator		
Data Source		CYSHCN Program
Data Source Year		2021
Provisional or Final ?		Final

Annual Objectives				
	2022	2023	2024	2025
Annual Objective	2.0	3.0	4.0	5.0

ESM 12.4 - Percent of school-age children who receive a hearing screening.

Measure Status:	Active

State Provided Data		
	2020	2021
Annual Objective		
Annual Indicator		60
Numerator		
Denominator		
Data Source		Sensory Program
Data Source Year		2021
Provisional or Final ?		Final

Annual Objectives				
	2022	2023	2024	2025
Annual Objective	65.0	70.0	75.0	80.0

ESM 12.5 - Percent of Arizona schools that complete their hearing screens by the assigned due date.

Measure Status:	Active

State Provided Data		
	2020	2021
Annual Objective		
Annual Indicator		36
Numerator		
Denominator		
Data Source		Sensory Program
Data Source Year		2021
Provisional or Final ?		Final

Annual Objectives				
	2022	2023	2024	2025
Annual Objective	45.0	50.0	55.0	60.0

ESM 12.6 - Number of providers receiving GoT transition training resources.

Measure Status:	Active

State Provided Data		
	2020	2021
Annual Objective		
Annual Indicator		70
Numerator		
Denominator		
Data Source		CYSHCN Program
Data Source Year		2021
Provisional or Final ?		Final

Annual Objectives				
	2022	2023	2024	2025
Annual Objective	75.0	85.0	95.0	105.0

State Action Plan Table

State Action Plan Table (Arizona) - Children with Special Health Care Needs - Entry 1
Priority Need
Strengthen systems of care to advance inclusivity and promote equitable and optimal outcomes for children and youth with special healthcare needs.
NPM
NPM 12 - 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
Objectives
By 2025, Arizona will increase the percentage of adolescents with and without special health care needs, ages 12 through 17, who received transition to adult healthcare services by 11%.

Strategies

Identify and convene an inter-agency group that focuses on CYSHCN services, transition resources, and supports to enhance state agency coordination, collaboration, and partnership.

Work with facilities (including private practices, FQHCs, critical access hospitals [CAHs], specialty clinics, RHCs, etc.) serving children and youth with special healthcare needs (CYSHCN) to train providers in 'got transition' resources for establishing transition policies.

Partner with professional organizations to disseminate evidence-informed transition resources to families, healthcare providers, and organizational members.

Collaborate and support efforts with the Transition Care Network to develop family, provider, and system capacity to improve the transition of CYSHCN to a more inclusive and comprehensive adult system of care.

Review and revise ADHS resources (e.g., Care Coordination Manual, Health Care Organizer) with current information and resources and in collaboration with parents and other end users.

Support the annual transition conference for special education students in partnership with the Arizona Department of Education.

Partner and collaborate with numerous state and local agencies, nonprofit, community-based, and private organizations to offer community-based services and support to ensure CYSHCN and their families are provided access to comprehensive home and family-centered services.

Partner and collaborate with several ADHS programs and other state agencies to support identification, screening, assessment and referral of CYSHCN to the care and services they need.

Leverage existing partnerships with Phoenix Children's Hospital, Ryan House and Ronald McDonald Houses of Phoenix & Southern Arizona to provide funding for gap-filling services that support families with sick children in their time of need.

Support and expand pediatric emergency preparedness for CYSHCN across the state.

Participate in the pediatric advisory council for emergency services.

Create guidance and update curriculum for vision and hearing screening services.

Identify and award a statewide contractor to coordinate hearing and vision training for both screeners and trainers.

Increase access to sensory and hearing screening equipment across the state.

Incorporate diversity, equity, and inclusivity statements as standard contractual language for all CYSHCN Program contracts.

Provide technical assistance to local county health departments on how to incorporate diversity, equity, and inclusivity within the MCH activities they implement through the MCH HAF IGA.

Hold a focus group meeting with statewide partners to discuss childcare service needs for CSHCN.

ESMs	Status
ESM 12.1 - Number of families that received a resource from the CYSHCN program.	Active
ESM 12.2 - Number of pediatric providers registered for the GoT transition modules who already serve CYSHCN.	Active
ESM 12.3 - Number of family advisors placed in Bureau of Women's and Children's Health administrative offices.	Active
ESM 12.4 - Percent of school-age children who receive a hearing screening.	Active
ESM 12.5 - Percent of Arizona schools that complete their hearing screens by the assigned due date.	Active
ESM 12.6 - Number of providers receiving GoT transition training resources.	Active

NOMs
NOM 17.2 - Percent of children with special health care needs (CSHCN), ages 0 through 17, who receive care in a well-functioning system

State Action Plan Table (Arizona) - Children with Special Health Care Needs - Entry 2

Priority Need

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

NPM

NPM 12 - 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

Objectives

By 2025, Arizona will establish family and youth advisors in all of the Bureau of Women's and Children's Health programming offices.

Strategies

Place trained family advisors at all levels across the BWCH administrative offices to support MCH programming as key partners in health care decision-making.

Engage partners and stakeholders to promote and participate in the Engaging Families and Young Adult Program to place trained family advisors across all sectors.

ESMs	Status
ESM 12.1 - Number of families that received a resource from the CYSHCN program.	Active
ESM 12.2 - Number of pediatric providers registered for the GoT transition modules who already serve CYSHCN.	Active
ESM 12.3 - Number of family advisors placed in Bureau of Women's and Children's Health administrative offices.	Active
ESM 12.4 - Percent of school-age children who receive a hearing screening.	Active
ESM 12.5 - Percent of Arizona schools that complete their hearing screens by the assigned due date.	Active
ESM 12.6 - Number of providers receiving GoT transition training resources.	Active

NOMs

NOM 17.2 - Percent of children with special health care needs (CSHCN), ages 0 through 17, who receive care in a well-functioning system

Children with Special Health Care Needs - Annual Report

Priority Needs
• Strengthen systems of care to advance inclusivity and promote equitable and optimal outcomes for children and youth with special health care needs. • 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.
National Performance Measures
• NPM 12 - Percent of adolescents with and without special health care needs, ages 12 through 17, who received services necessary to make transitions to adult health care

The **Children and Youth with Special Health Care Needs (CYSHCN) Program** is under the umbrella of the Office of Children's Health (OCH) and has two staff members. In 2021, Laura Luna Bellucci served as the Chief of the Office of Children's Health and oversaw all aspects of staff and programming and fulfilled the role of Title V CSHCN Director. Janet Viloria is the CYSHCN Program Director and Manu Nair is the CYSHCN Program Manager. During 2021 a hybrid position has been identified that will work with the CYSHCN Program and MIECHV to align strategies and ensure cross collaborative efforts among programs. This position has been identified as the Priority Populations Program Manager. For more information on Arizona's MCH workforce, please see ***III.E.2.b.i. MCH Workforce Development*** and ***VI. Organizational Chart***.

Overall, in 2021 the CYSHCN Program continued to collaborate and partner with internal programs and a variety of community stakeholders to provide enabling services – such as Information and Referral, Education and Advocacy, Family Engagement, Transition, Inclusion, Gap Filling Services and Community Collaborations – to support the mission of improving the systems of care for children and youth with special health care needs (CYSHCN) and their families. Education and training was provided to families and professionals that focused on family-centered care, cultural competence, support of medical homes and pediatric-to-adult care transition, and technical assistance in the development of best practices for CYSHCN. COVID-19 continued to impact the way education and training could be provided. The program's role shifted to virtual support of ongoing contracts, assessing the needs of our community and partners in the response to COVID-19 and specific impacts of the pandemic on CYSHCN.

Below are the accomplishments of the 2021 activities.

Family and young adult engagement, including families with CYSHCN, is a role or activity that enables those who have first-hand experience with systems of care to have direct and meaningful input into the health systems, policies, programs, and/or practices that affect service delivery and the health and wellness of children, youth, consumers, and families. This type of engagement is different from the important role that families, consumers, and youth play in determining and controlling the array of services and support provided to them and requires additional preparation and ongoing support and development. Examples of family, consumer, and youth involvement include participation in advisory councils, document review, serving on committees, policy development, curriculum development, training, participation on community action teams, and providing mentoring and support to other families and programs.

In 2021, the CYSHCN Program Family Advisors Dawn Bailey and Eadie Smith continued to work on training and programs virtually around family engagement, care coordination, transition and Sickle Cell support. In June of 2021, Eadie informed the CYSHCN Program that she would be relocating back to her home state of Mississippi and she would no longer be available

to serve as CYSHCN Program Family Advisor, but she had identified an individual who was involved in the Sickle Cell Foundation Family meetings who was interested in the role. After several introductory and transition meetings, the CYSHCN Program onboarded Danielle Crudup as the Family Advisor to replace Eadie Smith.

Dawn Bailey continued to serve in the role of AMCHP Family Delegate for the CYSHCN Program and participates in a Family Engagement Collaborative through AMCHP. Dawn serves on the AMCHP Board of Directors and the Family Leadership, Engagement and Development (LEAD) Committee as Vice Chair and helped with the development of the Family Delegate Guide: A Guide For Family Leaders & Title V Programs, which was released in September of 2021. Dawn continues to support family engagement and inclusion through her participation in work groups, stakeholder meetings, internal and external meetings, councils, and other state and national platforms. ***Appendix E**, CSHCN 2021 Training, Collaborations, Education, and Activities*, documents engagements completed by CYSHCN Program Family Advisors, Dawn Bailey, Eadie Smith and Danielle Crudup.

In 2021, the CYSHCN Program began development of a new program to support family engagement; **Engaging Families and Young Adults Program**. In 2020, the contract ADHS had with Raising Special Kids for Family and Youth Engagement came to its five-year term. This presented the Arizona CYSHCN Program with an opportunity to design a new, revised scope of work. BWCH released the request for grant application (RFGA) and selected Diverse Ability Incorporated in collaboration with Raising Special Kids as the contractor to carry out the statewide program. Based on a collaborative history, expertise, and shared values, Diverse Ability Inc. and Raising Special Kids each demonstrate an enduring commitment to youth and families by providing meaningful opportunities for them to acquire leadership and self-advocacy skills, and by supporting their efforts to contribute their valuable wisdom and experience within the design, delivery, and evaluation of programs and policies impacting systems of care in Arizona.

The aim of the Engaging Families and Young Adults Program is to identify, recruit and train Family and Young Adult Advisors and place these individuals in state and local level public health and health care systems. The long-term goal is achieving family and youth involvement at the state and local level as key partners in health care decision-making in the system of care. Phase 1/Year 1 consists of implementation throughout the ADHS Bureau of Women's and Children's Health by placement of family or young adult advisors within each Office (see Family & Youth Engagement Structure). Young Adult Advisors recruited must be individuals ages 18-26, including youth with special health care needs and a variety of disabilities. Family Advisors must be family members (i.e., parent, grandparent, foster parent, aunt, uncle, adult sibling or adult cousin, or other adult considered family by a child) who have first-hand, lived experience with navigating systems of care in order to have direct and meaningful input into the systems, policies, programs, and/or practices that affect care, health, well-being and the lives of children, youth and families. The program will use evidence-based resources, such as Family Voices *Serving on Groups* or an equivalent evidence-based curriculum to prepare Young Adult and Family Advisors for service and the Family Voices Family Engagement in Systems Toolkit (FESAT) to evaluate the engagement.

The CYSHCN Program continued **partnership with Pilot Parents of Southern Arizona (PPSA)** to provide education and training to families and youth in advocacy and leadership. The CYSHCN Program, in partnership with PPSA, leveraged the evidence-based family leadership training Partners in Policy Making Curriculum. PPSA created additional curriculum, presentations, and invited speakers providing a broad overview of the needs of CYSHCN specific to Arizona systems of care, including transition to adulthood across all areas of life; advocacy at local, state, and national levels; and navigating changing responsibilities between pediatric and adult systems. Adolescent self-determination and self-advocacy are integral pieces of the curriculum. In 2021, the Partners in Leadership training was able to recruit 23 participants to join four sessions. Due to COVID-19, the training was held using a hybrid model and the amount of sessions was decreased. Pilot Parents of Southern Arizona (PPSA) experienced staffing shortages which impacted their capacity to recruit and conduct more training sessions for families.

Information and referral activities include; in 2021, the CYSHCN Program, in collaboration with Family Advisor Eadie Smith and the Newborn Screening Program (NBS), continued work on **Sickle Cell Disease/Trait.** NBS obtains the diagnosis information of children with Sickle Cell Disease/Trait in Arizona and families work with primary care doctors on treatment and care for the child. The CYSHCN Program and NBS continued to provide resources and information as a

follow-up to families of newborns with Sickle Cell Disease/Trait. The CYSHCN Program welcomed and onboarded Danielle Crudup in September 2021 as a Family Advisor with the departure of Eadie Smith. With the transition to the new Family Advisor, the CYSHCN Program did not further develop the Arizona-specific Sickle Cell counselor training; however, we are working alongside our partners with **Mountain States Regional Genetics Network** to tap into the Genetics Navigator role as a resource to connect families with. The CYSHCN Program continued to partner with the Sickle Cell Foundation of Arizona by connecting newly onboarded Family Advisor, Danielle Crudup, to the President and Treasurer to assist with engaging families seeking more information on Sickle Cell Disease/Trait. Danielle attends regularly scheduled meetings and shares updates and opportunities for collaboration. Due to the Omicron surge of COVID-19, the Sickle Cell Foundation of Arizona did not host the annual family engagement conference, which is annually supported by the CYSHCN Program, but plans to host the conference in 2022.

The CYSHCN Program also continues to partner with the **ADHS Newborn Screening (NBS) Program** to educate and inform families regarding the results of the newborn screening panel that may impact their newborn/infant. The ***Perinatal/Infant Health 2021 Annual Report*** and ***2022 Application*** have additional information on NBS.

The CYSHCN Program and the **Arizona Birth Defects Monitoring Program** had an initial meeting to re-establish a referral system to ensure support for families and children with birth defects. Due to staff capacity and COVID-19, this work was put on hold for 2021. Plans are underway to move this work forward in 2022/2023. More information about the Arizona Birth Defects Monitoring Program can be found in the ***Infant/Perinatal Health*** domain of this application and in the ***CSHCN 2022 Action Plan***.

In 2021, the CYSHCN Program updated the process for how Social Security Income (SSI) eligible applicants receive **information and resources** from the CYSHCN Program in order to streamline and minimize duplication of efforts. Initially, individuals who were approved through the Social Security Administration would receive their SSI approval notification and a notice would be sent to the CYSHCN Program in order to conduct a follow up for the approved individual. The CYSHCN Program would then send another letter to the individual to inform them of other AZ relevant resources and information. With the updated process, the SSA now will attach the CYSHCN resource letter along with the approval notice at the time of approval for SSI benefits. Individuals will receive both letters from the SSA once, at the point of approval for SSI. The letter provides CYSHCN Program contact information and a list of resources that exist in Arizona serving CYSHCN and their families, such as information and referral services to health care, insurance, and community resources. The CYSHCN Program letter was provided to all applicants; children, youth, and young adults with special healthcare needs who were identified and approved through the SSI application process. Due to the established line of communication between SSA and the CYSHCN Program, the SSA representative is able to identify how many CYSHCN letters were sent along with the SSI approval notice and communicate that back to the CYSHCN Program. In 2021, through Social Security Income, CYSHCN referral and information was provided to 1,307 families.

The CYSHCN program team continued to develop **tools and resources** to support families and young adults. The **Care Coordination Manual (CCM)** is a resource developed by the CYSHCN Program to provide CYSHCN and their families with an overview of systems of care (with eligibility requirements for specific programs), resources available for families in Arizona, help with the transition to adulthood, and examples of letters of medical necessity. Typically, approximately 400 CCMs are distributed annually at events, but due to COVID-19 and the surge of Omicron, events were not held in person and the care manual is currently only in paper format. In 2021, there was ongoing work to streamline the CCM and adapt it to be accessible in a variety of forms, including electronically. The CYSHCN Program will continue to partner with the Arizona Department of Education (ADE), Phoenix Children's Hospital, and Raising Special Kids to disseminate the manual to families as requested. The manual is also made available to community members and families at conferences and outreach events as they are being held.

The CYSHCN Program's **Health Care Organizer (HCO)** is intended to assist families of CYSHCN in managing the complex and multiple sources of information, services, treatment, and medical and behavioral health providers. The HCO is a portable toolkit that includes templates to manage health care information including: About Me, Dental Resources, Early Care-Education, Emergency Planning, Family History, Immunizations, Legal Options, My Insurance, Prescriptions,

Providers, and Transition. The HCO encourages families to manage their own health care information and records, leading to self-advocacy regarding their health care considerations. The HCO Toolkit also can be used as a tool to assist youth who are experiencing transition to adulthood in being proactive and organized as they learn to make informed health care decisions. In 2021, no physical HCOs were disseminated to individuals and community providers as the HCO is only in paper format. The CYSHCN Program plans to coordinate a family focus group in 2022 on utilization and appropriate adaptation of the HCO.

The **transition** to adulthood can be an exciting time, but it's also fraught with challenges. For many young people, this is a unique period of change where they take on more responsibilities and become more independent, finding their way in the adult world. The transition to all aspects of adult life includes adult health care, work, and independence. The goal and hope is for all youth to be healthy, happy, self-sufficient, contributing members of society. However, certain subsets of youth face barriers and difficulties reaching these goals. These youth are more vulnerable than "average" youth in the general population, often falling through the cracks during this journey.

To help families and health care providers plan for the challenges of transitioning children to adulthood, the CYSHCN Program continued to focus on the six system outcome areas tied to national performance measures for CYSHCN, which includes: 1) families as partners, 2) medical homes, 3) financing of care for needed services, 4) coordinated services, 5) early and continuous screening, and 6) effective transition to adult health care.

In 2021, CYSHCN Program continued the following transition projects with community partners:

University of Arizona's Department of Pediatrics work began in 2018 and continued through 2021 with the University of Arizona's Leadership Education in Neurodevelopmental and Related Disabilities (ArizonaLEND) Program. The purpose of this project is threefold: 1) to evaluate the current proportion of practitioners utilizing pediatric-adult transition policies and practices using the Got Transition® model and materials; 2) to determine the impact of existing transition policies; and 3) to develop and pilot a transition implementation program to assist practitioners without policies to incorporate transition into regular practice. As a continuation of the project, in 2021, the program goal was to develop and implement the training program for practitioners utilizing the Got Transition program tools and resources.

In 2021, the development and implementation of the training program for Arizona practitioners using the Got Transition program tools and resources launched using the Thinkific platform, which was selected due to its various features and highly customizable design. Although eight providers were originally signed into contract, some of the providers could no longer participate due to COVID-19 and other health concerns, and the participating practitioners dropped to six. An evaluation system was created to track the progress and opportunities for improvement from the providers completing and implementing the modules in their practices. Due to the flexibility of completing the modules over a 24-month period, the first set of practitioners are on track to complete the modules by March 2022. The approval process for MOC Part 4 credit was met with challenges after two sets of reviews and resubmissions occurred. As an alternative, practitioners will be provided with all the documents and information needed to submit ABP Quality Improvement Part 4 MOC credit individually.

In 2021, the CYSHCN Program continued to participate in the **Transition Care Network** in support of further collaboration, involvement, and elevation of transition practices in Arizona. In July of 2021, Family Advisor Dawn Bailey, Program Director Janet Viloria, and Dr. Wendy Bernatavicius, MD, Division Chief of Primary, Complex, and Adolescent Medicine at Phoenix Children's Hospital, met with representatives from The National Alliance to Advance Adolescent Health and partners at the American Academy of Pediatrics regarding technical assistance on furthering the development of care coordination and transition in Arizona. The conversation focused on leveraging our current implementation of Got Transition and brainstorming through a possible quality improvement project to provide practitioners an opportunity for continued assessment and evaluation after completing the modules. The National Got Transition organization shared a health care initiative focused on the collaboration of pediatric and adult care providers, aligning the process of transitioning as a QI project.

The Got Transition contract with University of Arizona is linked to the Evidence-informed Strategy Measures (ESMs) 12.2 and 12.3.

Foster Youth with Disabilities Transitioning consisted of a plan to address the needs of foster children with disabilities by entering into an interagency agreement with the University of Arizona's Sonoran University Center for Excellence in Developmental Disabilities (Sonoran UCEDD) to convene an advisory group and conduct research. Representatives from the following agencies participated in the group: Arizona Department of Child Safety (DCS); Arizona Department of Education (ADE); the Division of Developmental Disabilities (DDD) and Arizona Rehabilitation Services (RSA), both within the Arizona Department of Economic Security (DES); Arizona Health Care Cost Containment System (AHCCCS); and the Inter Tribal Council of Arizona, Inc. (ITCA). In addition, five (5) youth/young adults with lived experience joined the advisory group. Sonoran UCEDD recruited youth from diverse racial and ethnic backgrounds with different disabilities/special health care needs and in different stages of transition. In 2021, Sonoran UCEDD continued to face many barriers due to COVID-19, which impacted the efforts and outcomes of the group's research. Focus groups continued to exhibit low attendance and participation whether they were in person or virtual. Ultimately, considering the need to be flexible, focus groups for young adults with lived experience transitioned to key informant discussions by virtually meeting with members of ITCA, DDD, and members from the Center for Child Well-Being at ASU. Due to the amount of challenges faced, this project will be put on hold and the CYSHCN Program and UCEDD will reconvene to discuss next steps.

The annual **Arizona Department of Education (ADE) - Transition Conference** for special education students is a collaborative, cross-stakeholder professional development event aimed at providing the meaningful and pertinent information needed in the transition planning process for youth and young adults with disabilities. Session content is structured around: (1) strategies for enhancing youth success, (2) family involvement, and (3) interagency/community collaboration. Participants include: state and local special education directors, education specialists, teachers/professors, school psychologists, youth and adults with disabilities and/or family members, secure care education personnel, college and university disability resource services personnel, and adult service agency personnel. For this conference, the Title V Block Grant traditionally provides funds for scholarships to cover lodging expenses for youth, family members, and/or personal care assistants, but due to COVID, lodging expenses were not utilized. In 2021, the conference was hosted using a virtual platform and plans on returning to in-person in fall of 2022.

Arizona continues to support **inclusion of children and youth with special healthcare needs**. When programs provide appropriate accommodation and support to meet the needs of all children, everyone benefits. Despite several protection laws, many children with special needs and their families continue to face challenges. The CYSHCN Program supports varied efforts to support inclusion.

In order for families and individuals with special healthcare needs to be included in receiving and understanding information regarding services or resources, the CYSHCN Program continued to fund **cultural inclusion translation services** to provide support for translation of documents that provide information to families and individuals with special health care needs to foster their understanding of important information. These services support interpreting needs for Spanish-speaking and American Sign Language (ASL) families as well as Communication Access Realtime Translation (CART) services.

In an effort to increase access to quality childcare, the CYSHCN Program contracts with Northern Arizona University (NAU) Institute for Human Development to pilot **The Pyramid Model for Program-Wide Positive Behavior Supports Program** with childcare providers to manage difficult behavior, promote social emotional well-being, and prevent challenging behaviors among young children. The Pyramid Model for Program-Wide Positive Behavior Supports was funded through Title V and implemented through the Institute for Human Development at NAU.

The purpose of the Pyramid Model is to increase the inclusion of children with special health care needs in early childhood education and child care settings. Five (5) centers in northern Arizona continued to participate in the model during 2021, including: three Head Start facilities (Ponderosa, Siler, and Cromer Head Start) and two private pay centers (Little Ropers Child Enrichment Center and Immaculate Conception).

Due to COVID-19, all sites experienced closures and 2021 began initiatives to reopen centers for in-person learning. During the closures that continued through the beginning of 2021, the centers received coaching and technical assistance tailored to their individual and center-wide action plans and focused on capacity building of staff employed at the centers rather than

classroom implementation of the model. In this way, the Pyramid Model has been able to continue building capacity for sustainability.

The Site Leadership Team, which consists of classroom staff, administrators, and parents were supported to use data-based decision-making to guide and monitor center-specific outcomes. Due to the effectiveness of the Site Leadership Team, a focus was developed to implement a Leadership Team at each site. In 2021, The Site Leadership Team continued to assess the need for staff training and capacity building with a focus on improving employee mental health as it intersects with the Pyramid Model.

The continued shift to capacity building during 2021 showed success, which has encouraged the expansion of the Pyramid Model to all 30 Head Start centers of the Northern Arizona Council of Governments (NACOG). The Director of the Arizona Department of Education (ADE) Early Childhood Special Education program and some of her staff have started attending some of the Regional Leadership Team meetings and are keeping the team informed of statewide efforts to expand the Pyramid Model. In turn, the Regional Leadership Team has advised ADE on steps needed to implement pilot sites at their preschool public school sites.

Title V funding was allocated to the **Empower Program**, managed by ADHS' Bureau of Nutrition and Physical Activity (BNPA). ADHS developed the Empower Program in 2010 as a voluntary program to support licensed early childhood education (ECE) providers' efforts to empower young children to grow up healthy. The Empower partnership with the CYSHCN Program works to ensure that all children, including children with varied abilities and special health care needs, are included in program standards and resources. As a result of this financial support, the online course 'Inclusion in Child Care Settings' (available in both English and Spanish) was developed and has been well utilized. In 2021, over 1,000 individuals have taken the course. A new section, 'Children with Varied Abilities,' has been added to the Empower website and has been frequently referenced (anecdotally), and overall website use has increased. A variety of useful resources and tools are provided for staff and programs and to enhance family engagement. During 2021, the Empower Advisory Committee (EAC) began reviewing and recommending updates to the Empower Standards and components. Workgroups, including child care providers, have been utilized to review best practices and compare them to the current standards. This process will continue through 2022, with an anticipated implementation date of July, 2023. One anticipated outcome is to add a standard on social/emotional development. Additionally, an Out-of-School-Time (OOST) Empower Guidebook was developed, along with a training manual, and self-assessment checklist. This will go into effect for programs only serving children ages 5-12 in July, 2022. More information about the Empower Program can be found in the ***Children's Health Annual Report***.

BWCH continued to work towards increasing the percentage of adolescents, inclusive of adolescents with special health care needs, with a preventive visit (**NPM 10: Adolescent Well-Visit**) by continuing to implement the University of Michigan's **Adolescent Champion Model** (ACM) in Arizona to create youth-centered practices. Additional information about the Adolescent Champion Model and promotion of adolescent well-visits can be found in the ***Adolescent Health*** domain of this application.

The CYSHCN Program continued to advocate for and promote family-centered, community-based, comprehensive, coordinated systems of care for CYSHCN by partnering and collaborating with numerous state and local agencies and nonprofit, community-based and private organizations. The 2021 **Gap-Filling Services** supported include:

The CYSHCN Program contracted with Coram/CVS Infusion to support the Phoenix Genetic Program of Phoenix Children's Hospital, a statewide network for the provision of prescribed **metabolic formula** for uninsured or underinsured adults and children who have a metabolic disorder requiring dietary manipulation using metabolic formula. Through this program, the formula is provided to patients at no charge. In 2021, Phoenix Genetic Program of Phoenix Children's Hospital provided 482 metabolic formulas to 27 individuals.

Arizona Revised Statute 36-143 mandates that ADHS, through the CYSHCN Program, develop and conduct a program of care, treatment, and services without cost to uninsured and underinsured residents of Arizona, aged 21 and older, with **cystic fibrosis**. In order to achieve this, CYSHCN contracts directly with Phoenix Children's Hospital to provide state

appropriated funds for the care and treatment of these individuals. In 2021, the program provided services to 39 individuals 21 years of age and older with cystic fibrosis.

The CYSHCN Program, through a Title V-funded contract with Ryan House, provides **respite and palliative care** in a home-like environment for children (birth to 16 years of age) with life threatening conditions and support for their families. This care is provided at no cost to the family by highly trained medical and child life staff. In 2021, Ryan House provided care to 60 families. In addition, through continued partnership with the Ronald McDonald House Charities of Phoenix and Southern Arizona, the CYSHCN Program provided support through Title V funding to assist in the operation of three houses for families in need of housing while their child is receiving care at several of the children's hospitals in Phoenix and Tucson. In 2021, Ronald McDonald House provided a total of 2796 nights of accommodation for 111 families of CYSHCN obtaining hospital care in the Phoenix and Tucson metropolitan areas.

The CYSHCN Program continued to provide Title V funding to support the **Arizona Chapter of the American Academy of Pediatrics' (AzAAP)** **Medical Service Project (MSP)** to increase the statewide network of pediatric providers and pediatric subspecialists willing to take a limited number of patients without insurance or AHCCCS to ensure that Arizona's children have necessary acute health care. In 2021, AzAAP focused their efforts on four major areas of work: 1) increasing the number of children (including CYSHCN) who have access and are linked to medical/dental/vision services, 2) increasing the number of children who are connected to resources that assist families in applying for health care services for continuous care, 3) increasing the the variety of providers who participate in the MSP Network, 4) increasing the number of schools that participate in the MSP and utilize the program to refer school-aged children.

In 2021, the COVID-19 pandemic caused the closure and disruption of in-person learning in Arizona schools. Because of this, school nurses had limited interactions with students and MSP has seen a reduction in referral numbers. However, school nurses still make up the highest number of referrals (56%) and the providers continue to refer children to MSP when a need is identified. The most common referrals are for optometry and ophthalmology. Children also received referrals to the following services: dentistry, lab services, prescriptions, ENT, radiology, behavioral health, orthopedics, cardiology, audiology, dermatology, retinal specialist, and neurology.

Many providers also converted to telehealth and some had limited hours due to COVID-19. In 2021, MSP received 302 applications for health care services; 179 of those applicants were identified as children with special health care needs. A total of 614 referrals were made for specialty care and 24 for primary care. It is important to note that some children received multiple referrals to services, which is why there are more referrals than applicants.

Fifty-Eight (58) families requested insurance assistance resources offered through the program. MSP staff continued to place an emphasis on educating families on referral sources, especially now as so many families lost coverage amid the pandemic. Increasing the MSP provider network and re-establishing outdated partnerships with providers also remained a priority.

The CYSHCN Program continued to collaborate with the **High Risk Perinatal Program (HRPP)**. The CYSHCN Program supports HRPP in three specific ways. First, the CYSHCN Program is a resource that Community Health Nurses (CHN) rely on. The CYSHCN Program has many resources related to genetics, feeding, medical services, medical home, family advisors, and additional state- and national-level resources. Secondly, the CYSHCN Program provides funding to support home visits with families for up to six months. When a child or youth up to 19 years of age has been identified with the special healthcare need, the six-month time frame enables nurses to support the family and help facilitate the referrals, appointments, and/or screenings needed to secure the services required to address the special health care need. Lastly, the CYSHCN Program and the HRPP CHNs continued to provide backup for emergency situations when a second blood draw for the newborn screening is required and the newborn's family cannot be contacted. HRPP will call upon one of its CHN to track down the family and get a sample from the newborn. The ***Perinatal/Infant Health 2020 Annual Report*** and ***2022 Application*** has additional information on HRPP.

The CYSHCN Program continued to sponsor events, present, and exhibit at **conferences** to reach and engage families and stakeholders on topics and causes that are of interest, such as youth transition, sensory screening, medical home, care

coordination, family engagement/education, cultural humility, early intervention and detection of developmental delays, and health care navigation. Many of these conferences in 2021 were either postponed or switched to a virtual platform due to COVID-19.

2021 conference participation included:

- African American Conference on Disabilities
- Family Voices Conference
- Maternal and Infant Mortality Summit
- Strong Families AZ Home Visiting Conference
- School Nurses Organization of Arizona (SNOA) Conference
- Family Voices Conference
- MCH Translational Research Conference
- Feeding Matters Conference

The CYSHCN Program continues to collaborate and participate in several **workgroups and councils.** The CYSHCN Program serves as active members of these groups and represents the Title V CSHCN Program. In 2021, due to COVID, some of the collaborations, workgroups, and councils experienced a pause in service or a delay in gathering which will be reflected in the number of meetings attended. ***Appendix E**, CSHCN 2020 Training, Collaborations, Education, and Activities*, documents the participation of CYSHCN staff and Family Advisors, Dawn Bailey, Eadie Smith, and Danielle Crudup, in various workgroups.

Children with Special Health Care Needs - Application Year

Priority Needs
• Strengthen systems of care to advance inclusivity and promote equitable and optimal outcomes for children and youth with special health care needs. • 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.
National Performance Measures
• NPM 12 - Percent of adolescents with and without special health care needs, ages 12 through 17, who received services necessary to make transitions to adult health care

For the 2023 application year, the priorities for the Children and Youth with Special Health Care Needs (CYSHCN) are to strengthen systems of care to advance inclusivity and promote equitable and optimal outcomes for children and youth with special health care needs and 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.

BWCH, through the CYSHCN Program, will continue to focus on six system outcome areas tied to national performance measures for CYSHCN that were adopted and promoted by HRSA's Maternal and Child Health Bureau (MCHB): 1) families as partners, 2) medical homes, 3) financing of care for needed services, 4) coordinated services, 5) early and continuous screening, and 6) effective transition to adult health care.

To achieve these aims, we will focus on strengthening systems of support for the transition to adulthood provided by community-based and health services, utilizing the National Standards for Systems of Care for Children and Youth with Special Health Care Needs tool (Version 2.0), developed by the Association of Maternal and Child Health Programs (AMCHP) and the Lucile Packard Foundation, to inform strategies. As stated in the National Standards 2.0, "Children and youth with special health care needs (CYSHCN) are a diverse group of children ranging from children with chronic conditions, to children with autism, to those with more medically complex health issues, to children with behavioral or emotional conditions." BWCH, through the management of CYSHCN Program contracts and in partnership with MCH Family Advisors, will focus on providing enabling and direct services through contract deliverables and in collaboration with stakeholders to improve systems of care for families with CYSHCN. The CYSHCN Program will leverage existing partnerships to explore CYSHCN-centric curriculum and best practices to build capacity and training for non-medical home and community-based providers.

The work of the CYSHCN Program is focused on improving: transition to adult services; identification, screening, assessment and referral; education and awareness; family and youth engagement; inclusion; and community-based services and supports. Through these activities, the Arizona Title V Program will continue to support **NPM 12: Transition** (percent of adolescents with and without special health care needs, ages 12 through 17, who received services necessary to make transitions to adult health care).

The CYSHCN Program supports a number of efforts to increase the percentage of CYSHCN who receive services necessary to make the **transition** to all aspects of adult life, including adult health care, work, and independence, and to help families and health care providers to plan for the challenges of transitioning children to adulthood. The following highlights the strategies we plan to implement in 2023 to support transition to adulthood.

The University of Arizona Department of Pediatrics (UADP),Transition Policy in Pediatrics, previously called the ArizonaLEND Program, will continue to implement contract deliverables related to utilization and adaptation of the Got Transition® modules in order to increase the number of practitioners in Arizona who have transition policies in practice.The project started in 2018 and the purpose of this project is threefold: 1) to evaluate the current proportion of practitioners in Arizona who have a formal transition policy; 2) to determine the impact of existing transition policies; and 3) to develop and pilot a transition implementation program to assist practitioners without policies to incorporate transition into regular practice. The work plan, evaluation plan, and data collection instruments were completed in 2019. In 2021 and 2022 online modules were developed and made accessible via the Thinkific platform to up to 10 practitioners, who were part of the pilot process. The platform includes the ability to gather feedback and track practitioners' progress during the 24-month timeframe for completion. Along with the platform development, UADP also received the necessary accreditation to provide maintenance of certification (MOC) credit to practitioners who complete the modules. For 2023, UADP would like to modify the modules based on feedback from practitioners in the pilot, increase recruitment efforts, include family/parent engagement and evaluation, and explore the opportunity to target medical practitioners from other specialties beyond pediatrics utilizing and implementing transition into their practice by leveraging the collaboration within the Transition Care Network.

In 2023, the CYSHCN Program will continue to engage in the work being conducted under the **Adolescent Champion Model** (ACM), created by the University of Michigan Health System Adolescent Health Initiative, and being implemented in Arizona through a Title V funded contract with the Arizona Family Health Partnership, to help guide physicians and other healthcare professionals in meaningful engagement with CYSHCN and their families. More information on the Adolescent Champion Model can be found in the ***Adolescent Health*** domain.

BWCH, through the CYSHCN Program, ensures that children with special health care needs and their families are considered in school and post-school transition plans. In 2023, the CYSHCN Program will continue to fund a portion of Arizona's annual transition conference for youth and their families hosted by Arizona Department of Education (ADE). The ADE **IDEA Conference** (formerly known as the Transition Conference) is a collaborative, cross-stakeholder professional development event aimed at providing meaningful and pertinent information needed in the transition-planning process for youth and young adults with disabilities. Session content is structured around three (3) areas: (1) strategies for enhancing youth success, (2) family involvement, and (3) interagency/community collaboration. Participants include: state and local special education directors, education specialists, teachers/professors, school psychologists, youth and young adults with disabilities and/or family members, secure care education personnel, college and university disability resource services personnel, and adult service agency personnel. In 2023, the ADE IDEA Conference will be held in person and the CYSHCN Program will collaborate with ADE to offer scholarships to cover expenses associated with registration, lodging, and accommodations for CYSHCN and their family member or personal care assistant.

Identification, Screening, Assessment, and Referral will continue to be a primary focus area for the CYSHCN Program. In 2023, the CYSHCN Program staff and family advisors will continue to participate in statewide and local initiatives, workgroups, and collaborations to include and elevate system policies and guidelines that support CYSHCN. Continuing to collaborate with partners in this context ensures system partners continue to adapt and support policies and guidelines that are inclusive of CYSHCN.

The CYSHCN Program will continue to update and provide the **Health Care Organizer (HCO)** to assist families of CYSHCN in managing the complex and multiple sources of information, services, treatment, and medical and behavioral health providers. In 2022, the HCO was adapted to an online format and in 2023, the CYSHCN program will continue to support an electronically accessible HCO as well as share with partners and community members as requested.

The CYSHCN Program will continue to partner with and collaborate with several ADHS programs and other state agencies to support **identification, screening, assessment and referral** of CYSHCN to the care and services they need. The CYSHCN Program is re-evaluating the collaboration with the **High Risk Perinatal Program (HRPP)** to ensure the referral process is leading to connections for families and young adults captured through this effort. Additionally, the CYSHCN Program will work with the **Arizona Birth Defects Monitoring Program**, housed within the Business Intelligence Office,

and the **ADHS Newborn Screening Program**, housed in the Office of Newborn Screening (within the state laboratory), to provide appropriate information, resources, and service linkages to families of children identified as having a special health care need through newborn screening tests and hospital data and records (Arizona Birth Defects Monitoring Program).

In 2023, the Title V Program will continue to support some staff time within the **Arizona Birth Defects Monitoring Program (ABDMP)**, housed within ADHS' Business Intelligence Office. AMBDP will collect and analyze information on children with reportable birth defects diagnosed within the first year of life and coordinate with other Title V-funded efforts to work on birth defects prevention efforts (e.g., Preconception Health Alliance, PowerMeA2Z) and providing families with referrals to appropriate services (e.g., through home visiting programs) to ensure children and families affected by birth defects have access to appropriate care. More information about the ABDMP can be found in the ***Infant/Perinatal Health*** domain of this application.

The CYSHCN Program contracts with Northern Arizona University Institute for Human Development (NAU IHD) to pilot **The Pyramid Model for Program-Wide Positive Behavior Supports Program**. The Pyramid Model is a framework of evidence-based practices used to promote healthy social-emotional development in young children by implementing a tiered model of supports and interventions sustained by effective staff and policies. In 2021, due to COVID, centers implementing the Pyramid Model were significantly impacted by closures, however this presented an opportunity to enhance the training and build capacity by creating more virtual training opportunities for center staff. Although classroom coaching with teachers was curtailed, the behavior coaches focused on leadership training and implementing site leadership teams. The site leadership teams consist of classroom staff, administrators, and parents. Each leadership site team's purpose is to support the implementation of the Pyramid Model and use data-based decision making to guide and monitor center-specific outcomes. With the support of behavior coaches, the pilot sites staff have begun to assume more responsibility for planning and conducting these meetings. All leadership teams at all pilot sites now include parents as part of the teams. The contract for this work is set to expire in December 2022 but due to the successful implementation and establishment of the pyramid model, site leadership teams, and a connection to other state-wide partners including Arizona Department of Health Services, First Things First, and Arizona Head Start the CYSHCN Program's intention in 2023 is to work with our Procurement Office to create an expanded scope of work in the form of a continuing contract.

In 2023, the CYSHCN Program will continue to partner with the **ADHS Newborn Screening Program (NBS)** to educate and inform families regarding the results of the newborn screening panel that may impact their newborn/infant. ADHS Newborn Screening Program currently screens for 32 core disorders, including congenital disorders, critical congenital heart defects, and hearing loss. The NBS and CYSHCN Programs partner to support awareness and education among the general public, the medical community, parents, and professional groups. As part of the continued partnership between NBS and the CYSHCN Program Family Advisors, the CYSHCN Program will continue to support a dedicated Family Advisor to collaborate with the **Sickle Cell Foundation of Arizona** to increase awareness and engage with the community on projects centered around Sickle Cell. Due to COVID, the amount of community engagement decreased significantly for families and part of the goal for 2023 is to increase family engagement in the Sickle Cell community.

Furthermore, the CYSHCN Program will continue to partner with **Supplemental Security Income (SSI) Disability Determination Process**, a program run by the Social Security Administration (SSA), to provide SSI-eligible applicants with a resource list providing information for social, developmental, educational, medical, and rehabilitative services if they are screened eligible for the SSI program.

Emergency Preparedness & Emergency Medical Services for Children is a collaborative project with ADHS Bureau of Public Health Emergency Preparedness. The CYSHCN Program Family Advisor will provide input on family involvement as part of the Access and Functional Needs Taskforce to address the needs of the CYSHCN population in the statewide emergency plan. In addition, the taskforce will integrate the overall needs of the MCH populations within the state plan to enhance community preparedness. In addition, the MCH Family Advisor will also serve on the Pediatric Advisory Council for Emergency Services (PACES) to ensure that the unique needs of CYSHCN are considered in the development of emergency plans and emergency transport.

The CYSHCN Program will continue **work with our partners** in Newborn Screening, Arizona Early Intervention Program

(AzEIP), Arizona Chapter of the American Academy of Pediatrics (AzAAP) and Phoenix Children's Hospital on the Mountain States Regional Genetics Network to improve genetic services. The Arizona Title V Program will continue an ongoing partnership with the AzEIP on early detection and intervention for children with developmental delays to ensure interagency cooperation with respect to the implementation and maintenance of a statewide, comprehensive, coordinated, multidisciplinary, and interagency system of early intervention services for eligible infants and toddlers, ages birth to three years, and their families. AzEIP is established by Part C of the Individuals with Disabilities Education Act (IDEA), which provides eligible children and their families access to services to enhance the capacity of families and caregivers to support the child's development.

In 2023, the CYSHCN Program staff and family advisor will continue to participate in the **Arizona Mountain States Regional Genetics Network (MSRGN)** collaborative to increase awareness, resources, and understanding of genetics. MSRGN supports an Arizona Genetic Navigator, who regularly attends meetings, events, and pop-up workshops in order to connect with families who are navigating genetic services in their state of residence. Through this network, the CYSHCN Program is able to connect families to the Arizona Genetic Navigator as a resource.

Another priority for the CYSHCN Program will be ongoing **education and awareness**. The CYSHCN Program will continue to partner with Raising Special Kids, the Family-to-Family Health Information Center (F2F) and the Family Voices Affiliate Organization (FVAO) for the state of Arizona, to connect families to highly skilled, knowledgeable family members that can provide first-hand experience and understanding of the challenges faced by families of CYSHCN.

In addition, CYSHCN Program will respond to calls that come through the Title V-funded **Children's Health Information Helpline**. A customer service representative is available Monday through Friday, 8 a.m. to 5 p.m., to provide families and community providers information related to navigating the systems of care, such as insurance options, resources for specific chronic conditions, developmental screening, early intervention, sensory training, child care resources, eligibility requirements for services, appeals processes, and educational supports for families and professionals via telephone, email, and in-person.

CYSHCN Program will continue to partner with the Office of Women's Health within BWCH on a **bullying prevention** campaign (MustStopBullying.org), whose purpose is to develop a coordinated approach to address bullying as an important public health issue. The CYSHCN Program will continue to work with the adolescent health team to ensure CYSHCN are included in the marketing campaign and specific topic areas are included that reflect CYSHCN. Findings from the 2020 Title V Needs Assessment indicate that CYSHCN in Arizona were more likely to have experienced bullying than their non-CYSHCN peers, underscoring the importance of this collaboration. Additional details can be found in the ***Adolescent Health*** domain of the 2023 application.

In 2023, the CYSHCN Program will continue to participate in the Empower Advisory Committee facilitated by the **Empower Program**, which creates an opportunity for a 50% reduction in licensing fees for ADHS licensed child care facilities that pledge to adopt standards that support and promote health and wellbeing of children, including CYSHCN. Participating on the Empower Advisory Committee provides an opportunity to ensure inclusion and considerations for CYSHCN.

In 2023, there will be continued integration and expansion of **young adult and family engagement** strategies through the **Engaging Families and Young Adults Program**, funded through Title V and implemented in partnership with Diverse Ability Incorporated (DA) and Raising Special Kids (RSK). The Engaging Families and Young Adults Program's aim is to ensure Family and Young Adult Advisors, especially those who are vulnerable and medically underserved, are key partners in health care decision-making at all levels in the system of services. In 2022, the program will focus on recruiting, training, and placing Family and Young Adult Advisors within ADHS's BWCH and Bureau of Assessment and Evaluation (BAE). In 2023, it will expand to reach beyond ADHS by placing Young Adult/Family Advisors within other organizations that work to improve systems of care, health, well-being, and/or lives of children, youth, and families. An overarching description of BWCH's approach to family and youth engagement can be found in the ***Family Partnership*** section and the Family-Youth Engagement Structure can be found in ***Appendix L***. A more detailed description of the Engaging Families and Young Adults Program can be found in the ***Cross-Cutting sections***, and domain-specific activities can be found with each population's

2023 Action Plan narrative.

In 2023, the CYSHCN Program will continue to partner and collaborate with numerous state and local agencies and nonprofit, community-based, and private organizations to offer community-based services and support to ensure CYSHCN and their families are provided access to comprehensive home and family-centered services. The following outlines the partnerships and agreements that will continue in 2023 to link families of CYSHCN to **community-based services and support** through shared financing for gap-filling services.

The **Metabolic Formula Program**, housed within Phoenix Children's Hospital (PCH), is an assistance program for patients with Metabolic Inborn Errors who require metabolic formula as life sustaining treatment. PCH has the only metabolic program in the state of Arizona. Patients are referred, screened, and considered eligible for this assistance if they have NO coverage for formulas from their private/commercial insurance plan (i.e., policy exclusion, ERISA, etc.) or if they are uninsured/underinsured. Patients must reside in Arizona and be followed by the geneticist (and dietitian) at PCH – Division of Genetics at least once per year or as ordered by the physician. The CYSHCN Program allocates Title V funds to support the prescribed metabolic formula for adults and children utilizing the Metabolic Formula Program at PCH through ZOIA Pharma, LLC. In 2023, ZOIA Pharma, LLC will continue to coordinate and supply enrolled individuals with metabolic formulas at no charge.

Cystic Fibrosis Services. Arizona Revised Statute 36-143 mandates that ADHS, through the CYSHCN Program, develop and conduct a program of care and treatment without cost to uninsured and underinsured residents of Arizona, aged 21 years and older, with cystic fibrosis. BWCH, through a contract with the Phoenix Children's Hospital, will continue to provide funding to support care of Arizonans aged 21 years and older with cystic fibrosis.

Respite and Palliative Care—Ryan House is a contract with the aim of providing access to respite and palliative care for children with life threatening conditions and their families. Ryan House provides, at no cost to the family, respite and palliative care in a home-like environment for children with potentially life limiting conditions (birth to 16 years of age). This care is provided by highly trained medical staff.

Affordable Temporary Housing—Ronald McDonald Charities. The CYSHCN Program will continue to support both Ronald McDonald House Charities of Phoenix and Southern Arizona. Ronald McDonald House Charities provides low- or no-cost housing to children with complex medical needs and their families who need to travel to the surrounding local children's hospital in order to receive necessary medical procedures. The CYSHCN Title V funding supports the rate of overnight accommodations for children and families.

Medical Services Project. This contract is fulfilled by our partners at the Arizona Chapter of the American Academy of Pediatrics with the aim of increasing access to healthcare for Arizona's uninsured children by increasing the network of pediatric providers and pediatric subspecialists statewide who are willing to take limited number of patients without insurance or Medicaid; ensuring that children have necessary acute health care. Most referrals for this project are identified through the school system, who refer based on the project's eligibility criteria. The children are referred to participating health care providers, who have agreed to accept a predetermined fee of $5.00 or $10.00 as payment in full for each office visit, including any need of diagnostic laboratory services, prescription medication, and/or eyeglasses. In 2023, the CYSHCN Program and AzAAP will be reviewing opportunities to expand outreach to include more specialty providers, explore opportunities to tie in a component of family engagement, and further discuss the referral process to ensure children who are referred are seen by a participating practitioner.

Lastly, CYSHCN Program staff and family advisors will continue to be involved in policy development regarding inclusion of children and youth with special health care needs and their families in a variety of councils and committees. CYSHCN will explore the opportunity of convening an inter-agency group that focuses on CYSHCN services, resources, and supports to enhance state agency coordination, collaboration, and partnership. See CYSHCN 2023 List of Councils and Committees, for more information.

Cross-Cutting/Systems Building

Cross-Cutting/Systems Builiding - Annual Report

In addition to population domain specific activities and programs, Arizona's Title V program addressed cross-cutting issues affecting women, infants, children (including children with special health care needs) and adolescents through programs that cross the lifespan (oral health) and programs that strengthen health systems and improve access to care (workforce development program and site development for safety net clinics).

The Office of **Oral Health** (OOH), housed within BWCH, implements a number of oral health programs and initiatives to improve the oral health of Arizona's children, pregnant women and other high-risk populations. Key programs and initiatives include: School-based Dental Sealant Program, Silver Diamine Fluoride (SDF) Program, Fluoride Varnish Programs, the Healthy Smiles Healthy Bodies Survey, and Mission of Mercy. With the exception of the SDF Program, which is funded through a separate grant from HRSA MCHB, each of these programs receives partial funding from Title V. In 2021, all of these programs experienced major disruption to services due to school closures, workforce shortages, and other challenges related to the COVID-19 pandemic. More information on each program's aims, 2021 results and accomplishments, and the impact of COVID can be found below.

Arizona has continued and enhanced several strategies to improve the oral health of Arizona's MCH populations. The Bureau of Women's and Children's Health (BWCH), Office of Oral Health (OOH), initiated the **Arizona School-based Sealant Program** in 1987, with a grant received from the Flinn Foundation. This evidence-based program was designed to reach high-risk, underserved school-aged children on their school campus using portable dental equipment. Additional funding that same year from the Ronald McDonald Children's Charities allowed OOH to continue the program. In July of 1989, the Sealant Program was incorporated into the OOH State Budget and Maternal and Child Health Block Grant dollars were used for supplies, equipment, and contracting personnel for the Arizona School-based Sealant Program. Since that time, legislative changes have enabled the program to become sustainable through the establishment of the Oral Health Fund and the ability to receive Medicaid reimbursement for oral health services.

The **Arizona School-based Sealant Program (AzSBSP)** was implemented with the goal of reaching underserved and high-risk populations in efforts to decrease tooth decay in susceptible teeth where topical fluorides are less effective. In order to expand the reach of the program, OOH has been involved in collaborative efforts with other state health agencies and organizations to promote the use of dental sealants and to provide technical and educational assistance in the development of additional resources for dental disease prevention.

The program has been very effective at reaching Arizona's most vulnerable children by targeting high-risk schools. Both public and charter schools with 50% or higher free and reduced school meal program participation may apply and are eligible to participate in the program. Dental screenings and sealants are provided to children in 2nd and 6th grade with parental consent. Sealants are provided to uninsured children, Medicaid and State Children's Health Insurance Program (SCHIP) beneficiaries, and those covered by Indian Health Service. These two age groups are targeted because they have newly erupted permanent first or second molars that benefit from the placement of dental sealants. The sealant program provides services to children in 6 of the 15 Arizona counties. Services are provided by trained and calibrated dental providers. OOH provides technical assistance and trains local providers to ensure successful sealant placement and retention and makes every effort to connect participating children with a dental home in or near their community.

Program Impacts Related to the COVID Pandemic: The COVID-19 pandemic has created barriers to accessing dental health care that have resulted in severe impacts on oral health. In Spring 2020, because there were shortages in personal protective equipment (PPE) and no COVID-19 vaccines to protect healthcare workers and the public, not only were dental practices limited and preventive dental procedures postponed, but public schools were closed, and school-based dental sealant programs were stopped. Since then, PPE has become more accessible and vaccinations are fully available to children aged 5 and older, teens, and adults. Some restrictions have been lifted since 2020; however, access to preventive dental care has substantially decreased. The significant decrease in dental office visits, combined with the complete pause in school-based programs that are only now beginning to slowly restart, places children at greater risk of not receiving important preventive dental care or treatment for existing oral diseases.

Even before the COVID-19 pandemic, many children in Arizona faced barriers to receiving oral health care. As reports indicate, Arizona children suffer from high rates of tooth decay and lack access to care as compared to the U.S. population. As the pandemic lingers, families have lost jobs and, as a result, have lost dental insurance coverage. In April 2021, the CareQuest Institute for Oral Health released a report that estimated six million people had lost dental coverage because of the pandemic. Families and children are not seeking dental care because of concerns about exposure to COVID and also lack of dental insurance coverage.

The COVID-19 pandemic had a devastating impact on all OOH preventive programs. Prior to the pandemic, during the 2018-2019 school year, more than 21,000 children received referrals for urgent and early dental disease and more than 16,000 children received preventive dental care. Since the pandemic began, the number of children who received services in the AzSBSP program has steadily decreased, and the total number of children receiving any preventive service during the 2020-2021 school year decreased by more than 80%. As schools shifted to virtual learning, and later, many to hybrid learning, administrators and school nurses were not allowing outside programs into schools, and parents were reluctant to participate in services.

The COVID-19 pandemic has had a significant negative effect on securing dental providers for OOH programs. The February 2021 Journal of Dental Hygiene reported results of a 30-question web-based survey completed by licensed dental hygienists. One in twelve had dropped out of the workforce citing concerns about being exposed to the novel coronavirus and the infection control measures being taken at dental practices that led them to leave the profession. OOH prevention programs have experienced the most severe shortage in availability of dental providers ever in the history of the program. Maricopa, the largest County contractor, has reported a severe shortage in dental hygienists and dental assistants: some left the profession and the County has not been able to hire since the start of the pandemic. Additionally, other contracted partners have reported issues with retaining and hiring dental providers. OOH currently has no dental providers to cover Santa Cruz, Cochise, and Yuma Counties and has been actively recruiting for the past 12 months. Community health clinics also have reported shortages because dental providers have been reassigned to COVID-related activities. Gila and Pima Counties cannot find dental hygienists or dental assistants. These combined factors associated with the pandemic could result in a surge in oral disease in Arizona's children.

School-based dental care is a crucial way to reach low-income children who may otherwise have little to no access to care. Nationally, children in low-income families are at higher risk of caries and are less likely to receive sealants than children in higher-income families, at 39% and 46%, respectively. (Griffin et al., 2016) A 2020 report, cited in this CDC Commentary on *Oral Health and COVID-19: Increasing the Need for Prevention and Access*, asserts that: "The oral health care safety net is expected to cover . . . one-third of the US population, notably those who are low-income, uninsured, and/or members of racial/ethnic minority, immigrant, rural, and other underserved groups." (Northridge, Kumar, Kaur, 2020).

School-based dental sealants are one of only two evidence-based methods for the prevention of tooth decay and are crucial to reducing decay in children. Untreated tooth decay can cause pain and infection and can affect overall health. Dental screenings help identify serious oral health issues and dental sealants prevent the development of future health-related issues that can require more invasive treatments.

Because COVID-19 created a significant interruption in the delivery of on-site dental services in schools, Arizona's sealant program responded by revising its policies and procedures so that once schools reopened, providers were adequately prepared to deliver services safely.

The new Arizona School-Based Sealant Program Provisional Policies and Procedures Manual aligns with the most current guidelines and recommendations from the Centers for Disease Control and Prevention (CDC), Organization for Safety Asepsis and Prevention (OSAP), Environmental Protection Agency (EPA), Arizona Department of Education (ADE), and Arizona Department of Health Services (ADHS). As new information is released and the pandemic situation evolves, this document will be updated. It is of utmost importance to keep abreast of new information.

In 2021, there were **results and accomplishments** that impacted programming**.** School closures resulted in a significant decrease in the number of children that were served by the program. During the 2020-2021 school year, the Arizona School-

based Sealant Program provided dental services at one school, providing screenings and referrals to 13 children, significantly less than the 7,634 children that were screened the previous school year. Of the 13 students that received screenings, 9 (69%) received dental sealants. Additionally, of the children who participated in the program, approximately 2 children (19%) were identified as children with special health care or educational needs. The program bills Medicaid for its eligible children and Title V funds are used for services to the uninsured. Partnerships with federally qualified health centers (FQHC) and county cooperative extensions have provided outreach to additional counties. When schools fully reopen, OOH will continue working toward reaching the goal of increasing the number of school-based sealant programs and individuals served in rural communities. During the 2020-2021 school year, Arizona School-based Sealant Program could not reach the majority of eligible schools as schools were closed and local program providers were restricted from providing services due to the COVID-19 pandemic.

OOH preventive programs also include the **Kindergarten Fluoride Varnish Program** as part of the same eligibility and infrastructure as the AzSBSP. During the 2020-2021 school year, the number of schools that participated in the program was significantly less than the previous years as most schools were closed due to the pandemic. Services were extremely limited and were provided at three schools in two counties resulting in 25 kindergarteners screened and 23 fluoride varnish treatments provided.

Efforts under a HRSA-funded Oral Health Workforce Grant included implementing the **Silver Diamine Fluoride (SDF) Program**, a prevention intervention for high-risk children. The SDF Program partnered with existing internal and external community-based dental programs; however, no services were able to be delivered during the 2020-2021 school year. Instead the program focused on training providers to better prepare them to respond to infection prevention needs due to the pandemic. Infection prevention training was provided to 14 school-based and community dental program providers.

The Arizona school-based **Fluoride Mouth Rinse (FMR) Program** was discontinued in the fall of 2020 due to the lack of availability of the products used to run the program. The one and only national manufacturer of the fluoride mouthrinse product stopped making the products and as a result all fluoride mouthrinse programs nationwide were ceased.

The OOH implements a **Fluoride Varnish Program** for pregnant women and children ages birth through five. This is in partnership with Arizona's early childhood agency, First Things First (FTF), through the Arizona Early Childhood Development and Health Board. The Arizona Fluoride Varnish Program began as a pilot with the FTF South Phoenix Regional Partnership Council and Maricopa County. The program is offered at Women, Infants and Children (WIC) Program offices, immunization clinics, and child care centers throughout the county. The application of fluoride varnish, an extremely effective cavity-prevention agent, in combination with dental screenings, referrals, and other educational services, are the core of the primary prevention program. The role of OOH is to provide a sustainable billing system with partner counties. During the 2021 state fiscal year (July 1, 2020–June 30, 2021), the Fluoride Varnish Program served 7,685 children, ages birth through five, in four counties including screenings, oral hygiene education, referrals, and case management as needed. It also included fluoride varnishes for 4,382 children. Due to the COVID-19 pandemic, activities were significantly reduced and 60% fewer children received services in SFY2021 as compared to the previous fiscal year.

The Office of Oral Health began implementing the **Healthy Smiles Healthy Bodies (HSHB) Survey** during the 2019-2020 school year. This survey is conducted by OOH every five years and tied directly to the Title V MCH Needs Assessment. The goal of the HSHB Survey is to collect oral health and body mass index (BMI) status of population groups (kindergarten and 3rd grade) in Arizona. This surveillance data informs public health programs, monitors progress toward reaching state/national benchmarks, including Healthy People 2030 objectives, and contributes to the CDC National Oral Health Surveillance System. Survey calibration trainings were held for survey teams at three locations (Flagstaff, Maricopa, and Tucson) early in the 2019-2020 school year. Survey teams completed 33 schools prior to the beginning of the pandemic in March 2020. When the pandemic hit, the survey was stopped and OOH convened a workgroup of experts to develop policies and procedures for re-entry into schools once they reopened. As a result, 28 providers were trained again in September 2020 on the new procedures. In addition to a change in implementation procedures, OOH developed communication materials for parents and schools on the safety and need for oral health screenings. While OOH continues effort to reach out to and engage open schools, implementation of the survey has been a challenge. OOH has lost local

partners who are either restricted in providing service or have lost dental providers who have left their vocation. OOH continued efforts to engage schools and implement the survey and was able to reach only 3 additional schools during 2021.

The Office of Oral Health continued working in partnership with the Arizona Health Care Cost Containment System (AHCCCS; Arizona's Medicaid program) by collaborating on reimbursement of oral health services for AHCCCS-enrolled children. Reimbursement of program services has built sustainability in the program and increased AHCCCS' preventive services initiatives. One major achievement and outcome of this collaboration was the institution of a policy within the AHCCCS Medicaid Early and Periodic Screening, Diagnostic and Treatment (EPSDT) requirements for health plans to participate with the Cavity Free AZ prevention programs. Collaboration between the two state agencies also included referrals and identifying opportunities to link Medicaid-eligible children to dental homes.

In 2012, HRSA's Maternal and Child Health Bureau, in collaboration with the American College of Obstetricians and Gynecologists and the American Dental Association and coordinated by the National Maternal and Child Oral Health Resource Center, issued the Oral Health Care During Pregnancy: A National Consensus Statement, a document designed to help health professionals, program administrators and staff, policymakers, advocates, and other stakeholders respond to the need for improvements in the provision of oral health services to women during pregnancy. The results of this document spearheaded Arizona's movement toward improving the oral health of pregnant women and infants. As a result, OOH developed training materials and resources for multiple audiences, including home visitors, childcare providers, health providers, pregnant women and new mothers, to enhance their knowledge and skills on improving oral health for women and young children. These resources include e-learning modules on oral best practices, which was completed by 62 home visitors in 2021, as well as motivational interviewing, a client-centered counseling style for eliciting behavior change by helping clients explore and resolve ambivalence. The oral health training resources reside on the home visitor portal, Strong Families AZ (strongfamiliesaz.com), and are available to home visitors and partners statewide. As part of the training in 2021, OOH distributed nearly 500 oral hygiene kits to participating home visitors to provide to their clients during oral health conversations.

In addition to the e-learning modules, OOH developed three in-person training sessions to train oral health providers on oral health best practices for pregnant women, infants and toddlers. In partnership with First Things First, Arizona's early childhood agency, OOH trained nearly 48 oral health providers across Arizona. Trainings were provided throughout the calendar year and located geographically and virtually to accommodate wide participation from all counties and to address ongoing pandemic issues.

Oral Health is one of the priorities identified in the Arizona Health Improvement Plan (AzHIP). AzHIP was designed with the participation and commitment from many stakeholders allowing for strategies to be more far reaching than those OOH can implement alone. The oral health strategies include: expand access to childhood oral disease prevention programs; increase utilization of the oral health care system; integrate oral health into whole person health; and expand and maintain community water fluoridation systems. OOH continued partnering with stakeholders to implement and update the AzHIP priorities. The majority of this work was completed through quarterly scheduled virtual meetings during 2021.

During 2021, OOH worked with a broad array of national, state, and local public and private partners to educate decision-makers on dental public health issues and concerns of state oral health programs. One such partnership included statewide and regional oral health coalitions that were instrumental in addressing access to care issues for our most vulnerable populations. In 2021, Arizona worked on providing technical assistance to partners regarding the recently signed Dental Therapy bill, which created a new class of dental care providers in Arizona who will be able to provide primary dental care for children and underserved individuals. While employment of this provider type is still in the rules stage of development, partners are eager to move forward with implementation.

Arizona also looks at ways to reach and serve the oral health needs of the disenfranchised, which started the Arizona **Mission of Mercy**. This event provides free dental care to those who most need it and is made possible through the work of hundreds of volunteers. A startling 42% of Arizona adults over 65 years have lost six or more teeth due to decay or gum disease. We know that nationally about half of people do not have dental insurance and pay for dental care out-of-pocket. In 2021, the Mission of Mercy event at the Arizona Fairgrounds was once again implemented. The event addressed severe

dental needs that resulted during the pandemic and more than 1,500 volunteers provided dental care to more than 1,110 patients.

ADHS implements the **Empower Program** to support Arizona's early care and education (ECE) facilities in their endeavors to encourage young children to grow up strong and healthy. By enrolling in the Empower Program, licensed child care facilities voluntarily agree to implement all standards and develop a written policy for each standard that meets the needs of all children served. In turn, the child care facility is provided a fifty percent reduction in licensing fees, partially funded through Title V. Additionally, ECE programs contracted with the Arizona Department of Economic Security (DES) are required to enroll and participate in Empower. The Empower Program requires providers to adopt 10 health standards, two of which impact children's oral health: 'Fruit Juice' and 'Oral Health'. These efforts are welcomed by oral health stakeholders that recognize the link between fruit juice and the oral health of young children. In 2021, the OOH continued support of online e-learning courses on implementing tooth-brushing programs in child care and serving fruit juice. In 2021, 'Empower Training: Fruit Juice in Child Care Settings' had 1,001 users and 'Empower Training: Tooth Brushing in Child Care Settings' had 688 users. These training resources are available to all child care staff in Arizona. AZ Workforce Registry credit is also available, free of charge, to those who enroll.

In 2020, a work group of the Empower Advisory Committee (EAC) began a review of all the standards. Under review is Standard 7: Oral Health (Provide monthly oral health education or implement a toothbrushing program) and its components:

- Provides monthly oral health education and/or implements a daily tooth brushing program
- Does not allow children to carry a bottle or sippy cup during the day unless it is water
- Educates parent(s) on the importance of a dental visit by their child's first birthday
- Does not put children to sleep with a bottle
- Limits serving of meals and snacks to scheduled times
- Educates parents about cleaning teeth and oral hygiene at home
- Provides information on tooth decay to families at least annually

Also, under review is Standard 5: Fruit Juice (Limit serving fruit juice to no more than two times per week) and its components:

- Provides water throughout the day both inside and outside
- Offers water as the first choice for thirst
- Does not serve fruit juice more than twice per week for children 1 year and older
- Limits serving more than 4-6 ounces of fruit juice at one time
- Serves only 100% fruit juice with no added sugar
- Serves fruit juice only at meal or snack times
- Provides information about limiting fruit juice to families at least annually

Work groups will review existing standards and components, compare to best practices, and recommend changes for consideration. The EAC and ADHS leadership anticipates a final report in December, 2022 with anticipated implementation in July.

Additionally, through the work of the Nemours grant, Go NAPSACC is currently being implemented into the statewide early care and education system, with full implementation beginning in early 2022. Of the seven modules addressed in Go

NAPSACC, there is a module on Oral Health. This online system includes self assessments, tips and materials and online training. More information on the Empower Program can be found in the ***Children's Health*** sections of this application.

In addition, the Primary Care Office (PCO) within BWCH leads statewide efforts to improve **access to care** to all health services in Arizona's rural and underserved communities. The PCO continues to lead the data evaluation and coordination of submitting for Health Professional Shortage (HPSA) or Medically Underserved Areas or Populations (MUA/P) to HRSA in order to inform where resources can be leveraged to create the greatest impact for improving access to health care. As of December 2021, Arizona had 661 HPSAs: 238 primary care, 211 dental, and 212 mental health. These include facility HPSAs for Federally Qualified Health Centers and Indian Health Service sites. Arizona needed 653 primary care physicians, 398 dentists, and 183 psychiatrists to eliminate these HPSA-designated areas, which is a higher need when compared to earlier in 2021. There were also 37 MUAs and 10 MUPs in the State. Residents residing in these underserved areas are less likely to receive preventative health services.

The work conducted through the PCO is primarily funded through the State Primary Care Office Grant (federal), State Loan Repayment Program funds (includes federal funding and state match), Arizona State General Funds, and private donations. Title V provides supplemental funding to support the development of infrastructure to support the workforce programs, access to care activities, and professional development of health professional staff throughout the state.

The **State Loan Repayment Program (SLRP)** and the **National Health Service Corps Loan Repayment Program (NHSC)** help recruit and retain health care professionals into HPSAs by providing loan repayment incentives to providers in exchange for an initial two-year commitment to practice medicine in the HPSAs. In 2021,153 providers were obligated through SLRP and 503 through NHSC.

The PCO partnered with the Arizona Alliance for Community Health Centers, Arizona's Primary Care Association (PCA), to implement activities that educate communities about programs and resources that can help recruit healthcare professionals in areas with significant challenges with recruitment. The aim of the partnership is also to support the development of health professionals from diverse backgrounds and expose them to service in rural and underserved communities.

In 2021, Title V funded activities that directly assisted in increasing recruitment of health professionals in Arizona was the support of clinical rotations for students and preceptors in Federally Qualified Health Centers (FQHC). Due to the workload of the current healthcare workforce, it is difficult to recruit providers to take on additional responsibilities of being a preceptor for medical and dental students. Through this activity the PCO, together with the PCA, supported preceptors by creating incentive opportunities, assisting with technology and licensing fees, materials, and other costs related to student clinical rotations. In 2021, this activity supported the clinical rotations of 70 students rotating in FQHCs.

Another activity that was funded by Title V was the **Street Medicine Phoenix (SMP) program**. This is a student-driven, interprofessional healthcare team consisting of students and licensed health professions faculty from the University of Arizona College of Medicine – Phoenix. The SMP program supports interprofessional learning by collaborating with other health professions programs within Arizona State University, Midwestern University, and Northern Arizona University, along with community stakeholders. The mission of the SMP program is to ensure access to health care for Phoenix's homeless populations. The project's purpose is to develop and train the next generation of health care professionals and prepare them to be aware of and address the health inequities that exist in Arizona. During these services, the student shadows licensed providers and their care to homeless individuals. These students from the health professions and volunteers in SMP gain hands-on experience in caring for underserved and vulnerable populations. The project provides the exposure and service learning for students rotating in SMP as volunteers or in fulfillment of academic requirements for the UA Certificate of Underserved Program (CUP) Distinction. From July to September of 2021, there were approximately 900 total patient interactions and 180 student volunteers experienced hands-on training and exposure to service in underserved communities.

In 2021, Title V partnered to support and expand community-based service learning opportunities for health professions students focused on maternal and child health. This project was completed in partnership with the University of Arizona College of Medicine – Phoenix and the Halle Empowerment Affirmation Legacy (HEAL) at Banner – University Medical

Center Phoenix. The funds were used to enhance the Street Medicine Phoenix Program and therefore focused on exposing students to pregnant or parenting women with a substance use disorder diagnosis and possibly, homeless or about to be homeless.

The services include building and maintaining physical, mental and relational health, through trauma-informed and integrative, interdisciplinary services, which include prenatal through postpartum care, child development, wellness and parenting support, and substance abuse recovery treatment. Pregnant women with a diagnosis of opioid use disorder (OUD) who are or need to be on medications for addiction treatment (MAT) are referred to and enrolled in the HEAL program for continuity and coordination of obstetrics and behavioral health care services. The core team included: student learners and staff consisting of clinical social workers and nurses. There was also a support team from Banner's Departments of Obstetrics and Gynecology, Family Medicine, Behavioral Health and Addiction Medicine and the University of Arizona College of Medicine – Phoenix that included developmental pediatricians, nurse practitioners, nutritionists and other health care specialists.

In 2021, the program provided services to 15 women enrolled in this project. For the future health care workforce, student learners developed interprofessional training to provide critical services, such as mental health promotion, access to healthy nutrition, education and support, and developed a resources database to help build a community medical home. They also gained experience in approaches to screening for social determinants of health and identifying and understanding adverse childhood experiences (ACEs) in a manner that can help prevent intergenerational trauma. They gained unique real-world experiences in positive psychology approaches to addiction care to promote recognition of inherent and learned resilience, values, virtues of patients and built capacity for cultural humility and bias mitigation that will benefit future care of diverse patient populations.

Early September 2021, we were able to host the Arizona Health Professions and Workforce Summit that convened partners from academic programs, clinical placement sites, and community health center human resources and executive leadership to discuss and strategize on ways to support and expand clinical rotation and health professions education in Arizona. The meeting included facilitated group discussions on current gaps and opportunities related to workforce and workforce development, strategies, and strategic planning on how we might address healthcare workforce shortages by supporting the expansion of health professions education.

In an effort to support professional development and the diverse workforce, Title V funding supported Community Health Workers (CHWs) in attending a translating course. CHWs are often the frontline staff that coordinate care and provide translation between Spanish-speaking patients and English-speaking healthcare professionals. The funding supported CHWs in accessing and receiving professional credits to attend a 40-hour online course to provide formal professional training for Spanish to English translation. The course training modules included: Medical Interpreter Ethics and Protocol, Consecutive Interpreting and Sight Translation, Medical Terminology, Anatomy and Physiology, Patient Medical History, Major Disease: Depression, Major Disease: Diabetes and Infectious Diseases, and Cultural Intelligence and Mediation. In 2021, 13 Community Health Workers completed the courses and now have a Certificate from the University of Arizona for Medical Spanish Interpretation. Not only does this increase their skills for future employment, but it ensures that patients who are Spanish speaking or have limited English proficiency can receive quality care and translation. These Community Health Workers will also be volunteering as Medical Interpreters and will help train medical students participating in Spanish language courses.

In order to further support the growth of Arizona’s health professions, ADHS, through the PCO/PCA partnerships, conducted a Teaching Health Center Feasibility Study. During this study, 12 FQHCs participated, where each center's readiness to become a Teaching Health Center was assessed through key informant interviews. The study concluded that while 100% of participants were interested in becoming a Teaching Health Center, many of them were concerned about the costs of administering a residency program and sustainability of the program beyond initial funding. For smaller FQHCs, the absence of infrastructure, capacity and patient volume to qualify for residency accreditation was a major concern. All FQHCs expressed interest in follow up conversations and support in establishing a Teaching Health Center. We found that many of the FQHCs, especially the smaller and rural centers, could benefit from participating in a State-based Consortium Residency Program. This study will guide the development of future programs to support building Teaching Health Centers

in underserved communities.

The PCO partnered with the Arizona Alliance for Community Health Centers on the health professional and student engagement activities above to aim to build partnerships with academic training programs, employers, local and state partners, tribal entities, and providers to collectively address workforce shortages in Arizona. Examples of activities implemented this year include: education and technical assistance to students and residents attending medical, dental, or behavioral health training; local and national presentations; partnering with the PCA to help students receive rotation placements in community health centers; assisting providers with finding job placements; and working on improving the coordination efforts between the PCO, PCA, and the State Office of Rural Health to recruit providers in underserved rural areas of the state.

In terms of expanding access to care via telemedicine, the PCO launched the **Rural Prenatal Telemedicine Program (RPTP)** in State Fiscal Year (FY) 2020 (July 2019 – June 2020) through a Request for Proposal (RFP) process. The RPTP aims to improve the health outcomes of women in rural areas before, during, and after pregnancy by improving access to prenatal care services through telemedicine. Through legislation, the RPTP is required to contract with rural hospitals in federally designated HPSAs to create or expand telemedicine infrastructure for the provision of prenatal care. The RFP was released three times to solicit contractors to operate the RPTP. Unfortunately, no qualifying organization responded to the RFP and no awards were made.

The PCO received a one-time state funding for State FY 2020 in the amount of $700,000 to implement the **Community-Based Primary Care Program** which concluded in June 2021. This funding is intended to support the provision of primary health care services in geographically isolated areas of the State. Required services include primary and preventative medical, dental, behavioral health, pharmacy, labs, referral, transportation, 24-hour triage, and other medically necessary services provided on-site or through a referral process to an outside entity. Through an RFP process, the PCO awarded the funds to a new HRSA-designated federally qualified health center, Creek Valley Clinic, serving Colorado City, a geographically isolated area in Mohave County, Arizona. Colorado City is on the border of Utah and Arizona and residents in this community frequently travel into Utah to access needed health care. The community experienced historical trauma related to family separation, restricted child play and toys for appropriate social development, child labor, child abuse as well as issues of malnutrition, lack of primary education, and low literacy levels. Other cultural barriers include fear of asking for assistance from people outside the community and an aversion to evidence-based public health practices, such as immunizations and fluoride treatment. Creek Valley Clinic was able to leverage these state funds to provide services while applying for and successfully obtaining HRSA federally qualified health center funding and status.

This section describes the cross-cutting ways in which Arizona's Title V Program supported the state's COVID-19 response in 2021.

On March 25, 2020, Governor Doug Ducey issued Executive Order 2020-15, Expansion of Telemedicine, to help ensure continuity of health services via telemedicine during the COVID-19 public health emergency. ADHS created a **Telehealth Task Force** to facilitate the expansion of telemedicine services by helping to identify barriers to adopting or fully implementing telemedicine (through stakeholders' engagement and based on stakeholders' feedback) and develop short-term and long-term solutions to address those barriers. The Telehealth Task Force identified a number of clinician- and patient-related barriers, which include an overall lack or limited knowledge of telemedicine technology, limited understanding of telehealth requirements and regulations (i.e., reimbursements, coding, HIPAA regulations, etc.), lack of awareness of where telemedicine services could be accessed in Arizona, and broadband and connectivity issues. It was led by Ms. Patricia Tarango, BWCH Bureau Chief; Mr. Martín Celaya, BWCH Office Chief for Assessment and Evaluation; and Ms. Alison Lucas, Block Grants Program Manager.

In response to the needs identified by the Telehealth Task Force, in 2021, ADHS provided $150,000 in Title V funding to the University of Arizona's Arizona Telemedicine Program (ATP) to provide training, technical assistance and resources related to telemedicine and telehealth to facilitate increased adoption and use of telemedicine services among providers, employers and patients in Arizona. With Title V funding, the ATP conducted a number of webinars on federal and state telehealth policies and legislation (including HB 2454, new legislation that expands telemedicine in Arizona); information on

telehealth/telemedicine billing and medical coding; and monthly virtual office hours. In 2021, ATP hosted, promoted, and co-branded 11 webinars with ADHS that were advertised to over 8000 healthcare and public healthcare workers and had over 6000 registrants (in total). Under this contract, ATP also expanded their Telemedicine & Telehealth Service Provider Directory to include an opt-in Arizona directory of Direct-to-Consumer telemedicine and telehealth clinical service providers and built out the resources and information within their existing websites for the Arizona Telemedicine Program (telemedicine.arizona.edu) and the Southwest Telehealth Resource Center (southwesttrc.org).

Ms. Angie Lorenzo, Chief for the Office of Women's Health, provided support in the **Schools Reopening Task Force**. She was brought in to assist with a Schools Support pilot project that was being implemented with 14 school districts across the state and included a myriad of options schools could select from to help support them during COVID. The main component offered was saliva-based testing and surveillance for school teachers and staff to help schools identify their infection rates within the school staffing community. Several lessons learned arose from the pilot project that helped inform the start of a pool testing in classrooms project. Aside from the projects, her role included participation in weekly check-in meetings with the Arizona Department of Education, the local county health departments, and the pool testing vendor to ensure all agencies were kept informed of the work being conducted with schools around COVID.

On July 1, 2020, ADHS entered into a new five-year intergovernmental agreement with local county health departments to leverage the partnerships between state and local health departments in Arizona by providing Title V funding to counties to promote and implement evidence-based or evidence-informed strategies that will improve the health and wellbeing of Title V populations in their communities. Through the **MCH Healthy Arizona Families Intergovernmental Agreement (MCH HAF IGA)**, counties are encouraged to address needs identified through the 2020 Title V Needs Assessment and the Arizona State Health Assessment (SHA) (completed in 2019 and updated annually) and to align their efforts with the 2021-2025 MCH health priorities and Arizona Health Improvement Plan (AzHIP) strategies; however, they are provided with the flexibility to design their strategies and activities in a way that meets the needs of their local context. Fourteen (14) out of Arizona's 15 counties have elected to participate in the MCH HAF IGA; only Santa Cruz County does not because its health department is too small to conduct prevention and health promotion work. Through this mechanism, $2,017,415.00 is invested each fiscal year to serve Title V populations across Arizona. In 2021, local county health departments directly served 31,876 clients (compared to 34,128 clients in 2020; 7% reduction) through their MCH Programs and 1,789 (compared to 2,084 in 2020; 14% reduction) through their Family Planning Programs (see the ***Women's Health*** narrative for more information on the Title V Family Planning Program).

Local health departments (LHDs) develop Action Plans for each state fiscal year (July 1 to June 30). Between July 1, 2021, and December 31, 2021, LHDs worked on a diverse set of strategies and activities to serve MCH populations. Ten (10) counties used funds for family planning and reproductive health services, including cancer screenings (pap, mammograms) and STD/STI screening and treatment (see the ***Women's Health 2021 Annual Report*** for more information on the Title V Family Planning Program). Two (2) counties promoted breastfeeding with their Title V funds, six (6) worked on safe sleep education and support (i.e., provision of pack n' plays), six (6) worked on injury prevention strategies (including car seat distribution and training, teen safe driving initiatives, household safety, etc.), and six (6) worked on bullying prevention (often linked to work on Adverse Childhood Experiences [ACEs], resiliency, and trauma-informed approaches). Please see **Appendix M** for a full crosswalk of the county strategies across the 15 NPMs.

Unfortunately, the ongoing COVID-19 pandemic, and the response it required from local county health departments, slowed the progress of many of these identified strategies in 2021. In particular, county health departments found it difficult to get into schools during the 2021-2022 school year to conduct health programming, as schools were hesitant to have additional people on campus and were overwhelmed by other priorities. We observed that schools were more willing to let programs they considered flagship health programming, such as sexual health, back in before they were willing to move forward with smaller initiatives, like Battle of the Belt (teen safe driving).

Cross-Cutting/Systems Building - Application Year

In addition to population domain specific activities and programs, Arizona's Title V program addresses cross-cutting issues affecting women, infants, children (including children with special health care needs) and adolescents through programs that cross the lifespan (such oral health) and programs that strengthen health systems and improve access to care in Arizona (such as the workforce development programs, site development for safety net clinics, family and youth engagement, and funding to local county health departments).

In 2023 the ADHS Office of **Oral Health** (OOH), within the Bureau of Women's and Children's Health, will continue to work toward reducing disparities in oral health. To help achieve this goal, OOH will continue to educate communities and individuals on the benefits of **Community Water Fluoridation**. OOH will provide technical assistance to communities, water systems, and other organizations that are sustaining existing fluoridation efforts or are looking to implement new water systems. OOH will continue to partner with tribal and minority grassroots organizations and the statewide oral health coalition to increase outreach, identify resources, and implement programs aimed at reducing oral health disparities.

Given the current COVID mitigation efforts—and to keep students, staff, and dental providers safe—OOH will implement updated infection prevention protocols, social distancing requirements, and team health assessment policies that will be incorporated into the existing **School-Based Dental Sealant Program and other school-based program** protocols. Protocols will be shared, and training will be implemented for all grantees. OOH will be working closely to monitor school openings in order to resume school-based services. OOH will be developing communication materials about the safety and need for oral health prevention services and sharing these materials widely with schools, state agencies, and oral health grantees.

HRSA awarded ADHS the Oral Health Workforce grant to implement a **silver diamine fluoride (SDF) program**. The program partners with existing Title V funded oral health programs, including the Dental Sealant Program and Fluoride Varnish Program. The SDF Program pilot projects began in 2019 in Cochise, Pima, Pinal, and Santa Cruz counties. In 2023, the SDF program will expand services to more counties by adding silver diamine fluoride services for those children who are also eligible for the partner programs.

OOH will continue to collaborate with the Arizona Health Care Cost Containment System (AHCCCS; Arizona's Medicaid agency) to identify opportunities to link Medicaid-eligible children to dental homes. As a result, referral connections will continue to be made with AHCCCS contracted health plans to help establish follow-up care for children in need.

In addition to collaborating with county health departments, OOH will continue its partnership with AT Still University, School of Dentistry and Oral Health, to implement the sealant program in underserved schools. Through this program, dental screenings, sealants, and referral services will be provided to children at eligible schools by licensed dental faculty and dental students. Through this program, a partnership with local community dental clinics in Pinal County was established and will continue to be utilized for children needing additional dental services. In FY23 the goal is to continue to serve the 15 eligible schools that participated in the OOH school-based sealant program through this partnership.

OOH will continue its partnerships with the Arizona Alliance for Community Health Centers, the Inter Tribal Council of Arizona, and the Greater Valley Area Health Education Center to provide professional development opportunities for dental providers and program administrators on dental public health issues.

Oral Health will continue to focus programming to identify children who are at highest risk of tooth decay and increase the number and proportion of children served. Collaborations and outreach to expand the program to new service areas will continue. OOH will continue to seek to expand preventive dental service programs in some of the most rural counties in Arizona by partnering with local partners who are embedded in rural communities throughout the state.

In addition, OOH will continue the statewide oral health survey, **Healthy Smiles, Healthy Bodies**, which is to be completed during the 2022-2023 school year. The survey includes a stratified random selection of schools to provide county-level point estimates and identify disparities in oral health. Through a partnership with First Things First, Arizona's early childhood agency, children in kindergarten and 3rd grade will be screened. Data from the survey will be disseminated and shared with

partners, stakeholders and the CDC's National Oral Health Surveillance System to help monitor the health status of children and improve oral health programs. In addition, a partnership with the ADHS Bureau of Nutrition and Physical Activity (BNPA) allows for the collection of children's BMI status.

The **Fluoride Varnish Program** will continue to provide services at Women, Infants, and Children (WIC) Program offices as well as at immunization clinics, child care centers and pediatric offices throughout Maricopa County. Families at WIC receive health and nutrition education and those at immunization clinics receive necessary immunizations and education. Parents are recruited to participate in the Fluoride Varnish Program while waiting for appointments. The goal of the Fluoride Varnish program is to provide education and referrals to 1,000 pregnant women and to screen and provide fluoride varnish and education to 25,000 children, 0 to 5 years old. New infection control guidelines and program procedures will allow providers to implement the program while adhering to COVID-19 safety recommendations.

The OOH intends to continue oral health and motivational interviewing training across the state for home visitors with a focus on reaching rural home visitors. Evaluation will continue to measure home visitor confidence in speaking to families about oral health and also measuring oral health knowledge gained from training.

The OOH will continue to partner with the BNPA to support and promote the **Empower Program**. Materials have been developed to assist child care facilities in implementing toothbrushing programs and oral health education activities. Materials include the 'Arizona Tooth Brushing Manual: Fostering Healthy Smiles in the Child Care Setting for Ages 3 and Older' and an online course, 'Toothbrushing in Child Care Settings.' More than 350 providers have completed this online course since its launch in September 2017. Lastly, oral health education materials are regularly included in the monthly Empower Newsletter, reaching over 4,500 subscribers.

The OOH will also continue to partner with the Arizona Dental Society to help fund and staff the annual **Arizona Mission of Mercy Event**. This event provides free urgent and needed dental care and education to uninsured Arizonans helping to reduce health risks, divert individuals from hospital emergency rooms, and improve the quality of life for those who suffer from dental disease. The four-day event was originally hosted each December in Phoenix and has now branched off to also include an event each June in Flagstaff, Arizona. OOH will continue to support the Mission of Mercy for the annual event by providing technical assistance, resources, coordination and supplies.

OOH will continue to partner with the Primary Care Office (PCO) within BWCH to help statewide efforts to improve access to dental care in Arizona's rural and underserved communities. For FY 2023, OOH will continue to support the ongoing dental HPSA designations in Arizona in order to leverage state and federal resources. OOH will partner with the dental provider associations and the Arizona Board of Dental Examiners to explore a statewide system for collecting dental provider information and completing dental HPSA designations in a more sustainable mechanism. OOH will also continue to partner with the PCO and workforce programs to help identify dental providers in the State Loan Repayment Program to help partner with existing prevention programs and serve in rural communities and counties where recruitment of dental providers has been historically challenging.

OOH has a long history of facilitating **family engagement** through school and coalition partnerships. In 2023, as part of the bureau's efforts to increase family involvement, the Office of Oral Health will continue efforts to participate in the Families and Young Adult Program to establish a family advisor position to inform the work of OOH. The OOH will convene coalition partners to help identify candidates for training on becoming Family Advisors.

The Primary Care Office (PCO) leads statewide efforts to improve **access to care** in Arizona's rural and underserved communities. The PCO's core functions include:

1. The identification of areas that need improved provision of primary care, dental, or mental health services through state and federal Health Professional Shortage Area (HPSA) and Medically Underserved Area/Population (MUA/P) designations;
2. Recruitment and retention of providers in areas with limited or no access to services through Workforce Incentive Programs;

3. Support for the development and expansion of health centers and safety net providers, including sliding fee scale clinics for low-income and uninsured people;

4. Technical assistance to statewide partners to facilitate the expansion of health services; and

5. Increase knowledge and opportunities for continuing education, internships, and clinical rotations in rural and underserved communities and populations to create a diverse workforce in Arizona.

Arizona is faced with ongoing, significant workforce shortages. As of March 2022, there were 587 federally designated HPSAs in the state, including 238 primary care HPSAs, 218 dental HPSAs, and 229 mental health HPSAs. Arizona needs an additional 653 full-time primary care physicians, 406 dentists, and 217 psychiatrists statewide to eliminate the existing HPSAs. Arizona also has 37 Medically Underserved Areas (MUAs) and 11 Medically Underserved Population (MUPs) designations. MUA/Ps are areas identified as having a need for medical services based on demographic data, including the provider-to-population ratio and infant mortality rate.

In 2023, Title V funds will continue to support the assessment and evaluation work required to **identify and designate HPSAs and MUAs**, which are used to continually assess health care needs in Arizona and leverage state and federal resources to address those needs. The Title V Program will provide financial and technical support to the PCO to complete the statewide assessment of areas for HPSA designation, including completing the provider surveys of primary care, dental, and behavioral health clinics to accurately assess the number of providers working in the service area. The PCO plans to continually update the HPSA maps for primary care, dental, and behavioral health. In May 2022, HRSA established the Maternity Care Target Area (MCTA) criteria. The PCO will be collecting the required data to ensure that the required data is collected and updated to ensure accurate MCTA scores for Arizona Primary Care Areas.

The Arizona Medically Underserved Area (AzMUA) report data collection and evaluation was streamlined and improved in 2021 and has been added to the PCO Portal. The AzMUA report is generated biennially and made available to the public through the PCO website. The next report will be generated and published in the fall of 2022. This report is used by communities applying for state and federal grants and by providers applying for the State Loan Repayment Program. Another future enhancement of AzMUA project will be to connect report results to the PCO Portal and to automatically update the Primary Care Profiles in the database. In order to complete this PCO Portal enhancement, we will require additional support and funding.

The PCO administers a number of **workforce programs** that aim to recruit and retain health care professionals in rural and underserved communities. These programs include the State Loan Repayment Program, National Health Service Corps, Nurse Corps, J1 Visa and National Interest Waiver Programs. It is important to continually promote these programs in order to help attract qualified health care professionals to serve in places where recruitment is particularly challenging, such as rural, border, and tribal areas. The PCO will continue to identify opportunities to interface with students in primary care, dental, and behavioral health to promote the programs. We will partner with academic programs to seek opportunities to present information to students through orientation week, career fairs, exhibits, opportunities day, residents' grand rounds, etc.

To enhance providers' experiences in applying for the State Loan Repayment Program (SLRP) or the J1 Visa Waiver Program, the PCO will continue to enhance its existing application portal to improve the electronic submission, management, and review of SLRP and J1 applications. The PCO also plans to build additional functionalities into the portal to be able to better track SLRP and J1 participants' service and overall compliance to program requirements.

The PCO will leverage and formalize existing partnerships with entities that can help advance our efforts in improving access to care in Arizona. In particular, the PCO will continue to partner with the Arizona Alliance for Community Health Centers (AACHC) to implement activities that educate and provide technical assistance to communities about programs and resources that can help with recruitment and retention efforts. These activities will continue to target federally qualified health centers, academic training programs, employers, local and state partners, tribal entities, and providers to collectively address workforce shortages in Arizona. For example, the PCO, in partnership with the AACHC, will conduct recruitment

and retention training and technical assistance sessions that aim to increase awareness of the workforce programs, HPSA designations, and other resources available through the PCO.

The PCO will also work to formalize our partnership with the Arizona Area Health Education Center (AzAHEC) Program Office, at the University of Arizona, and the six Arizona Regional AHECs to increase opportunities for students to gain experience by offering internship placement for students and Community Health Workers that are from underrepresented, rural, and minority communities.

Building off the existing partnership with AACHC and CYSHCN partners, the PCO will work to create opportunities for new providers or medical students who are interested in becoming Developmental Pediatricians; for example, a rotation at a Federally Qualified Health Center could be established via an MOU with the AzAHEC and AACHC.

One of the short-term strategies to assist with COVID-19 was the implementation and maintenance of the Telemedicine Sliding Fee Scale (SFS) clinic mapper to assist patients in identifying the nearest SFS clinic that provides telemedicine services based on their zip code. This strategy was implemented based on feedback from stakeholders that patients generally have a lack of awareness on where to go for telemedicine services during the pandemic. The mapper is available on the PCO website.

Given that the PCO serves as the state liaison for federally funded programs and the main point of contact for communities in efforts related to access to care in the state, the PCO plans to engage in professional development activities to keep abreast of state and federal initiatives, efforts, and requirements related to access to care. This will include attending access to care or workforce related conferences and training sessions that will support staff in effectively providing technical assistance to statewide partners and stakeholders.

The PCO will coordinate continuing education opportunities for workforce program participants and be a liaison for the participants via a robust mailing list. PCO will work to increase communication with providers throughout the state to provide resources and opportunities for continuing education units (CEUs), racial equity training, etc.

In 2023, the PCO will continue to work on our partnerships to create and deploy training opportunities for internal and external Title V MCH and other health professionals in the state of Arizona to increase the knowledge of health insurance types and eligibility requirements for state and federal programs. These learning opportunities will ensure that staff making programmatic decisions and those working with the community can link participants to the resources to obtain health insurance and increase access and continuity of care.

To measure this, the PCO will add a question to their State Loan Repayment Program Site Registration Application to assess whether or not patients get assistance with insurance applications at their site. Arizona's Title V has also added **NPM 15: Adequate Insurance** to our selected NPMs to measure our work in this area.

In 2023, as part of the bureau's efforts to increase family involvement, the Office of Primary Care Office will focus on recruiting **Family and Youth Advisors** to help identify improvements and the best approach for outreach and training activities. The target Family and Youth Advisors from will be high school or college students and families from rural or underserved areas who are interested in health professions. We will work on gathering feedback on training materials and the best time in a student's journey to hear about scholarships, loan repayment and other opportunities. We will also seek feedback on who would be the ideal audience for these outreach activities. We will gather feedback and ideas on how to best increase outreach and support to interested underserved youth and families to build a pipeline of health professionals from these areas.

The **Engaging Families and Young Adults Program**'s aim is to ensure Family and Young Adult Advisors are key partners in health care decision-making at all levels in the system of services, especially those who are vulnerable and medically underserved. In 2022, the grantee was identified to implement and fulfill the scope of work. In 2023, there will be continued integration and expansion of young adult and family engagement strategies through the identified contractor Diverse Ability Incorporated (DA) in partnership with Raising Special Kids (RSK).

Within the program, Family Advisors must be family members (i.e., parent, grandparent, foster parent, aunt, uncle, adult sibling or adult cousin, or other adult considered family by a child) who have first-hand, lived experience with systems of care in order to have direct and meaningful input into the systems, policies, programs, and/or practices that affect care, health, well-being and the lives of children, youth and families. Young Adult Advisors recruited must be individuals ages eighteen to twenty-six (18-26), including youth with special health care needs and a variety of disabilities.

By early 2023, the implementation throughout BWCH will have been fulfilled by placing a family/young adult advisor in each identified Office (Primary Care, Oral Health, Children's Health, Assessment and Evaluation, and Women's Health). The goal in 2023 is to expand the engagement, support, and placement of young adult/family advisors by establishing memorandum of understandings (MOUs) with Placement Agencies, MCH-serving organizations across the state that work to improve systems of care, health, well-being, and/or lives of children, youth, and families. An overarching description of BWCH's approach to family and youth engagement can be found in the ***Family Partnership*** section and domain-specific activities can be found with each population's ***2023 Action Plan*** narrative.

On July 1, 2020, ADHS entered into a new five-year intergovernmental agreement with local county health departments to leverage the partnerships between state and local health departments in Arizona by providing Title V funding to counties to promote and implement evidence-based or evidence-informed strategies that will improve the health and wellbeing of Title V populations in their communities. Through the **MCH Healthy Arizona Families IGA (MCH HAF IGA)**, counties are encouraged to address needs identified through the 2020 Title V Needs Assessment and the 2019 State Health Assessment (SHA) (and subsequent annual updates) and to align their efforts with the 2021-2025 MCH health priorities and Arizona Health Improvement Plan (AzHIP) strategies; however, they are provided with the flexibility to design their strategies and activities in a way that meets the needs of their local context. Fourteen out of Arizona's fifteen counties have elected to participate in the MCH HAF IGA; only Santa Cruz County does not because its health department is too small to conduct prevention and health promotion work. Through this mechanism, $2,017,545.00 is invested each fiscal year to serve Title V populations across Arizona. Local health departments (LHDs) develop Action Plans for each state fiscal year, which runs July to June. On August 15, 2022, they will submit their Action Plan strategies and activities for SFY2023. The ADHS Block Grants Program Manager, who also manages the MCH HAF IGA, will review the Action Plans to assure that all proposed strategies and activities will work towards improving health status and outcomes of Title V populations and will provide technical assistance and coordinate statewide collaboration on strategies to ensure funds are used in an impactful, efficient way.

III.F. Public Input

The Bureau of Women's and Children's Health (BWCH) has a long-standing history of soliciting public input to guide program development, implementation, and evaluation. Arizona's Title V Program continues to seek new opportunities for stakeholders and the public to provide valuable input into policy and program development, ensuring program aims and activities meet the unique cultural needs of Arizona's diverse population and communities we serve.

BWCH will collect public input on the **Title V 2021 Report/2023 Application** after submission of the application to HRSA. We plan to post the population domain narrative and our action plan table on the Title V page of the ADHS website by September 1, 2022. BWCH will then inform stakeholders and the general public via email and social media that the application is out for public comment. People will have until October 1, 2022 at 11:59 p.m. to submit their public comments via a Qualtrics survey. The Title V Director and team will review and document any feedback we receive and consider how to incorporate this feedback in our activities and next year's application.

As part of our ongoing needs assessment process the Maternal Mortality Review Program collaborated with the Navajo Nation's Diné College and the University of Arizona's Mel and Enid Zuckerman College of Public Health to engage in public input through the 'Maternal Health Needs Assessment' project. The aim of this project was to provide in depth information to the Title V Program on maternal health priorities in Arizona. The key learning questions to this assessment were:

- What are the barriers and facilitators to accessing prenatal, postpartum, mental, and oral health care for pregnant women and new mothers in Arizona?
- What additional services are needed to improve access to maternal mental and oral care services by pregnant women and new mothers?
- What resources or policies would be required to improve access and utility of these critical services?

The public input strategy was to include pregnant women or women who have been pregnant within the last 3 years, lived in Arizona during their pregnancy and postpartum period and resided in a rural area. The group also had a special interest in hearing from Black and African American or Indigenous women. A total of 22 participants provided input from 6 of Arizona's counties. The collected feedback is currently being analyzed and a presentation will be developed and presented back to the Title V Program.

The Title V Program has conducted multiple presentations on the findings from the Title V MCH Needs Assessment and collected input from providers, academics, families, community-based organizations, and other state agencies. Data from the Title V Needs Assessment continues to be used in program reports, grant solicitations, and in public presentations.

The Maternal Mortality Review Committee and the Child Fatality Review State Team meet routinely, monthly and bi-annually respectively, to review maternal and child deaths in the state. During these review sessions both entities provide recommendations and feedback to the Title V Program which is captured and reported during routine surveillance reporting.

In response to these alarming statistics, BWCH continues to coordinate a multidisciplinary **Maternal Health Task Force** (MHTF), engaging over 36 diverse stakeholders from across the state—drawn from the state agencies, maternal health experts, healthcare systems, and other organizations, including the Governor's Office to inform direction of strategies outlined in the five-year maternal health action plan to address the issue of maternal mortality. To address the disparate impact of maternal mortality and severe maternal morbidity on Native American/American Indian/indigenous women, a Tribal Maternal Health Task Force was formed to address the unique challenges faced by these communities.

The Tribal Maternal Task Force is staffed by a Tribal Maternal Health Program Manager who has over 11 years of experience in direct service provision and is a member of the Navajo Nation. In this role, she works to collaborate with Arizona's 22 federally recognized tribal communities on culturally-appropriate initiatives to decrease maternal morbidity and mortality. In addition, the Navajo Department of Health and the Intertribal Council of Arizona are both funded to develop solutions that they feel are appropriate and effective to address the needs and improve health outcomes of indigenous

women throughout Arizona.

The ADHS Sensory Screening Program, through the vision screening rule-making process, hosted a virtual public input session in 2021 and again in 2022 to collect feedback from stakeholders. Stakeholders have had the opportunity to provide input on the vision screening process in the areas of training, certification, and screening equipment.

In addition, the **Arizona Primary Care Office (PCO)** within BWCH will be providing stakeholder training and engagement sessions with partner agencies, such as the Arizona Alliance for Community Health Centers, the Arizona Hospital and Healthcare Association, and the Arizona State Office of Rural Health, and the Arizona Rural Health Association regarding the most recent updates to the Arizona Health Professional Shortage Areas that are scheduled to be finalized in the summer of 2022. During these stakeholder engagement and training sessions, feedback will be gathered on the Primary Care Area boundaries that will be reevaluated in late 2022 according to Arizona's Rational Service Area Plan.

The State Loan Repayment Program (SLRP) within the PCO anticipates that a rulemaking process will occur in the next fiscal year. The rules are pending updates to accommodate an exemption for Indian Health Services (IHS)/tribal sites to be eligible for SLRP without implementing the Sliding Fee Schedule. At that time, the program will solicit public input from IHS/tribal sites about the draft rules prior to finalizing the administrative rules.

The PCO has recently been assigned the administration of a **new Behavioral Health Care Provider Loan Repayment Program** which will need to create rules or amend rules established for other recruitment and retention loan repayment programs to be inclusive of the new program; public input would be gathered during the rulemaking process.

The J-1 Waiver Program will also be working to conduct stakeholder engagement sessions regarding the Arizona specific requirements for the program.

As part of the **Arizona Health Improvement Plan**, the PCO will collaborate to provide informational and feedback sessions for Arizona tribal organizations and partners regarding the Rural and Urban Underserved Implementation work that encompasses strategies for health care workforce shortages, Community Health Workers, maternal health outcomes and improving tribal health infrastructure.

III.G. Technical Assistance

The Arizona Title V Program is not requesting technical assistance at this time.

IV. Title V-Medicaid IAA/MOU

The Title V-Medicaid IAA/MOU is uploaded as a PDF file to this section - IV. Title V - Medicaid IAA MOU.pdf

V. Supporting Documents

The following supporting documents have been provided to supplement the narrative discussion.

Supporting Document #01 - Appendices - 2022.pdf

VI. Organizational Chart

The Organizational Chart is uploaded as a PDF file to this section - VI. Organzational Chart.pdf

VII. Appendix

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Form 2
MCH Budget/Expenditure Details

State: Arizona

	FY 23 Application Budgeted	
1. FEDERAL ALLOCATION (Referenced items on the Application Face Sheet [SF-424] apply only to the Application Year)	$ 7,432,377	
A. Preventive and Primary Care for Children	$ 2,653,359	(35.7%)
B. Children with Special Health Care Needs	$ 2,415,523	(32.5%)
C. Title V Administrative Costs	$ 393,916	(5.4%)
2. Subtotal of Lines 1A-C (This subtotal does not include Pregnant Women and All Others)	$ 5,462,798	
3. STATE MCH FUNDS (Item 18c of SF-424)	$ 4,408,649	
4. LOCAL MCH FUNDS (Item 18d of SF-424)	$ 0	
5. OTHER FUNDS (Item 18e of SF-424)	$ 7,447,711	
6. PROGRAM INCOME (Item 18f of SF-424)	$ 200,000	
7. TOTAL STATE MATCH (Lines 3 through 6)	$ 12,056,360	
A. Your State's FY 1989 Maintenance of Effort Amount $ 12,056,360		
8. FEDERAL-STATE TITLE V BLOCK GRANT PARTNERSHIP SUBTOTAL (Total lines 1 and 7)	$ 19,488,737	
9. OTHER FEDERAL FUNDS Please refer to the next page to view the list of Other Federal Programs provided by the State on Form 2.		
10. OTHER FEDERAL FUNDS(Subtotal of all funds under item 9)	$ 22,533,467	
11. STATE MCH BUDGET/EXPENDITURE GRAND TOTAL (Partnership Subtotal + Other Federal MCH Funds Subtotal)	$ 42,022,204	

OTHER FEDERAL FUNDS	FY 23 Application Budgeted
Department of Health and Human Services (DHHS) > Administration for Children & Families (ACF) > State Personal Responsibility Education Program (PREP)	$ 1,170,619
Department of Health and Human Services (DHHS) > Administration for Children & Families (ACF) > Sexual Risk Avoidance Education (SRAE)	$ 1,668,260
Department of Health and Human Services (DHHS) > Centers for Disease Control and Prevention (CDC) > Pregnancy Risk Assessment Monitoring System (PRAMS)	$ 160,020
Department of Health and Human Services (DHHS) > Centers for Disease Control and Prevention (CDC) > Preventive Health and Health Services Block Grant	$ 1,749,002
Department of Health and Human Services (DHHS) > Centers for Disease Control and Prevention (CDC) > Sudden Unexpected Infant Death (SUID) Case Registry Program	$ 58,800
Department of Health and Human Services (DHHS) > Health Resources and Services Administration (HRSA) > Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV) Formula Grants	$ 10,225,453
Department of Health and Human Services (DHHS) > Health Resources and Services Administration (HRSA) > Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV) American Rescue Plan (ARP)	$ 3,555,858
Department of Health and Human Services (DHHS) > Health Resources and Services Administration (HRSA) > State Loan Repayment	$ 1,000,000
Department of Health and Human Services (DHHS) > Health Resources and Services Administration (HRSA) > State Primary Care Office (PCO)	$ 196,023
Department of Health and Human Services (DHHS) > Centers for Disease Control and Prevention (CDC) > Preventing Maternal Deaths: Supporting Maternal Mortality Review Committees	$ 450,000
Department of Health and Human Services (DHHS) > Health Resources and Services Administration (HRSA) > State Maternal Health Innovation Program	$ 2,072,222
Department of Health and Human Services (DHHS) > Health Resources and Services Administration (HRSA) > Oral Health	$ 227,210

	FY 21 Annual Report Budgeted		FY 21 Annual Report Expended	
1. FEDERAL ALLOCATION (Referenced items on the Application Face Sheet [SF-424] apply only to the Application Year)	$ 7,394,328 (FY 21 Federal Award: $ 7,432,377)		$ 7,432,377	
A. Preventive and Primary Care for Children	$ 2,639,344	(35.7%)	$ 2,398,197	(32.2%)
B. Children with Special Health Care Needs	$ 2,407,479	(32.6%)	$ 2,440,334	(32.8%)
C. Title V Administrative Costs	$ 385,857	(5.2%)	$ 316,060	(4.3%)
2. Subtotal of Lines 1A-C (This subtotal does not include Pregnant Women and All Others)	$ 5,432,680		$ 5,154,591	
3. STATE MCH FUNDS (Item 18c of SF-424)	$ 5,806,251		$ 5,338,348	
4. LOCAL MCH FUNDS (Item 18d of SF-424)	$ 0		$ 0	
5. OTHER FUNDS (Item 18e of SF-424)	$ 6,100,000		$ 7,064,004	
6. PROGRAM INCOME (Item 18f of SF-424)	$ 200,000		$ 110,796	
7. TOTAL STATE MATCH (Lines 3 through 6)	$ 12,106,251		$ 12,513,148	
A. Your State's FY 1989 Maintenance of Effort Amount $ 12,056,360				
8. FEDERAL-STATE TITLE V BLOCK GRANT PARTNERSHIP SUBTOTAL (Total lines 1 and 7)	$ 19,500,579		$ 19,945,525	
9. OTHER FEDERAL FUNDS Please refer to the next page to view the list of Other Federal Programs provided by the State on Form 2.				
10. OTHER FEDERAL FUNDS (Subtotal of all funds under item 9)	$ 19,903,148		$ 17,671,013	
11. STATE MCH BUDGET/EXPENDITURE GRAND TOTAL (Partnership Subtotal + Other Federal MCH Funds Subtotal)	$ 39,403,727		$ 37,616,538	

OTHER FEDERAL FUNDS	FY 21 Annual Report Budgeted	FY 21 Annual Report Expended
Department of Health and Human Services (DHHS) > Administration for Children & Families (ACF) > Sexual Risk Avoidance Education (SRAE)	$ 1,516,713	$ 1,402,420
Department of Health and Human Services (DHHS) > Administration for Children & Families (ACF) > State Personal Responsibility Education Program (PREP)	$ 1,145,209	$ 842,171
Department of Health and Human Services (DHHS) > Centers for Disease Control and Prevention (CDC) > Pregnancy Risk Assessment Monitoring System (PRAMS)	$ 156,943	$ 150,566
Department of Health and Human Services (DHHS) > Centers for Disease Control and Prevention (CDC) > Preventing Maternal Deaths: Supporting Maternal Mortality Review Committees	$ 450,000	$ 446,431
Department of Health and Human Services (DHHS) > Centers for Disease Control and Prevention (CDC) > Preventive Health and Health Services Block Grant	$ 1,782,268	$ 1,265,747
Department of Health and Human Services (DHHS) > Centers for Disease Control and Prevention (CDC) > Sudden Unexpected Infant Death (SUID) Case Registry Program	$ 58,800	$ 55,720
Department of Health and Human Services (DHHS) > Health Resources and Services Administration (HRSA) > Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV) Formula Grants	$ 11,204,224	$ 10,225,453
Department of Health and Human Services (DHHS) > Health Resources and Services Administration (HRSA) > Oral Health	$ 258,579	$ 149,453
Department of Health and Human Services (DHHS) > Health Resources and Services Administration (HRSA) > State Loan Repayment	$ 1,000,000	$ 1,000,000
Department of Health and Human Services (DHHS) > Health Resources and Services Administration (HRSA) > State Maternal Health Innovation Program	$ 2,134,389	$ 1,937,029
Department of Health and Human Services (DHHS) > Health Resources and Services Administration (HRSA) > State Primary Care Office (PCO)	$ 196,023	$ 196,023

Form Notes for Form 2:

BWCH needs to rehire due to resignations and we are making temp positions permanent positions. Also make adjustments for State approved permanent salary increases for state employees.

Field Level Notes for Form 2:

1.	**Field Name:**	**Federal Allocation, C. Title V Administrative Costs**
	Fiscal Year:	**2023**
	Column Name:	**Application Budgeted**
	Field Note: BWCH needs to rehire due to resignations and we are making temp positions permanent positions. Also make adjustments for State approved permanent salary increases for state employees.	
2.	**Field Name:**	**5. OTHER FUNDS**
	Fiscal Year:	**2023**
	Column Name:	**Application Budgeted**
	Field Note: BWCH received additional funds which will be used for match purposes.	
3.	**Field Name:**	**Federal Allocation, C. Title V Administrative Costs:**
	Fiscal Year:	**2021**
	Column Name:	**Annual Report Expended**
	Field Note: BWCH needs to rehire due to resignations and we are making temp positions permanent positions. Also make adjustments for State approved permanent salary increases for state employees.	
4.	**Field Name:**	**5. OTHER FUNDS**
	Fiscal Year:	**2021**
	Column Name:	**Annual Report Expended**
	Field Note: BWCH received additional funds which will be used for match purposes.	
5.	**Field Name:**	**6. PROGRAM INCOME**
	Fiscal Year:	**2021**
	Column Name:	**Annual Report Expended**
	Field Note: DUE TO COVID, THERE WERE FEW SERVICES THAT WERE ABLE TO BE PROVIDED.	

6.	**Field Name:**	**Other Federal Funds, Department of Health and Human Services (DHHS) > Health Resources and Services Administration (HRSA) > Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV) American Rescue Plan (ARP)**
	Fiscal Year:	**2023**
	Column Name:	**Application Budgeted**
	Field Note: 2 funds 1,081,581 and 2,474,277	
7.	**Field Name:**	**Other Federal Funds, Department of Health and Human Services (DHHS) > Health Resources and Services Administration (HRSA) > State Primary Care Office (PCO)**
	Fiscal Year:	**2023**
	Column Name:	**Application Budgeted**
	Field Note: PRIMARY - SPCARE	
8.	**Field Name:**	**Other Federal Funds, Department of Health and Human Services (DHHS) > Centers for Disease Control and Prevention (CDC) > Preventing Maternal Deaths: Supporting Maternal Mortality Review Committees**
	Fiscal Year:	**2023**
	Column Name:	**Application Budgeted**
	Field Note: MMRC	
9.	**Field Name:**	**Other Federal Funds, Department of Health and Human Services (DHHS) > Health Resources and Services Administration (HRSA) > State Maternal Health Innovation Program**
	Fiscal Year:	**2023**
	Column Name:	**Application Budgeted**
	Field Note: MHIP-MHIPADM, MHIPHS,MHIPTELE	
10.	**Field Name:**	**Other Federal Funds, Department of Health and Human Services (DHHS) > Health Resources and Services Administration (HRSA) > Oral Health**
	Fiscal Year:	**2023**
	Column Name:	**Application Budgeted**
	Field Note: ORAL HEALTH WORK FORCE ACTIVITES	

11.	**Field Name:**	**Other Federal Funds, Department of Health and Human Services (DHHS) > Health Resources and Services Administration (HRSA) > Oral Health**
	Fiscal Year:	**2021**
	Column Name:	**Annual Report Expended**
	Field Note: ORAL HEALTH FUND SEALANT	

Data Alerts: None

Form 3a
Budget and Expenditure Details by Types of Individuals Served

State: Arizona

I. TYPES OF INDIVIDUALS SERVED

IA. Federal MCH Block Grant	FY 23 Application Budgeted	FY 21 Annual Report Expended
1. Pregnant Women	$ 253,197	$ 482,513
2. Infants < 1 year	$ 743,031	$ 905,127
3. Children 1 through 21 Years	$ 2,653,359	$ 2,398,197
4. CSHCN	$ 2,415,523	$ 2,440,334
5. All Others	$ 973,351	$ 890,146
Federal Total of Individuals Served	$ 7,038,461	$ 7,116,317

IB. Non-Federal MCH Block Grant	FY 23 Application Budgeted	FY 21 Annual Report Expended
1. Pregnant Women	$ 1,275,440	$ 1,739,122
2. Infants < 1 year	$ 3,327,732	$ 3,012,763
3. Children 1 through 21 Years	$ 5,592,615	$ 5,640,020
4. CSHCN	$ 68,994	$ 1,333,922
5. All Others	$ 1,886,450	$ 946,826
Non-Federal Total of Individuals Served	$ 12,151,231	$ 12,672,653
Federal State MCH Block Grant Partnership Total	$ 19,189,692	$ 19,788,970

Form Notes for Form 3a:

None

Field Level Notes for Form 3a:

None

Data Alerts: None

Form 3b
Budget and Expenditure Details by Types of Services

State: Arizona

II. TYPES OF SERVICES

IIA. Federal MCH Block Grant	FY 23 Application Budgeted	FY 21 Annual Report Expended
1. Direct Services	$ 758,710	$ 624,131
A. Preventive and Primary Care Services for all Pregnant Women, Mothers, and Infants up to Age One	$ 0	$ 0
B. Preventive and Primary Care Services for Children	$ 515,110	$ 328,531
C. Services for CSHCN	$ 243,600	$ 295,600
2. Enabling Services	$ 3,246,460	$ 3,302,789
3. Public Health Services and Systems	$ 3,427,207	$ 3,505,457
4. Select the types of Federally-supported "Direct Services", as reported in II.A.1. Provide the total amount of Federal MCH Block Grant funds expended for each type of reported service		
Pharmacy		$ 295,600
Physician/Office Services		$ 0
Hospital Charges (Includes Inpatient and Outpatient Services)		$ 0
Dental Care (Does Not Include Orthodontic Services)		$ 328,531
Durable Medical Equipment and Supplies		$ 0
Laboratory Services		$ 0
Direct Services Line 4 Expended Total		$ 624,131
Federal Total	$ 7,432,377	$ 7,432,377

IIB. Non-Federal MCH Block Grant	FY 23 Application Budgeted	FY 21 Annual Report Expended
1. Direct Services	$ 1,030,000	$ 758,598
A. Preventive and Primary Care Services for all Pregnant Women, Mothers, and Infants up to Age One	$ 830,000	$ 653,398
B. Preventive and Primary Care Services for Children	$ 200,000	$ 0
C. Services for CSHCN	$ 0	$ 105,200
2. Enabling Services	$ 9,516,385	$ 10,318,189
3. Public Health Services and Systems	$ 1,509,975	$ 1,595,866
4. Select the types of Non-Federally-supported "Direct Services", as reported in II.B.1. Provide the total amount of Non-Federal MCH Block Grant funds expended for each type of reported service		
Pharmacy		$ 0
Physician/Office Services		$ 0
Hospital Charges (Includes Inpatient and Outpatient Services)		$ 471,430
Dental Care (Does Not Include Orthodontic Services)		$ 134,579
Durable Medical Equipment and Supplies		$ 0
Laboratory Services		$ 0
Other		
Transport		$ 152,589
Direct Services Line 4 Expended Total		$ 758,598
Non-Federal Total	$ 12,056,360	$ 12,672,653

Form Notes for Form 3b:

None

Field Level Notes for Form 3b:

None

Form 4
Number and Percentage of Newborns and Others Screened Cases Confirmed and Treated

State: Arizona

Total Births by Occurrence: 79,157 **Data Source Year: 2021**

1. Core RUSP Conditions

Program Name	(A) Aggregate Total Number Receiving at Least One Valid Screen	(B) Aggregate Total Number of Out-of-Range Results	(C) Aggregate Total Number Confirmed Cases	(D) Aggregate Total Number Referred for Treatment
Core RUSP Conditions	77,560 (98.0%)	2,526	79	79 (100.0%)

Program Name(s)				
3-Hydroxy-3-Methyglutaric Aciduria	3-Methylcrotonyl-Coa Carboxylase Deficiency	Argininosuccinic Aciduria	Biotinidase Deficiency	Carnitine Uptake Defect/Carnitine Transport Defect
Citrullinemia, Type I	Classic Galactosemia	Classic Phenylketonuria	Congenital Adrenal Hyperplasia	Critical Congenital Heart Disease
Cystic Fibrosis	Glutaric Acidemia Type I	Hearing Loss	Homocystinuria	Isovaleric Acidemia
Long-Chain L-3 Hydroxyacyl-Coa Dehydrogenase Deficiency	Maple Syrup Urine Disease	Medium-Chain Acyl-Coa Dehydrogenase Deficiency	Methylmalonic Acidemia (Cobalamin Disorders)	Methylmalonic Acidemia (Methylmalonyl-Coa Mutase)
Propionic Acidemia	S, ßeta-Thalassemia	S,C Disease	S,S Disease (Sickle Cell Anemia)	Severe Combined Immunodeficiences
Spinal Muscular Atrophy Due To Homozygous Deletion Of Exon 7 In SMN1	ß-Ketothiolase Deficiency	Trifunctional Protein Deficiency	Tyrosinemia, Type I	Very Long-Chain Acyl-Coa Dehydrogenase Deficiency
X-Linked Adrenoleukodystrophy				

2. Other Newborn Screening Tests

Program Name	(A) Total Number Receiving at Least One Screen	(B) Total Number Presumptive Positive Screens	(C) Total Number Confirmed Cases	(D) Total Number Referred for Treatment
Hearing	76,614 (96.8%)	3,976	170	170 (100.0%)
CCHD	68,939 (87.1%)	163	0	0 (0%)

3. Screening Programs for Older Children & Women

Program Name	(A) Total Number Receiving at Least One Screen	(B) Total Number Presumptive Positive Screens	(C) Total Number Confirmed Cases	(D) Total Number Referred for Treatment
School Vision and Hearing Screening	405,874	1,646	1,646	1,646

4. Long-Term Follow-Up

In Arizona, all cases of abnormal results are followed by confirmation of the disorder. Once the diagnosis is confirmed, Arizona works to ensure that these infants and their families access evaluation services, specialty care, and early intervention services. High-Risk Perinatal Program Community Health Nurses (CHN) find infants who have not returned for the second screen. The primary goal of locating and testing any baby with a high suspicion of a disorder has been achieved. Although referrals have not been significant, it is a vital partnership for timely identification and location of newborns potentially affected with a life-threatening disorder. The hearing screening program has implemented periodic CQI methodology to identify gaps in follow-up care. Findings have been used to develop strategies to address issues, including increasing early intervention enrollment after diagnosis.

Form Notes for Form 4:

Arizona's Newborn Screening Panel: https://www.azdhs.gov/documents/preparedness/state-laboratory/newborn-screening/providers/az-newborn-screening-panel-of-conditions.pdf

Field Level Notes for Form 4:

1.	**Field Name:**	**CCHD - Total Number Confirmed Cases**
	Fiscal Year:	**2021**
	Column Name:	**Other Newborn**
	Field Note: Dependent on external agency for data	
2.	**Field Name:**	**CCHD - Total Number Referred For Treatment**
	Fiscal Year:	**2021**
	Column Name:	**Other Newborn**
	Field Note: Dependent on external agency for data	
3.	**Field Name:**	**School Vision and Hearing Screening - Total Number Confirmed Cases**
	Fiscal Year:	**2021**
	Column Name:	**Other Newborn**
	Field Note: Data unavailable; confirmatory testing occurs outside of program setting	
4.	**Field Name:**	**School Vision and Hearing Screening - Total Number Referred For Treatment**
	Fiscal Year:	**2021**
	Column Name:	**Other Newborn**
	Field Note: 374 were found as newly hard of hearing and 1,272 screened for vision and required follow up for 2020-2021 School Year	

Data Alerts: None

Form 5
Count of Individuals Served by Title V & Total Percentage of Populations Served by Title V

State: Arizona

Annual Report Year 2021

Form 5a – Count of Individuals Served by Title V (Direct & Enabling Services Only)

		Primary Source of Coverage				
Types Of Individuals Served	(A) Title V Total Served	(B) Title XIX %	(C) Title XXI %	(D) Private / Other %	(E) None %	(F) Unknown %
1. Pregnant Women	11,658	46.0	0.0	48.0	5.0	1.0
2. Infants < 1 Year of Age	13,460	0.0	48.0	49.0	0.0	3.0
3. Children 1 through 21 Years of Age	682,233	0.0	35.0	55.0	10.0	0.0
3a. Children with Special Health Care Needs 0 through 21 years of age^	123,428	0.0	51.0	46.0	3.0	0.0
4. Others	95,407	29.0	0.0	60.0	11.0	0.0
Total	802,758					

Form 5b – Total Percentage of Populations Served by Title V (Direct, Enabling, and Public Health Services and Systems)

Populations Served by Title V	Reference Data	Used Reference Data?	Denominator	Total % Served	Form 5b Count (Calculated)	Form 5a Count
1. Pregnant Women	76,947	No	79,157	94.0	74,408	11,658
2. Infants < 1 Year of Age	77,489	No	79,157	98.0	77,574	13,460
3. Children 1 through 21 Years of Age	1,962,241	Yes	1,962,241	99.0	1,942,619	682,233
3a. Children with Special Health Care Needs 0 through 21 years of age^	408,730	Yes	408,730	99.0	404,643	123,428
4. Others	5,377,751	Yes	5,377,751	27.0	1,451,993	95,407

^Represents a subset of all infants and children.

Form Notes for Form 5:

Population Estimates for Primary Sources of Coverage: 1. Births in 2021 2. Births in 2020 3. NSCH 2019-2020 4. NSCH 2019-2020 4. US Census ACS Data, 2020

Field Level Notes for Form 5a:

1.	**Field Name:**	**Pregnant Women Total Served**
	Fiscal Year:	**2021**
	Field Note: Primary Care Office/ Workforce Programs Fluoride Varnish Maternal Mortality Review Program Primary Care Office Programs MCH HAF IGA HRPP MIECHV PRAMS Title V Family Planning Health Start Title V Hotline	
2.	**Field Name:**	**Infants Less Than One YearTotal Served**
	Fiscal Year:	**2021**
	Field Note: Fluoride Varnish Child Fatality Review Program Primary Care Office Programs Pack n Play Health Start MIECHV MCH HAF IGA Car Seats HRPP	
3.	**Field Name:**	**Children 1 through 21 Years of Age**
	Fiscal Year:	**2021**

	Field Note: Sealant Healthy Smiles Healthy Bodies Pack n Play Medical Services Project PREP Child Fatality Review Program Health Start Primary Care Office Programs Abstinence Lottery MIECHV Title V Family Planning Title V Abstinence Car Seats Abstinence Plus Lottery Fluoride Varnish MCH HAF IGA EMPOWER Sensory Program (Hearing and Vision)	
4.	**Field Name:**	**Children with Special Health Care Needs 0 through 21 Years of Age**
	Fiscal Year:	**2021**
	Field Note: Sealant Healthy Smiles Healthy Bodies Pack n Play Metabolic Formula Cystic Fibrosis PREP Primary Care Office Programs Fluoride Varnish Health Start Abstinence Lottery MIECHV Title V Family Planning Child Fatality Review Program Medical Services Project Title V Abstinence Car Seats MCH HAF IGA Abstinence Plus Lottery HRPP EMPOWER Sensory Program (Hearing and Vision)	
5.	**Field Name:**	**Others**
	Fiscal Year:	**2021**

	Field Note: Family Engagement Other CYSHCN Programming Health Start MIECHV Ryan House Title V Family Planning Ronald McDonald Houses* Primary Care Office/ Workforce Programs Primary Care Office Programs Bullying Prevention EMPOWER Maternal Health Innovation Program EMPOWER LMS MCH HAF IGA Baby Cards	
6.	**Field Name:**	**Total_TotalServed**
	Fiscal Year:	**2021**
	Field Note: Population Estimates for Primary Sources of Coverage: 1. Births in 2021 2. Births in 2020 3. NSCH 2019-2020 4. NSCH 2019-2020 4. US Census ACS Data, 2020 (Type of Health Ins Covg. for 35+, with only 1 type of health insurance coverage: with medicaid+medicare, uninsured, all others)	

Field Level Notes for Form 5b:

1.	**Field Name:**	**Pregnant Women Total % Served**
	Fiscal Year:	**2021**
	Field Note: % of Arizona births in an APT Certified Facility, 2021	
2.	**Field Name:**	**Pregnant Women Denominator**
	Fiscal Year:	**2021**
	Field Note: 2021 Births in Arizona (Preliminary)	
3.	**Field Name:**	**Infants Less Than One Year Total % Served**
	Fiscal Year:	**2021**
	Field Note: % of infants with a NBS service	
4.	**Field Name:**	**Infants Less Than One Year Denominator**
	Fiscal Year:	**2021**

	Field Note: 2021 Births in Arizona (Preliminary)	
5.	**Field Name:**	**Children 1 through 21 Years of Age Total % Served**
	Fiscal Year:	**2021**
	Field Note: Sensory hearing and vision screening guidelines support the screening of children in schools ages 1-18; active participation in the adverse childhood experiences action plan; child abuse, neglect, and maltreatment state task force initiatives; bullying prevention campaigns, training, and technical assistance on district policies	
6.	**Field Name:**	**Children with Special Health Care Needs 0 through 21 Years of Age Total % Served**
	Fiscal Year:	**2021**
	Field Note: Sensory hearing and vision screening guidelines support the screening of children in schools ages 1-18; adverse childhood experience summit; child abuse, neglect, and maltreatment state task force initiatives; bullying prevention campaigns, trainings, and technical assistance on district policies.	
7.	**Field Name:**	**Others Total % Served**
	Fiscal Year:	**2021**
	Field Note: % of the state population that can potentially benefit from a primary care office service provider (avg. # of adult Medicaid enrollment over a year/AZ population (excluding 0-18 year old)). The Primary Care Office's Sliding-Fee Scale Program provides the infrastructure and support to all Arizona residents in need of access to care services throughout the state. Arizona's Title V Program provides administrative support, supervision, and direction for these programs	

Data Alerts: None

Form 6
Deliveries and Infants Served by Title V and Entitled to Benefits Under Title XIX

State: Arizona

Annual Report Year 2021

I. Unduplicated Count by Race/Ethnicity

	(A) Total	(B) Non-Hispanic White	(C) Non-Hispanic Black or African American	(D) Hispanic	(E) Non-Hispanic American Indian or Native Alaskan	(F) Non-Hispanic Asian	(G) Non-Hispanic Native Hawaiian or Other Pacific Islander	(H) Non-Hispanic Multiple Race	(I) Other & Unknown
1. Total Deliveries in State	79,157	34,194	4,850	33,061	3,993	3,059	0	0	0
Title V Served	74,206	31,569	4,669	31,875	3,119	2,974	0	0	0
Eligible for Title XIX	36,383	10,447	3,134	19,537	2,572	693	0	0	0
2. Total Infants in State	78,154	33,502	4,799	32,612	4,199	3,042	0	0	0
Title V Served	73,375	31,206	4,624	31,615	2,969	2,961	0	0	0
Eligible for Title XIX	36,900	10,716	3,103	19,538	2,858	685	0	0	0

Form Notes for Form 6:

This is a combined race group from the Informatics Team, and thus can't be separated. Title V asks for Asian and Pacific Islander as separate race categories, but similar to what was submitted last year, we can only provide it as a combined measure. Similarly, we cannot provide a Multiple Race category as there is a hierarchical coding system that Informatics uses for individuals with more than one race listed on the birth certificate.

Field Level Notes for Form 6:

1.	**Field Name:**	**1. Total Deliveries in State**
	Fiscal Year:	**2021**
	Column Name:	**Total**
	Field Note: Includes both Residents and Non-Resident Births, YTD Preliminary Birth File	
2.	**Field Name:**	**1. Title V Served**
	Fiscal Year:	**2021**
	Column Name:	**Total**
	Field Note: Born at an Arizona Perinatal Trust-certified facility	
3.	**Field Name:**	**1. Eligible for Title XIX**
	Fiscal Year:	**2021**
	Column Name:	**Total**
	Field Note: AHCCCS (Medicaid) was listed as the primary payer of birth	
4.	**Field Name:**	**2. Total Infants in State**
	Fiscal Year:	**2021**
	Column Name:	**Total**
	Field Note: Line 1 estimates from the 2021 submission	
5.	**Field Name:**	**2. Title V Served**
	Fiscal Year:	**2021**
	Column Name:	**Total**
	Field Note: Line 1 estimates from the 2021 submission	
6.	**Field Name:**	**2. Eligible for Title XIX**
	Fiscal Year:	**2021**
	Column Name:	**Total**
	Field Note: Line 1 estimates from the 2021 submission	

Form 7
State MCH Toll-Free Telephone Line and Other Appropriate Methods Data

State: Arizona

A. State MCH Toll-Free Telephone Lines	2023 Application Year	2021 Annual Report Year
1. State MCH Toll-Free "Hotline" Telephone Number	(800) 232-1676	(800) 232-1676
2. State MCH Toll-Free "Hotline" Name	Children's Information Helpline	Children's Information Helpline
3. Name of Contact Person for State MCH "Hotline"	Jessica Stewart-Gonzales	Laura Bellucci
4. Contact Person's Telephone Number	(602) 364-1441	(602) 364-1400
5. Number of Calls Received on the State MCH "Hotline"		6,215

B. Other Appropriate Methods	2023 Application Year	2021 Annual Report Year
1. Other Toll-Free "Hotline" Names		
2. Number of Calls on Other Toll-Free "Hotlines"		
3. State Title V Program Website Address	https://www.azdhs.gov/prevention/womens-childrenshealth/ index.php	https://www.azdhs.gov/prevention/womens-childrenshealth/ index.php
4. Number of Hits to the State Title V Program Website		6,875
5. State Title V Social Media Websites	https://www.facebook.com/strongfamiliesaz/	https://www.facebook.com/strongfamiliesaz/
6. Number of Hits to the State Title V Program Social Media Websites		5,188

Form Notes for Form 7:

None

Form 8
State MCH and CSHCN Directors Contact Information

State: Arizona

1. Title V Maternal and Child Health (MCH) Director	
Name	Laura Luna Bellucci
Title	Bureau Chief, Bureau of Women's and Children's Health
Address 1	150 N. 18th Ave, Suite 320
Address 2	
City/State/Zip	Phoenix / AZ / 85013
Telephone	(602) 364-1454
Extension	
Email	laura.bellucci@azdhs.gov

2. Title V Children with Special Health Care Needs (CSHCN) Director	
Name	Laura Luna Bellucci
Title	Bureau Chief, Bureau of Women's and Children's Health
Address 1	150 N. 18th Ave, Suite 320
Address 2	
City/State/Zip	Phoenix / AZ / 85013
Telephone	(602) 364-1454
Extension	
Email	laura.bellucci@azdhs.gov

3. State Family or Youth Leader (Optional)	
Name	Dawn Bailey
Title	Family Advisor
Address 1	150 N. 18th Ave. Suite 320
Address 2	
City/State/Zip	Phoenix / AZ / 85013
Telephone	(602) 364-1454
Extension	
Email	dawn.bailey@azdhs.gov

Form Notes for Form 8:

None

Form 9
List of MCH Priority Needs

State: Arizona

Application Year 2023

No.	Priority Need
1.	Reduce and eliminate barriers to ensure equitable and optimal health for women.
2.	Promote equitable and optimal care and protective factors for mothers and infants before, during, and after pregnancy.
3.	Strengthen emotional, physical, and social services to achieve an equitable and optimal development for children.
4.	Strengthen systems of care to advance inclusivity and promote equitable and optimal outcomes for children and youth with special healthcare needs.
5.	Enhance equitable and optimal initiatives that positively impact the emotional, physical, and social wellbeing of adolescents.
6.	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
7.	Reduce disparities in infant and maternal morbidity and mortality.

Form Notes for Form 9:

None

Field Level Notes for Form 9:

None

Form 9 State Priorities – Needs Assessment Year – Application Year 2021

No.	Priority Need	Priority Need Type (New, Revised or Continued Priority Need for this five-year reporting period)
1.	Reduce and eliminate barriers to ensure equitable and optimal health for women.	New
2.	Promote equitable and optimal care and protective factors for mothers and infants before, during, and after pregnancy.	New
3.	Strengthen emotional, physical, and social services to achieve an equitable and optimal development for children.	New
4.	Strengthen systems of care to advance inclusivity and promote equitable and optimal outcomes for children and youth with special healthcare needs.	New
5.	Enhance equitable and optimal initiatives that positively impact the emotional, physical, and social wellbeing of adolescents.	New
6.	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	New
7.	Reduce disparities in infant and maternal morbidity and mortality.	New

Form 10
National Outcome Measures (NOMs)

State: Arizona

Form Notes for Form 10 NPMs, NOMs, SPMs, SOMs, and ESMs.

Data are no longer collected in the birth certificate. There are no immediate plans to collect this data. PRAMS only collects alcohol consumption 3 months prior to pregnancy.

NOM 1 - Percent of pregnant women who receive prenatal care beginning in the first trimester

Data Source: National Vital Statistics System (NVSS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2020	71.8 %	0.2 %	53,707	74,850
2019	71.5 %	0.2 %	55,362	77,403
2018	72.5 %	0.2 %	57,463	79,310
2017	72.6 %	0.2 %	58,059	80,012
2016	73.2 %	0.2 %	60,424	82,579
2015	73.8 %	0.2 %	61,720	83,663
2014	74.1 %	0.2 %	63,137	85,260

Legends:

Indicator has a numerator <10 and is not reportable

Indicator has a numerator <20, a confidence interval width >20% points or >1.2 times the estimate, or >10% missing data and should be interpreted with caution

NOM 1 - Notes:

None

Data Alerts: None

NOM 2 - Rate of severe maternal morbidity per 10,000 delivery hospitalizations

Data Source: HCUP - State Inpatient Databases (SID)

Multi-Year Trend				
Year	**Annual Indicator**	**Standard Error**	**Numerator**	**Denominator**
2019	77.8	3.2	591	75,999
2018	67.5	3.0	521	77,225
2017	67.4	3.0	497	73,725
2016	74.7	3.1	604	80,813
2015	66.5	3.3	401	60,314
2014	64.2	2.8	531	82,658
2013	66.7	2.9	544	81,523
2012	64.6	2.8	531	82,244
2011	64.0	2.8	520	81,261
2010	69.8	2.9	575	82,341
2009	68.3	2.9	576	84,299
2008	56.4	2.5	495	87,732

Legends:

Indicator has a numerator ≤10 and is not reportable

Indicator has a numerator <20 and should be interpreted with caution

NOM 2 - Notes:

None

Data Alerts: None

NOM 3 - Maternal mortality rate per 100,000 live births

Data Source: National Vital Statistics System (NVSS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2016_2020	26.5	2.6	107	403,437
2015_2019	22.1	2.3	91	411,841
2014_2018	19.8	2.2	83	419,353

Legends:

Indicator has a numerator <10 and is not reportable

Indicator has a numerator <20 and should be interpreted with caution

NOM 3 - Notes:

None

Data Alerts: None

NOM 4 - Percent of low birth weight deliveries (<2,500 grams)

Data Source: National Vital Statistics System (NVSS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2020	7.4 %	0.1 %	5,666	76,869
2019	7.4 %	0.1 %	5,835	79,313
2018	7.6 %	0.1 %	6,116	80,671
2017	7.5 %	0.1 %	6,119	81,818
2016	7.3 %	0.1 %	6,177	84,472
2015	7.2 %	0.1 %	6,128	85,283
2014	7.0 %	0.1 %	6,086	86,823
2013	6.9 %	0.1 %	5,897	85,518
2012	6.9 %	0.1 %	5,997	86,406
2011	7.0 %	0.1 %	5,988	85,518
2010	7.1 %	0.1 %	6,190	87,450
2009	7.1 %	0.1 %	6,575	92,757

Legends:

Indicator has a numerator <10 and is not reportable

Indicator has a numerator <20, a confidence interval width >20% points or >1.2 times the estimate, or >10% missing data and should be interpreted with caution

NOM 4 - Notes:

None

Data Alerts: None

NOM 5 - Percent of preterm births (<37 weeks)

Data Source: National Vital Statistics System (NVSS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2020	9.5 %	0.1 %	7,289	76,851
2019	9.4 %	0.1 %	7,435	79,323
2018	9.5 %	0.1 %	7,673	80,627
2017	9.3 %	0.1 %	7,578	81,749
2016	9.1 %	0.1 %	7,654	84,428
2015	9.1 %	0.1 %	7,724	85,263
2014	9.0 %	0.1 %	7,819	86,799
2013	9.1 %	0.1 %	7,775	85,557
2012	9.2 %	0.1 %	7,988	86,390
2011	9.3 %	0.1 %	7,980	85,505
2010	9.7 %	0.1 %	8,450	87,454
2009	10.1 %	0.1 %	9,332	92,773

Legends:

Indicator has a numerator <10 and is not reportable

Indicator has a numerator <20, a confidence interval width >20% points or >1.2 times the estimate, or >10% missing data and should be interpreted with caution

NOM 5 - Notes:

None

Data Alerts: None

NOM 6 - Percent of early term births (37, 38 weeks)

Data Source: National Vital Statistics System (NVSS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2020	28.0 %	0.2 %	21,498	76,851
2019	27.9 %	0.2 %	22,096	79,323
2018	27.2 %	0.2 %	21,933	80,627
2017	26.4 %	0.2 %	21,574	81,749
2016	25.9 %	0.2 %	21,826	84,428
2015	25.4 %	0.2 %	21,657	85,263
2014	25.4 %	0.2 %	22,027	86,799
2013	25.4 %	0.2 %	21,696	85,557
2012	25.8 %	0.2 %	22,262	86,390
2011	27.2 %	0.2 %	23,235	85,505
2010	29.2 %	0.2 %	25,518	87,454
2009	30.3 %	0.2 %	28,073	92,773

Legends:

Indicator has a numerator <10 and is not reportable

Indicator has a numerator <20, a confidence interval width >20% points or >1.2 times the estimate, or >10% missing data and should be interpreted with caution

NOM 6 - Notes:

None

Data Alerts: None

NOM 7 - Percent of non-medically indicated early elective deliveries

Data Source: CMS Hospital Compare

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2020/Q3-2021/Q2	2.0 %			
2019/Q4-2020/Q3	2.0 %			
2019/Q1-2019/Q4	2.0 %			
2018/Q4-2019/Q3	2.0 %			
2018/Q3-2019/Q2	2.0 %			
2018/Q2-2019/Q1	2.0 %			
2018/Q1-2018/Q4	2.0 %			
2017/Q4-2018/Q3	2.0 %			
2017/Q3-2018/Q2	2.0 %			
2017/Q2-2018/Q1	2.0 %			
2017/Q1-2017/Q4	2.0 %			
2016/Q4-2017/Q3	2.0 %			
2016/Q3-2017/Q2	2.0 %			
2016/Q2-2017/Q1	2.0 %			
2016/Q1-2016/Q4	2.0 %			
2015/Q4-2016/Q3	2.0 %			
2015/Q3-2016/Q2	2.0 %			
2015/Q2-2016/Q1	2.0 %			
2015/Q1-2015/Q4	3.0 %			
2014/Q4-2015/Q3	3.0 %			
2014/Q3-2015/Q2	4.0 %			
2014/Q2-2015/Q1	5.0 %			
2014/Q1-2014/Q4	5.0 %			
2013/Q4-2014/Q3	5.0 %			
2013/Q3-2014/Q2	5.0 %			
2013/Q2-2014/Q1	6.0 %			

Legends:

NOM 7 - Notes:

None

Data Alerts: None

NOM 8 - Perinatal mortality rate per 1,000 live births plus fetal deaths

Data Source: National Vital Statistics System (NVSS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2019	5.7	0.3	455	79,626
2018	6.4	0.3	518	80,975
2017	5.9	0.3	483	82,116
2016	5.6	0.3	473	84,755
2015	5.9	0.3	507	85,622
2014	6.3	0.3	550	87,158
2013	5.7	0.3	491	85,867
2012	6.0	0.3	519	86,689
2011	5.7	0.3	486	85,779
2010	5.8	0.3	506	87,714
2009	6.1	0.3	564	93,075

Legends:

Indicator has a numerator <10 and is not reportable

Indicator has a numerator <20 and should be interpreted with caution

NOM 8 - Notes:

None

Data Alerts: None

NOM 9.1 - Infant mortality rate per 1,000 live births

Data Source: National Vital Statistics System (NVSS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2019	5.4	0.3	431	79,375
2018	5.7	0.3	461	80,723
2017	5.7	0.3	467	81,872
2016	5.3	0.3	450	84,520
2015	5.5	0.3	467	85,351
2014	6.1	0.3	530	86,887
2013	5.2	0.3	449	85,600
2012	5.8	0.3	500	86,441
2011	6.0	0.3	511	85,543
2010	5.9	0.3	520	87,477
2009	6.0	0.3	554	92,798

Legends:

Indicator has a numerator <10 and is not reportable

Indicator has a numerator <20 and should be interpreted with caution

NOM 9.1 - Notes:

None

Data Alerts: None

NOM 9.2 - Neonatal mortality rate per 1,000 live births

Data Source: National Vital Statistics System (NVSS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2019	3.3	0.2	264	79,375
2018	4.0	0.2	322	80,723
2017	3.6	0.2	293	81,872
2016	3.6	0.2	301	84,520
2015	3.4	0.2	293	85,351
2014	4.0	0.2	349	86,887
2013	3.4	0.2	292	85,600
2012	3.9	0.2	339	86,441
2011	3.9	0.2	333	85,543
2010	3.8	0.2	332	87,477
2009	3.9	0.2	365	92,798

Legends:

Indicator has a numerator <10 and is not reportable

Indicator has a numerator <20 and should be interpreted with caution

NOM 9.2 - Notes:

None

Data Alerts: None

NOM 9.3 - Post neonatal mortality rate per 1,000 live births

Data Source: National Vital Statistics System (NVSS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2019	2.1	0.2	167	79,375
2018	1.7	0.2	139	80,723
2017	2.1	0.2	174	81,872
2016	1.8	0.1	149	84,520
2015	2.0	0.2	174	85,351
2014	2.1	0.2	181	86,887
2013	1.8	0.2	157	85,600
2012	1.9	0.2	161	86,441
2011	2.1	0.2	178	85,543
2010	2.1	0.2	188	87,477
2009	2.0	0.2	189	92,798

Legends:

Indicator has a numerator <10 and is not reportable

Indicator has a numerator <20 and should be interpreted with caution

NOM 9.3 - Notes:

None

Data Alerts: None

NOM 9.4 - Preterm-related mortality rate per 100,000 live births

Data Source: National Vital Statistics System (NVSS)

Multi-Year Trend				
Year	**Annual Indicator**	**Standard Error**	**Numerator**	**Denominator**
2019	142.4	13.4	113	79,375
2018	187.1	15.2	151	80,723
2017	168.6	14.4	138	81,872
2016	157.4	13.7	133	84,520
2015	167.5	14.0	143	85,351
2014	200.3	15.2	174	86,887
2013	167.1	14.0	143	85,600
2012	190.9	14.9	165	86,441
2011	173.0	14.2	148	85,543
2010	184.0	14.5	161	87,477
2009	220.9	15.5	205	92,798

Legends:

Indicator has a numerator <10 and is not reportable

Indicator has a numerator <20 and should be interpreted with caution

NOM 9.4 - Notes:

None

Data Alerts: None

NOM 9.5 - Sudden Unexpected Infant Death (SUID) rate per 100,000 live births

Data Source: National Vital Statistics System (NVSS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2019	89.4	10.6	71	79,375
2018	64.4	8.9	52	80,723
2017	84.3	10.2	69	81,872
2016	89.9	10.3	76	84,520
2015	77.3	9.5	66	85,351
2014	85.2	9.9	74	86,887
2013	73.6	9.3	63	85,600
2012	67.1	8.8	58	86,441
2011	71.3	9.1	61	85,543
2010	77.7	9.4	68	87,477
2009	81.9	9.4	76	92,798

Legends:

Indicator has a numerator <10 and is not reportable

Indicator has a numerator <20 and should be interpreted with caution

NOM 9.5 - Notes:

None

Data Alerts: None

NOM 10 - Percent of women who drink alcohol in the last 3 months of pregnancy

Federally available Data (FAD) for this measure is not available/reportable.

State Provided Data	
	2021
Annual Indicator	0.0
Numerator	
Denominator	
Data Source	None
Data Source Year	2021

NOM 10 - Notes:

Data are no longer collected in the birth certificate. There are no immediate plans to collect this data. PRAMS only collects alcohol consumption 3 months prior to pregnancy.

Data Alerts: None

NOM 11 - Rate of neonatal abstinence syndrome per 1,000 birth hospitalizations

Data Source: HCUP - State Inpatient Databases (SID)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2019	8.2	0.3	629	76,721
2018	7.8	0.3	604	77,921
2017	7.8	0.3	595	75,957
2016	7.2	0.3	591	81,619
2015	5.3	0.3	323	61,091
2014	5.1	0.3	429	83,759
2013	4.0	0.2	328	82,566
2012	3.6	0.2	303	83,232
2011	3.6	0.2	296	82,270
2010	2.6	0.2	220	84,198
2009	1.7	0.1	155	89,345
2008	1.5	0.1	145	95,251

Legends:

Indicator has a numerator ≤10 and is not reportable

Indicator has a numerator <20 and should be interpreted with caution

NOM 11 - Notes:

None

Data Alerts: None

NOM 12 - Percent of eligible newborns screened for heritable disorders with on time physician notification for out of range screens who are followed up in a timely manner. (DEVELOPMENTAL)

Federally available Data (FAD) for this measure is not available/reportable.

NOM 12 - Notes:

None

Data Alerts: None

NOM 13 - Percent of children meeting the criteria developed for school readiness (DEVELOPMENTAL)

Federally available Data (FAD) for this measure is not available/reportable.

NOM 13 - Notes:

None

Data Alerts: None

NOM 14 - Percent of children, ages 1 through 17, who have decayed teeth or cavities in the past year

Data Source: National Survey of Children's Health (NSCH)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2019_2020	13.7 %	1.5 %	214,843	1,571,305
2018_2019	13.8 %	1.6 %	214,879	1,557,343
2017_2018	13.7 %	1.6 %	208,402	1,516,373
2016_2017	13.2 %	1.5 %	200,415	1,517,774
2016	13.3 %	1.9 %	202,177	1,516,611

Legends:

Indicator has an unweighted denominator <30 and is not reportable

Indicator has a confidence interval width >20% points, >1.2 times the estimate, or that is inestimable and should be interpreted with caution

NOM 14 - Notes:

None

Data Alerts: None

NOM 15 - Child Mortality rate, ages 1 through 9, per 100,000

Data Source: National Vital Statistics System (NVSS)

Multi-Year Trend				
Year	**Annual Indicator**	**Standard Error**	**Numerator**	**Denominator**
2020	19.2	1.6	154	802,190
2019	16.3	1.4	131	801,551
2018	19.9	1.6	160	804,109
2017	19.7	1.6	158	802,825
2016	20.7	1.6	167	805,774
2015	19.1	1.5	153	803,138
2014	19.2	1.5	155	806,721
2013	22.3	1.7	180	806,967
2012	21.9	1.6	178	811,203
2011	19.5	1.6	159	815,461
2010	22.3	1.7	183	821,838
2009	23.8	1.7	196	823,927

Legends:

Indicator has a numerator <10 and is not reportable

Indicator has a numerator <20 and should be interpreted with caution

NOM 15 - Notes:

None

Data Alerts: None

NOM 16.1 - Adolescent mortality rate ages 10 through 19, per 100,000

Data Source: National Vital Statistics System (NVSS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2020	49.8	2.3	478	960,140
2019	41.1	2.1	393	955,118
2018	39.9	2.1	379	950,215
2017	35.5	2.0	331	933,210
2016	33.5	1.9	310	925,528
2015	28.9	1.8	265	918,445
2014	31.3	1.9	285	911,839
2013	32.3	1.9	293	906,527
2012	32.9	1.9	297	901,809
2011	34.2	2.0	309	903,716
2010	32.3	1.9	294	910,246
2009	37.5	2.0	340	907,472

Legends:

Indicator has a numerator <10 and is not reportable

Indicator has a numerator <20 and should be interpreted with caution

NOM 16.1 - Notes:

None

Data Alerts: None

NOM 16.2 - Adolescent motor vehicle mortality rate, ages 15 through 19, per 100,000

Data Source: National Vital Statistics System (NVSS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2018_2020	13.3	1.0	191	1,433,783
2017_2019	12.4	0.9	176	1,419,166
2016_2018	11.9	0.9	168	1,407,605
2015_2017	11.1	0.9	155	1,394,793
2014_2016	11.1	0.9	153	1,382,151
2013_2015	10.9	0.9	149	1,366,476
2012_2014	12.7	1.0	172	1,353,305
2011_2013	13.2	1.0	178	1,349,352
2010_2012	12.9	1.0	176	1,360,105
2009_2011	11.7	0.9	161	1,373,799
2008_2010	13.2	1.0	182	1,381,224
2007_2009	18.2	1.2	249	1,367,906

Legends:

Indicator has a numerator <10 and is not reportable

Indicator has a numerator <20 and should be interpreted with caution

NOM 16.2 - Notes:

None

Data Alerts: None

NOM 16.3 - Adolescent suicide rate, ages 15 through 19, per 100,000

Data Source: National Vital Statistics System (NVSS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2018_2020	14.0	1.0	201	1,433,783
2017_2019	13.7	1.0	194	1,419,166
2016_2018	14.1	1.0	199	1,407,605
2015_2017	13.0	1.0	181	1,394,793
2014_2016	12.4	1.0	172	1,382,151
2013_2015	11.1	0.9	151	1,366,476
2012_2014	10.4	0.9	141	1,353,305
2011_2013	10.4	0.9	140	1,349,352
2010_2012	10.7	0.9	145	1,360,105
2009_2011	10.3	0.9	141	1,373,799
2008_2010	10.5	0.9	145	1,381,224
2007_2009	10.5	0.9	144	1,367,906

Legends:

Indicator has a numerator <10 and is not reportable

Indicator has a numerator <20 and should be interpreted with caution

NOM 16.3 - Notes:

None

Data Alerts: None

NOM 17.1 - Percent of children with special health care needs (CSHCN), ages 0 through 17

Data Source: National Survey of Children's Health (NSCH)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2019_2020	20.0 %	1.6 %	328,430	1,640,142
2018_2019	19.3 %	1.6 %	315,466	1,634,895
2017_2018	16.9 %	1.5 %	275,295	1,628,231
2016_2017	17.6 %	1.4 %	284,801	1,619,640
2016	19.7 %	1.8 %	316,672	1,611,359

Legends:

Indicator has an unweighted denominator <30 and is not reportable

Indicator has a confidence interval width >20% points, >1.2 times the estimate, or that is inestimable and should be interpreted with caution

NOM 17.1 - Notes:

None

Data Alerts: None

NOM 17.2 - Percent of children with special health care needs (CSHCN), ages 0 through 17, who receive care in a well-functioning system

Data Source: National Survey of Children's Health (NSCH)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2019_2020	6.2 %	1.3 %	20,175	327,976
2018_2019	13.0 %	3.0 %	41,055	315,466
2017_2018	20.3 %	4.6 %	56,015	275,295
2016_2017	19.0 %	4.3 %	54,024	284,801
2016	18.1 %	4.5 %	57,395	316,672

Legends:

Indicator has an unweighted denominator <30 and is not reportable

Indicator has a confidence interval width >20% points, >1.2 times the estimate, or that is inestimable and should be interpreted with caution

NOM 17.2 - Notes:

None

Data Alerts: None

NOM 17.3 - Percent of children, ages 3 through 17, diagnosed with an autism spectrum disorder

Data Source: National Survey of Children's Health (NSCH)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2019_2020	3.3 %	0.7 %	45,856	1,387,364
2018_2019	3.2 %	0.8 %	44,264	1,384,733
2017_2018	3.1 %	0.7 %	42,304	1,386,744
2016_2017	3.0 %	0.7 %	41,866	1,376,568
2016	3.0 %	1.1 %	41,318	1,364,469

Legends:

Indicator has an unweighted denominator <30 and is not reportable

Indicator has a confidence interval width >20% points, >1.2 times the estimate, or that is inestimable and should be interpreted with caution

NOM 17.3 - Notes:

None

Data Alerts: None

NOM 17.4 - Percent of children, ages 3 through 17, diagnosed with Attention Deficit Disorder/Attention Deficit Hyperactivity Disorder (ADD/ADHD)

Data Source: National Survey of Children's Health (NSCH)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2019_2020	8.8 %	1.1 %	120,564	1,375,050
2018_2019	7.8 %	1.1 %	106,923	1,377,568
2017_2018	6.9 %	1.2 %	94,247	1,373,619
2016_2017	7.6 %	1.2 %	103,795	1,366,549
2016	7.9 %	1.2 %	107,764	1,362,185

Legends:

Indicator has an unweighted denominator <30 and is not reportable

Indicator has a confidence interval width >20% points, >1.2 times the estimate, or that is inestimable and should be interpreted with caution

NOM 17.4 - Notes:

None

Data Alerts: None

NOM 18 - Percent of children, ages 3 through 17, with a mental/behavioral condition who receive treatment or counseling

Data Source: National Survey of Children's Health (NSCH)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2019_2020	57.5 %	5.5 %	116,830	203,145
2018_2019	52.8 %	6.1 %	101,179	191,529
2017_2018	40.2 %	5.9 %	61,392	152,786
2016_2017	43.3 %	5.5 %	79,022	182,613
2016	48.8 %	7.2 %	99,844	204,779

Legends:

Indicator has an unweighted denominator <30 and is not reportable

Indicator has a confidence interval width >20% points, >1.2 times the estimate, or that is inestimable and should be interpreted with caution

NOM 18 - Notes:

None

Data Alerts: None

NOM 19 - Percent of children, ages 0 through 17, in excellent or very good health

Data Source: National Survey of Children's Health (NSCH)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2019_2020	89.5 %	1.3 %	1,466,128	1,637,756
2018_2019	88.5 %	1.4 %	1,445,394	1,632,805
2017_2018	90.5 %	1.3 %	1,470,674	1,624,224
2016_2017	89.8 %	1.3 %	1,446,167	1,610,001
2016	87.5 %	1.8 %	1,398,434	1,598,188

Legends:

Indicator has an unweighted denominator <30 and is not reportable

Indicator has a confidence interval width >20% points, >1.2 times the estimate, or that is inestimable and should be interpreted with caution

NOM 19 - Notes:

None

Data Alerts: None

NOM 20 - Percent of children, ages 2 through 4, and adolescents, ages 10 through 17, who are obese (BMI at or above the 95th percentile)

Data Source: WIC

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2018	12.5 %	0.1 %	7,198	57,769
2016	12.1 %	0.1 %	7,005	58,054
2014	13.3 %	0.2 %	7,046	53,044
2012	14.9 %	0.1 %	9,165	61,419
2010	15.0 %	0.1 %	10,949	72,933
2008	15.6 %	0.2 %	9,266	59,354

Legends:

Indicator has a denominator <50 and is not reportable

Indicator has a confidence interval width >20% points or >1.2 times the estimate and should be interpreted with caution

Data Source: Youth Risk Behavior Surveillance System (YRBSS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2019	13.3 %	1.4 %	40,448	303,296
2017	12.3 %	1.1 %	34,222	278,206
2015	10.9 %	1.1 %	30,462	280,483
2013	10.7 %	1.2 %	30,435	284,716
2011	10.9 %	0.9 %	28,128	258,791
2009	12.8 %	0.9 %	37,277	291,495
2007	11.6 %	1.2 %	31,788	274,096
2005	11.8 %	1.0 %	27,397	232,232

Legends:

Indicator has an unweighted denominator <100 and is not reportable

Indicator has a confidence interval width >20% points or >1.2 times the estimate and should be interpreted with caution

Data Source: National Survey of Children's Health (NSCH)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2019_2020	10.2 %	1.6 %	76,591	747,966
2018_2019	12.1 %	1.8 %	82,677	683,981
2017_2018	13.2 %	2.2 %	86,063	651,917
2016_2017	14.2 %	2.1 %	98,233	692,659
2016	15.9 %	2.8 %	110,661	698,028

Legends:

Indicator has an unweighted denominator <30 and is not reportable

Indicator has a confidence interval width >20% points, >1.2 times the estimate, or that is inestimable and should be interpreted with caution

NOM 20 - Notes:

None

Data Alerts: None

NOM 21 - Percent of children, ages 0 through 17, without health insurance

Data Source: American Community Survey (ACS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2019	8.4 %	0.4 %	137,203	1,638,489
2018	8.0 %	0.4 %	130,919	1,637,093
2017	7.7 %	0.4 %	124,827	1,631,836
2016	7.4 %	0.4 %	121,192	1,628,320
2015	8.7 %	0.4 %	141,644	1,620,077
2014	10.0 %	0.4 %	161,962	1,621,246
2013	12.1 %	0.4 %	195,833	1,614,362
2012	12.9 %	0.5 %	208,578	1,619,974
2011	12.9 %	0.5 %	208,864	1,622,742
2010	13.0 %	0.4 %	211,648	1,632,847
2009	12.1 %	0.4 %	209,100	1,731,141

Legends:

Indicator has an unweighted denominator <30 and is not reportable

Indicator has a confidence interval width >20% points, >1.2 times the estimate, or that is inestimable and should be interpreted with caution

NOM 21 - Notes:

None

Data Alerts: None

NOM 22.1 - Percent of children who have completed the combined 7-vaccine series (4:3:1:3*:3:1:4) by age 24 months

Data Source: National Immunization Survey (NIS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2017	68.6 %	3.7 %	58,000	85,000
2016	71.1 %	3.6 %	61,000	86,000
2015	58.8 %	4.2 %	51,000	87,000
2014	68.1 %	3.9 %	60,000	88,000
2013	68.7 %	4.0 %	61,000	88,000
2012	63.1 %	4.1 %	56,000	88,000
2011	59.6 %	4.2 %	52,000	87,000

Legends:

Estimate not reported because unweighted sample size for the denominator < 30 or 95% confidence interval width/estimate >1.2

Estimates with 95% confidence interval widths >20 or that are inestimable might not be reliable

NOM 22.1 - Notes:

None

Data Alerts: None

NOM 22.2 - Percent of children, ages 6 months through 17 years, who are vaccinated annually against seasonal influenza

Data Source: National Immunization Survey (NIS) – Flu

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2020_2021	50.8 %	1.8 %	786,852	1,548,921
2019_2020	58.1 %	1.7 %	895,349	1,541,048
2018_2019	55.9 %	1.7 %	855,343	1,529,583
2017_2018	51.3 %	1.9 %	784,962	1,530,722
2016_2017	50.8 %	1.7 %	767,472	1,510,177
2015_2016	52.0 %	1.9 %	788,647	1,515,755
2014_2015	52.0 %	1.9 %	795,517	1,528,958
2013_2014	48.4 %	2.2 %	723,935	1,495,804
2012_2013	48.9 %	2.0 %	742,934	1,520,539
2011_2012	48.2 %	3.0 %	784,025	1,627,929
2010_2011	49.0 %	3.7 %	793,632	1,619,658
2009_2010	43.9 %	3.1 %	687,940	1,567,062

Legends:

Estimate not reported because unweighted sample size for the denominator < 30 or because the relative standard error is >0.3.

Estimates with 95% confidence interval half-widths > 10 might not be reliable

NOM 22.2 - Notes:

None

Data Alerts: None

NOM 22.3 - Percent of adolescents, ages 13 through 17, who have received at least one dose of the HPV vaccine

Data Source: National Immunization Survey (NIS) - Teen

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2020	70.7 %	3.0 %	337,036	476,707
2019	71.8 %	3.2 %	339,347	472,322
2018	67.2 %	3.3 %	313,687	466,532
2017	65.0 %	3.3 %	301,841	464,064
2016	63.1 %	3.2 %	290,904	460,970
2015	59.7 %	2.9 %	272,773	457,190

Legends:

Estimate not reported because unweighted sample size for the denominator < 30 or 95% confidence interval width/estimate > 1.2

Estimates with 95% confidence interval widths > 20 or that are inestimable might not be reliable

NOM 22.3 - Notes:

None

Data Alerts: None

NOM 22.4 - Percent of adolescents, ages 13 through 17, who have received at least one dose of the Tdap vaccine

Data Source: National Immunization Survey (NIS) - Teen

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2020	86.6 %	2.2 %	412,671	476,707
2019	89.9 %	1.8 %	424,614	472,322
2018	82.9 %	2.7 %	386,779	466,532
2017	82.4 %	2.6 %	382,609	464,064
2016	84.3 %	2.5 %	388,411	460,970
2015	86.6 %	2.0 %	395,899	457,190
2014	84.2 %	2.4 %	382,058	453,818
2013	84.4 %	2.5 %	381,544	451,989
2012	87.5 %	2.3 %	393,495	449,634
2011	85.3 %	2.7 %	384,659	450,733
2010	76.5 %	2.9 %	323,449	422,929
2009	66.7 %	3.2 %	299,824	449,859

Legends:

Estimate not reported because unweighted sample size for the denominator < 30 or 95% confidence interval width/estimate > 1.2

Estimates with 95% confidence interval widths > 20 or that are inestimable might not be reliable

NOM 22.4 - Notes:

None

Data Alerts: None

NOM 22.5 - Percent of adolescents, ages 13 through 17, who have received at least one dose of the meningococcal conjugate vaccine

Data Source: National Immunization Survey (NIS) - Teen

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2020	87.3 %	2.3 %	416,289	476,707
2019	87.2 %	2.5 %	412,063	472,322
2018	89.1 %	2.2 %	415,822	466,532
2017	83.8 %	2.5 %	388,687	464,064
2016	85.2 %	2.4 %	392,586	460,970
2015	87.6 %	1.9 %	400,449	457,190
2014	86.0 %	2.4 %	390,047	453,818
2013	86.7 %	2.3 %	391,854	451,989
2012	85.5 %	2.6 %	384,271	449,634
2011	82.9 %	2.9 %	373,812	450,733
2010	78.9 %	2.7 %	333,665	422,929
2009	69.7 %	3.1 %	313,435	449,859

Legends:

Estimate not reported because unweighted sample size for the denominator < 30 or 95% confidence interval width/estimate >1.2

Estimates with 95% confidence interval widths > 20 or that are inestimable might not be reliable

NOM 22.5 - Notes:

None

Data Alerts: None

NOM 23 - Teen birth rate, ages 15 through 19, per 1,000 females

Data Source: National Vital Statistics System (NVSS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2020	16.6	0.3	3,916	235,489
2019	18.5	0.3	4,318	233,494
2018	20.1	0.3	4,650	231,635
2017	22.0	0.3	5,025	228,331
2016	23.6	0.3	5,357	227,424
2015	26.4	0.3	5,910	224,039
2014	30.0	0.4	6,622	220,745
2013	33.0	0.4	7,232	218,843
2012	37.1	0.4	8,119	218,772
2011	38.2	0.4	8,402	219,815
2010	42.0	0.4	9,389	223,299
2009	48.6	0.5	10,874	223,913

Legends:

Indicator has a numerator <10 and is not reportable

Indicator has a numerator <20 and should be interpreted with caution

NOM 23 - Notes:

None

Data Alerts: None

NOM 24 - Percent of women who experience postpartum depressive symptoms following a recent live birth

Data Source: Pregnancy Risk Assessment Monitoring System (PRAMS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2020	13.7 %	1.3 %	10,225	74,513

Legends:

Indicator has an unweighted denominator <30 and is not reportable

Indicator has an unweighted denominator between 30 and 59 or a confidence interval width >20% points or >1.2 times the estimate and should be interpreted with caution

NOM 24 - Notes:

None

Data Alerts: None

NOM 25 - Percent of children, ages 0 through 17, who were unable to obtain needed health care in the past year

Data Source: National Survey of Children's Health (NSCH)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2019_2020	5.9 %	1.1 %	95,531	1,629,608
2018_2019	4.9 %	1.0 %	79,759	1,627,301
2017_2018	3.6 %	0.8 %	58,438	1,621,248
2016_2017	4.3 %	0.8 %	69,173	1,608,685
2016	5.2 %	1.1 %	83,278	1,603,414

Legends:

Indicator has an unweighted denominator <30 and is not reportable

Indicator has a confidence interval width >20% points, >1.2 times the estimate, or that is inestimable and should be interpreted with caution

NOM 25 - Notes:

None

Data Alerts: None

Form 10
National Performance Measures (NPMs)

State: Arizona

NPM 1 - Percent of women, ages 18 through 44, with a preventive medical visit in the past year

Federally Available Data					
Data Source: Behavioral Risk Factor Surveillance System (BRFSS)					
	2017	**2018**	**2019**	**2020**	**2021**
Annual Objective				68	72.1
Annual Indicator			67.9	72.1	67.9
Numerator			817,156	893,986	857,506
Denominator			1,203,824	1,239,878	1,263,222
Data Source			BRFSS	BRFSS	BRFSS
Data Source Year			2018	2019	2020

Previous NPM-1 BRFSS data for survey years 2016 and 2017 that was pre-populated under the 2017 and 2018 Annual Report Years is no longer displayed since it is not comparable with 2018 survey data.

Annual Objectives				
	2022	**2023**	**2024**	**2025**
Annual Objective	69.4	70.8	72.3	73.7

Field Level Notes for Form 10 NPMs:

1.	**Field Name:**	**2025**
	Column Name:	**Annual Objective**

Field Note:
T minimally statistically significant change from baseline (2019), calculated using a two-sided test and a 0.05 level of significance.

NPM 4A - Percent of infants who are ever breastfed

Federally Available Data					
Data Source: National Immunization Survey (NIS)					
	2017	**2018**	**2019**	**2020**	**2021**
Annual Objective	81.9	83.5	84	84.5	89.9
Annual Indicator	83.0	82.7	83.2	89.9	76.9
Numerator	71,364	63,833	65,228	68,341	58,239
Denominator	85,962	77,148	78,437	76,005	75,707
Data Source	NIS	NIS	NIS	NIS	NIS
Data Source Year	2014	2015	2016	2017	2018

Annual Objectives				
2022	**2023**	**2024**	**2025**
Annual Objective	85.0	85.5	86.0	86.5

Field Level Notes for Form 10 NPMs:

1.	**Field Name:**	**2025**
	Column Name:	**Annual Objective**
	Field Note: Weighted Least Squares Projection, minimally statistically significant change from baseline is: 85.2%	

NPM 4B - Percent of infants breastfed exclusively through 6 months

Federally Available Data					
Data Source: National Immunization Survey (NIS)					
	2017	**2018**	**2019**	**2020**	**2021**
Annual Objective	21	16	27	27.5	24.6
Annual Indicator	15.6	26.3	25.1	24.6	24.6
Numerator	13,014	19,701	19,398	18,153	18,036
Denominator	83,649	74,879	77,308	73,717	73,186
Data Source	NIS	NIS	NIS	NIS	NIS
Data Source Year	2014	2015	2016	2017	2018

Annual Objectives				
2022	**2023**	**2024**	**2025**
Annual Objective	27.1	28.3	29.5	30.7

Field Level Notes for Form 10 NPMs:

1.	**Field Name:**	**2025**
	Column Name:	**Annual Objective**
	Field Note: Weighted LS Projection	

NPM 5A - Percent of infants placed to sleep on their backs

Federally Available Data	
Data Source: Pregnancy Risk Assessment Monitoring System (PRAMS)	
	2021
Annual Objective	85
Annual Indicator	80.4
Numerator	59,099
Denominator	73,536
Data Source	PRAMS
Data Source Year	2020

State Provided Data			
	2019	**2020**	**2021**
Annual Objective			85
Annual Indicator	81.5	84.2	
Numerator			
Denominator			
Data Source	AZ PRAMS	AZ PRAMS	
Data Source Year	2017-2018	2019	
Provisional or Final ?	Final	Final	

Annual Objectives				
	2022	**2023**	**2024**	**2025**
Annual Objective	83.8	84.2	84.6	85.1

Field Level Notes for Form 10 NPMs:

None

NPM 5B - Percent of infants placed to sleep on a separate approved sleep surface

Federally Available Data	
Data Source: Pregnancy Risk Assessment Monitoring System (PRAMS)	
	2021
Annual Objective	28
Annual Indicator	30.6
Numerator	21,815
Denominator	71,254
Data Source	PRAMS
Data Source Year	2020

State Provided Data			
	2019	**2020**	**2021**
Annual Objective			28
Annual Indicator	28.1	27.7	
Numerator			
Denominator			
Data Source	AZ PRAMS	AZ PRAMS	
Data Source Year	2017-2018	2019	
Provisional or Final ?	Final	Final	

Annual Objectives				
	2022	**2023**	**2024**	**2025**
Annual Objective	31.3	32.5	33.8	35.0

Field Level Notes for Form 10 NPMs:

1.	**Field Name:**	**2025**
	Column Name:	**Annual Objective**
	Field Note: Ordinary least squares projection	

NPM 5C - Percent of infants placed to sleep without soft objects or loose bedding

Federally Available Data	
Data Source: Pregnancy Risk Assessment Monitoring System (PRAMS)	
	2021
Annual Objective	32
Annual Indicator	52.8
Numerator	37,757
Denominator	71,503
Data Source	PRAMS
Data Source Year	2020

State Provided Data			
	2019	**2020**	**2021**
Annual Objective			32
Annual Indicator	29	31.3	
Numerator			
Denominator			
Data Source	AZ PRAMS	AZ PRAMS	
Data Source Year	2017-2018	2019	
Provisional or Final ?	Final	Final	

Annual Objectives				
	2022	**2023**	**2024**	**2025**
Annual Objective	53.0	62.2	71.1	80.0

Field Level Notes for Form 10 NPMs:

None

NPM 6 - Percent of children, ages 9 through 35 months, who received a developmental screening using a parent-completed screening tool in the past year

Federally Available Data					
Data Source: National Survey of Children's Health (NSCH)					
	2017	**2018**	**2019**	**2020**	**2021**
Annual Objective		31	31	25.5	28.2
Annual Indicator	30.8	29.2	25.1	28.2	24.9
Numerator	58,903	52,685	39,741	48,139	46,714
Denominator	191,410	180,653	158,512	170,991	187,257
Data Source	NSCH	NSCH	NSCH	NSCH	NSCH
Data Source Year	2016	2016_2017	2017_2018	2018_2019	2019_2020

Annual Objectives				
	2022	**2023**	**2024**	**2025**
Annual Objective	25.0	25.5	26.0	26.5

Field Level Notes for Form 10 NPMs:

1.	**Field Name:**	**2025**
	Column Name:	**Annual Objective**

Field Note:
Maintain the baseline approach

NPM 7.1 - Rate of hospitalization for non-fatal injury per 100,000 children, ages 0 through 9

Federally Available Data					
Data Source: HCUP - State Inpatient Databases (SID)					
	2017	**2018**	**2019**	**2020**	**2021**
Annual Objective	160.5	135	130	125	129.4
Annual Indicator	140.1	132.0	131.5	129.4	133.8
Numerator	937	1,179	1,168	1,149	1,182
Denominator	668,659	893,476	888,421	887,662	883,480
Data Source	SID-CHILD	SID-CHILD	SID-CHILD	SID-CHILD	SID-CHILD
Data Source Year	2015	2016	2017	2018	2019

Annual Objectives				
	2022	**2023**	**2024**	**2025**
Annual Objective	122.6	108.0	93.5	79.2

Field Level Notes for Form 10 NPMs:

None

NPM 7.2 - Rate of hospitalization for non-fatal injury per 100,000 adolescents, ages 10 through 19

Federally Available Data		
Data Source: HCUP - State Inpatient Databases (SID)		
	2020	**2021**
Annual Objective		
Annual Indicator	232.1	234.7
Numerator	2,205	2,242
Denominator	950,215	955,118
Data Source	SID-ADOLESCENT	SID-ADOLESCENT
Data Source Year	2018	2019

Annual Objectives				
	2022	**2023**	**2024**	**2025**
Annual Objective	219.8	204.9	190.1	175.4

Field Level Notes for Form 10 NPMs:

None

NPM 9 - Percent of adolescents, ages 12 through 17, who are bullied or who bully others

Federally Available Data				
Data Source: Youth Risk Behavior Surveillance System (YRBSS)				
	2018	**2019**	**2020**	**2021**
Annual Objective	28	23.5	24	23.5
Annual Indicator	24.3	24.3	23.8	23.8
Numerator	72,015	72,015	77,647	77,647
Denominator	296,928	296,928	326,495	326,495
Data Source	YRBSS	YRBSS	YRBSS	YRBSS
Data Source Year	2017	2017	2019	2019

Federally Available Data					
Data Source: National Survey of Children's Health (NSCH) - Perpetration					
	2017	**2018**	**2019**	**2020**	**2021**
Annual Objective			23.5	24	23.5
Annual Indicator			14.2	16.8	14.8
Numerator			70,628	91,211	85,872
Denominator			498,963	543,968	579,383
Data Source			NSCHP	NSCHP	NSCHP
Data Source Year			2018	2018_2019	2019_2020

Previous NPM-9 NSCH data for survey years 2016 and 2017 that was pre-populated under the 2017 and 2018 Annual Report Years is no longer displayed since it is not comparable to 2018 survey data given major wording and response option changes.

Federally Available Data					
Data Source: National Survey of Children's Health (NSCH) - Victimization					
	2017	**2018**	**2019**	**2020**	**2021**
Annual Objective			23.5	24	23.5
Annual Indicator			42.9	42.5	32.8
Numerator			213,883	231,633	190,362
Denominator			498,361	544,804	580,157
Data Source			NSCHV	NSCHV	NSCHV
Data Source Year			2018	2018_2019	2019_2020

Previous NPM-9 NSCH data for survey years 2016 and 2017 that was pre-populated under the 2017 and 2018 Annual Report Years is no longer displayed since it is not comparable to 2018 survey data given major wording and response option changes.

Annual Objectives				
	2022	**2023**	**2024**	**2025**
Annual Objective	23.3	23.3	22.8	22.8

Field Level Notes for Form 10 NPMs:

1.	**Field Name:**	**2025**
	Column Name:	**Annual Objective**
	Field Note: Weighted least square fit projection, based on YRBS estimates. The minimally statistically significant change from baseline is 18.8%	

NPM 10 - Percent of adolescents, ages 12 through 17, with a preventive medical visit in the past year.

Federally Available Data					
Data Source: National Survey of Children's Health (NSCH)					
	2017	**2018**	**2019**	**2020**	**2021**
Annual Objective		71	71.5	72	69.6
Annual Indicator	70.0	71.2	71.2	69.6	67.1
Numerator	407,952	401,729	401,729	413,138	390,830
Denominator	582,704	564,184	564,184	593,931	582,351
Data Source	NSCH	NSCH	NSCH	NSCH	NSCH
Data Source Year	2016	2016_2017	2016_2017	2019	2019_2020

Annual Objectives				
	2022	**2023**	**2024**	**2025**
Annual Objective	70.1	73.0	76.0	78.9

Field Level Notes for Form 10 NPMs:

1.	**Field Name:**	**2025**
	Column Name:	**Annual Objective**

Field Note:
A minimally statistically significant change from baseline.

NPM 12 - 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 - Children with Special Health Care Needs

Federally Available Data					
Data Source: National Survey of Children's Health (NSCH) - CSHCN					
	2017	**2018**	**2019**	**2020**	**2021**
Annual Objective		23.5	25.5	19.5	16.6
Annual Indicator	23.1	25.3	19.1	16.6	19.2
Numerator	29,892	27,260	16,701	20,177	27,632
Denominator	129,664	107,571	87,460	121,243	143,826
Data Source	NSCH-CSHCN	NSCH-CSHCN	NSCH-CSHCN	NSCH-CSHCN	NSCH-CSHCN
Data Source Year	2016	2016_2017	2017_2018	2018_2019	2019_2020

Annual Objectives				
	2022	**2023**	**2024**	**2025**
Annual Objective	20.2	21.2	22.1	23.1

Field Level Notes for Form 10 NPMs:

1.	**Field Name:**	**2025**
	Column Name:	**Annual Objective**
	Field Note: Return to baseline	

NPM 13.1 - Percent of women who had a preventive dental visit during pregnancy

Federally Available Data	
Data Source: Pregnancy Risk Assessment Monitoring System (PRAMS)	
	2021
Annual Objective	34.3
Annual Indicator	32.4
Numerator	24,069
Denominator	74,300
Data Source	PRAMS
Data Source Year	2020

State Provided Data					
	2017	**2018**	**2019**	**2020**	**2021**
Annual Objective			40	40	34.3
Annual Indicator	0	30	35	34.3	
Numerator	0	6,301	5,700	6,874	
Denominator	1	20,980	16,274	20,051	
Data Source	AZ PRAMS	AZ PRAMS	AZ PRAMS	AZ PRAMS	
Data Source Year	2016	2017	2018	2019	
Provisional or Final ?	Provisional	Provisional	Provisional	Provisional	

Annual Objectives				
	2022	**2023**	**2024**	**2025**
Annual Objective	34.5	35.2	35.8	36.5

Field Level Notes for Form 10 NPMs:

1.	**Field Name:**	**2017**
	Column Name:	**State Provided Data**
	Field Note: Data not available; PRAMS became established in AZ in 2017	
2.	**Field Name:**	**2018**
	Column Name:	**State Provided Data**
	Field Note: Data is provisional from AZ PRAMS. The provided numerator and denominator are weighted frequencies. RR: 25.67%	
3.	**Field Name:**	**2019**
	Column Name:	**State Provided Data**
	Field Note: Data are provisional from AZ PRAMS. The provided numerator and denominator are weighted frequencies. RR: 40.99%	
4.	**Field Name:**	**2020**
	Column Name:	**State Provided Data**
	Field Note: Data are provisional from AZ PRAMS. The provided numerator and denominator are weighted frequencies. RR: 45.84%	
5.	**Field Name:**	**2025**
	Column Name:	**Annual Objective**
	Field Note: Ordinary least square projection	

NPM 13.2 - Percent of children, ages 1 through 17, who had a preventive dental visit in the past year - Child Health

Federally Available Data					
Data Source: National Survey of Children's Health (NSCH)					
	2017	**2018**	**2019**	**2020**	**2021**
Annual Objective			84	84.5	78.6
Annual Indicator	83.3	83.2	80.5	78.6	77.5
Numerator	1,276,556	1,273,160	1,229,320	1,226,972	1,216,486
Denominator	1,531,909	1,530,467	1,527,075	1,561,412	1,569,334
Data Source	NSCH	NSCH	NSCH	NSCH	NSCH
Data Source Year	2016	2016_2017	2017_2018	2018_2019	2019_2020

Annual Objectives				
	2022	**2023**	**2024**	**2025**
Annual Objective	79.0	80.4	81.9	83.3

Field Level Notes for Form 10 NPMs:

1.	**Field Name:**	**2025**
	Column Name:	**Annual Objective**
	Field Note: Return to baseline	

NPM 15 - Percent of children, ages 0 through 17, who are continuously and adequately insured - Child Health

Federally Available Data		
Data Source: National Survey of Children's Health (NSCH)		
	2020	**2021**
Annual Objective		
Annual Indicator	64.9	64.2
Numerator	1,056,110	1,049,453
Denominator	1,627,954	1,635,373
Data Source	NSCH	NSCH
Data Source Year	2018_2019	2019_2020

Annual Objectives				
	2022	**2023**	**2024**	**2025**
Annual Objective	65.1	65.2	65.3	65.4

Field Level Notes for Form 10 NPMs:

None

Form 10
Evidence-Based or –Informed Strategy Measures (ESMs)

State: Arizona

ESM 1.1 - Number of agencies participating in the Preconception Health Alliance.

Measure Status:	**Inactive - Completed**				
State Provided Data					
	2017	**2018**	**2019**	**2020**	**2021**
Annual Objective			5	10	15
Annual Indicator			5	14	16
Numerator					
Denominator					
Data Source			Preconception Health Program	Preconception Health Program	Preconception Health Program
Data Source Year			2019	2020	2021
Provisional or Final ?			Final	Final	Final

Field Level Notes for Form 10 ESMs:

None

ESM 1.2 - Number of activities conducted by the Preconception Health Alliance

Measure Status:	Active

State Provided Data			
	2019	2020	2021
Annual Objective			1
Annual Indicator	0	1	1
Numerator			
Denominator			
Data Source	Preconception Health Program	Preconception Health Program	Preconception Health Program
Data Source Year	2019	2020	2021
Provisional or Final ?	Final	Final	Final

Annual Objectives				
	2022	2023	2024	2025
Annual Objective	2.0	3.0	5.0	6.0

Field Level Notes for Form 10 ESMs:

None

ESM 1.3 - Percent of family planning clinics that have LARCs available

Measure Status:	Active

State Provided Data			
	2019	2020	2021
Annual Objective			65
Annual Indicator	0	58	64
Numerator			
Denominator			
Data Source	Title V Family Planning Program	Title V Family Planning Program	Title V Family Planning Program
Data Source Year	2019	2020	2021
Provisional or Final ?	Final	Final	Final

Annual Objectives				
	2022	2023	2024	2025
Annual Objective	75.0	85.0	95.0	100.0

Field Level Notes for Form 10 ESMs:

1.	**Field Name:**	**2021**
	Column Name:	**State Provided Data**

Field Note:
11 counties providing family planning clinics 7 of them are doing LARCs (Apache, Graham, Greenlee, Maricopa, Mohave, Navajo, Yavapai)

ESM 1.4 - Percent of women who participated in the Arizona Pregnancy Risk Assessment Monitoring System.

Measure Status:	Inactive - Not an evidence-based measure	
State Provided Data		
	2020	**2021**
Annual Objective		
Annual Indicator	53	37.1
Numerator		
Denominator		
Data Source	AZ PRAMS	AZ PRAMS
Data Source Year	2020	2021
Provisional or Final ?	Final	Final

Field Level Notes for Form 10 ESMs:

None

ESM 1.5 - Percent of Family Planning Summit attendees who report a practice change after the summit.

Measure Status:	Active

State Provided Data		
	2020	2021
Annual Objective		
Annual Indicator		0
Numerator		
Denominator		
Data Source		Family Planning Program
Data Source Year		2021
Provisional or Final ?		Final

Annual Objectives				
	2022	2023	2024	2025
Annual Objective	45.0	52.0	60.0	65.0

Field Level Notes for Form 10 ESMs:

1.	**Field Name:**	**2021**
	Column Name:	**State Provided Data**

Field Note:
There was no summit held in 2021.

ESM 1.6 - Rate of severe maternal morbidity associated with hypertensive disorders of pregnancy in AIM participating hospitals.

Measure Status:	Inactive - Unable to accurately measure this metric	
State Provided Data		
	2020	**2021**
Annual Objective		
Annual Indicator	0	61
Numerator		
Denominator		
Data Source	Arizona Vital Records of Birth/AIM Program	Arizona Vital Records of Birth/AIM Program
Data Source Year	2020	2021
Provisional or Final ?	Final	Final

Field Level Notes for Form 10 ESMs:

None

ESM 1.7 - Percent of live births that occur in an AIM-participating birthing facility.

Measure Status:	Active

State Provided Data		
	2020	2021
Annual Objective		
Annual Indicator		84
Numerator		
Denominator		
Data Source		Arizona Vital Records of Birth/AIM Program
Data Source Year		2021
Provisional or Final ?		Final

Annual Objectives				
	2022	2023	2024	2025
Annual Objective	85.0	90.0	95.0	100.0

Field Level Notes for Form 10 ESMs:

None

ESM 1.8 - Number of individuals trained to become community-based doulas

Measure Status:	Active

State Provided Data		
	2020	2021
Annual Objective		
Annual Indicator		50
Numerator		
Denominator		
Data Source		Maternal Health Innovation Program
Data Source Year		2021
Provisional or Final ?		Final

Annual Objectives				
	2022	2023	2024	2025
Annual Objective	50.0	60.0	70.0	80.0

Field Level Notes for Form 10 ESMs:

None

ESM 1.9 - Percent of mothers enrolled in home visiting programs who received a postpartum visit with a healthcare provider within 60 days of delivery

Measure Status:	Active

State Provided Data		
	2020	2021
Annual Objective		
Annual Indicator		65.8
Numerator		
Denominator		
Data Source		Health Start Home Visiting Program and MIECHV
Data Source Year		2021
Provisional or Final ?		Final

Annual Objectives				
	2022	2023	2024	2025
Annual Objective	67.0	69.0	71.0	73.0

Field Level Notes for Form 10 ESMs:

None

ESM 1.10 - The number of times home visitors access a maternal mental health consult for their clients.

Measure Status:	Inactive - Replaced	
State Provided Data		
	2020	**2021**
Annual Objective		
Annual Indicator		70
Numerator		
Denominator		
Data Source		Health Start Home Visiting Program
Data Source Year		2021
Provisional or Final ?		Final

Field Level Notes for Form 10 ESMs:

None

ESM 1.11 - 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.

Measure Status:	Inactive - Reprioritized at this time

Baseline data was not available/provided.

Field Level Notes for Form 10 ESMs:

None

ESM 1.12 - Percent of family planning clinics that expanded (hours or sites) family planning services

Measure Status:	Active

State Provided Data		
	2020	2021
Annual Objective		
Annual Indicator		7.7
Numerator		2
Denominator		26
Data Source		Family Planning Program
Data Source Year		2021
Provisional or Final ?		Final

Annual Objectives				
	2022	2023	2024	2025
Annual Objective	11.5	30.8	34.6	38.5

Field Level Notes for Form 10 ESMs:

None

ESM 1.13 - Number of unique clients served (yearly total) through local county health departments' Title V-funded family planning and reproductive health programs.

Measure Status:	Active

State Provided Data		
	2020	2021
Annual Objective		
Annual Indicator		1,789
Numerator		
Denominator		
Data Source		Healthy Arizona Families IGA
Data Source Year		2021
Provisional or Final ?		Final

Annual Objectives				
	2022	2023	2024	2025
Annual Objective	2,090.0	3,500.0	5,000.0	6,000.0

Field Level Notes for Form 10 ESMs:

None

ESM 4.1 - Number of home visitors trained to receive a lactation counseling or breastfeeding support certification over the next 5 years.

Measure Status:				Active	
State Provided Data					
	2017	**2018**	**2019**	**2020**	**2021**
Annual Objective	5	5	5	15	30
Annual Indicator	7	5	9	18	17
Numerator					
Denominator					
Data Source	MIECHV Program Data	MIECHV Program Data	MIECHV Program Data	MIECHV Program Data	MIECHV Program Data
Data Source Year	2017	2018	2019	2020	2021
Provisional or Final ?	Final	Final	Final	Final	Final

Annual Objectives				
	2022	**2023**	**2024**	**2025**
Annual Objective	20.0	22.0	25.0	27.0

Field Level Notes for Form 10 ESMs:

None

ESM 4.2 - Percent of home visitors trained on lactation counseling or breastfeeding support training who report an increase in knowledge and skill around breastfeeding best practices.

Measure Status:	Inactive - Completed	
State Provided Data		
	2020	**2021**
Annual Objective		
Annual Indicator		100
Numerator		
Denominator		
Data Source		Health Start Home Visiting Program
Data Source Year		2021
Provisional or Final ?		Final

Field Level Notes for Form 10 ESMs:

None

ESM 4.3 - Number of local county health departments working on strategies to promote breastfeeding through the Title V-funded MCH Healthy Arizona Families IGA

Measure Status:	Active

State Provided Data		
	2020	2021
Annual Objective		
Annual Indicator		2
Numerator		
Denominator		
Data Source		Healthy Arizona Families IGA
Data Source Year		2021
Provisional or Final ?		Final

Annual Objectives				
	2022	2023	2024	2025
Annual Objective	2.0	6.0	10.0	14.0

Field Level Notes for Form 10 ESMs:

None

ESM 4.4 - Number of calls to the breastfeeding helpline

Measure Status:	Active

State Provided Data		
	2020	2021
Annual Objective		
Annual Indicator		1,789
Numerator		
Denominator		
Data Source		Breastfeeding Helpline
Data Source Year		2021
Provisional or Final ?		Final

Annual Objectives				
	2022	2023	2024	2025
Annual Objective	2,000.0	2,500.0	3,000.0	3,500.0

Field Level Notes for Form 10 ESMs:

None

ESM 5.1 - Number of safe sleep-related activities that are implemented by local county health departments.

Measure Status:	Active

State Provided Data			
	2019	2020	2021
Annual Objective			9
Annual Indicator		9	6
Numerator			
Denominator			
Data Source		Healthy Arizona Families IGA	Healthy Arizona Families IGA
Data Source Year		2020	2021
Provisional or Final ?		Final	Final

Annual Objectives				
	2022	2023	2024	2025
Annual Objective	8.0	10.0	12.0	14.0

Field Level Notes for Form 10 ESMs:

None

ESM 5.2 - Number of digital impressions of the safe sleep media campaign.

Measure Status:	Inactive - Completed	
State Provided Data		
	2020	**2021**
Annual Objective		
Annual Indicator		1,000,000
Numerator		
Denominator		
Data Source		MIECHV Program Data
Data Source Year		2021
Provisional or Final ?		Final

Field Level Notes for Form 10 ESMs:

1.	**Field Name:**	**2021**
	Column Name:	**State Provided Data**

Field Note:
It should be noted that due to a marketing agency error, our campaign ran, at no increased cost to us, for a longer and more intensive reach than originally anticipated. Due to this error and the length of time before the error was caught, the Safe Sleep Campaign ran intensively across all digital platforms increasing our impressions beyond anything we could have imagined, 55.8 million. We do not know what the impressions would have been with just our original budgeted efforts.

ESM 5.3 - Number of caregivers who receive safe sleep training and a pack 'n' play (safe sleep environment) through local county health departments.

Measure Status:	Active

State Provided Data		
	2020	2021
Annual Objective		
Annual Indicator		1,170
Numerator		
Denominator		
Data Source		Office of Injury Preventon
Data Source Year		2021
Provisional or Final ?		Final

Annual Objectives				
	2022	2023	2024	2025
Annual Objective	1,400.0	2,930.0	4,480.0	6,000.0

Field Level Notes for Form 10 ESMs:

None

ESM 5.4 - Percent of at-risk communities with a safe sleep campaign outdoor media presence.

Measure Status:	Active

State Provided Data		
	2020	2021
Annual Objective		
Annual Indicator		50
Numerator		
Denominator		
Data Source		MIECHV Program Data
Data Source Year		2021
Provisional or Final ?		Final

Annual Objectives				
	2022	2023	2024	2025
Annual Objective	55.0	60.0	65.0	70.0

Field Level Notes for Form 10 ESMs:

None

ESM 5.5 - Number of ABCs of Sleep Crib Cards distributed.

Measure Status:	Active

State Provided Data		
	2020	2021
Annual Objective		
Annual Indicator		60,000
Numerator		
Denominator		
Data Source		Office of Injury Preventon
Data Source Year		2021
Provisional or Final ?		Final

Annual Objectives				
	2022	2023	2024	2025
Annual Objective	60,000.0	120,000.0	180,000.0	240,000.0

Field Level Notes for Form 10 ESMs:

None

ESM 5.6 - Percentage of hospitals that are distributing the ABCs of Safe Sleep crib cards to their patient population.

Measure Status:	Active

State Provided Data		
	2020	2021
Annual Objective		
Annual Indicator		58
Numerator		
Denominator		
Data Source		Office of Injury Preventon
Data Source Year		2021
Provisional or Final ?		Final

Annual Objectives				
	2022	2023	2024	2025
Annual Objective	60.0	75.0	80.0	85.0

Field Level Notes for Form 10 ESMs:

None

ESM 6.1 - Proportion of new home visitors trained to provide ASQ within 6 months of hire.

Measure Status:	Active

State Provided Data					
	2017	2018	2019	2020	2021
Annual Objective			75	85	85
Annual Indicator			75	83.3	92.3
Numerator					
Denominator					
Data Source			In-House HV Data	In-House HV Data	In-House HV Data
Data Source Year			2019	2020	2021
Provisional or Final ?			Final	Final	Final

Annual Objectives				
	2022	2023	2024	2025
Annual Objective	95.0	96.0	97.0	98.0

Field Level Notes for Form 10 ESMs:

None

ESM 6.2 - Percentage of children receiving an ASQ within 1 year of program enrollment.

Measure Status:				Active	
State Provided Data					
	2017	**2018**	**2019**	**2020**	**2021**
Annual Objective			80	90	70
Annual Indicator			89	68	57.6
Numerator					
Denominator					
Data Source			In-House HV Data	In-House HV Data	In-House HV Data
Data Source Year			2019	2020	2021
Provisional or Final ?			Final	Final	Final

Annual Objectives				
	2022	**2023**	**2024**	**2025**
Annual Objective	60.0	65.0	70.0	75.0

Field Level Notes for Form 10 ESMs:

None

ESM 6.3 - Percent of children enrolled in home visiting who received a referral for developmental services and have a complete referral.

Measure Status:	Active

State Provided Data		
	2020	2021
Annual Objective		
Annual Indicator		83.9
Numerator		
Denominator		
Data Source		Efforts to Outcome
Data Source Year		2021
Provisional or Final ?		Final

Annual Objectives				
	2022	2023	2024	2025
Annual Objective	84.0	87.0	90.0	93.0

Field Level Notes for Form 10 ESMs:

None

ESM 6.4 - Number of providers that receive developmental screening training.

Measure Status:	Inactive - Unable to accurately collect this metric	
State Provided Data		
	2020	**2021**
Annual Objective		
Annual Indicator		20
Numerator		
Denominator		
Data Source		MIECHV Program Data
Data Source Year		2021
Provisional or Final ?		Final

Field Level Notes for Form 10 ESMs:

None

ESM 6.5 - Percent of providers that receive developmental screening training who report initiating developmental screenings with parents in their practices.

Measure Status:	Inactive - Unable to accurately collect this metric

State Provided Data		
	2020	2021
Annual Objective		
Annual Indicator		75
Numerator		
Denominator		
Data Source		In-House HV Data
Data Source Year		2021
Provisional or Final ?		Final

Field Level Notes for Form 10 ESMs:

None

ESM 7.1.1 - Number of injury prevention activities done by local county health departments specific for children ages 0 through 9

Measure Status:	Active

State Provided Data			
	2019	2020	2021
Annual Objective			6
Annual Indicator	0	5	4
Numerator			
Denominator			
Data Source	Healthy Arizona Families IGA	Healthy Arizona Families IGA	Healthy Arizona Families IGA
Data Source Year	2019	2020	2021
Provisional or Final ?	Final	Final	Final

Annual Objectives				
	2022	2023	2024	2025
Annual Objective	6.0	8.0	10.0	12.0

Field Level Notes for Form 10 ESMs:

None

ESM 7.1.2 - Number of car seats and home safety kits distributed with caregiver education.

Measure Status:	Active

State Provided Data		
	2020	2021
Annual Objective		
Annual Indicator		4,270
Numerator		
Denominator		
Data Source		Office of Injury Preventon
Data Source Year		2021
Provisional or Final ?		Final

Annual Objectives				
	2022	2023	2024	2025
Annual Objective	4,500.0	5,000.0	5,500.0	6,000.0

Field Level Notes for Form 10 ESMs:

None

ESM 7.1.3 - Percent of local county health departments that have at least one staff trained in safe car seat installation and use.

Measure Status:	Inactive - Completed	
State Provided Data		
	2020	**2021**
Annual Objective		
Annual Indicator		100
Numerator		
Denominator		
Data Source		Office of Injury Preventon
Data Source Year		2021
Provisional or Final ?		Final

Field Level Notes for Form 10 ESMs:

None

ESM 7.2.1 - Number of injury prevention activities done by local county health departments specific to adolescents 10-19 years old.

Measure Status:	Active

State Provided Data		
	2020	2021
Annual Objective		
Annual Indicator		6
Numerator		
Denominator		
Data Source		Healthy Arizona Families IGA
Data Source Year		2021
Provisional or Final ?		Final

Annual Objectives				
	2022	2023	2024	2025
Annual Objective	6.0	8.0	10.0	12.0

Field Level Notes for Form 10 ESMs:

None

ESM 9.1 - Number of school professionals who receive technical assistance on bullying prevention.

Measure Status:	Inactive - Completed				
State Provided Data					
	2017	**2018**	**2019**	**2020**	**2021**
Annual Objective			300	400	700
Annual Indicator			300	697	2,063
Numerator					
Denominator					
Data Source			Bullying Prevention Program	Bullying Prevention Program	Bullying Prevention Program
Data Source Year			2019	2020	2021
Provisional or Final ?			Final	Final	Final

Field Level Notes for Form 10 ESMs:

None

ESM 9.2 - Number of schools implementing bullying prevention guidance.

Measure Status:	Inactive - The strategy has been replaced.		
State Provided Data			
	2019	**2020**	**2021**
Annual Objective			10
Annual Indicator			2
Numerator			
Denominator			
Data Source			Bullying Prevention Program
Data Source Year			2021
Provisional or Final ?			Final

Field Level Notes for Form 10 ESMs:

None

ESM 9.3 - Number of unique pageviews in the must stop bullying campaign website.

Measure Status:	Active

State Provided Data		
	2020	2021
Annual Objective		
Annual Indicator		10,413
Numerator		
Denominator		
Data Source		Bullying Prevention Program
Data Source Year		2021
Provisional or Final ?		Final

Annual Objectives				
	2022	2023	2024	2025
Annual Objective	15,000.0	30,000.0	45,000.0	60,000.0

Field Level Notes for Form 10 ESMs:

None

ESM 9.4 - Number of unique pageviews to the child page of the must stop bullying campaign website.

Measure Status:	Inactive - Measure 9.3 is similar to this metric.	
State Provided Data		
	2020	**2021**
Annual Objective		
Annual Indicator		342
Numerator		
Denominator		
Data Source		Bullying Prevention Program
Data Source Year		2021
Provisional or Final ?		Final

Field Level Notes for Form 10 ESMs:

None

ESM 9.5 - Total number of youth served by an organization trained on mental health first aid for youth.

Measure Status:	Active

State Provided Data		
	2020	2021
Annual Objective		
Annual Indicator		21,717
Numerator		
Denominator		
Data Source		Youth Mental Health First Aid Program
Data Source Year		2021
Provisional or Final ?		Final

Annual Objectives				
	2022	2023	2024	2025
Annual Objective	30,000.0	55,000.0	75,000.0	100,000.0

Field Level Notes for Form 10 ESMs:

None

ESM 10.1 - Number of healthcare clinics implementing University of Michigan's Adolescent Champion Model at their sites.

Measure Status:	Active

State Provided Data					
	2017	2018	2019	2020	2021
Annual Objective	0	2	4	10	7
Annual Indicator	0	3	10	7	10
Numerator					
Denominator					
Data Source	In-House Data (OWH)	In-House Data (OWH)	In-House Data (OWH)	In-House Data (OWH)	In-House Data (OWH)
Data Source Year	2017	2018	2019	2020	2021
Provisional or Final ?	Final	Final	Final	Final	Final

Annual Objectives				
	2022	2023	2024	2025
Annual Objective	9.0	12.0	15.0	18.0

Field Level Notes for Form 10 ESMs:

1.	**Field Name:**	**2017**
	Column Name:	**State Provided Data**

Field Note:
A contract has been issued and the program is scheduled for implementation in 2018.

ESM 10.2 - Percent of clinical sites that engage in continuous learning to maintain the adolescent champion model's high standards of practice.

Measure Status:	Active

State Provided Data		
	2020	2021
Annual Objective		
Annual Indicator		66
Numerator		
Denominator		
Data Source		ACM Evaluation Report
Data Source Year		2021
Provisional or Final ?		Final

Annual Objectives				
	2022	2023	2024	2025
Annual Objective	70.0	75.0	80.0	85.0

Field Level Notes for Form 10 ESMs:

None

ESM 10.3 - 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

Measure Status:	Active

State Provided Data		
	2020	2021
Annual Objective		
Annual Indicator		43
Numerator		
Denominator		
Data Source		ACM Evaluation Report
Data Source Year		2021
Provisional or Final ?		Final

Annual Objectives				
	2022	2023	2024	2025
Annual Objective	50.0	62.0	74.0	85.0

Field Level Notes for Form 10 ESMs:

None

ESM 10.4 - 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.

Measure Status:	Active

State Provided Data		
	2020	2021
Annual Objective		
Annual Indicator		62
Numerator		
Denominator		
Data Source		ACM Evaluation Report
Data Source Year		2021
Provisional or Final ?		Final

Annual Objectives				
	2022	2023	2024	2025
Annual Objective	63.0	70.0	77.0	85.0

Field Level Notes for Form 10 ESMs:

None

ESM 10.5 - Number of youth advising state initiatives.

Measure Status:	Active

State Provided Data		
	2020	2021
Annual Objective		
Annual Indicator		0
Numerator		
Denominator		
Data Source		Youth Councils
Data Source Year		2021
Provisional or Final ?		Final

Annual Objectives				
	2022	2023	2024	2025
Annual Objective	2.0	4.0	6.0	8.0

Field Level Notes for Form 10 ESMs:

1.	**Field Name:**	**2021**
	Column Name:	**State Provided Data**

Field Note:
Due to procurement delays, the youth councils didn't get awarded until 2022.

ESM 10.6 - Number of continuing education opportunities for dental and medical providers to promote preventive medical visits and mental health for adolescents.

Measure Status:	Active

State Provided Data		
	2020	2021
Annual Objective		
Annual Indicator		9
Numerator		
Denominator		
Data Source		Office of Oral Health
Data Source Year		2021
Provisional or Final ?		Final

Annual Objectives				
	2022	2023	2024	2025
Annual Objective	10.0	10.0	10.0	10.0

Field Level Notes for Form 10 ESMs:

None

ESM 12.1 - Number of families that received a resource from the CYSHCN program.

Measure Status:	Active

State Provided Data			
	2019	2020	2021
Annual Objective			1,800
Annual Indicator	1,248	1,753	653
Numerator			
Denominator			
Data Source	CYSHCN - SSI Letters	CYSHCN - SSI Letters	CYSHCN - SSI Letters
Data Source Year	2019	2020	2021
Provisional or Final ?	Final	Final	Final

Annual Objectives				
	2022	2023	2024	2025
Annual Objective	700.0	800.0	900.0	1,000.0

Field Level Notes for Form 10 ESMs:

None

ESM 12.2 - Number of pediatric providers registered for the GoT transition modules who already serve CYSHCN.

Measure Status:	Active

State Provided Data		
	2020	2021
Annual Objective		
Annual Indicator		3
Numerator		
Denominator		
Data Source		GoT Transition
Data Source Year		2021
Provisional or Final ?		Final

Annual Objectives				
	2022	2023	2024	2025
Annual Objective	4.0	5.0	6.0	7.0

Field Level Notes for Form 10 ESMs:

None

ESM 12.3 - Number of family advisors placed in Bureau of Women's and Children's Health administrative offices.

Measure Status:	Active

State Provided Data		
	2020	2021
Annual Objective		
Annual Indicator		2
Numerator		
Denominator		
Data Source		CYSHCN Program
Data Source Year		2021
Provisional or Final ?		Final

Annual Objectives				
	2022	2023	2024	2025
Annual Objective	2.0	3.0	4.0	5.0

Field Level Notes for Form 10 ESMs:

None

ESM 12.4 - Percent of school-age children who receive a hearing screening.

Measure Status:	Active

State Provided Data		
	2020	2021
Annual Objective		
Annual Indicator		60
Numerator		
Denominator		
Data Source		Sensory Program
Data Source Year		2021
Provisional or Final ?		Final

Annual Objectives				
	2022	2023	2024	2025
Annual Objective	65.0	70.0	75.0	80.0

Field Level Notes for Form 10 ESMs:

None

ESM 12.5 - Percent of Arizona schools that complete their hearing screens by the assigned due date.

Measure Status:	Active

State Provided Data		
	2020	2021
Annual Objective		
Annual Indicator		36
Numerator		
Denominator		
Data Source		Sensory Program
Data Source Year		2021
Provisional or Final ?		Final

Annual Objectives				
	2022	2023	2024	2025
Annual Objective	45.0	50.0	55.0	60.0

Field Level Notes for Form 10 ESMs:

None

ESM 12.6 - Number of providers receiving GoT transition training resources.

Measure Status:	Active

State Provided Data		
	2020	2021
Annual Objective		
Annual Indicator		70
Numerator		
Denominator		
Data Source		CYSHCN Program
Data Source Year		2021
Provisional or Final ?		Final

Annual Objectives				
	2022	2023	2024	2025
Annual Objective	75.0	85.0	95.0	105.0

Field Level Notes for Form 10 ESMs:

None

ESM 13.1.1 - Number of inter agency partnerships implemented to coordinate dental services for pregnant women and children.

Measure Status:				Active	
State Provided Data					
	2017	**2018**	**2019**	**2020**	**2021**
Annual Objective			9	10	11
Annual Indicator			9	10	6
Numerator					
Denominator					
Data Source			Office of Oral Health	Office of Oral Health	Office of Oral Health
Data Source Year			2019	2020	2021
Provisional or Final ?			Final	Final	Final

Annual Objectives				
	2022	**2023**	**2024**	**2025**
Annual Objective	8.0	10.0	12.0	14.0

Field Level Notes for Form 10 ESMs:

None

ESM 13.1.2 - Number of medical, dental, and other healthcare professionals who receive perinatal oral health education.

Measure Status:	Active

State Provided Data		
	2020	2021
Annual Objective		
Annual Indicator		64
Numerator		
Denominator		
Data Source		Office of Oral Health
Data Source Year		2021
Provisional or Final ?		Final

Annual Objectives				
	2022	2023	2024	2025
Annual Objective	70.0	80.0	90.0	100.0

Field Level Notes for Form 10 ESMs:

None

ESM 13.2.1 - Proportion of urgent dental cases identified in the sealant program referred for treatment.

Measure Status:				Active	
State Provided Data					
	2017	**2018**	**2019**	**2020**	**2021**
Annual Objective			84	87	94
Annual Indicator			82	94	95
Numerator					
Denominator					
Data Source			Office of Oral Health	Office of Oral Health	Office of Oral Health
Data Source Year			2019	2020	2021
Provisional or Final ?			Provisional	Final	Final

Annual Objectives				
	2022	**2023**	**2024**	**2025**
Annual Objective	97.0	99.0	100.0	100.0

Field Level Notes for Form 10 ESMs:

None

ESM 13.2.2 - Proportion of early dental cases identified in the sealant program referred for treatment.

Measure Status:	Active

State Provided Data					
	2017	2018	2019	2020	2021
Annual Objective			79	67	91
Annual Indicator			65	91	93
Numerator					
Denominator					
Data Source			Office of Oral Health	Office of Oral Health	Office of Oral Health
Data Source Year			2019	2020	2021
Provisional or Final ?			Final	Final	Final

Annual Objectives				
	2022	2023	2024	2025
Annual Objective	95.0	97.0	98.0	99.0

Field Level Notes for Form 10 ESMs:

None

ESM 13.2.3 - Percent of children who participate in the School-based dental program

Measure Status:	Active

State Provided Data			
	2019	2020	2021
Annual Objective			30
Annual Indicator	0	29	32
Numerator			
Denominator			
Data Source	Office of Oral Health	Office of Oral Health	Office of Oral Health
Data Source Year	2019	2020	2021
Provisional or Final ?	Final	Final	Final

Annual Objectives				
	2022	2023	2024	2025
Annual Objective	35.0	40.0	45.0	50.0

Field Level Notes for Form 10 ESMs:

None

ESM 15.1 - The number of state loan repayment program registered sites that offer assistance with insurance applications.

Measure Status:	Active

State Provided Data		
	2020	2021
Annual Objective		
Annual Indicator		321
Numerator		
Denominator		
Data Source		Primary Care Office
Data Source Year		2021
Provisional or Final ?		Final

Annual Objectives				
	2022	2023	2024	2025
Annual Objective	400.0	500.0	600.0	700.0

Field Level Notes for Form 10 ESMs:

None

ESM 15.2 - Percent of Title V staff and contractors that receive education on insurance coverage options for children and pregnant women.

Measure Status:	Inactive - Not an evidence-based strategy	
State Provided Data		
	2020	**2021**
Annual Objective		
Annual Indicator		0
Numerator		
Denominator		
Data Source		Primary Care Office
Data Source Year		2021
Provisional or Final ?		Final

Field Level Notes for Form 10 ESMs:

None

ESM 15.3 - Number of learning opportunities for external maternal and child health partners on insurance coverage for children and pregnant women.

Measure Status:	Inactive - Not an evidence based strategy	
State Provided Data		
	2020	**2021**
Annual Objective		
Annual Indicator		0
Numerator		
Denominator		
Data Source		Primary Care Office
Data Source Year		2021
Provisional or Final ?		Final

Field Level Notes for Form 10 ESMs:

None

ESM 15.4 - Percentage of adults that have access to a personal care provider.

Measure Status:	Inactive - The measure is not connected to Children's health.

State Provided Data		
	2020	2021
Annual Objective		
Annual Indicator	79.7	77.1
Numerator	7,093	7,880
Denominator	8,898	10,216
Data Source	BRFSS	BRFSS
Data Source Year	2019	2020
Provisional or Final ?	Final	Final

Field Level Notes for Form 10 ESMs:

None

Form 10
State Performance Measure (SPM) Detail Sheets

State: Arizona

No State Performance Measures were created by the State.

Form 10
State Outcome Measure (SOM) Detail Sheets

State: Arizona

No State Outcome Measures were created by the State.

Form 10
Evidence-Based or –Informed Strategy Measures (ESM) Detail Sheets

State: Arizona

ESM 1.1 - Number of agencies participating in the Preconception Health Alliance.
NPM 1 – Percent of women, ages 18 through 44, with a preventive medical visit in the past year

Measure Status:	Inactive - Completed
Goal:	By 2020, 15 agencies will be participating in the taskforce (Preconception Health Alliance) focused on Women's Health.
Definition:	**Unit Type:** Count **Unit Number:** 100 **Numerator:** Number of participating agencies **Denominator:**
Data Sources and Data Issues:	Preconception Health Task Force Meeting Agendas (Office of Women's Health)
Significance:	Public health issues are best addressed by developing and sustaining partnerships between community organizations, academic institutions, and government. These partnerships provide opportunities to improve the health of women before, after, and between pregnancies. Arizona is soliciting a non-profit organization to lead a community based approach.

ESM 1.2 - Number of activities conducted by the Preconception Health Alliance
NPM 1 – Percent of women, ages 18 through 44, with a preventive medical visit in the past year

Measure Status:	Active
Goal:	By 2025, the preconception health alliance would have completed 6 activities to improve preconception health status in the state.
Definition:	**Unit Type:** Count **Unit Number:** 100 **Numerator:** Number of activities completed by the preconception health alliance **Denominator:**
Data Sources and Data Issues:	Preconception Health Alliance
Significance:	The preconception health alliance was just re-established. This metric is intended to help monitor and track the activities that the alliance will be enacted in the coming 5 years.

ESM 1.3 - Percent of family planning clinics that have LARCs available
NPM 1 – Percent of women, ages 18 through 44, with a preventive medical visit in the past year

Measure Status:	Active
Goal:	By 2025, 100% of Title V Family Planning programs to have LARCS available for their client population.
Definition:	**Unit Type:** Percentage **Unit Number:** 100 **Numerator:** Number of Title V Family Planning programs with LARCs (identified during site monitoring visits) **Denominator:** Total number of Title V Family Planning programs
Data Sources and Data Issues:	Title V Family Planning Program
Significance:	LARC methods, which include intrauterine devices (IUDs) and implants, are highly reliable—research has shown LARC to be 20 times more effective than birth control pills, the patch, or the vaginal ring. One important reason why is the LARC removes the “user error” factor that can make other methods less effective. It is important to have LARCs available when counseling on effective contraceptive methods is provided to clients.

ESM 1.4 - Percent of women who participated in the Arizona Pregnancy Risk Assessment Monitoring System.
NPM 1 – Percent of women, ages 18 through 44, with a preventive medical visit in the past year

Measure Status:	Inactive - Not an evidence-based measure
Goal:	By 2025, 60% of sampled women will participate in the Arizona Pregnancy Risk Assessment Monitoring System
Definition:	**Unit Type:** Percentage **Unit Number:** 100 **Numerator:** Number of women who participated **Denominator:** Number of women sampled
Data Sources and Data Issues:	Arizona PRAMS project
Evidence-based/informed strategy:	Promote participation in the Pregnancy Risk Assessment Monitoring System to better assess attitudes, beliefs, and behaviors of pregnant women before, during, and shortly after pregnancy.
Significance:	This metric is of critical importance to Arizona's Title V Program. The AZ Pregnancy Risk Assessment Monitoring System is a research project between the Arizona Department of Health Services and the Centers for Disease Control (CDC). It is a survey about a woman's health and life experiences before, during, and after pregnancy and is the only surveillance system of its kind in the state.

ESM 1.5 - Percent of Family Planning Summit attendees who report a practice change after the summit.
NPM 1 – Percent of women, ages 18 through 44, with a preventive medical visit in the past year

Measure Status:	Active
Goal:	By 2025, at least 65% of summit attendees will report having utilized new knowledge gained at the family planning summit.
Definition:	**Unit Type:** Percentage **Unit Number:** 100 **Numerator:** Number of attendees who report a practice change after the summit **Denominator:** Total number of summit attendees for each given year
Data Sources and Data Issues:	Family Planning Program (Title V)
Evidence-based/informed strategy:	Provider training on effective family planning service techniques
Significance:	The Title V Program invests funds to support the existence of family planning programs through collaborations with local county health departments. Local county providers attend an annual summit to develop the MCH workforce for better delivery of critical family planning services to communities in need.

ESM 1.6 - Rate of severe maternal morbidity associated with hypertensive disorders of pregnancy in AIM participating hospitals.
NPM 1 – Percent of women, ages 18 through 44, with a preventive medical visit in the past year

Measure Status:	Inactive - Unable to accurately measure this metric
Goal:	By 2025, reduce the rate of severe maternal morbidity associated with hypertensive disorders of pregnancy in AIM participating hospitals by 20%.
Definition:	**Unit Type:** Rate **Unit Number:** 10,000 **Numerator:** Number of severe maternal morbidity with hypertensive disorders events in AIM participating hospitals **Denominator:** Number of delivery hospitalizations in AIM participating hospitals
Data Sources and Data Issues:	Arizona Vital Records of Birth/AIM Program
Evidence-based/informed strategy:	Improvements in healthcare delivery and quality
Significance:	AIM is a national data-driven maternal safety and quality improvement initiative. Based on proven safety and quality implementation strategies, AIM works to reduce preventable maternal mortality and severe morbidity across the United States by aligning national, state, and hospital-level quality improvement efforts. These efforts primarily include the implementation of AIM Maternal Safety Bundles, which are collections of evidence-based practices for improving maternal care and outcomes. Experts in the field have vetted these practices to ensure their effectiveness.

ESM 1.7 - Percent of live births that occur in an AIM-participating birthing facility.
NPM 1 – Percent of women, ages 18 through 44, with a preventive medical visit in the past year

Measure Status:	Active
Goal:	By 2025, 90% of live births occur in an AIM participating facility.
Definition:	**Unit Type:** Percentage **Unit Number:** 100 **Numerator:** The number of births in an AIM participating facility. **Denominator:** The total number of live births.
Data Sources and Data Issues:	Arizona Vital Records of Birth/AIM Program
Evidence-based/informed strategy:	Health Care Delivery and Quality
Significance:	AIM is a national data-driven maternal safety and quality improvement initiative. Based on proven safety and quality implementation strategies, AIM works to reduce preventable maternal mortality and severe morbidity across the United States by aligning national, state, and hospital-level quality improvement efforts. These efforts primarily include the implementation of AIM Maternal Safety Bundles, which are collections of evidence-based practices for improving maternal care and outcomes. Experts in the field have vetted these practices to ensure their effectiveness. Increasing the percentage of births in an AIM participating facility will encourage our recruitment efforts to include all birthing facilities in the AIM intiative.

ESM 1.8 - Number of individuals trained to become community-based doulas
NPM 1 – Percent of women, ages 18 through 44, with a preventive medical visit in the past year

Measure Status:	Active
Goal:	By 2025, a total of 25 individuals will be trained to become community-based doulas.
Definition:	**Unit Type:** Count **Unit Number:** 100 **Numerator:** Number of total individuals trained to become community-based doulas **Denominator:**
Data Sources and Data Issues:	Maternal Health Innovation Program
Evidence-based/informed strategy:	Provider training and access to care
Significance:	A community based doula works with clients who are typically young in age, of low income and have little to no support. Community based doulas meet with their clients several months before birth, attend the birth and meet in the weeks to months following the birth. A pilot program offering community based doulas in Indiana found that these support professionals "improve access to early and regular care, improve continuity of care, increase breastfeeding, improve mother-infant bonding, reduce medical interventions, and detect and reduce post-partum depression." They also had very impressive statistics stating that "93% of clients did not use tobacco during their pregnancy, 91% of clients had a full-term pregnancy, 76% of clients gave birth vaginally and 28% without an epidural, 91% of babies were born at a normal birth weight, and 85% of clients initiated breastfeeding."

ESM 1.9 - Percent of mothers enrolled in home visiting programs who received a postpartum visit with a healthcare provider within 60 days of delivery
NPM 1 – Percent of women, ages 18 through 44, with a preventive medical visit in the past year

Measure Status:	Active
Goal:	By 2025, 80% of mothers enrolled in home visiting programs received a postpartum visit with a healthcare provider within 60 days of delivery.
Definition:	**Unit Type:** Percentage **Unit Number:** 100 **Numerator:** Number of mothers enrolled in home visiting programs who received a postpartum visit with a healthcare provider within 60 days of delivery **Denominator:** Total number of mothers enrolled in home visiting programs
Data Sources and Data Issues:	Home Visiting Programs
Evidence-based/informed strategy:	Home visitation; linkage to care; community outreach
Significance:	The weeks and months following delivery set the stage for the long-term health and well-being of pregnant and parenting people. Yet, for many new parents in the US, the official postpartum visit with maternity care providers, which traditionally occurs between two and six weeks after delivery, marks the end of formal maternity care support within the health care system. In fact, postpartum care is often absent or incomplete, with particularly low rates among Black and Brown mothers. Home visiting programs provide a number of benefits to the health of low-income women and their families, and thus Medicaid can play an important role in increasing the accessibility and effectiveness of home visiting. Home visiting programs can serve as a facilitator to engage women in low resources on postpartum checkups to promote and verify that a postpartum visit occured. Home visitors have been demonstrated in the literature to increase prenatal and postpartum visits in specific communities.

ESM 1.10 - The number of times home visitors access a maternal mental health consult for their clients.
NPM 1 – Percent of women, ages 18 through 44, with a preventive medical visit in the past year

Measure Status:	Inactive - Replaced
Goal:	By 2025, home visitors would have accessed a maternal mental health consultation a total of 100 times for their clients.
Definition:	**Unit Type:** Count **Unit Number:** 100 **Numerator:** Cumulative number of maternal mental health consultations **Denominator:**
Data Sources and Data Issues:	Office of Women's Health Program
Evidence-based/informed strategy:	Telehealth strategies, access to care, home visitation
Significance:	Home visiting programs have been successful in engaging and enrolling families who are at high risk for stress, depression, and substance abuse. However, many of these mothers may not be receiving mental health services because home visitors lack the knowledge and skills to identify mental health or determine how to appropriately address these problems. In response, a growing number of home visiting programs are expanding their capacity by integrating a mental health provider into their ongoing operations. This approach, referred to as early childhood mental health consultation, involves a partnership between a professional consultant with early childhood mental health expertise and home visiting or family support programs, staff, and families. This integrated model holds the promise of promoting parent and child behavioral health by enhancing the capacity of home visitors to identify and appropriately address the unmet mental health needs of children and families.

ESM 1.11 - 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.
NPM 1 – Percent of women, ages 18 through 44, with a preventive medical visit in the past year

Measure Status:	Inactive - Reprioritized at this time
Goal:	By 2025, establish a community health worker reimbursement pilot program among primary care providers, tribes, and insurance payers.
Definition:	**Unit Type:** Text **Unit Number:** Yes/No **Numerator:** Action step taken **Denominator:**
Data Sources and Data Issues:	Title V Program Director
Evidence-based/informed strategy:	Workforce Development; Service Reimbursement
Significance:	Community health workers (CHW) “contributed substantially to improvements in care team productivity and outcomes” for patients, says a study, “Community Health Worker Integration into the Health Care Team Accomplishes the Triple Aim in a Patient-Centered Medical Home: A Bronx Tale,” published in the Journal of Ambulatory Care Management. Adding CHWs to the care team also reduced costs, with the hospital saving $2.30 for every $1 it invested in a CHW.

ESM 1.12 - Percent of family planning clinics that expanded (hours or sites) family planning services
NPM 1 – Percent of women, ages 18 through 44, with a preventive medical visit in the past year

Measure Status:	Active
Goal:	By 2025, 100% of family planning clinics will have expanded family planning services (hours or sites).
Definition:	**Unit Type:** Percentage **Unit Number:** 100 **Numerator:** Number of family planning clinics with expanded family planning services **Denominator:** Total number of family planning clinics
Data Sources and Data Issues:	Family Planning Program
Evidence-based/informed strategy:	Healthcare Delivery, Access to Care
Significance:	Family planning is important, not only because of the sheer number of women who use contraception but for economic and societal reasons as well. Women's ability to control their fertility through preventive care in the short term has long-lasting and far-reaching consequences. Whether through reducing the cost of unintended pregnancies or enabling women to advance their education and careers, family planning provides women with greater independence to make crucial life decisions on their own terms—decisions that affect not only their lives but also the greater society.

ESM 1.13 - Number of unique clients served (yearly total) through local county health departments' Title V-funded family planning and reproductive health programs.
NPM 1 – Percent of women, ages 18 through 44, with a preventive medical visit in the past year

Measure Status:	Active
Goal:	By 2025, 6000 unique clients will be served through local county health departments' Title V-funded family planning and reproductive health programs.
Definition:	**Unit Type:** Count **Unit Number:** 10,000 **Numerator:** The yearly number of unique clients served (yearly total) through local county health departments' Title V-funded family planning and reproductive health programs. **Denominator:**
Data Sources and Data Issues:	Family Planning Program
Evidence-based/informed strategy:	Access to care
Significance:	Family planning is important, not only because of the sheer number of women who use contraception but for economic and societal reasons as well. Women’s ability to control their fertility through preventive care in the short term has long-lasting and far-reaching consequences. Whether through reducing the cost of unintended pregnancies or enabling women to advance their education and careers, family planning provides women with greater independence to make crucial life decisions on their own terms—decisions that affect not only their lives but also the greater society.

ESM 4.1 - Number of home visitors trained to receive a lactation counseling or breastfeeding support certification over the next 5 years.
NPM 4 – A) Percent of infants who are ever breastfed B) Percent of infants breastfed exclusively through 6 months

Measure Status:	Active
Goal:	Increase the number of early childhood professionals with training to support breastfeeding by 90 over the next five years.
Definition:	**Unit Type:** Count **Unit Number:** 100 **Numerator:** Number of home visitors supported to earn ICBLC certification **Denominator:**
Data Sources and Data Issues:	In-house program data
Significance:	Through Arizona's home visiting programs, families receive support to understand the needs of their newborns and information on how to improve the quality of and access to preventive services. Providing support for home visitors to earn ICBLC certification will in turn provide support for home visiting clients to make and reach breastfeeding goals. Tracking the count of home visitors that have been supported to earn certification will allow Arizona to determine if the goal has been met.

ESM 4.2 - Percent of home visitors trained on lactation counseling or breastfeeding support training who report an increase in knowledge and skill around breastfeeding best practices.
NPM 4 – A) Percent of infants who are ever breastfed B) Percent of infants breastfed exclusively through 6 months

Measure Status:	Inactive - Completed
Goal:	By 2025, 75% of home visitors trained on lactation counseling or breastfeeding support training report an increase in knowledge and skill around breastfeeding best practices.
Definition:	**Unit Type:** Percentage **Unit Number:** 100 **Numerator:** home visitors trained on lactation counseling or breastfeeding support training report an increase in knowledge and skill around breastfeeding best practices. **Denominator:** home visitors trained on lactation counseling or breastfeeding support training
Data Sources and Data Issues:	strong families learning festival data
Evidence-based/informed strategy:	provider outreach and training
Significance:	Home visitors are uniquely positioned to support breastfeeding families; since they are likely to see families frequently during critical windows for breastfeeding support. Researchers found out that new mothers' problems with breastfeeding peak between 3 and 7 days postpartum. It is essential that mothers receive the most support and guidance upon discharge from the hospital, within 2-4 days postpartum through the first 2-6 weeks of their infant's life (Wagner et al., 2013).

ESM 4.3 - Number of local county health departments working on strategies to promote breastfeeding through the Title V-funded MCH Healthy Arizona Families IGA
NPM 4 – A) Percent of infants who are ever breastfed B) Percent of infants breastfed exclusively through 6 months

Measure Status:	Active
Goal:	By 2025, 14 local county health departments will have worked on strategies to promote breastfeeding through the Title V-funded MCH Healthy Arizona Families IGA.
Definition:	**Unit Type:** Count **Unit Number:** 100 **Numerator:** Number of local county health departments working on strategies to promote breastfeeding through the Title V-funded MCH Healthy Arizona Families IGA **Denominator:**
Data Sources and Data Issues:	Healthy Arizona Families IGA
Evidence-based/informed strategy:	Community outreach, education, and awareness
Significance:	One of the most highly effective preventive measures a mother can take to protect the health of her infant is to breastfeed. Support for breastfeeding is needed in many different arenas including hospitals and birth centers, worksites, and communities.

ESM 4.4 - Number of calls to the breastfeeding helpline
NPM 4 – A) Percent of infants who are ever breastfed B) Percent of infants breastfed exclusively through 6 months

Measure Status:	Active
Goal:	By 2025, the breastfeeding helpline would support a total of 24,000 calls to offer critical breastfeeding consultation and support to caregivers.
Definition:	**Unit Type:** Count **Unit Number:** 100,000 **Numerator:** The aggregate number of calls to the breastfeeding hotline. **Denominator:**
Data Sources and Data Issues:	Bureau of Nutrition and Physical Activity/WIC Program
Evidence-based/informed strategy:	Caregiver awareness and outreach
Significance:	A range of interventions has been developed to improve the duration of breastfeeding by increasing resilience in overcoming breastfeeding difficulties (Meedya, Fernandez, & Fahy, 2017). One major strategy is the use of telephone support services, both proactive and reactive (McFadden et al., 2017).

ESM 5.1 - Number of safe sleep-related activities that are implemented by local county health departments. NPM 5 – A) Percent of infants placed to sleep on their backs B) Percent of infants placed to sleep on a separate approved sleep surface C) Percent of infants placed to sleep without soft objects or loose bedding

Measure Status:	Active
Goal:	By 2025, a total of 9 sleep-related activities are completed by distinct local county health departments.
Definition:	**Unit Type:** Count **Unit Number:** 100 **Numerator:** Number of sleep related activities by local county health departments **Denominator:**
Data Sources and Data Issues:	Healthy Arizona Families IGA Data
Significance:	ADHS provides funding to county health departments to implement programs that address our state priority needs and selected National Performance Measures (NPMs). This ESM is meant to capture all activities that the local county health departments are working on to impact the NPM.

ESM 5.2 - Number of digital impressions of the safe sleep media campaign.
NPM 5 – A) Percent of infants placed to sleep on their backs B) Percent of infants placed to sleep on a separate approved sleep surface C) Percent of infants placed to sleep without soft objects or loose bedding

Measure Status:	Inactive - Completed
Goal:	By 2025, the safe sleep media campaign would have collected over 30,000 digital impressions.
Definition:	**Unit Type:** Count **Unit Number:** 1,000,000 **Numerator:** Number of aggregate digital impressions of the safe sleep media campaign (YTD) **Denominator:**
Data Sources and Data Issues:	ADHS Web Postings Team
Evidence-based/informed strategy:	Parent education and awareness
Significance:	Social media's enduring popularity makes it an optimal resource for awareness building and education. In the past decade, the number of Americans using social media has nearly doubled, and today approximately seven in 10 Americans spend time on a social platform. Social media is prevalent across different racial/ethnic groups and all income levels and has continued to rise across all age groups. With social media, organizations can share safe sleep messages—such as photos of safe environments, helpful infographics about safe sleep guidelines and links to relevant resources—that reach a large, diverse audience in their homes and at work at no cost.

ESM 5.3 - Number of caregivers who receive safe sleep training and a pack 'n' play (safe sleep environment) through local county health departments.
NPM 5 – A) Percent of infants placed to sleep on their backs B) Percent of infants placed to sleep on a separate approved sleep surface C) Percent of infants placed to sleep without soft objects or loose bedding

Measure Status:	Active
Goal:	By 2025, a total of 6000 unique caregivers will receive safe sleep education training and a pack 'n' play through local county health departments.
Definition:	**Unit Type:** Count **Unit Number:** 10,000 **Numerator:** The aggregate number of unique caregivers that have received safe sleep education training and a pack 'n' play through local county health departments. **Denominator:**
Data Sources and Data Issues:	Bureau of Chronic Disease and Health Promotion's - Office of Injury Prevention
Evidence-based/informed strategy:	Caregiver education and training
Significance:	Despite the decrease in deaths attributed to sleeping practices and the decreased frequency of prone (tummy) infant sleep positioning over the past two decades, some caregivers continue to place infants to sleep in positions or environments that are not safe. Most sleep-related deaths in child care facilities occur in the first day or first week that an infant starts attending a child care program. Many of these deaths appear to be associated with prone positioning, especially when the infant is unaccustomed to being placed in that position. Training that addresses barriers to changing caregiver practices would be most effective.

ESM 5.4 - Percent of at-risk communities with a safe sleep campaign outdoor media presence.
NPM 5 – A) Percent of infants placed to sleep on their backs B) Percent of infants placed to sleep on a separate approved sleep surface C) Percent of infants placed to sleep without soft objects or loose bedding

Measure Status:	Active
Goal:	By 2025, 100% of at-risk communities will have a safe sleep campaign outdoor media prescence.
Definition:	**Unit Type:** Percentage **Unit Number:** 100 **Numerator:** The number of at-risk communities identified by the Maternal, Infant, and Early Childhood Home Visitation program with a safe sleep campaign outdoor media presence. **Denominator:** The number of at-risk communities identified by the Maternal, Infant, and Early Childhood Home Visitation in 2020.
Data Sources and Data Issues:	Maternal, Infant, and Early Childhood Home Visitation Needs Assessment Update Report 2020 and RIESTER Media Group
Evidence-based/informed strategy:	Community outreach and awareness
Significance:	Reaching out to different groups of people to help them learn and practice safe infant sleep strategies has been a cornerstone of multiple safe sleep campaigns. Community members—including parents and caregivers, community-based organizations, health care providers, and others—play a vital role in spreading safe sleep messages and practices into all communities, and in getting messages to diverse audiences. This approach will ensure that communities at higher risk for infant death receive campaign messaging despite limited access to the internet and social media.

ESM 5.5 - Number of ABCs of Sleep Crib Cards distributed.
NPM 5 – A) Percent of infants placed to sleep on their backs B) Percent of infants placed to sleep on a separate approved sleep surface C) Percent of infants placed to sleep without soft objects or loose bedding

Measure Status:	Active
Goal:	By 2025, a total of 240,000 crib cards would have been distributed by birthing facilities.
Definition:	**Unit Type:** Count **Unit Number:** 500,000 **Numerator:** Aggregate number of ABCs of Safe Sleep Crib Cards distributed **Denominator:**
Data Sources and Data Issues:	Bureau of Chronic Dease and Health Promotion - Office of Injury Prevention
Evidence-based/informed strategy:	Caregiver training and education in birthing facilities by healthcare providers
Significance:	The American Academy of Pediatrics (AAP) recommends the ABCs of safe infant sleep (alone, back, clear crib) to combat the increasing rates of Sudden Unexplained Infant Death (SUID). A study determined that significant improvements were made in sleep environments and overall safe sleep compliance after the introduction of crib cards and tracking boards in birthing facilities. Source: Leong, T., Billaud, M., Agarwal, M. et al. As easy as ABC: evaluation of safe sleep initiative on safe sleep compliance in a freestanding pediatric hospital. Inj. Epidemiol. 6, 26 (2019). https://doi.org/10.1186/s40621-019-0205-z

ESM 5.6 - Percentage of hospitals that are distributing the ABCs of Safe Sleep crib cards to their patient population.
NPM 5 – A) Percent of infants placed to sleep on their backs B) Percent of infants placed to sleep on a separate approved sleep surface C) Percent of infants placed to sleep without soft objects or loose bedding

Measure Status:	Active
Goal:	By 2025, 100% of Arizona birthing facilities will have ABCs of Safe Sleep crib cards to distribute to their patient populations.
Definition:	**Unit Type:** Percentage **Unit Number:** 100 **Numerator:** Total number of birthing facilities in AZ with ABCs of Safe Sleep crib cards **Denominator:** Total number of birthing facilities in AZ
Data Sources and Data Issues:	Bureau of Chronic Disease and Health Promotion-Office of Injury Prevention
Evidence-based/informed strategy:	Caregiver training and education by healthcare providers in healthcare settings.
Significance:	The American Academy of Pediatrics (AAP) recommends the ABCs of safe infant sleep (alone, back, clear crib) to combat the increasing rates of Sudden Unexplained Infant Death (SUID). A study determined that significant improvements were made in sleep environments and overall safe sleep compliance after the introduction of crib cards and tracking boards in birthing facilities. Source: Leong, T., Billaud, M., Agarwal, M. et al. As easy as ABC: evaluation of safe sleep initiative on safe sleep compliance in a freestanding pediatric hospital. Inj. Epidemiol. 6, 26 (2019). https://doi.org/10.1186/s40621-019-0205-z

ESM 6.1 - Proportion of new home visitors trained to provide ASQ within 6 months of hire.
NPM 6 – Percent of children, ages 9 through 35 months, who received a developmental screening using a parent-completed screening tool in the past year

<table>
<tr><td>Measure Status:</td><td>Active</td></tr>
<tr><td>Goal:</td><td>By 2020, 90% of new home visitors trained to provide ASQ from a ‘certified ToT.’</td></tr>
<tr><td>Definition:</td><td>
<table>
<tr><td>Unit Type:</td><td>Percentage</td></tr>
<tr><td>Unit Number:</td><td>100</td></tr>
<tr><td>Numerator:</td><td>Number of home visitors trained to provide ASQ by a ‘certified ToT’ within 6 months of hire</td></tr>
<tr><td>Denominator:</td><td>Number of new home visitors who have been employed for at least 6 months</td></tr>
</table>
</td></tr>
<tr><td>Data Sources and Data Issues:</td><td>In-house data from Health Start’s training matched with in-house data from MIECHV, HRPP, Health Start (number of new hires).</td></tr>
<tr><td>Significance:</td><td>This measure will ensure that all home visitors follow fidelity to the ASQ tool and ensure standardization of assessments throughout the state’s home visiting programs. Improved quality of assessments indicates stronger identification of developmental delays which result in stronger referrals to provide quality developmental resources for families in need.</td></tr>
</table>

ESM 6.2 - Percentage of children receiving an ASQ within 1 year of program enrollment.
NPM 6 – Percent of children, ages 9 through 35 months, who received a developmental screening using a parent-completed screening tool in the past year

Measure Status:	Active
Goal:	By 2020, 85% of children enrolled in home visiting will receive at least 1 ASQ within 1 year of enrollment.
Definition:	**Unit Type:** Percentage **Unit Number:** 100 **Numerator:** Number of children who receive 1 ASQ within 1 year of enrollment. **Denominator:** Number of children enrolled in home visiting.
Data Sources and Data Issues:	In-house data with in-house data from MIECHV, HRPP, Health Start
Significance:	This measure will ensure that all enrolled children in a State home vising program receive at least 1 developmental screening. This measure builds congruence among the state's 3 home visiting programs. The measure allows for rapid and consistent identification of developmental delays which result in stronger referrals to provide quality developmental resources for families in need.

ESM 6.3 - Percent of children enrolled in home visiting who received a referral for developmental services and have a complete referral.
NPM 6 – Percent of children, ages 9 through 35 months, who received a developmental screening using a parent-completed screening tool in the past year

Measure Status:	Active
Goal:	By 2025, 100% of children enrolled in home visiting who received a referral for developmental services will have a completed referral.
Definition:	**Unit Type:** Percentage **Unit Number:** 100 **Numerator:** Number of children enrolled in home visiting who received a referral for developmental services and have a completed referral **Denominator:** Number of children enrolled in home visiting who received a referral for developmental services
Data Sources and Data Issues:	Home Visiting Programs
Evidence-based/informed strategy:	Home visitation
Significance:	Home visiting programs regularly connect families with community resources related to mental health, housing, employment, and other crucial services, and ASQ can help inform and ease the referral process. Once a child's ASQ-3 or ASQ:SE-2 questionnaire is scored, the results will help inform what kind of follow-up steps will be appropriate, whether it's referring the child for further evaluation, sharing learning activities with parents, or providing information about parent support groups and other community resources.

ESM 6.4 - Number of providers that receive developmental screening training.
NPM 6 – Percent of children, ages 9 through 35 months, who received a developmental screening using a parent-completed screening tool in the past year

Measure Status:	Inactive - Unable to accurately collect this metric
Goal:	By 2025, 100 total providers will receive training on developmental screenings.
Definition:	**Unit Type:** Count **Unit Number:** 100 **Numerator:** Number of providers who will receive training on developmental screenings. **Denominator:**
Data Sources and Data Issues:	Office of Children's Health
Evidence-based/informed strategy:	Provider training and education
Significance:	Developmental delays and conditions are common in early childhood and are predictive of later learning and behavioral difficulties. Early treatment improves outcomes. There appears to be significant under-detection of developmental delays in early childhood in Arizona. The use of validated developmental screening tools is supported by American Academy of Pediatrics guidelines, but these instruments are neither widely nor systematically used in pediatric practice.

ESM 6.5 - Percent of providers that receive developmental screening training who report initiating developmental screenings with parents in their practices.
NPM 6 – Percent of children, ages 9 through 35 months, who received a developmental screening using a parent-completed screening tool in the past year

Measure Status:	Inactive - Unable to accurately collect this metric
Goal:	By 2025, 75% of providers that receive developmental screening training who report initiating developmental screenings with parents in their practices.
Definition:	**Unit Type:** Percentage **Unit Number:** 100 **Numerator:** Number of providers that receive developmental screening training who report initiating developmental screenings with parents in their practices. **Denominator:** Number of providers that receive developmental screening training
Data Sources and Data Issues:	Office of Children's Health
Evidence-based/informed strategy:	Provider training and education
Significance:	Developmental delays and conditions are common in early childhood and are predictive of later learning and behavioral difficulties. Early treatment improves outcomes. There appears to be significant under-detection of developmental delays in early childhood in Arizona. The use of validated developmental screening tools is supported by American Academy of Pediatrics guidelines, but these instruments are neither widely nor systematically used in pediatric practice.

ESM 7.1.1 - Number of injury prevention activities done by local county health departments specific for children ages 0 through 9
NPM 7.1 – Rate of hospitalization for non-fatal injury per 100,000 children, ages 0 through 9

Measure Status:	Active
Goal:	By 2025, the local county health departments will have completed 20 activities on injury prevention.
Definition:	**Unit Type:** Count **Unit Number:** 100 **Numerator:** Number of injury prevention activities at the local county health departments for children 0-9 years **Denominator:**
Data Sources and Data Issues:	Healthy Arizona Families IGA
Significance:	ADHS provides funding to county health departments to implement programs that address our state priority needs and selected National Performance Measures (NPMs). This ESM is meant to capture all activities that the local county health departments are working on to impact the NPM.

ESM 7.1.2 - Number of car seats and home safety kits distributed with caregiver education.
NPM 7.1 – Rate of hospitalization for non-fatal injury per 100,000 children, ages 0 through 9

Measure Status:	Active
Goal:	By 2025, a total of 8,000 car seats and home safety kits will be provided to caregivers with training.
Definition:	**Unit Type:** Count **Unit Number:** 10,000 **Numerator:** The agregate number of care seats and home safety kits distributed to caregivers **Denominator:**
Data Sources and Data Issues:	Safe Kids Coalition
Evidence-based/informed strategy:	Caregiver and community education and outreach
Significance:	Incentive and education programs reward parents or children with coupons or other prizes for correctly using car seats. Programs offer print materials, videos, or other instructional aids for parents and caregivers. The strategy is effective for increasing car seat and booster seat use. They are recommended by The Guide to Community Preventive Services and/or have been demonstrated to be effective in reviews by the National Highway Traffic Safety Administration.

ESM 7.1.3 - Percent of local county health departments that have at least one staff trained in safe car seat installation and use.
NPM 7.1 – Rate of hospitalization for non-fatal injury per 100,000 children, ages 0 through 9

Measure Status:	Inactive - Completed
Goal:	By 2025, 100% of local county health departments will have at least one staff member trained in safe car seat installation and use.
Definition:	**Unit Type:** Percentage **Unit Number:** 100 **Numerator:** Number of local county health departments that have at least one staff member trained **Denominator:** Total number of local county health departments
Data Sources and Data Issues:	Healthy Arizona Families Integrated IGA
Evidence-based/informed strategy:	Car seat distribution and education
Significance:	Car seat distribution programs provide parents with car seats (i.e., infant, convertible, and booster seats) free of charge, via loan, or low cost rental These programs often include efforts to teach parents how to correctly install and use car seats. Programs are generally targeted to low income parents of infants and young children and can be implemented through hospitals, clinics, insurance companies, community organizations, and home visitation. There is strong evidence that car seat distribution and education programs increase car seat use and correct use of car seats. Car seat distribution programs are effective for rural, urban, and suburban populations and for low and high-income populations. Such programs also appear to increase car seat use in tribal communities.

ESM 7.2.1 - Number of injury prevention activities done by local county health departments specific to adolescents 10-19 years old.
NPM 7.2 – Rate of hospitalization for non-fatal injury per 100,000 adolescents, ages 10 through 19

Measure Status:	Active
Goal:	By 2025, 46% of Arizona's counties will work on strategies to decrease the rate of non-fatal injury hospitalizations amongst adolescents ages 10-19 years.
Definition:	**Unit Type:** Percentage **Unit Number:** 100 **Numerator:** Number of counties working on strategies related to injury prevention in adolescents **Denominator:** Total number of counties participating in the HAF IGA
Data Sources and Data Issues:	Healthy Arizona Families Integrate IGA
Evidence-based/informed strategy:	Health education and promotion
Significance:	This metric was developed to support varied initiatives occurring statewide. Counties may engage in health education and promotional activities to reduce non-fatal injury hospitalizations related to motor vehicle accidents, and others items.

ESM 9.1 - Number of school professionals who receive technical assistance on bullying prevention.
NPM 9 – Percent of adolescents, ages 12 through 17, who are bullied or who bully others

Measure Status:	Inactive - Completed
Goal:	By 2020, technical assistance will be provided to a total of 400 professionals across the State on bullying prevention guidance, policies, and/or resources.
Definition:	**Unit Type:** Count **Unit Number:** 100,000 **Numerator:** Number of professionals who receive technical assistance **Denominator:**
Data Sources and Data Issues:	In-house data from the Must Stop Bullying program
Significance:	Nationally, the recent decade has seen bullying emerge as an important public health issue. Locally, bullying has also been a major topic; during Arizona's needs assessment process, bullying was identified as an important problem affecting the health and well-being of Arizona's children and adolescents. BWCH selected bullying as an NPM because of the national and community interest in the issue, as well as the data, including trend and demographic, available surrounding bullying. BWCH will be working hard to develop anti-bullying prevention programs and strategies in order to reduce the percentage of adolescents who report being bullied and who bully others.

ESM 9.2 - Number of schools implementing bullying prevention guidance.
NPM 9 – Percent of adolescents, ages 12 through 17, who are bullied or who bully others

Measure Status:	Inactive - The strategy has been replaced.
Goal:	By 2025, 100% of the schools that received guidance on bullying prevention strategies would have implemented it in their settings.
Definition:	**Unit Type:** Percentage **Unit Number:** 100 **Numerator:** Number of schools who are actively implementing the guidance **Denominator:** Number of schools that received guidance on bullying prevention
Data Sources and Data Issues:	Bullying Prevention Program
Significance:	Bullying prevention must be part of a comprehensive, cohesive, and integrated schoolwide system of learning supports that creates a cultural norm of safety, connectedness, acceptance, and support. The bullying prevention program would like to learn more about the type of impact they are having in Arizona's schools.

ESM 9.3 - Number of unique pageviews in the must stop bullying campaign website.
NPM 9 – Percent of adolescents, ages 12 through 17, who are bullied or who bully others

Measure Status:	Active
Goal:	By 2025, the Must Stop Bullying campaign website would have accumulated 60,000 unique pageviews.
Definition:	**Unit Type:** Count **Unit Number:** 100,000 **Numerator:** Number of aggregate unique pageviews in the Must Stop Bullying campaign. **Denominator:**
Data Sources and Data Issues:	Arizona Department of Health Services Social Web Postings Team
Evidence-based/informed strategy:	Community awareness and education
Significance:	The U.S. Department of Health and Human Services Health Resources and Services Administration (HRSA) launched the Stop Bullying Now! campaign in response to the troubling results reported by Nansel and colleagues (2001). Their national study of bullying among American schoolchildren found that a disturbingly high number of students, 29.9% of the nearly 16,000 students sampled (Grades 6–10), reported moderate or frequent involvement in bullying (Nansel et al., 2001). The federal government recognized that there were plenty of bullying prevention and intervention programs, but missing was leadership in raising awareness and describing what to do about bullying

ESM 9.4 - Number of unique pageviews to the child page of the must stop bullying campaign website.
NPM 9 – Percent of adolescents, ages 12 through 17, who are bullied or who bully others

Measure Status:	Inactive - Measure 9.3 is similar to this metric.
Goal:	By 2025, the child page of the must stop bullying campaign website will receive 20,000 unique pageviews.
Definition:	**Unit Type:** Count **Unit Number:** 100,000 **Numerator:** Number of aggregate unique page views in the child page of the must stop bullying campaign. **Denominator:**
Data Sources and Data Issues:	ADHS Social Media Web Postings Team
Evidence-based/informed strategy:	Child and youth education and awareness; social media
Significance:	The U.S. Department of Health and Human Services' Health Resources and Services Administration (HRSA) launched the Stop Bullying Now! campaign in response to the troubling results reported by Nansel and colleagues (2001). Their national study of bullying among American school children found that a disturbingly high number of students, 29.9% of the nearly 16,000 students sampled (Grades 6–10), reported moderate or frequent involvement in bullying (Nansel et al., 2001). The federal government recognized that there were plenty of bullying prevention and intervention programs, but missing was leadership in raising awareness and describing what to do about bullying.

ESM 9.5 - Total number of youth served by an organization trained on mental health first aid for youth.
NPM 9 – Percent of adolescents, ages 12 through 17, who are bullied or who bully others

Measure Status:	Active
Goal:	By 2025, 100,000 youth would have been served an organization trained on mental health first aid for youth.
Definition:	**Unit Type:** Count **Unit Number:** 1,000,000 **Numerator:** Total number of youth served by an organization trained on mental health first aid for youth. **Denominator:**
Data Sources and Data Issues:	Office of Women's Health
Evidence-based/informed strategy:	Provider training and capacity development
Significance:	One in five youth will experience a mental health challenge at some point during their life. 17.1 million youth under the age of 18 have or have had a psychiatric disorder – more than the number of children with cancer, diabetes, and AIDS combined. Only 7.4% of children in the United States have a mental health visit in a given year. The Mental Health First Aid for Youth Model: Informs adults about common mental health concerns among youth. icon; Reduces stigma; Teaches adults how to recognize signs and symptoms of mental health and substance use problems in youth; and Provides adults with skills to use a 5-step action plan to help youth who may be facing a mental health problem or crisis, such as suicide.

ESM 10.1 - Number of healthcare clinics implementing University of Michigan's Adolescent Champion Model at their sites.
NPM 10 – Percent of adolescents, ages 12 through 17, with a preventive medical visit in the past year.

Measure Status:	Active
Goal:	By 2025, recruit 27 healthcare clinics in implementing University of Michigan's Adolescent Champion Model at their sites.
Definition:	**Unit Type:** Count **Unit Number:** 50 **Numerator:** Number of healthcare clinics implementing the University of Michigan's Adolescent Champion Model. **Denominator:**
Data Sources and Data Issues:	Internal program data from the Office of Women's Health.
Significance:	During Arizona's needs assessment process, the community identified promotion of preventive visits and services as a priority for adolescents. While adolescents are generally a healthy population, preventive visits are important to identify and educate about at-risk health conditions or behaviors. Preventive visits in adolescence are also beneficial for the long-term health benefits they can provide to individuals and ultimately, communities. By recruiting a minimum of six healthcare clinics in implementing University of Michigan's Adolescent Champion Model at their sites to further increase the percentage of youth receiving a wellness visit in the past year. The adolescent Champion model is an 18-month process designed to drive health centers to become adolescent-centered medical homes. It is a multi-faceted intervention to address a health center's environment, policies, and practices to ensure that all aspects of a visit to the health center are youth-centered.

ESM 10.2 - Percent of clinical sites that engage in continuous learning to maintain the adolescent champion model's high standards of practice.
NPM 10 – Percent of adolescents, ages 12 through 17, with a preventive medical visit in the past year.

Measure Status:	Active
Goal:	By 2025, 100% of clinical sites engaging in continuous learning to maintain the adolescent champion model's high standards of practice.
Definition:	**Unit Type:** Percentage **Unit Number:** 100 **Numerator:** Number of clinical sites that engage in continuous learning to maintain the adolescent champion model's high standards of practice. **Denominator:** Number of clinical sites in the adolescent champion model
Data Sources and Data Issues:	Adolescent Champion Model Program
Evidence-based/informed strategy:	Healthcare quality and access
Significance:	Adolescent Health Initiative developed the Adolescent Champion Model to drive health centers to become adolescent-centered medical homes. The Champion Model is a multi-faceted intervention to address a health center’s environment, policies, and practices to ensure that all aspects of a visit to the health center are youth-centered. Adolescent Champion health centers demonstrate significant improvement in the following areas: Adolescent patient satisfaction, Staff perception of adolescent-centered care within their clinic, Provider comfort and confidence in caring for adolescents ,and Provider and staff knowledge of and attitudes toward confidentiality and minor consent laws.

ESM 10.3 - 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
NPM 10 – Percent of adolescents, ages 12 through 17, with a preventive medical visit in the past year.

<table>
<tr><td>Measure Status:</td><td>Active</td></tr>
<tr><td>Goal:</td><td>By 2025, 85% of adolescents will have 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.</td></tr>
<tr><td>Definition:</td><td>
<table>
<tr><td>Unit Type:</td><td>Percentage</td></tr>
<tr><td>Unit Number:</td><td>100</td></tr>
<tr><td>Numerator:</td><td>Number of adolescents will have 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.</td></tr>
<tr><td>Denominator:</td><td>Number of total adolescents served by participating in the adolescent champion model during the measurement year.</td></tr>
</table>
</td></tr>
<tr><td>Data Sources and Data Issues:</td><td>Adolescent Champion Model</td></tr>
<tr><td>Evidence-based/informed strategy:</td><td>Health care quality and access; patient navigation; patient reminder system</td></tr>
<tr><td>Significance:</td><td>Adolescent Health Initiative developed the Adolescent Champion Model to drive health centers to become adolescent-centered medical homes. The Champion Model is a multi-faceted intervention to address a health center’s environment, policies, and practices to ensure that all aspects of a visit to the health center are youth-centered. Adolescent Champion health centers demonstrate significant improvement in the following areas: Adolescent patient satisfaction, Staff perception of adolescent-centered care within their clinic, Provider comfort and confidence in caring for adolescents ,and Provider and staff knowledge of and attitudes toward confidentiality and minor consent laws.</td></tr>
</table>

ESM 10.4 - 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.
NPM 10 – Percent of adolescents, ages 12 through 17, with a preventive medical visit in the past year.

Measure Status:	Active
Goal:	By 2025, 85% of adolescents in a participating adolescent champion model facility report knowing how to contact their provider or the clinic if they have any questions or concerns.
Definition:	**Unit Type:** Percentage **Unit Number:** 100 **Numerator:** Number of adolescents in a participating adolescent champion model facility report knowing how to contact their provider or the clinic if they have any questions or concerns. **Denominator:** Total number of adolescents served in a participating adolescent champion model facility
Data Sources and Data Issues:	Adolescent Champion Model
Evidence-based/informed strategy:	Healthcare quality and access; patient navigation; patient reminder systems
Significance:	Adolescent Health Initiative developed the Adolescent Champion Model to drive health centers to become adolescent-centered medical homes. The Champion Model is a multi-faceted intervention to address a health center's environment, policies, and practices to ensure that all aspects of a visit to the health center are youth-centered. Adolescent Champion health centers demonstrate significant improvement in the following areas: Adolescent patient satisfaction, Staff perception of adolescent-centered care within their clinic, Provider comfort and confidence in caring for adolescents ,and Provider and staff knowledge of and attitudes toward confidentiality and minor consent laws.

ESM 10.5 - Number of youth advising state initiatives.
NPM 10 – Percent of adolescents, ages 12 through 17, with a preventive medical visit in the past year.

Measure Status:	Active
Goal:	By 2025, 8 unique youth will be recruited to advise state maternal and child health initiatives.
Definition:	**Unit Type:** Count **Unit Number:** 100 **Numerator:** The total number of youth recruited to advise state maternal and child health initiatives. **Denominator:**
Data Sources and Data Issues:	Office of Women's Health
Evidence-based/informed strategy:	Youth engagement; youth empowerment
Significance:	There is strong evidence of the positive role that youth engagement programs and policies play in creating resiliency and producing positive outcomes among youth populations, such as delaying or avoiding the onset of risk-taking behaviors.

ESM 10.6 - Number of continuing education opportunities for dental and medical providers to promote preventive medical visits and mental health for adolescents.
NPM 10 – Percent of adolescents, ages 12 through 17, with a preventive medical visit in the past year.

Measure Status:	Active
Goal:	By 2025, there will be a total of 5 continuing education opportunities for dental and medical providers to promote preventive medical visits and mental health for adolescents.
Definition:	**Unit Type:** Count **Unit Number:** 100 **Numerator:** Number of continuing education opportunities for providers on preventive medical visits and mental health for adolescents. **Denominator:**
Data Sources and Data Issues:	Office of Women's Health
Evidence-based/informed strategy:	Provider capacity building and education; incentivized training
Significance:	Continuing education (CE) credits are required educational requirements for several professions. Each state has different CE requirements for healthcare professionals, including physicians, nurses nursing home administrators and even social workers, to remain licensed. Offering CE credits to providers on priority topics like adolescent preventive medical visits and mental health strategies can have good outcomes for their adolescent patient population.

ESM 12.1 - Number of families that received a resource from the CYSHCN program.
NPM 12 – 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

Measure Status:	Active
Goal:	By 2020, 2000 families will receive resources (information and referrals) to support them in navigating systems of care.
Definition:	**Unit Type:** Count **Unit Number:** 3,000 **Numerator:** Number of families **Denominator:**
Data Sources and Data Issues:	CYSHCN program
Significance:	The Children and Youth with Special Healthcare Needs Program offer vital information and support for families to help navigate a complex system of care. This metric was designed to help the program monitor its population reach.

ESM 12.2 - Number of pediatric providers registered for the GoT transition modules who already serve CYSHCN.
NPM 12 – 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

Measure Status:	Active
Goal:	By 2025, a total of 38 pediatric providers would have been registered for the GoT transition modules who already serve CYSHCN.
Definition:	**Unit Type:** Count **Unit Number:** 100 **Numerator:** Aggregate number of pediatric providers registered for the GoT transition modules who already serve CYHSCN. **Denominator:**
Data Sources and Data Issues:	University of Arizona - College of Medicine
Evidence-based/informed strategy:	Provider capacity development and self-paced training
Significance:	Got Transition® is the federally funded national resource center on health care transition (HCT). Its aim is to improve the transition from pediatric to adult health care through the use of evidence-driven strategies for clinicians and other health care professionals; public health programs; payers and plans; youth and young adults; and parents and caregivers. Got Transition is a program of The National Alliance to Advance Adolescent Health and is funded through a cooperative agreement from the federal Maternal and Child Health Bureau, Health Resources and Services Administration.

ESM 12.3 - Number of family advisors placed in Bureau of Women's and Children's Health administrative offices.
NPM 12 – 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

Measure Status:	Active
Goal:	By 2025, a total of 5 family advisors will be placed in administrative offices located in the Bureau of Women's and Children's Health.
Definition:	**Unit Type:** Count **Unit Number:** 100 **Numerator:** Number of family advisors in Bureau of Women's and Children's Health **Denominator:**
Data Sources and Data Issues:	Office of Children's Health
Evidence-based/informed strategy:	Family engagement
Significance:	Family participation (FP) plays an essential role in state Title V Maternal and Child Health (MCH) programs. Family members volunteer, advise and/or are employed by state Title V MCH, and/or Children and Youth with Special Health Care Needs (CYSHCN) programs and bring unique insight and experience and are prepared to advocate on behalf of MCH. Family participation refers to individuals who are involved in a range of activities that engage families in the planning, development, and evaluation of programs and policies at the community, organizational and policy level.

ESM 12.4 - Percent of school-age children who receive a hearing screening.
NPM 12 – 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

<table>
<tr><td>Measure Status:</td><td>Active</td></tr>
<tr><td>Goal:</td><td>By 2025, 90% of school-age children receive a hearing screening.</td></tr>
<tr><td>Definition:</td><td>
<table>
<tr><td>Unit Type:</td><td>Percentage</td></tr>
<tr><td>Unit Number:</td><td>100</td></tr>
<tr><td>Numerator:</td><td>Number of school-age children who receive a hearing screening</td></tr>
<tr><td>Denominator:</td><td>Total school-age children population in participating hearing screening schools</td></tr>
</table>
</td></tr>
<tr><td>Data Sources and Data Issues:</td><td>Sensory Program</td></tr>
<tr><td>Evidence-based/informed strategy:</td><td>Screening program</td></tr>
<tr><td>Significance:</td><td>The American Academy of Audiology endorses detection of hearing loss in early childhood and school-aged populations using evidence-based hearing screening methods. Hearing loss is the most common developmental disorder identifiable at birth and its prevalence increases throughout school-age due to the additions of late-onset, late identified, and acquired hearing loss. Under identification and lack of appropriate management of hearing loss in children has broad economic effects as well as a potential impact on individual child educational, cognitive and social development. The goal of early detection of new hearing loss is to maximize the perception of speech and the resulting attainment of linguistic-based skills. Identification of new or emerging hearing loss in one or both ears followed by appropriate referral for diagnosis and treatment are the first steps to minimizing these effects. Informing educational staff, monitoring chronic or fluctuating hearing loss, and providing education toward the prevention of hearing loss are important steps that are needed to follow mass screening if the impact of hearing loss is to be minimized.</td></tr>
</table>

ESM 12.5 - Percent of Arizona schools that complete their hearing screens by the assigned due date.
NPM 12 – 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

<table>
<tr><td>Measure Status:</td><td>Active</td></tr>
<tr><td>Goal:</td><td>By 2025, 90% of schools complete their hearing screenings by the assigned due date.</td></tr>
<tr><td>Definition:</td><td>
<table>
<tr><td>Unit Type:</td><td>Percentage</td></tr>
<tr><td>Unit Number:</td><td>100</td></tr>
<tr><td>Numerator:</td><td>Number of schools that complete their hearing screenings by the assigned due date.</td></tr>
<tr><td>Denominator:</td><td>Number of schools that complete their hearing screenings for the current school year.</td></tr>
</table>
</td></tr>
<tr><td>Data Sources and Data Issues:</td><td>Sensory Program</td></tr>
<tr><td>Evidence-based/informed strategy:</td><td>School-based screening and referall services</td></tr>
<tr><td>Significance:</td><td>The American Academy of Audiology endorses detection of hearing loss in early childhood and school-aged populations using evidence-based hearing screening methods. Hearing loss is the most common developmental disorder identifiable at birth and its prevalence increases throughout school-age due to the additions of late-onset, late identified, and acquired hearing loss. Under identification and lack of appropriate management of hearing loss in children has broad economic effects as well as a potential impact on individual child educational, cognitive and social development. The goal of early detection of new hearing loss is to maximize the perception of speech and the resulting attainment of linguistic-based skills. Identification of new or emerging hearing loss in one or both ears followed by appropriate referral for diagnosis and treatment are the first steps to minimizing these effects. Informing educational staff, monitoring chronic or fluctuating hearing loss, and providing education toward the prevention of hearing loss are important steps that are needed to follow mass screening if the impact of hearing loss is to be minimized.</td></tr>
</table>

ESM 12.6 - Number of providers receiving GoT transition training resources.
NPM 12 – 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

Measure Status:	Active
Goal:	By 2025, a total of 500 providers would have received training resources on GoT transition.
Definition:	**Unit Type:** Count **Unit Number:** 1,000 **Numerator:** Number of providers who received a training resource on GoT transition. **Denominator:**
Data Sources and Data Issues:	Office of Children's Health
Evidence-based/informed strategy:	Provider training, workforce development
Significance:	Got Transition® is the federally funded national resource center on health care transition (HCT). Its aim is to improve the transition from pediatric to adult health care through the use of evidence-driven strategies for clinicians and other health care professionals; public health programs; payers and plans; youth and young adults; and parents and caregivers. Got Transition is a program of The National Alliance to Advance Adolescent Health and is funded through a cooperative agreement from the federal Maternal and Child Health Bureau, Health Resources and Services Administration.

ESM 13.1.1 - Number of inter agency partnerships implemented to coordinate dental services for pregnant women and children.
NPM 13.1 – Percent of women who had a preventive dental visit during pregnancy

Measure Status:	Active
Goal:	By 2020, increase by 30% the number of inter agency partnerships implemented to better coordinate dental services for pregnant women and children.
Definition:	**Unit Type:** Count **Unit Number:** 100 **Numerator:** Number of interagency partnerships implemented **Denominator:**
Data Sources and Data Issues:	Internal program data from the Office of Oral Health
Significance:	Public health issues are best addressed by developing and sustaining partnerships between community organizations, academic institutions, and government. These partnerships provide opportunities to promote workforce development as well as address unmet oral health needs and eliminate oral health disparities among pregnant women and children.

ESM 13.1.2 - Number of medical, dental, and other healthcare professionals who receive perinatal oral health education.
NPM 13.1 – Percent of women who had a preventive dental visit during pregnancy

Measure Status:	Active
Goal:	By 2025, 500 healthcare professionals would have received training on perinatal oral health education.
Definition:	**Unit Type:** Count **Unit Number:** 1,000 **Numerator:** Number of healthcare professionals (medical, dental, nursing, as such) that receive training on perinatal health education. **Denominator:**
Data Sources and Data Issues:	Office of Oral Health
Evidence-based/informed strategy:	Provider capacity development
Significance:	Only 1 in 2 women receive preventive dental care during pregnancy. While dental school curricula are more likely than OB-GYN programs to cover prenatal oral health, much of it focuses on the inconsistent evidence that associates periodontal disease with adverse birth outcomes. Stronger evidence shows that children are three times more likely to get cavities if their mothers have them.

ESM 13.2.1 - Proportion of urgent dental cases identified in the sealant program referred for treatment.
NPM 13.2 – Percent of children, ages 1 through 17, who had a preventive dental visit in the past year

Measure Status:	Active
Goal:	By 2020, refer 95% of urgent dental cases identified in the Arizona Sealant Program for treatment.
Definition:	**Unit Type:** Percentage **Unit Number:** 100 **Numerator:** Number of urgent dental cases referred **Denominator:** Number of screened urgent dental cases
Data Sources and Data Issues:	Internal program data from the Office of Oral Health
Significance:	School-based dental sealant programs seek to ensure that children receive an evidenced based highly effective dental prevention service through a proven community-based approach. Tooth decay disproportionately affects low-income children and children from racial and ethnic minority groups. School-based sealant programs are designed to maximize effectiveness by targeting schools with high-risk children, whose vulnerable populations are less likely to receive dental care, including low-income and rural school. This data point will increase the quality of services provided to all children who participate in the school-based sealant programs by actively referring dental cases for treatment.

ESM 13.2.2 - Proportion of early dental cases identified in the sealant program referred for treatment.
NPM 13.2 – Percent of children, ages 1 through 17, who had a preventive dental visit in the past year

Measure Status:	Active
Goal:	By 2020, refer 95% of urgent dental cases identified in the Arizona Sealant Program for treatment.
Definition:	**Unit Type:** Percentage **Unit Number:** 100 **Numerator:** Number of early dental cases referred **Denominator:** Number of early dental cases
Data Sources and Data Issues:	Internal program data from the Office of Oral Health
Significance:	School-based dental sealant programs seek to ensure that children receive an evidenced based highly effective dental prevention service through a proven community-based approach. Tooth decay disproportionately affects low-income children and children from racial and ethnic minority groups. School-based sealant programs are designed to maximize effectiveness by targeting schools with high-risk children, whose vulnerable populations are less likely to receive dental care, including low-income and rural school. This data point will increase the quality of services provided to all children who participate in the school-based sealant programs by actively referring dental cases for treatment.

ESM 13.2.3 - Percent of children who participate in the School-based dental program
NPM 13.2 – Percent of children, ages 1 through 17, who had a preventive dental visit in the past year

Measure Status:	Active
Goal:	By 2025, 90% of children participate in the school-based dental program.
Definition:	**Unit Type:** Percentage **Unit Number:** 100 **Numerator:** Number of children who receive service **Denominator:** Number of children in the school population who are eligible to receive the service.
Data Sources and Data Issues:	Office of Oral Health
Significance:	COVID-19 has had an impact on schools and in turn, the oral health program as children are no longer attending school in-person for class. This has caused many children to not receive their oral health screening and limit their access to preventive interventions that can prevent or delay a dental cary. The program requested including this metric to monitor program usage now that schools will begin developing a return to school plan,

ESM 15.1 - The number of state loan repayment program registered sites that offer assistance with insurance applications.
NPM 15 – Percent of children, ages 0 through 17, who are continuously and adequately insured

Measure Status:	Active
Goal:	By 2025, 900 total sites in the state loan repayment program will offer assistance with insurance applications.
Definition:	**Unit Type:** Count **Unit Number:** 1,000 **Numerator:** The number of sites in the state loan repayment program will offer assistance with insurance applications. **Denominator:**
Data Sources and Data Issues:	Primary Care Office
Evidence-based/informed strategy:	Patient navigation
Significance:	Federally Qualified Health Centers are important safety net providers in rural areas. FQHCs are outpatient clinics that qualify for specific reimbursement systems under Medicare and Medicaid. They include federally-designated Health Center Program awardees, federally-designated Health Center Program look-alikes, and certain outpatient clinics associated with tribal organizations. Approximately 1 in 5 rural residents are served by the Health Center Program, according to the Health Resources and Services Administration (HRSA) Bureau of Primary Health Care (BPHC). Health centers provide a comprehensive set of health services including primary care; behavioral health; chronic disease management; preventive care; and other specialty, enabling, and ancillary services, which may include radiology, laboratory, dental, transportation, translation, and social services

ESM 15.2 - Percent of Title V staff and contractors that receive education on insurance coverage options for children and pregnant women.
NPM 15 – Percent of children, ages 0 through 17, who are continuously and adequately insured

Measure Status:	Inactive - Not an evidence-based strategy
Goal:	By 2025, 100% of Title V staff and contractors that receive education on insurance coverage options for children and pregnant women.
Definition:	**Unit Type:** Percentage **Unit Number:** 100 **Numerator:** Number of Title V staff and contractors that receive education on insurance coverage options for children and pregnant women. **Denominator:** Total number of Title V staff and contractors
Data Sources and Data Issues:	Primary Care Office
Evidence-based/informed strategy:	Workforce Development, Access to Care
Significance:	While national health transformation presents an opportunity for millions of currently-uninsured Americans to obtain health insurance coverage, it does not guarantee that all children and families will have access to care that is adequate, affordable, and continuous. Gaps in care may remain for women and children, particularly children and youth with special health care needs. Navigating through the turbulent currents of health care reform will be challenging, particularly where cultural and linguistic barriers, health disparities, immigration status will impact health outcomes. A trained MCH workforce can ensure that programs are built with this understanding in mind to better support health equity initiatives throughout the state.

ESM 15.3 - Number of learning opportunities for external maternal and child health partners on insurance coverage for children and pregnant women.
NPM 15 – Percent of children, ages 0 through 17, who are continuously and adequately insured

Measure Status:	Inactive - Not an evidence based strategy
Goal:	By 2025, 5 learning opportunities on the insurance coverage for children and pregnant women would be provided to external maternal and child health partners.
Definition:	**Unit Type:** Count **Unit Number:** 100 **Numerator:** Number of learning opportunities on the insurance coverage for children and pregnant women would be provided to external maternal and child health partners **Denominator:**
Data Sources and Data Issues:	Primary Care Office
Evidence-based/informed strategy:	Workforce Development, Access to Care
Significance:	While national health transformation presents an opportunity for millions of currently-uninsured Americans to obtain health insurance coverage, it does not guarantee that all children and families will have access to care that is adequate, affordable, and continuous. Gaps in care may remain for women and children, particularly children and youth with special health care needs. Navigating through the turbulent currents of health care reform will be challenging, particularly where cultural and linguistic barriers, health disparities, immigration status will impact health outcomes. A trained MCH workforce can ensure that programs are built with this understanding in mind to better support health equity initiatives throughout the state.

ESM 15.4 - Percentage of adults that have access to a personal care provider.
NPM 15 – Percent of children, ages 0 through 17, who are continuously and adequately insured

Measure Status:	Inactive - The measure is not connected to Children's health.
Goal:	By 2025, Arizona will increase the percentage of adults that have a personal doctor or healthcare provider by 10%.
Definition:	**Unit Type:** Percentage **Unit Number:** 100 **Numerator:** Respondents in the BRFSS that indicate 'Yes, only one' and 'more than one' to the question: "Do you have one person you think of as your personal doctor or health care provider?" **Denominator:** All respondents to the question.
Data Sources and Data Issues:	Arizona Behavioral Risk Factor Surveillance System
Evidence-based/informed strategy:	Access to care
Significance:	Access to a provider is critical to support one's health. This measure was created to capture the work that the Primary Care Office currently does with increasing the availability of providers across the state.

Form 11
Other State Data

State: Arizona

The Form 11 data are available for review via the link below.

Form 11 Data

Form 12
MCH Data Access and Linkages

State: Arizona

Annual Report Year 2021

	Access				Linkages	
Data Sources	(A) State Title V Program has Consistent Annual Access to Data Source	(B) State Title V Program has Access to an Electronic Data Source	(C) Describe Periodicity	(D) Indicate Lag Length for Most Timely Data Available in Number of Months	(E) Data Source is Linked to Vital Records Birth	(F) Data Source is Linked to Another Data Source
1) Vital Records Birth	Yes	Yes	Daily	1		• Vital Records Death • Hospital Discharge Data • PRAMS • Newborn Screening
2) Vital Records Death	Yes	Yes	Daily	1	Yes	• Hospital Discharge Data • Vital Records Birth • Vital Records Fetal Deaths
3) Medicaid	No	No	Never	NA	No	
4) WIC	Yes	Yes	Daily	0	Yes	• PRAMS

	Access				Linkages	
Data Sources	**(A) State Title V Program has Consistent Annual Access to Data Source**	**(B) State Title V Program has Access to an Electronic Data Source**	**(C) Describe Periodicity**	**(D) Indicate Lag Length for Most Timely Data Available in Number of Months**	**(E) Data Source is Linked to Vital Records Birth**	**(F) Data Source is Linked to Another Data Source**
5) Newborn Bloodspot Screening	Yes	Yes	Daily	0	Yes	• Hospital Discharge • Vital Records Birth • Vital Records Death • Vital Records Fetal Death
6) Newborn Hearing Screening	Yes	Yes	Daily	0	Yes	• Hospital Discharge • Vital Records Birth
7) Hospital Discharge	Yes	Yes	Daily	6	Yes	• Vital Records of Birth • Vital Records of Death • Newborn Blood Spot • Newborn Hearing Screening

	Access				Linkages	
Data Sources	**(A) State Title V Program has Consistent Annual Access to Data Source**	**(B) State Title V Program has Access to an Electronic Data Source**	**(C) Describe Periodicity**	**(D) Indicate Lag Length for Most Timely Data Available in Number of Months**	**(E) Data Source is Linked to Vital Records Birth**	**(F) Data Source is Linked to Another Data Source**
8) PRAMS or PRAMS-like	Yes	Yes	Daily	12	Yes	• Vital Records of Birth • Newborn Bloodspot Screening • Arizona State Immunization Information System • Newborn Hearing Screening

Other Data Source(s) (Optional)

	Access				Linkages	
Data Sources	(A) State Title V Program has Consistent Annual Access to Data Source	(B) State Title V Program has Access to an Electronic Data Source	(C) Describe Periodicity	(D) Indicate Lag Length for Most Timely Data Available in Number of Months	(E) Data Source is Linked to Vital Records Birth	(F) Data Source is Linked to Another Data Source
9) BRFSS	Yes	Yes	Daily	12	No	
10) YRBS	Yes	Yes	Daily	24	No	
11) Syndromic Surveillance (ESSENCE)	Yes	Yes	Daily	0	No	
12) MEDSIS (Disease Reporting)	Yes	Yes	Daily	0	No	

Form Notes for Form 12:

None

Field Level Notes for Form 12:

None