



HRSA

Health Resources & Services Administration



Title V MCH Block Grant Program

ARIZONA

State Snapshot

FY 2020 Application / FY 2018 Annual Report

November 2019

Title V Federal-State Partnership - Arizona

The Title V Maternal and Child Health Block Grant Program is a federal-state partnership with 59 states and jurisdictions to improve maternal and child health throughout the nation. This Title V Snapshot presents high-level data and the executive summary contained in the FY 2020 Application / FY 2018 Annual Report. For more information on MCH data, please visit the Title V Federal-State Partnership website (<https://mchb.tvisdata.hrsa.gov>)

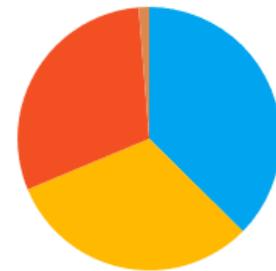
State Contacts

MCH Director	CSHCN Director	State Family or Youth Leader
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Funding by Source

Source	FY 2018 Expenditures
Federal Allocation	\$7,407,455
State MCH Funds	\$6,199,963
Local MCH Funds	\$0
Other Funds	\$5,940,991
Program Income	\$255,283

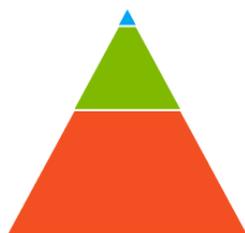
FY 2018 Expenditures



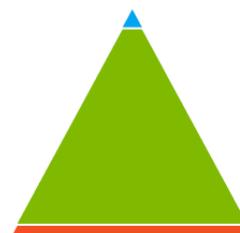
Funding by Service Level

Service Level	Federal	Non-Federal
Direct Services	\$521,332	\$994,294
Enabling Services	\$2,747,937	\$10,913,962
Public Health Services and Systems	\$4,138,186	\$487,981

FY 2018 Expenditures Federal



FY 2018 Expenditures Non-Federal



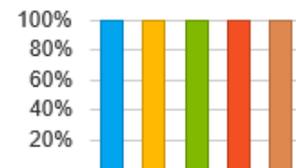
Percentage Served by Title V

Population Served	Percentage Served	FY 2018 Expenditures
■ Pregnant Women	100.0%	\$1,580,592
■ Infants < 1 Year	100.0%	\$5,653,016
■ Children 1 through 21 Years	100.0%	\$7,540,291
■ CSHCN (Subset of all Children)	100.0%	\$3,178,963
■ Others *	100.0%	\$1,593,957

FY 2018 Expenditures
Total: \$19,546,819



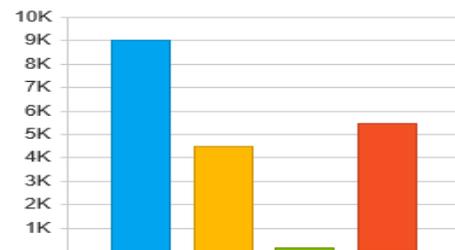
FY 2018 Percentage Served



*Others– Women and men, over age 21.

Communication Reach

Communication Method	Amount
■ State Title V Website Hits:	9,000
■ State Title V Social Media Hits:	4,493
■ State MCH Toll-Free Calls:	180
■ Other Toll-Free Calls:	5,478



Selected National Performance Measures

Measure #	Measure Short Name	Reporting Domain(s)
NPM 1	Well-Woman Visit	Women/Maternal Health
NPM 4	Breastfeeding	Perinatal/Infant Health
NPM 6	Developmental Screening	Child Health
NPM 7	Injury Hospitalization	Child Health
NPM 9	Bullying	Adolescent Health
NPM 10	Adolescent Well-Visit	Adolescent Health
NPM 12	Transition	Children with Special Health Care Needs
NPM 13	Preventive Dental Visit	Women/Maternal Health, Child Health
NPM 14	Smoking	Women/Maternal Health, Child Health

Evidence-Based or –Informed Strategy Measures

NPM #	NPM Short Name	ESM #	ESM Title
NPM 1	Well-Woman Visit	ESM 1.3	Number of agencies participating in the Preconception Health Alliance.
NPM 4	Breastfeeding	ESM 4.1	Number of home visitors trained to become ICBLC certified over the next 5 years.
NPM 6	Developmental Screening	ESM 6.2	Proportion of new home visitors trained to provide ASQ within 6 months of hire.
NPM 6	Developmental Screening	ESM 6.3	Percentage of children receiving an ASQ within 1 year of program enrollment.
NPM 7.1	Injury Hospitalization Ages 0 through 9	ESM 7.1.1	Number of ADHS-facilitated injury-related trainings provided to community partners including home visitors through stakeholder engagement.
NPM 9	Bullying	ESM 9.3	Number of school professionals who receive technical assistance on bullying prevention.
NPM 9	Bullying	ESM 9.4	Number of schools that receive guidance on relevant State laws and policies on bullying prevention.
NPM 10	Adolescent Well-Visit	ESM 10.2	Number of healthcare clinics implementing University of Michigan's Adolescent Champion Model at their sites.
NPM 12	Transition	ESM 12.2	Number of organizations that facilitate the dissemination of evidence-informed transition resources to families with CYSHCN and healthcare providers.
NPM 12	Transition	ESM 12.3	Number of facilities serving CYSHCN using 'got transition' resources for establishing transition policies.
NPM 13.1	Preventive Dental Visit Pregnancy	ESM 13.1.1	Number of inter agency partnerships implemented to coordinate dental services for pregnant women and children.
NPM 13.2	Preventive Dental Visit Child/Adolescent	ESM 13.2.1	Proportion of urgent dental cases identified in the sealant program referred for treatment.
NPM 13.2	Preventive Dental Visit Child/Adolescent	ESM 13.2.2	Proportion of early dental cases identified in the sealant program referred for treatment.
NPM 14.1	Smoking Pregnancy	ESM 14.1.1	Percent of pregnant women who reported smoking in a home visit received a cessation referral.
NPM 14.2	Smoking Household	ESM 14.2.2	Percent of caregivers enrolled in home visiting who report using tobacco at a visit and were referred to tobacco cessation services.

State Performance Measures

SPM #	SPM Title	Reporting Domain(s)
SPM 2	Number of home visitors trained to promote physical activity among women.	Women/Maternal Health
SPM 4	Increase the number of school-based sealant programs in rural communities across Arizona.	Child Health

Executive Summary

Program Overview

The Arizona Department of Health Services (ADHS), Bureau of Women's and Children's Health (BWCH) is honored to implement the Maternal and Child Health (MCH) Title V Block Grant. This Executive Summary provides an overview of activities that were completed in 2018 and an overview of planned activities in 2020 across MCH populations. In 2018, Arizona's Title V Block Grant proudly served 889,814 individuals and supported the infrastructure that serves all of Arizona's residents. The Title V Block Grant funding strengthens systems of care and enabling services in Arizona and is the foundation for Arizona's strategic approaches to meeting the needs of women and children. Arizona's ongoing work and partnership with the HRSA Maternal and Child Health Bureau has led to continued success in improving the health status of our State's residents as illustrated in the 2018 Annual Report and we will work to sustain these efforts as proposed in the 2020 Application.

Women/Maternal Health

Through Women's and Maternal Health, BWCH supports services for Health Start, Sexual Violence Prevention and Education (SVPEP), Domestic Violence, and Reproductive Health/Family Planning Program. The Health Start home visitation program utilizes community health workers (CHWs) to identify women early in their pregnancy and links them to prenatal care, as well as provide education, referrals and developmental screenings until the child's second birthday. As a result, Health Start served 2,018 clients and provided 13,885 home visits.

The Safe Home Network (SHN) program and projects prevent family violence and provide immediate shelter and related assistance for survivors and their dependents. SHN funded 10 domestic violence shelter organizations and 5 non-shelter service sites providing shelter to 3,298 women, men and children for a total of 114,341 bed nights.

In 2020, BWCH will continue to focus on preconception health, family planning services, SVPEP, domestic violence, utilize PRAMS data for information on maternal health and collaborate with our partners to reduce severe maternal morbidity (SMM) and maternal morbidities (MM) by hosting workgroup meetings throughout the year. Maternal Mortality will be the focus of a Governor's Goal Council that will monitor the progress of "breakthrough" projects that will be completed within 12 months. The proposed Maternal Mortality Governor's Goal Council Plan can be found in Appendix A.

Perinatal/Infant Health

In 2018, Perinatal/Infant health activities focused on continued work in the areas of infant mortality and morbidity, safe sleep, high risk perinatal health services, breastfeeding and home visiting. The Helpline answered 5,866 calls related to breastfeeding related issues, of which 3,877 were families registered in WIC (Women's Infants and Children) Nutrition Program. Approximately 488 mothers per month have reached out during evening, weekend, and holiday hours to the Helpline for answers about positioning and latch, medications, milk supply, managing work and school, and infant behavior.

Home visiting programs within BWCH (Health Start, HRPP-Community Health Nursing, and MIECHV) served 7,759 families and completed 48,240 home visits. Fifty (50) Health Start and MIECHV home visitors completed 5 trainings on the ASQ and ASQ SE screening tools. There were 65 home visitors that attended the How to Stay Safe While Conducting Home Visits workshop at the Strong Families AZ Home Visiting Conference. 28 home visitors attended a Home Safety webinar and 93 home visitors attended an in person and webinar about safety of home visitors, safety procedures, identification of unsafe home situations, effects of secondhand smoke, and the burden of injury around the home. Over 100 home visitors received information pertaining to second hand smoke and ASH Line and the Ask, Advice, Refer process.

In 2020, BWCH's perinatal and infant priorities will continue to focus on reducing infant mortality and morbidity. To support the NPM 4 around 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. Early childhood home visiting programs will continue 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). BWCH will continue to collect information on ACE measures by analyzing BRFSS historical and incoming ACE's data to identify trends in populations across Arizona especially in women of reproductive age groups and young adults (18-26 years of age).

Child Health

Child health activities in 2018 focused on continued work in the areas of injury prevention, home visiting, oral health, nutrition education, and immunization awareness and education. Arizona has continued to improve child health outcomes in many areas. Implementation of several evidence-informed and evidence-based strategies targeting Child Health priorities continue to address public health trends and move the needle on improving the health status of Arizona children.

Notable successes included the Arizona Chapter of the American Academy of Pediatrics' engagement of 19 Pediatric Prepared Emergency Care (PPEC) facilities to go through the recertification process (Title V funded project).

Additionally, BWCH supported and participated in the 5th Annual Arizona ACEs Summit: *Becoming a Trauma Informed State - Overcoming Adverse Childhood Experiences to Create a Healthier Arizona*. Twelve (12) home visitors participated in the support offered to receive IBCLC certification, and in 2018, 600 home visitors attended the MIECHV funded 7th Annual Strong Families Home Visiting Conference. Lastly, the Arizona Partnership for Immunization 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 to promote immunizations statewide (Title V funded project).

Unfortunately, the number of SUID cases increased 5% from 2016 (n=80) to 2017 (n=84). A large portion of these infants (50 deaths) died while co-sleeping (bed sharing with adults and/or other children). Deaths due to suffocation remained high, and were

determined to be the cause of death for 51 infants. It is because of this large proportion that Safe Sleep continues to be a priority in Arizona.

For the 2020 application year, the BWCH priorities for child health will continue to focus on decreasing the rate of injuries, both intentional and unintentional for children ages 0-19 and improving access to quality preventive health services, specifically developmental screening. Strategies that will continue and be enhanced include: technical assistance for emergency departments and support of local Safe Kids coalitions are strategies, oral health prevention efforts, and implementation of Governor's goal council action plans for immunizations and ACE's/Trauma Informed Care.

Adolescent Health

As a critical period of the life course framework, adolescent health is a major focus of the BWCH which administers several programs that touch the lives of youth. The programs and activities that were implemented focused on: providing teen pregnancy prevention services; launching various bullying prevention projects including a marketing campaign; contracting with a national subject matter expert on bullying prevention as a training and technical assistance resource for schools and state/community-based organizations; and hosting quarterly Bullying Prevention Stakeholder meetings. Additionally, Arizona's professional women's basketball team, Phoenix Mercury committed considerable resources towards promotion of a Bullying Prevention Video Contest and designated their 7/25/18 game as "Bullying Prevention Game Day."

The BWCH adopted the University of Michigan's evidence-based Adolescent Champion Model as a strategy for increasing wellness visits among adolescents. The Arizona Family Health Partnership was also funded to become the Replication Partner for Arizona, thus recruiting the first 4 clinics to implement the model.

Children with Special Health Care Needs

The Office for Children with Special Health Care Needs (OCSHCN) provides leadership and support for the development of comprehensive, coordinated, and integrated systems of care that are culturally and linguistically responsive for CYSHCN and their families. OCSHCN maintained its critical Title V role in key areas such as Information and Referral, Education and Advocacy, Family and Youth Engagement, Health Care Transition, Medical Home, and Systems of Care for CYSHCN. A fundamental building piece of our mission and a critical element in accomplishing our vision is to direct Title V funds towards building a sustainable system of equitable access to Children and Youth with Special Health Care Needs (CYSHCN) services and improving CYSHCN outcomes throughout Arizona. To do this OCSHCN also focuses on the importance of Family and Youth Engagement. OCSHCN works with governmental and community partners to provide and/or assure quality health services are delivered to CYSHCN in Arizona. OCSHCN's program objectives as planned for 2020 include: assist families in accessing appropriate care and services by providing information and referral services to health care; insurance, and community resources; embarking on several new transition projects with community partners to increase the percentage of CYSHCN who received services necessary to make transitions to all aspects of adult life; advocate by partnering and collaborating with numerous state and local agencies, nonprofit, community based and private organizations, to promote family-centered, community based, comprehensive, coordinated systems of care for CYSHCN.

Cross Cutting

In 2018, the **Office of Oral Health (OOH)** increased the number of school-based dental sealant programs in rural communities. Over 300 schools participated in the program and nearly 12,000 children were served. Of these children who participated in the Program, approximately 2,246 children were identified as children with special health care or educational needs. A component of the sealant program as well as preschool oral health prevention programs included dental referrals and establishment of a dental home for over 50,000 children, thereby helping to increase the number of children with a preventive dental visit. OOH continued its partnerships with the state oral health coalition as well as the Arizona American Indian Oral Health Initiative by conducting a series of roundtables to gain input on the state oral health plan. In 2018, the first ever comprehensive state oral health plan was completed in Arizona.

Based on the new Title V Guidance that was issued in 2017, the OOH in conjunction with ongoing evaluation activates, reevaluated its original SPMs and made adjustments to better align with the current program and funding priorities. Program objectives were redefined with a priority to reach underserved populations with a health equity lens. Program objectives as planned for 2020 include, an increase in the number of state partnerships to coordinate dental services for pregnant women as well as a quality objective to increase the proportion of urgent dental cases referred for care.

Access to Care

Arizona is one of five states nationwide with an approved Statewide Rational Service Areas that identifies health professional shortage areas (HPSAs). Currently, Arizona is faced with significant workforce shortages. There are currently 550 federally designated HPSAs in the state, including 201 primary care HPSAs, 184 dental HPSAs, and 177 mental health HPSAs. Arizona currently needs an additional 580 full-time primary care physicians statewide to eliminate the existing primary care HPSAs. A total of 4,699,828 Arizonans reside in the urban HPSAs and 1,692,189 reside in rural, frontier or tribal HPSAs.

The Primary Care Office (PCO) within BWCH leads statewide efforts to improve access to care to Arizona's rural and underserved communities. The State Loan Repayment Program (SLRP) and the National Health Service Corps Loan Repayment Program (NHSC) help to alleviate shortages in these areas by recruiting and retaining needed health care professionals through loan repayment incentives in exchange for an initial two year commitment in the HPSAs. The PCO provides technical assistance to sites in order to receive NHSC certification. Arizona has 209 sites that are NHSC certified sites and eligible for NHSC provider placement and a total of 399 providers are currently serving in HPSAs. The SLRP through community partnership and agency leadership support, the program has had significant successes and growth in terms of funding and provider participation. The total number of obligated providers per fiscal year is as follows: FY 2017: 44, FY 2018: 72, and FY 2019: 97. In FY 2020, a total of 120 provider applications were received. The PCO will continue to focus on improving access to care through partnerships with the Primary Care Association and State Office of Rural Health.

Detailed plans for each of the programs described above are provided throughout the narrative and are reflected in the state's action plan and metrics.

The Title V MCH Needs Assessment

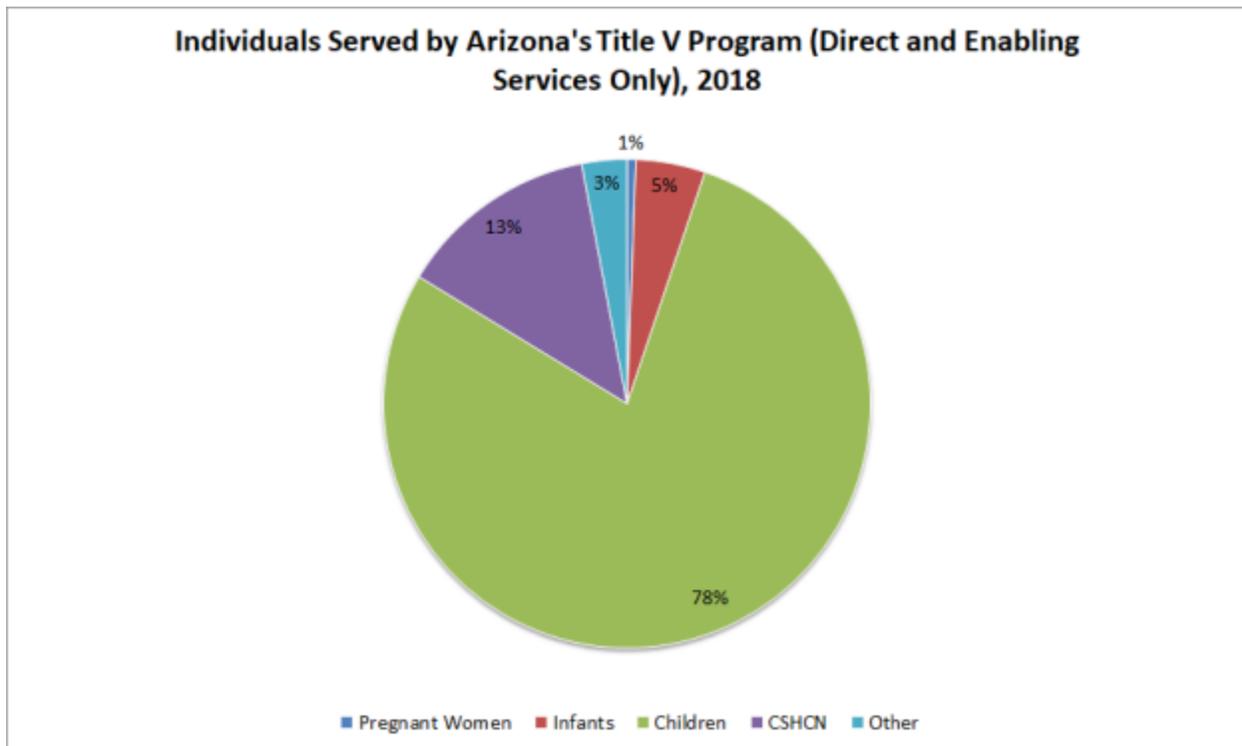
BWCH has begun planning for the 2020 MCH Needs Assessment through a collaborative engagement process and has established the Title V MCH Needs Assessment Steering Committee and the Implementation Team. Members of the steering committee represent state agencies, non-profit, advocacy groups, and families. The needs assessment will involve a seven components consisting of quantitative and qualitative methodologies that aim to capture the needs of each of Arizona's MCH populations. The needs assessment will be conducted in partnership with the University of Arizona's Mel and Enid Zuckerman College of Public Health, the Intertribal Council of Arizona, and the Navajo Nation/Diné College. Findings from these methodologies will be synthesized and used in a facilitate prioritization meeting in 2020.

As Arizona looks towards the 2020 MCH Needs Assessment, it is important to reflect on the significant strides made in addressing priorities established through the 2015 Statewide Needs Assessment. Highlights of each population domain that are described in greater detail in the Arizona 2020 Title V Maternal and Child Health (MCH) Application.

How Federal Title V Funds Support State MCH Efforts

Title V funds are leveraged to compliment 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 CYSHCN. The lack of state appropriated funds for reproductive health services is another gap addressed through Title V funds. Approximately \$900,000 in Title V funds supports the provision of reproductive health services in county health departments and a federally qualified health center. Title V funds also support initiatives to address Severe Maternal Morbidity and Maternal Mortality Reviews. In FY2018, Arizona's total Title V funds amounted to \$7,407,455.00. This amount coupled with \$12,396,237.00 in state funds for various MCH efforts such as TPP, Oral Health and HRPP came to a combined total of \$19,803,692.00 that was leveraged to address the health needs of Arizona's MCH population. This investment allowed the Program to serve 889,814 individuals via direct and enabling services while supporting the infrastructure in the public health system to serve 100% of all populations in the state. A majority of individuals served by Arizona's Title V Program were children (ages 1-22) followed by children with special healthcare needs.

Figure 1. Individuals Served by Arizona's Title V Program, 2018



MCH Success Story

Arizona PRAMS is a joint project between ADHS and the CDC. Its purpose is to promote the collection, analysis, and dissemination of population-based data of high scientific quality and to support the use of data to develop policies and programs in order to decrease maternal and infant morbidity and mortality. The Title V Program provides financial and administrative support to the project. On April 2017 data collection began and closed with a 25% response. American Indian mothers had the lowest rate at 18%, followed by Black mothers at 24%. In response to this multiple outreach activities were designed to increase participation by American Indian mothers. For 3 years the project is a participant of the Navajo PRAMS workgroup. This group consists of members from PRAMS sites in other Navajo Nation (NN) bordering states and lead by the NN's Tribal Epidemiology Center. Through this partnership the project leveraged resources and gathered feedback for effective recruitment of Navajo mothers. An outcome of this partnership was the introduction of a reward for participants during year 2. This lead to an increase in the overall response rate of 64%. Recently, the workgroup facilitated a meeting with NN First Lady where she committed to a letter of support for PRAMS and encouraged participation among Navajo mothers. The workgroup has future plans of joint data analysis and reports that offer a complete view of the health and experiences of Navajo mothers and babies.

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

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

Provided below is a link to a document that lists the MCHB discretionary grant programs that are located in this state/jurisdiction for Fiscal Year 2018.

[List of MCHB Discretionary Grants](#)

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