Maternal and Child Health Services Title V Block Grant

Arizona

FY 2018 Application/ FY 2016 Annual Report

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ARIZONA DEPARTMENT
OF HEALTH SERVICES

July 12, 2017

Michelle Lawler, Director
Division of State and Community Health
Maternal and Child Health Bureau, HRSA
5600 Fisher Lane, Room 18-31
Rockville, MD 20857

Dear Ms. Lawler:

The Arizona Maternal and Child Health Block Grant for Fiscal Year 2016 is submitted electronically with this letter. The DUNS number for the Arizona Department of Health Services is 80-474-5420.

If you have any programmatic questions, please contact Patricia Tarango at (602) 542-7335. Any questions of a financial nature should be directed to Jordan Glawe, Agency Grants Manager, at (602) 364-1691.

Sincerely,

Juan Beltran, MPA
Assistant CFO
Business & Financial Services

Sheila Sjolander
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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 C of the 2015 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 "GUIDANCE AND FORMS FOR THE TITLE V APPLICATION/ANNUAL REPORT," OMB NO: 0915-0172; published January 2015; expires December 31, 2017.

I.E. Application/Annual Report Executive Summary

The Arizona Title V Block Grant Program has a long history of working with diverse communities gathering input, feedback, and assisting in identifying priorities and areas of focus to address the needs of women and children as evident in the extensive process for the completion of the 2015 Five Year Needs Assessment. The 2018 Application and 2016 Report demonstrate Arizona's continued efforts to address the established priorities.

Arizona selected ten priorities that include seven that are aligned with national performance measures and three are Arizona specific. The priorities are: improve the health of women before and between pregnancies; reduce infant mortality and morbidity; decrease the incidence of childhood injury; increase early identification and treatment of developmental delays; promote a smooth transition through the lifespan for children and youth with special healthcare needs; support adolescents to make healthy decisions as they transition to adulthood; reduce the use of tobacco and other substances across the lifespan; improve the oral health of Arizona's children; increase the percentage of women and children who are physically active and strengthen the ability of Arizona families to raise emotionally and physically healthy children.

The Bureau of Women's and Children's Health (BWCH), where the Title V Block grant is administered, is organized by office: Children's Health, Women's Health, Injury Prevention, Oral Health and Children with Special Health Care Needs. Title V funding supports many of the programs that are described in this summary and application. All BWCH programs are aligned with Title V guidance and performance measures. This summary addresses each Title V population domain, highlights accomplishments and challenges.

Women/Maternal Health

Priorities for Women/Maternal Health focus on improving the health of women before and between pregnancies including access to preventive health services. Selected strategies focus on preconception and interconception health.

In 2016, Arizona received the CDC funded Pregnancy Risk Assessment Monitoring System (PRAMS) Grant and is in year 1 of implementation. PRAMS will inform the Title V Program on the health status of women before, during and after pregnancy allowing Arizona to enhance health initiatives and strategies for women.

Title V funds support the Reproductive Health/Family Planning Program, a statewide, clinic-based, program that provides comprehensive reproductive health services to promote optimal health for Arizona's men and women. In 2016, Title V reproductive health/family planning program provided 5,460 clinic visits and served 3,050 unduplicated adults. While this is a slight decrease from 2015 may be due to the expansion of Medicaid enrolled childless adults, several factors contributed to the progress of the Reproductive Health Program in 2016. Social media has made sexual health easier to talk about, allows users to find answers for many of their health concerns including dieting, physical fitness, and contraception.

Challenges and barriers to family planning include cost, travel distance for individuals living in rural counties, having access to basic transportation and retaining qualified nurses and practitioners.

Title V funds a toll free Hot Line that provides assistance by connecting women and children to resources. Calls to the Hotline are typically higher during evenings, weekend and holiday hours with questions from Moms seeking guidance and answers about positioning and latch, medication, balancing work/life and infant behavior. After-hours availability of the Helpline is especially useful for mothers unable to reach their health care providers. In 2016, 4,500 families received services from this hot line.

Future efforts for Arizona in women/maternal health include participation in a Collaborative Improvement and Innovation Network (CoIIN) on Infant Mortality to address known factors that contribute to infant mortality in the four US-Mexico Border States. If funded, this initiative will launch in 2018 and will be coordinated by PCI a San Diego based international 501(c)3 organization and the Healthy Start Border Health Alliance.

In 2018 BWCH plans to establish of a contract with a maternal and child health community based organization who will assume the lead in reestablishing the Preconception Health Alliance to develop a one year action plan focused on strategies to increase awareness about preconception among the healthcare providers and the general public. In addition, the BWCH will administer the Preconception Health Provider survey to assess any changes in healthcare provider practices.

Perinatal/Infant

Arizona's priority for the Perinatal/Infant domain is to reduce infant mortality and morbidity. Arizona's Title V program is home to three different home visiting programs that include the High Risk Perinatal Program (HRPP), Health Start and Maternal Infant and Early Childhood Home Visiting Program (MIECHV).

The HRPP addresses critically ill neonates and high risk pregnant women in imminent danger of premature delivery. In 2016, 3,914 infants were enrolled in the HRPP and 7,311 home visits made by Community Health Nurses.

The Title V agency serves women by supporting their entry into prenatal care through home visiting programs. Health Start is a state supported home visitation program that utilizes community health workers (CHW) to identify women early in their pregnancy and link them to prenatal care. In 2016, Health Start services were provided to 2,534 clients through 16,698 home visits.

Arizona's MIECHV Programs include Healthy Families (HF), Nurse-Family Partnership (NFP) and Family Spirit in the White Mountain Apache Tribe. Evidence-based home visiting is augmented by a comprehensive workforce development program provided through regional training and education, online courses, regular e- newsletters and an annual summit. In 2016, 2,311 families were served through 30,109 visits.

The **Arizona's Child Fatality Review (CFR**) has been instrumental in supporting activities related to the mitigation of Sudden Unexpected Infant Death (SUID). Infant deaths while co-sleeping (bed sharing with adults and/or other children) and deaths due to suffocation remained high, making Safe Sleep a continued priority in Arizona. The State has increased its role in the Infant Mortality Collaborative Improvement and Innovation Network (CoIIN). Partnering with Birthing Hospitals and utilizing Title V funds and through a PDSA cycle, the Safe Sleep Task Force developed crib cards with the ABC (**A**lone and on his/her **B**ack, in a **C**rib) message and education. Arizona is pleased to see that the 2016 CFR report containing 2015 Calendar Year data indicated that 78 infants died from sleep related causes, this is a slight but important decrease from 82 infant deaths in 2014.

Emerging trends for the Office of Injury Prevention range from drug poisoning, substance abuse prevention efforts, Neonatal Abstinence Syndrome (NAS), prescription drug practices including opioids. Arizona, as well as the nation, has seen an increase in poisoning and death due to opioid related poisonings. Arizona has taken important steps to solve this multi-faceted epidemic. In August 2016, HB 2355 was also enacted to allow pharmacist to dispense Naloxone, an opioid overdose reversal drug, without a prescription to a person at risk of experiencing an opioid-related overdose, a family member or community member in a position to assist that person.

To assist in expanding naloxone access throughout the state, ADHS also worked in collaboration with the Arizona

Peace Officers Standards and Training Board to develop naloxone training curriculum for law enforcement agencies to be able to carry and administer naloxone while out in the field.

At the same time Arizona, as well as many other states, is seeing an increase in (NAS). In Arizona, the incidence of NAS among newborns has increased by 224% from 2008 (145 NAS cases) to 2015 (470 NAS cases). During 2008-2015 there were a total of 2,389 cases of NAS in Arizona and the average NAS rate was 3.5 per 1,000 live births. The NAS rate for 2015 is 5.7 per 1,000 live births.

The Title V program will continue to partner with others in the community by supporting distribution of the Arizona Rx Drug Misuse & Abuse Initiative guidelines. The Program will continue to work with home visiting to educate home visitors about the prescription drug epidemic and the dangers of NAS.

The Arizona New Born Screening Program has been granted legislative authority to begin testing for Severe Combined Immunodeficiency, or SCID. The disease is a rare, genetic disorder that can be fatal if not detected and treated in a newborn. This screening capability is expected to be added to Arizona's screening panel in August 2017, helping to provide every Arizona newborn with a healthier start.

Child Health

The Arizona priority for Child Health is to decrease the incidence of childhood injury. Arizona's Title V program houses the Office of Injury Prevention which serves as a coordinating body for injury prevention within ADHS. Accomplishments include the creation of numerous injury specific data reports and fact sheets, technical assistance to community on motor vehicle safety and teaching all over the state to prepare car seat technicians.

The HRSA funded Arizona's Emergency Medical Services for Children (EMSC) program has established a pediatric designation system that set minimum voluntary pediatric emergency care standards for all emergency departments. As of May 2016, there are 36 member hospitals of which 31 have under gone a site verification visit. Arizona has seen an increase in pediatric educational offerings in each of the state's four EMS regions because of funding from the federal grant.

Children with Special Health Care Needs

The Office of Children with Special Health Care Needs (OCSHCN) maintained its critical role and focus on the following: Information and Referral, Education and Advocacy, and supporting systems of care for children and youth with special health care needs.

Through contracts with key partners, accomplishments include identification and recruitment, training and reimbursement for Family and Young Adult Advisors (FYAA), to participate in projects, committees, workgroups, resource development, policy and program development implementation, and evaluation at national, state and community levels. In 2016, 41 families and young adult advisors worked on 25 different activities totaling 1510 hours of impact within the community. OCSHCN plans to continue to expand the number of trained FYAAs involvement and there will be an emphasis and focus on Transition NPM as well as increasing both FYAAs from rural areas, including bilingual and tribal communities.

Adolescent Health

The priority for Arizona Adolescent Health is broad and is to support adolescents to make healthy decisions as they transition to adulthood. Arizona's Teen Pregnancy Prevention (TPP) Program employs three strategic approaches: Abstinence Education, Abstinence Plus Education and Parent Education. Accomplishments include the continued annual decline in teen pregnancy rates. The rate for teenagers 15-17 years dropped steeply by 63.9 percent from 39.1 per 1,000 in 2005 to 14.1 in 2015. The rate for older teenagers (aged 18-19 years) fell by 43.6 percent from 103.6 per 1,000 in 2005 to 58.4 per 1,000 in 2015. It is anticipated that this decline will continue due to sustained teen pregnancy prevention services to youth and other external influences.

Launched in 2016, the bullying prevention initiative accomplishments include the development and implementation of an environmental survey, identification of bullying prevention resources and services, mapping of resources to identify potential statewide gaps in service areas and a high level of interest among stakeholders to participate in a bullying prevention workgroup. The first bullying prevention workgroup was held in December 2016 that included presentations by local experts, data findings, and national bullying prevention campaigns which have been used to shape plans and creative ideas for a formal, state-wide social media campaign on bullying prevention.

Cross-cutting or Life Course

Priorities for cross-cutting or life course include reduce the use of tobacco and other substances across the life-span and improve the oral health of Arizona's children. Through an inter-bureau partnership with the Bureau of Tobacco and Chronic Disease, the Arizona Home Visiting Programs have all integrated screening, education and referrals to the Arizona Smokers HelpLine (ASHLine). Additionally, a continued focus on smoke free environments that include education and awareness campaigns for multi-housing units.

Arizona has continued and enhanced several strategies to improve the oral health of Arizona's women and children and has developed a sustainable model through grants, private donations and sound billing practices. The **Arizona School-based Sealant Program** has been successful at reaching the most vulnerable children who need our services the most. 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. Sealants are provided to age appropriate uninsured children, Medicaid and SCHIP beneficiaries, those covered by Indian Health Services. A major accomplishment this past year was the expansion of the sealant program to include three border counties in Arizona.

The Arizona **School-based Fluoride Mouthrinse** (FMR) Program is to reduce tooth decay in children in grades 1-6 living in communities with sub-optimal fluoride in the community water supply and attending schools with 50% of students qualifying for the federal free and reduced lunch program are eligible to participate in the program. During the 2016 school year, the Arizona School-based FMR Program distributed fluoride mouthrinse materials for 14,249 children.

The Arizona **Fluoride Varnish Program** is offered at WIC, Immunization Clinics and child care centers throughout Maricopa County. In 2016, the Fluoride Varnish Program served 31,353 children. Like the Sealant Program, Medicaid is billed for services provided to eligible children creating a sustainable mechanism to broaden services to more children. During 2016, approximately 4,851 infants of one year and younger were screened in the Fluoride Varnish Program. Additionally, 1,067 pregnant mothers received education and referrals for dental care.

The Office of Oral Health also works in partnership with the Arizona Health Care Cost Containment System (AHCCCS, Arizona's Medicaid program) by ongoing communication regarding reimbursement of AHCCCS enrolled children while increasing AHCCCS' preventive services initiatives.

II. Components of the Application/Annual Report

II.A. Overview of the State

In order to understand the status of women and children in Arizona it is important to understand where the Title V program sits within the state's health care delivery system, some of the agency's current priorities and how they are reflected in the Title V values, priorities, roles and responsibilities. This overview of Arizona's Title V program will view the state through the social determinants of health, generally described by the CDC as how the conditions where people are born, live, work, play and grow old shape their health and wellbeing.

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 is a component of the ADHS Public Health Prevention Services Division. The Chief of the Bureau of Women's and Children's Health serves as the Title V administrator. The Office of Children with Special Health Care Needs (OCSHCN) is one of the offices within BWCH and the Chief of the Office of Children with Special Health Care Needs serves as the Children with Special Health Care Needs director.

ADHS adopted a five year strategic plan for 2014-2018. The Strategic Priorities for this plan are: Impact Arizona's Winnable Battles, Integrate Physical and Behavioral Health, Promote and Protect Public Health and Safety, Strengthen Statewide Public Health System and Maximize ADHS Effectiveness. The Winnable battles include: to promote nutrition and physical activity, reduce obesity, reduce tobacco and substance abuse, reduce health care associated infections, reduce suicide and reduce teen pregnancy.

In 2014, ADHS conducted a **State Health Needs Assessment**. The findings were developed in conjunction with the 14 county health departments and hundreds of people from throughout the state. The Needs Assessment identified 15 priorities. These priorities often mirrored the findings of the Title V Needs Assessment. The Bureau of Women's and Children's Health Chief co-chairs the Teen Pregnancy Prevention and Oral Health workgroups and the Chief of the Office of Injury prevention staffs the Injury Task Force. The Teen Pregnancy Prevention workgroup has since been renamed Maternal Child Health to more broadly reflect MCH concerns.

When developing our Maternal Child Health priorities, the Title V program looked at many factors, beginning with the intent of the Title V Maternal Child Health Block Grant. The program looked at what the community has identified as a priority and at what the data had shown was a concern. This meant looking at disparities as well. For instance, although Arizona's infant mortality is 5.6, below the Healthy People 2020 goal, there is a disparity between White non- Hispanic and Black infant mortality. The Title V administrator also needs to determine where there is political will as well as capacity in the state. As one of the roles of the Title V administrator is to be a good steward of public funds, it is important to ensure Title V funds are not used for something that already has a dedicated funding stream.

The Title V program is responsible for tracking emerging issues and identifying how they affect the maternal child health population in Arizona. Prescription drug abuse and subsequent Neonatal Abstinence Syndrome have been identified as emerging issues. Abuse and addiction to opioids is a serious and challenging national public health problem, and in June 2017 Arizona Governor Doug Ducey declared the opioid crisis a public health emergency. Deaths from drug overdose have risen steadily over the past two decades and have become the leading cause of injury death in the United States. (ASPE, 2015) As will be described later in this Application, bullying has also been identified as an emerging issue as well as safe sleep. Bullying was brought up many times during community input sessions and safe sleep was first identified at a statewide Infant Mortality Summit in January 2014. Arizona is participating in the Safe Sleep ColIN. Most recently, ZIKA has emerged as a public health threat. Arizona's Title

V program is a part of the preparation efforts.

The following section will highlight **statutes relevant to the Title V program**. 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 maternal and child health programs or functions but are not specific to Title V. The statutory list of functions (A.R.S. 36-132) of ADHS includes: encourage and aide 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; 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. When these programs are not housed in the Bureau of Women's and Children's Health, Bureau staff are involved in some capacity.

Amended rules, effective July 1, 2014, R9-101-117, 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 rule making process.

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

The Bureau of Women's and Children's Health also manages the **Oral Health Fund**. ARS 36-138. The oral health fund uses funds received by the department as reimbursement from the state's Medicaid program contractors for dental services provided by the department and expends the money from the fund for dental health services.

State statute (A.R.S. 36-899.01) also requires ADHS to administer a program of **hearing evaluation services** administered to all school aged children. This program is also administered by the Bureau of Women's and Children's Health.

The Child Fatality Review Program is authorized by state statute (A.R.S. 36-3501). The State **Child Fatality Review** Team is required 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 Bureau Chief is a legislatively required member of the State Team. The Program is housed in the Bureau of Women's and Children's Health.

In 2011, the Arizona Legislature revised the state child fatality statute to add authority to review maternal deaths. **Maternal mortality** review is implemented through a sub-committee of the State Child Fatality Review Team. The 2015 legislative session the Governor signed 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.

The following section will describe **principal characteristics** of Arizona so the reader can put into context the health status of the women and children of Arizona. Arizona is the sixth largest state in the nation, located in the Southwest United States. One-quarter of the land in Arizona is home to 21 federally recognized Native American Tribes and Nations. The Phoenix metropolitan area and Tucson are the primary urban areas of the state. About three-quarters of Arizona's population resides in urban areas and one-quarter resides in rural or frontier areas. [1] In the Institute for Women's Policy Research's 2015 Status of Women Report, Arizona ranked below other states in the status of women. It had a D+ score in women's poverty and opportunity (including rankings of health insurance coverage, education, business ownership and poverty rates) and a D in work and family (including ranks of paid leave, child care and labor force participation).[2]

In Arizona, more than half of a million women live in poverty. The Arizona Foundation for Women notes that this rate of poverty is related to women being more likely to be singularly responsible for children. Over a quarter of Arizona's families are single mothers with children under the age of 18 living at home, and 77 percent of these single mothers are eligible for but not receiving child support. Arizona has the fifth highest adult female poverty rate in the country.[3]

As children, Arizonans also face challenges. In findings from the 2014 Arizona Behavioral Risk Factor Surveillance System, 64 percent of Arizonans experienced at least one adverse childhood experience or ACE. ACES include: abuse such as sexual abuse, physical abuse or verbal abuse and household dysfunction such as 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. Thirty percent of women in Arizona experienced at least three or more ACEs with women experiencing sexual abuse and/or living with someone with a drinking problem or mental illness more commonly than men.[4]

In the State overall, from 2004 to 2016, the population of Arizona grew from 5.8 million to 6.8 million people. From 2003 to 2006, the growth rate was between a three and four percent increase per year. With the recession in 2008, and Arizona particularly hard hit, population growth slowed and actually decreased about three percent from 2009 to 2010. Growth resumed in 2011 with an annual growth rate of about one percent per year.[5]
Impacts of the recession were seen in a decrease in migration to Arizona as well as a decrease in resident births. Arizona Vital Statistics also noted factors affecting population growth such as the number of undocumented residents who left the state, the decline in construction jobs, the number of foreclosures and the number of built but vacant homes. It should be noted that these factors all apply primarily to metropolitan, not rural, counties.

The racial and ethnic makeup of the state is different than the nation. In 2016, the proportion of the population that is Hispanic in Arizona was almost twice that of the nation (30.9 percent compared to 17.8 percent nationally). In addition to having a higher proportion of Hispanics, Arizona's population also has a smaller proportion of African Americans (5 percent compared to 13 percent nationally) and a higher proportion of Native Americans (5 percent compared to 1 percent nationally).[6]

The racial makeup of Arizona varies by age group. Among older age groups, the population is predominantly white, while the proportion of the population represented by Hispanics is highest among the younger groups. Nearly 44 percent of those younger than five are Hispanic compared to 11 percent of people 75 and older. [7]

Arizona has consistently ranked lower in the nation per pupil spending compared to the U.S. The National Center for Education Statistics reported that Arizona spent $7,503 per student compared to the nation's average of

$10,311 in fiscal year 2014.[8] The US Census ranked Arizona 49th of the 50 states and the District of Columbia in public per pupil spending in fiscal year 2014.[9] The National Assessment of Educational Progress (NAEP) is an assessment of what America's students know. In 2015, eighth grade students in Arizona public schools performed the same as 14 other states and jurisdictions, had higher performance than 9 states and jurisdictions and were below 28 states and jurisdictions in NAEP reading scores. In 2015, 26 percent of Arizona eighth graders tested below basic skill level for their grade compared to 25 percent nationally. This was not a statistically significant change from 2013.[10]

The economy of Arizona is growing after a hard hit during the recession. The Bureau of Economic Analysis calculates the gross domestic product (GDP) of states as well as the nation. GDP is the sum of what individuals, businesses and government spend on goods and services as well as investment and trade. Arizona contracted at a faster rate than the nation as a whole from 2005-2008, with a steep decline in 2008. Since that period, there has been slow, positive GDP growth. In 2016, Arizona outpaced the national growth rate of 3.0 with growth of 3.9.[11] Median household income in Arizona has historically tended to be lower than national averages. According to the US Census, Arizona's median household income in 2015 was $50,255 compared to the national median income of $53,889. Median household income also varies widely by county and type of household. The highest median household income was in Maricopa County with $54,229 and the lowest was in Apache County with $31,757. Median household income also varies by type of household, with married couple families earning $71,490, families with children under 18 earning $53,937 and female-headed, single parent families earning $32,147. [12]

In Arizona overall, unemployment increased dramatically during the recession and currently shows signs of a return to pre-recession rates, however, unemployment varies across Arizona. The seasonally adjusted unemployment rate for Arizona as a whole peaked in January 2010 at a rate of 11.1 from a low of 3.4 in May 2007. May 2017 figures show an unemployment rate of 5.1 with 168,319 unemployed. While all parts of the state saw increased unemployment in late 2009 and early 2010, the Phoenix-Mesa-Scottsdale, Sierra Vista-Douglas, and Tucson Metropolitan Statistical Areas showed the lowest rates (10.4, 9.7, 10.1 in January 2010, respectively) while the Yuma Area suffered the largest percentage of unemployment (21 in January 2010). The highest rate of unemployment in Yuma Metropolitan Statistical Area was 30.3 in August 2010, most current data (2017) show a rate of 17.4.[13]

Arizona has a higher percentage of residents living in poverty compared to the nation. In a five-year estimate for 2011-2015, 15.5 percent of the nation lived in poverty compared to 18.2 percent of those living in Arizona. This rate was 14 percent in Arizona in 2000. In Arizona in 2015, 26 percent of children under 18 and 32 percent of those without a high school diploma lived below the poverty line.[14] Poverty varies dramatically by county. The highest rates of poverty are in Apache and Navajo Counties with rates of 30 and 25 percent, respectively. The lowest rates are in Greenlee (10 percent), Yavapai (11 percent) Pinal and La Paz (12 percent) Counties.[15]

In addition to individuals, poverty is calculated for families with children under the age of 18. In a five-year estimate for 2011-2015, 21 percent of families with children were below the poverty line in Arizona. This was three percentage points higher than the national average of 18 percent.[16] Rates of poverty for families with children vary widely by ethnic background. The National Center for Children in Poverty reports that in Arizona in 2014, twelve and thirteen percent of Asian and White children, respectively, live in a poor family compared to 46 percent of Native American children, 36 percent of Hispanic children and 30 percent of Black children.[17]

There is also wide variation in the proportion of households receiving assistance such as Supplemental Security Income, Cash Public Assistance or SNAP (food stamps) in Arizona. The most recent American Community Survey data shows that in 2015, 13.5 percent of households in Arizona receive SNAP assistance or food stamps.

The lowest is in Greenlee County at 9 percent to a high of 26.8 and 26.4 percent in Apache and Navajo Counties, respectively. [18] Household Food Insecurity is often a consequence of poverty. The USDA definition of food insecurity can be paraphrased as: a limited or uncertain availability of food. Low food security is food insecurity without hunger. Very low food security is food insecurity with hunger.[19] Food insecurity is similar but slightly higher in Arizona than in the United States as a whole and has increased in the past 10 years, notably between 2007 and 2008. In 2013- 2015, 15 percent of Arizona households had limited or uncertain food availability and six percent of those were hungry.[20]

In Arizona in 2016, more children were living in foster care than at any time in the last fifteen years. The Children's Action Alliance reports that in February 2016, 19,044 children were in foster care.[21] In an independent review of the newly established Department of Child Safety, Chapin Hall reported that the increase in children in foster care is the result of the increase in abuse and neglect reports, especially since 2009; specifically, in a six year period, there was a 44 percent 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.[22]

In US Census data from 2015, about 728,000 people or 10.8 percent of Arizona's population were uninsured. Arizona's rate of uninsured continues to be higher than the national rate of 9.4 percent and is higher than 36 other states and the District of Columbia. However, the Arizona rate was down from 2013 (1.1 million,17%) and 2012 (1,131,000, 17.6%).[23] Included in this number, 134,000 children and youth under the age of 18 (8.3%) were uninsured; this figure is substantially higher than the national percentage of 4.8 percent. [24] While Arizona's percent of uninsured children has decreased from a high of 15 percent in 2008, decreases in uninsured children have not been as consistent as national changes.

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 six years, there have been a number of changes in federal and state policy affecting Arizona's CHIP program. Table 1 illustrates policy changes occurring within the past years that have directly impacted insurance status and access to care for children living in Arizona.

Table 1. Health care policy changes affecting children, 2010 – 2016

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). All children with incomes up to 133% FPL now eligible for 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. Applications for children not eligible for Medicaid will be accepted starting July 26,2016 for coverage September 1, 2016. This is estimated to cover 30,000 additional children in families with incomes between 134-200% FPL.
June 2017	Over 20,000 children have been enrolled in KidsCare in the past year. Current KidsCare enrollment in Arizona is 21,050.

Source: Contents for much of this table were drawn directly from Burak, E.W. (2015). Children's Coverage in Arizona: A cautionary Tale for the Future of the Children's Health Insurance Program (CHIP). Georgetown University Health Policy Institute Center for Children and Families [25]and The Arizona Health Care Cost Containment System, KidsCare website.[26]

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 percent and 100 percent FPL. The second change was Arizona's expansion of Medicaid eligibility to include

childless adults earning between 100 percent 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 ACA and supported by then Governor Janet Brewer. With these policy changes, these eligibility programs provided Medicaid coverage for nearly 400,000 individuals in June 2017. The adult expansion service increased 35 percent from June 2015 to June 2016, and has stayed approximately steady since then.[27]

From December 2009 to June 2017 there was an overall increase in SOBRA enrollments for eligible pregnant women. Amended under Title VI of the Sixth Omnibus Budget Reconciliation Act 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 pregnancy women increased 49 percent between June 2015 and June 2016, but then decreased by 23 percent between June 2016 and June 2017. SOBRA services for children under the age of 18 also increased 77 percent from June 2015 to June 2016, and have stayed steady in the past year.[27]

At the close of the 2017 open enrollment period, 196,291 Arizonans selected marketplace plans through the federally-facilitated exchange.[28] Table 2 illustrates characteristics of the individuals selecting marketplace plans in Arizona.

Table 2. Marketplace plan selection characteristics – Arizona, close of 2017 open enrollment period [28]

Arizona: 196,291 individuals with plan selections	% (Number)
New Consumers	34% (67,230)
Plans eligible for financial assistance	90% (176,691)
Plan selections <18	20% (38,446)
Plan selections 18-64	80% (156,497)

In summary, recent federal and state health policy changes have increased the number of Arizonans covered by insurance. Counting marketplace plan selections (196,291) with the Proposition 204 restoration population (317,135) and the childless adult expansion population (82,228), just under 600,000 individuals (595,654) have health insurance that may have not had it prior to the policy changes being implemented. This increase in covered lives has also lowered the percent of uninsured in Arizona from 17 percent in 2013 to 10.8 percent currently, not including effects of employer-based and other non-marketplace/Medicaid insured populations.

Almost three-quarters of the over $9.8 billion Arizona budget for 2018 is made up of spending on K-12 education, AHCCCS (Arizona's Medicaid program) and the Department of Corrections. Over forty percent of the general fund goes to elementary and secondary education (approximately $4.2B), almost twenty percent for AHCCCS (approximately $1.8B), and about ten percent for corrections (approximately $1B). The Arizona Department of Health services receives much less than one percent of the general fund expenditures ($87M). [29]

Arizona labor force and employment figures were severely disrupted by the recession. However, Arizona's general budget no longer faces shortfalls. Yet the total State budget has continued to be reduced – by $800 million since FY 2008 – while Arizona's population has grown over 600,000 during that timeframe.[30] Arizona is ranked 21st nationally for state business tax climate.[31] Rankings of Arizona spending relative to other states and the nation in 2013 - 2014 showed that Arizona spent comparatively more per capita on police and fire protection (rank = 20) and corrections (rank = 16), and less on highways (rank = 51), health and hospitals (rank = 34), public welfare (rank = 42), all education (rank = 48), and public K-12 schools (rank = 51).[32]

In 2017, the Governor signed into law a bill that will allow some families to participate in TANF for up to 24 months (from the previous one year restriction).

II.B. Five Year Needs Assessment Summary and Updates

FY 2018 Application/FY 2016 Annual Report Update

To keep abreast of emerging issues and any changes in the health status of Arizonans, bureau epidemiologists continue to review and analyze data from a variety of sources. These findings are crucial to understanding the current health needs and status of Arizona's women and children. This updated needs assessment summary is organized like the larger needs assessment, by HRSA population.

Women's and Maternal Health

According to BRFSS, in 2015, 88% of Arizona women reported having healthcare coverage, which is consistent from the 87% reported in 2014.[1] Seventy-one percent reported visiting a doctor in the last year for a routine checkup, a slight increase from 68% reported in 2014. Nevertheless, 15% of Arizona women reported not being able to visit a doctor sometime in the past 12 months due to cost. This is a slight decrease from the 18% reported in 2014.[1]

In 2015, 61% of Arizona mothers, age 20 and older, initiated prenatal care in the first trimester, a drop from the reported 66% in 2014. According to the Arizona Coalition to End Sexual and Domestic Violence, there were 100 domestic violence incidents that resulted in fatalities in 2016.[2] Home visiting programs screen for domestic violence at six-months postpartum. In 2017, the Centers for Disease Control and Prevention published the National Intimate Partner and Sexual Violence Survey (NISVS) – State Report for Arizona. The NISVS reports data from 2010-2012 surveys. Forty-one percent of Arizona women reported having experienced contact sexual violence in their lifetime. The percentage of women that reported to have experienced stalking was 19% and 43% reported having experienced intimate partner violence.[3]

Perinatal and Infant Health

Arizona's infant mortality rate has generally been decreasing across the past decade. The infant mortality rate for Arizona decreased from 6.1 deaths per 1,000 live births in 2014 to 5.5 deaths per 1,000 live births in 2015. Disparities in infant mortality rates are evident by race and ethnicity. In 2015, the highest infant mortality rates were among African American infants (11.0) followed by American Indian infants (7.6) any then be Hispanic infants (5.6). Arizona's percentage of low birth weight babies and preterm births remained stable from 2014 to 2015.[4]

In 2015, there were 78 SUIDs in Arizona, with 96% associated with unsafe sleep environments. The mortality rate for SUID decreased from 0.98 deaths per 1,000 live births in 2014 to 0.92 deaths per 1,000 live births in 2015. Racial disparities are also evident in SUID deaths, with Hispanic, American Indian and African American infants bearing a disproportionately higher burden.[4]

In 2015, 470 babies experienced withdrawal syndrome or Neonatal Abstinence Syndrome (NAS). Rate of NAS continues to rise in Arizona, as there was an 8.6% increase in babies born with NAS, from 5.25 per 1,000 live births in 2014 to 5.70 per 1,000 live births in 2015. The Title V program is addressing these findings through preconception health, home visiting and collaborating with community partners to improve care coordination and services for substance exposed newborns and their mothers.[5]

Child Health

According to the Arizona Childcare Immunization Coverage Report for School Year 2015-2016, there was a slight decrease in the self-reported childcare center's religious belief exemption rates for immunization from 3.6% (2014-15) to 3.5% (2015-16).[6] Arizona will be able to assess Adverse Childhood Experiences through data collected in a state added section of the BRFSS 2016; the data will be available for analysis in 2018.

The 23rd Annual Arizona Child Fatality Review Report found the mortality rate per 100,000 children decreased eight percent from 2014 (51.3) to 2015 (47.2). Review teams determined that 39% of deaths were preventable. The number of child deaths has decreased between 2014 and 2015 in the following categories: prematurity (222 deaths to 177), SUID (85 infant deaths to 78), and drowning (31 children to 30). The number of child deaths has increased between 2014 and 2015 in the following categories: child suicides (38 to 47), deaths due to maltreatment (75 to 87). Deaths due to maltreatment accounted for 11% of all child deaths in Arizona. There has been a 43 percent increase in mortality rates due to maltreatment from 2009 to 2015.[4] Certain race/ethnicities continued to maintain higher rates of death in some of these categories in 2014, specifically Hispanic, African American, and American Indian children for further information please see Appendix A for complete report.

Due to the rapid increase in reports of child maltreatment and increasing number of children placed in foster care we will continue our prevention efforts especially among high risk families. Arizona's Title V agency administers or funds several home visiting and community health nursing programs. These provide families with support, information on child development, and connection to local resources with the goal to improve maternal and child health and reduce family violence, child injuries and child maltreatment.

Native American children continue to be at the highest risk for maltreatment, inadequate nutrition and obesity. The program is working closely with six Arizona's tribes to implement evidence based home visiting.

Children and Youth with Special Health Care Needs (CYSHCN)

According to the National Survey of Children's Health (NSCH) 11/12 an estimated 19.2% of Arizona children 0-17 years have special health care needs.[7] CYSHCN are more vulnerable to gaps or instability in the healthcare delivery systems. Sixty- four percent of parents of youth with special health care needs in Arizona reported that they did not receive the services necessary to make appropriate transitions to adult health care, work, and independence.[8] For a better look at Arizona's children, the Office of Children with Special Health Care Needs (OCSHCN) developed and conducted the Arizona Children's Health Survey (ACHS), based on the NS-CSHCN. This was distributed through county health departments and the internet. It was advertised extensively through social media. In addition to designing this convenience survey, OCSHCN staff conducted survey training for partners and staff at the county-level. A total of 4290 responses were collected through the ACHS and important findings were made. Of those families who responded to the ACHS 31.9% were identified to have at least 1 child with special health care needs and 83 percent of CSHCN have health coverage that does not support them in accessing and paying for all the care they need. In alignment with Arizona Title V priorities, questions related to transition to adulthood were asked and only 6.4 % of CSHSCN are receiving services through their providers that will position them in a position where they will be able to: see a doctor or other health care providers that treat adults, obtain health insurance as adults and take responsibility for their own health care needs and health plans. [9]

The Office for Children with Special Health Care Needs continues transition outreach and training for youth and families to make resources and tools, such as the Health Care Organizer, readily available. Hearing screening is mandated by State statute to be collected from public and private schools. After a review of the present data system and inventory of resources resulted in the need for a new data collection tool and database and both were implemented for the reporting period of the school years 2015-2016 and 2016-2017. OCSHCN initiated the transition from the paper based to electronic data collection to facilitate communication between the schools and ADHS and the mandated hearing screening report is expected to be collected solely online in the 2017-2018 school year.

Adolescent Health

In December 20, 2016, the Arizona Youth Survey 2016 (AYS) was published by the Arizona Criminal Justice

Commission. All schools in Arizona are eligible to participate in the survey, and the data is representative of students in the 8th, 10th, and 12th grades across the state. According to the report, in 2016, 9% of youths reported currently smoking cigarette, staying similar to the 9.4% reported in 2014, and a decrease from the 12.9% in 2012. In addition, 22% of youths reported currently drinking alcohol, which is a decrease from 24% reported in 2014. The 2016 AYS also assessed the use of electronic cigarettes (e-cigarettes); 2.0% of 8th graders reported smoking e-cigarettes at least 10 times in the last month, 4.6% of 10th graders reported smoking e-cigarettes at least 10 times in the last month, and 7.0% of 12th graders reported smoking e-cigarettes at least 10 times in the last month.[10]

Continuing the downward trend observed across the nation and state for several years now, Arizona's teen pregnancy rate declined from 35.7 pregnancies per 1,000 females aged 15 to 19 in 2013 to 31.8 pregnancies per 1,000 females in 2015. In 2015, the highest rates were observed in American Indian or Alaska Native teens (52.5 per 1,000 females aged 15 to 19), followed by Hispanic/Latina teens (41.3), and Black or African American (32.6). The lowest rates were observed in White, non-Hispanic teens (20.7) and Asian or Pacific Islander teens (12.8).[1]

Teens were less likely than older mothers to receive first trimester prenatal care, with only 41% of mothers aged 15 to 19 years old receiving prenatal care in the first trimester, compared to 60% of Arizona as a whole.[1]

In Arizona, effective prevention efforts have reduced the overall number of motor vehicle and transport crash fatalities. Motor vehicle crash decreased 40% since 2009. Motor vehicle crashes were the second leading cause of death in youth ages 151 to 17 following firearm injury in 2015. [4]

The Title V program will continue to utilize evidence based/informed teen pregnancy prevention curricula. The Title V County Health grants will require counties to adopt evidence based/informed strategies and measurable outcomes to ensure that the selected strategies are moving the needle on injury including bullying. In addition, the bureau will address bullying through evidence based or informed strategies outlined later in this report.

Cross-cutting or Life course

A maternal and child health life course perspective aims to approach a child's development holistically and promotes health through a comprehensive and collaborative effort which helps to eliminate disparities and barriers to healthcare. Physical activity and obesity are two factors which influence one's health during all stages of life. In 2014, over a quarter (25.6%) of Arizona high school students were overweight or obese, an increase of 9.4% from 2013. There was no statistically significant difference between American Indian or Alaskan Native students (non-Hispanic) or Hispanic students and their White non-Hispanic counterparts of being overweight or having obesity, with the exception of Hispanic females, who are more likely to be obese than White non-Hispanic females.[11] The percentage of students that were not physically active for at least 60 minutes per day on five or more in the previous week decreased from 58.1% to 53.6% (a decrease of 7.8 percent) between the 2013 and 2015 YRBSS and again females were less likely than males to have been physically active.[11] Breastfeeding is associated with numerous long-term health benefits. According to the most recent National Immunization Survey made available by the US Centers for Disease Control and Prevention the breastfeeding initiation rates in Arizona increased for 2013 birth year infants (85.0%) as compared to the previous year (75.3%). This represents an increase by 9.7% in favor of Arizona's breastfeeding initiatives. [12]

Good oral health continues to be a factor promoting favorable birth and health outcomes. In 2015, the Arizona Department of Health Services, with support from First Things First initiative, coordinated a statewide oral health survey of kindergarten and third grade children attending Arizona's public schools. A summary of the findings indicate that the prevalence of dental sealants in the permanent molar teeth of Arizona's third grade children was 44% in 2014. In addition, 52% of Arizona's kindergarten children and 64% of third grade children had experienced tooth decay.[13] Data from the 2014 BRFSS indicate that the proportion of women in Arizona age 18 and up who self-

report having a dental visit within past 12 months was 61%; a decrease from what was reported in an earlier 2013 survey, 64%. There was a statistically significant difference between proportion of males (56.9%) and females (61%) who self-report having a dental visit in within the past 12 months. New data for this measure will become available from the 2016 BRFSS Survey.[14]

According to the 2015 Arizona Behavioral Risk Factor Surveillance Survey, the percent of Arizona women 18 years or older who were current smokers decreased since last year (12.0% vs. 13.9%). From 2015 to 2016 (provisional data), there was a marginal decrease of 0.6 percentage points in the percent of women who smoked in the last three months of pregnancy (4.2% in 2015 vs 3.6% in 2016) .[14] The Title V home visiting program has addressed smoking during pregnancy and has effectively partnered with the Bureau of Tobacco and Chronic Diseases on a secondary smoke related antismoking campaign. Arizona plans to continue the Fluoride Varnish and Sealant Programs and support good nutrition and physical activity through the Empower Program with our partners in the Bureau of Nutrition and Physical Activity.

In order to improve maternal and child health in our State, it is important to have adequate access to primary medical, dental and behavioral health providers. Unfortunately, Arizona has a critical shortage of these health care providers evident by a total of 442 federally designated Health Professional Shortage Areas (HPSAs) as well as 37 federally designated Medically Underserved Areas (MUAs) and 9 Medically Underserved Populations (MUPs). By definition, Health Professional Shortage Areas (HPSAs) are areas that meet the federal criteria as having a shortage of primary care physicians (primary care HPSA), dentists (dental HPSA) and psychiatrists (mental HPSA) while Medically Underserved Areas/Populations (MUA/Ps) are areas identified as having a need for medical services on the basis of demographic data including provider to population ratio and infant mortality rate.

Out of 442 federally designated HPSAs in Arizona, 163 are primary care, 177 dental, and 102 mental HPSA. The primary care and dental HPSAs represent more than three-quarters of our State and the mental HPSAs represent the entire State of Arizona. A majority of these designated areas are in rural parts of the State. To eliminate these shortages, Arizona will need a total of 350 primary care physicians, 338 dentists and 164 psychiatrists.

FY 2017 Application/FY 2015 Annual Report Update

To keep abreast of emerging issues and any changes in the health status of Arizonans, bureau epidemiologists reviewed and analyzed data from a variety of sources, such as state birth and death certificate data, hospital discharge data, and the Supplemental Security Income (SSI) database. These findings were the basis of understanding the current health needs and status of Arizona's women and children.

For a better look at Arizona's children, the Office of Children with Special Health Care Needs (OCSHCN) developed and conducted the Arizona Children's Health Survey (ACHS), based on the NS-CSHCN. This was distributed through county health departments and the internet. It was advertised extensively through social media. In addition to designing this convenience survey, OCSHCN staff conducted survey training for partners and staff at the county-level. Over 3,000 responses were collected and a final report should be available in early 2017.

Women's and Maternal Health

According to BRFSS, in 2014, 87% of Arizona women reported having healthcare coverage, an increase from the 82% reported in 2013, and 68% report visiting a doctor in the last year for a routine checkup, up from 66% in 2013. However, almost 1 in 5 women (18%) report not being able to visit a doctor sometime in the past 12 months because of cost.

In 2014, 66% of Arizona mothers initiated prenatal care in the first trimester, a drop from the reported 81% in 2013. This may be related to the change in Birth Certificate forms. According to the Arizona Coalition to End Sexual and Domestic Violence, there were 88 domestic violence incidents that resulted in 109 fatalities in 2014 . Home visiting programs screen for domestic violence at six-months postpartum.

Perinatal and Infant Health

While Arizona's infant mortality rate has generally been decreasing across the past decade, in 2014, the rate increased from a low of 5.3 to 6.2 infant deaths per 1,000 live births. Disparities in infant mortality rates are evident by race and ethnicity. The highest rates are seen amongst Black or African-American infants (11.7 in 2014) followed by American Indian infants (8.7) and Hispanic infants (6.4). Arizona's percentage of low birth weight babies and preterm births remained stable from 2013 to 2014.

In 2014, there were 85 SUIDs in Arizona, with 96% associated with unsafe sleep environments. The mortality rate from SUID increased from 2013 to 2014, from 0.87 deaths per 1,000 live births to 0.98. Racial disparities are also evident in SUID deaths, with Hispanics, American Indians and African Americans bearing a disproportionately higher burden.

Rates of neonatal abstinence syndrome also continue to rise, from 2013 to 2014 the rate of babies born with NAS increased 27%, from 4.12 per 1,000 live births to 5.25 . The Title V program is addressing these findings through preconception health, home visiting and safe sleep efforts.

Child Health

There was a decrease in the self-reported childcare center's religious belief exemption rates for immunization from 4.1% (2013-14) to 3.6% (2014-15). Through the 2014 Behavioral Risk Factor Surveillance System (BRFSS), Arizona's residents were asked if they had experienced any of the nine types of ACEs (Adverse Childhood Experiences) categorized under abuse or household dysfunction as a child. 64% of Arizonan's reported experiencing at least 1 ACE. The most common ACE identified was verbal abuse (35%) .

The 22nd Annual Arizona Child Fatality Review Report found the mortality rate per 100,000 children increased four percent from 2013 (49.5) to 2014 (51.3). Review teams determined that 36 percent of deaths were preventable. The number of child deaths has risen between 2013 and 2014 in the following categories: prematurity (210 deaths to 222), SUID (74 infant deaths to 85), child suicides (25 to 38), and drowning (23 children to 31). In addition, while deaths due to maltreatment decreased by 18 percent from 2013 (n=92) to 2014 (n=75), there has been a 24 percent increase in mortality rates due to maltreatment from

2009 to 2014. Certain race/ethnicities continued to maintain higher rates of death in some of these categories in 2014, specifically Hispanic, African American, and American Indian children .

Due to the rapid increase in reports of child maltreatment and increasing number of children placed in foster care we will continue our prevention efforts especially among high risk families. Arizona's Title V agency administers or funds several home visiting and community health nursing programs. These provide families with support, information on child development, and connection to local resources with the goal to improve maternal and child health and reduce family violence, child injuries and child maltreatment. Native American children are at the highest risk for maltreatment, inadequate nutrition and obesity. The program is working closely with six Arizona's tribes to implement evidence based home visiting.

Children with Special Health Care Needs (CSHCN)

An estimated 19.2% of Arizona children 0-17 years have special health care needs . CYSHCN are more vulnerable to gaps or instability in the healthcare delivery systems . Sixty- four percent of parents of youth with special health care needs in Arizona reported that they did not receive the services necessary to make appropriate transitions to adult health care, work, and independence.

A total of 31,638 children applied for Supplemental Security Income (SSI) disability benefits in Arizona from 2012 to 2015. Forty percent of children (n=2434) who applied in 2015 received benefits. The top five conditions for the applications in this duration were: behavioral health, speech/language disability, autism, learning disability and respiratory conditions .

The Office for Children with Special Health Care Needs (OCSHCN) continues transition outreach and training for youth and families to make resources and tools, such as the Health Care Organizer, readily available. Hearing screening is mandated by State statute to be collected from public and private schools. A review of the present data system and inventory of resources resulted in the need for a new data collection tool and database. OCSHCN initiated the transition from the paper based to electronic data collection to facilitate communication between the schools and ADHS.

Adolescent Health

In 2016, the 2015 YRBSS Surveillance Summary published new data regarding Arizona's overweight or obese adolescents, this information will be presented in detail in the life course/cross cutting section of this report. In 2015, 34.8% of Arizona high school students reported currently drinking alcohol; a decrease of 3.3% from 2013 and 15.3% reported currently smoking cigarettes or cigars, a decrease of 23.8% from 2013. The 2015 YRBSS assessed the use of electronic vapor products for the first time, 27.5% of students in Arizona are currently using these products. A higher percentage of Arizona students are currently using electronic vapor products (27.5) than cigarettes or cigars (17.9%) .

Continuing the downward trend observed across the nation and the state for several years now, Arizona's teen pregnancy rate declined from 37.7 pregnancies per 1,000 females aged 15 to 19 in 2013 to 35.7 in 2014. In 2014, the highest rates were seen in Hispanic/Latina teens (51.9), followed by American Indian or Alaska Native teens (37.8) and Black or African American teens (33.3). The lowest rates were seen in white non-Hispanic teens (23.0) and Asian or Pacific Islander teens (10.9).

Teens were less likely than older mothers to receive first trimester prenatal care, with only 61% of mothers aged 15 to 19 years old receiving prenatal care in the first trimester, compared to 75% of Arizona as a whole.

Some of the long term consequences of bullying include depression and suicidal thoughts . YRBS also reports that in 2015, 34.2% of Arizona high school students reported feeling sad or hopeless for almost every day for 2 or more weeks in a row so that they stopped doing some usual activities during the 12 months before the survey, (a decrease of 6%), 19.2% seriously considered attempting suicide (a decrease of 3.1%), and 9.6 % attempted suicide one or more times (a decrease of 10%). Females were again more likely than males to report feeling sad or hopeless, and considering and attempting suicide.

In Arizona, effective prevention efforts have reduced the overall number of motor vehicle and transport crash fatalities, motor vehicle crash deaths decreased 29 percent from 2013 to 2014. Motor vehicle crashes were the leading cause of death in youth

ages 15 to 17 followed by firearm injury .

The Title V program will continue to utilize evidence based/informed teen pregnancy prevention curricula. The Title V County Health grants will require counties to adopt evidence based/informed strategies and measurable outcomes to ensure that the selected strategies are moving the needle on injury including bullying. In addition, the bureau will address bullying through evidence based or informed strategies outlined later in this report.

Cross-cutting or Life course

A maternal and child health life course perspective aims to approach a child's development holistically and promotes health through a comprehensive and collaborative effort which helps to eliminate disparities and barriers to healthcare .

Physical activity and obesity are two factors which influence one's health during all stages of life. Over a quarter (25.6%) of Arizona high school students were overweight or obese, an increase of 9.4% from 2013 . There was no statistically significant difference between American Indian or Alaskan Native students (non-Hispanic) or Hispanic students and their White non-Hispanic counterparts of being overweight or having obesity, with the exception of Hispanic females, who are more likely to be obese than White non-Hispanic females .

The percentage of students that were not physically active for at least 60 minutes per day on five or more in the previous week decreased from 58.1% to 53.6% (a decrease of 7.8 percent) between the 2013 and 2015 YRBSS and again females were less likely than males to have been physically active .

Breastfeeding is associated with numerous long-term health benefits . According to the most recent National Immunization Survey, the breastfeeding initiation rates in Arizona have decreased for 2012 birth year infants (75.3%) as compared to the previous year (81.6%) .

Good oral health is another factor promoting favorable birth and health outcomes . The Arizona Department of Health Services, with support from First Things First, coordinated a statewide oral health survey of kindergarten and third grade children attending Arizona's public schools. According to the survey, the prevalence of dental sealants in the permanent molar teeth of Arizona's third grade children was 44%. In 2014-2015, more than half of Arizona's kindergarten children (52%) and 64% of third grade children had decay experience . The percentage of women in Arizona age 18 and older who self-reported that they had a dental visit within past 12 months decreased from 64% in 2012 to 61% in 2014 . There was a statistically significant difference between percent of males (56.9%) and females (61%) .

The percent of Arizona women 18 years or older who were current smokers increased slightly since last year (13.5% vs 13.9%)xxi. From 2013 to 2014, there was 4.5% decrease in the percent of women who smoked in the last three months of pregnancy (4.4% vs 4.2%) .

The Title V program has utilized home visiting to address smoking during pregnancy but will now additionally partner with the Bureau of Tobacco and Chronic Disease on a secondary smoke related antismoking campaign. The Program will continue the Fluoride Varnish and Sealant Programs and supporting good nutrition and physical activity through the Empower Program.

Five-Year Needs Assessment Summary
(as submitted with the FY 2016 Application/FY 2014 Annual Report)

II.B.1. Process

In 2014, the management team of the Bureau of Women's and Children's Health (BWCH) met to plan for the Five Year Needs Assessment. The process began with a list of guiding principles: listen to those who are not traditionally involved; learn from community members as well as the Maternal Child Health Community; and honor and respect the work that others in the community and state had done in the previous year to assess the well being of Arizona's people. The goal was to determine the strengths and challenges related to women's and children's health across Arizona. Work began by an extensive review of population and program data related to disparities, needs and strengths.

To build on findings from data review and previous assessments and to promote a fuller understanding of the concerns of the MCH community, the team used multiple strategies to gather public input. First, the team set up Listening Sessions across Arizona which specifically targeted key groups to better understand their perception of health needs in their community. Listening session groups included: teen parents, LGBT community members, Arizona Health Care Cost Care Containment System (Medicaid) MCH Directors, families with children with special health care needs, participants from border communities, those living in public housing, members of African American churches and Tribal members. These sessions were intentionally participant-driven and were structured to gather insights from different populations and communities on what they saw as opportunities or concerns around the health and wellbeing of all women and children in Arizona. From May 2014 through December 2014, 17 listening sessions were held throughout the state.

In August 2014, the BWCH developed an online community survey seeking feedback from the community regarding the most important health needs for the MCH populations. The survey was posted online for 4 months with a link to the survey on the ADHS BWCH homepage and was sent to internal and external partners and posted on social media. In all, 948 individuals responded to the online survey. A shortened version of the survey was also made available via paper, but few paper surveys were received.

In March and April of 2015, a total of 11 community forums were held including a Tribal Consultation. Meetings began with a presentation by BWCH with background information on the MCH Title V Block Grant and the process of the 5-year needs assessment, after which there was discussion of data on each of the six population domains. The team then asked for input from the community on programs serving women and children in the local community. After the presentation by BWCH, participants were asked to write what they considered their top one or two needs for each population domain.

On April 20th, 2015, the Bureau of Women's and Children's Health held an in-person and simultaneous online session to set Arizona's MCH priorities. Participants were presented with all the information gathered previously. After a review of MCH data, participants reviewed the priorities generated through previous input. With this updated list of potential priorities, the participants voted for their top priority in each domain.

In all, BWCH staff traveled over 2,200 miles and heard from over 1,500 people to gather stakeholder input and support the involvement of communities in the needs assessment and priority processes.

The MCH staff looked at the needs and disparities evidenced through a review of the data and input from the community and with the help of the community identified ten priorities; seven that could be addressed by national performance measures and three Arizona specific: To improve the health of women before and between pregnancies; to reduce infant mortality and morbidity; to decrease the incidence of childhood injury; to promote a smooth transition through the lifespan for children and youth with special healthcare needs; to support adolescents to make healthy decisions as they transition to adulthood; to increase early identification and treatment of developmental delays; to reduce the use of tobacco and other substances across the lifespan; to improve the oral health of Arizona's children; to increase the percentage of women and children who are physically active and to strengthen the ability of Arizona families to raise emotionally and physically healthy children.

These priorities will form the basis of Arizona's Action Plan.

II.B.2. Findings

II.B.2.a. MCH Population Needs

Women's and Maternal Health

According to the Behavioral Risk Factor Surveillance Survey, in 2013, 82% of Arizona women reported having healthcare coverage. Women 25 to 34 were the least likely to have healthcare coverage (70%), as well as women with lower levels of income and education. Hispanic/Latina women were markedly less likely to have healthcare coverage (64%). Over 80% of women visited a doctor for a routine checkup within the past 2 years. Women 25 to 34 were the least likely to have had a routine checkup (73%) as well as women with lower levels of income and education. Almost one in 5 Arizona women reported not being able to visit a doctor in the past year because of cost (17%). Women aged 45 to 64 were most likely to report this (21%) as well as women with the lowest levels of education and income and Hispanic women (26%).

From 2009 to 2013, over 80% of mothers initiated prenatal care in the first trimester, exceeding the Healthy People 2020 goal of 77.9%. Mothers with private insurance were significantly more likely to have first trimester PNC than mothers with AHCCCS, Arizona's Medicaid (92% and 75%). By race/ethnicity, white non-Hispanic and Asian or Pacific Islander mothers were more likely to receive first trimester PNC while American Indian mothers were the least likely. Mothers in border and rural counties were significantly less likely to have first trimester PNC than mothers in non-border and urban counties.

Women are also recommended to space their pregnancies 18 to 59 months apart[1]. In Arizona, the percentage of women doing so has remained relatively steady from 42% in 2009 to 43% in 2013. Younger mothers (<18) were the least likely to have the desired spacing between pregnancies (16%).

In Arizona, the cesarean rate has remained steady at 28% from 2009 to 2013, lower than the national rate of 33% in 2013. In Arizona, Asian or Pacific Islander mothers experienced the highest rate of cesarean section (33%) while American Indian or Alaska Native mothers experienced the lowest rates (24%).

The percentage of Arizona women smokers has decreased from 18% in 2011 to 13% in 2013. White non-Hispanic women and women of other races/ethnicities were the most likely to smoke (15% and 14%). Smoking was directly associated with low income and education levels. Women in rural counties were more likely to smoke than women in urban counties (18% and 13%).

From 2009 to 2013, less than 5% of women reported using tobacco during pregnancy. Mothers on AHCCCS, Arizona's Medicaid agency, were significantly more likely to use tobacco during pregnancy than mothers with private insurance (6% and 2%). White non-Hispanic mothers were the most likely to use tobacco during pregnancy (7%).

Second only to access to health care services, Arizonans identified domestic violence as a top health priority for women. Through an annual one-day census conducted by the National Network to End Domestic Violence, it was determined that on September 17th, 2013, 35 of the 43 identified Arizona domestic violence programs served 1,796 domestic violence victims on that one day[2]. In addition, there were 100 separate domestic violence incidents that resulted in 125 fatalities in 2013[3].

In 2013, there were 1,833 forcible rapes reported in Arizona. Rape accounted for 7.4% of all violent crimes in Arizona, and was the only major crime to see an increase in offenses[4]. Compared to the national rate of 34.4 rapes[5] per 100,000 inhabitants, the rate of rape in Arizona is higher at 46.0 (2013)[6].

The Title V Reproductive Health Program will continue to track the percentage of clients who transition to a more effective contraceptive method and maintain utilization of an effective method. The program will also focus on identifying strategies for increasing the availability of LARCs in response to growing evidence that LARCs can have a positive impact on improving birth outcomes and birth spacing.

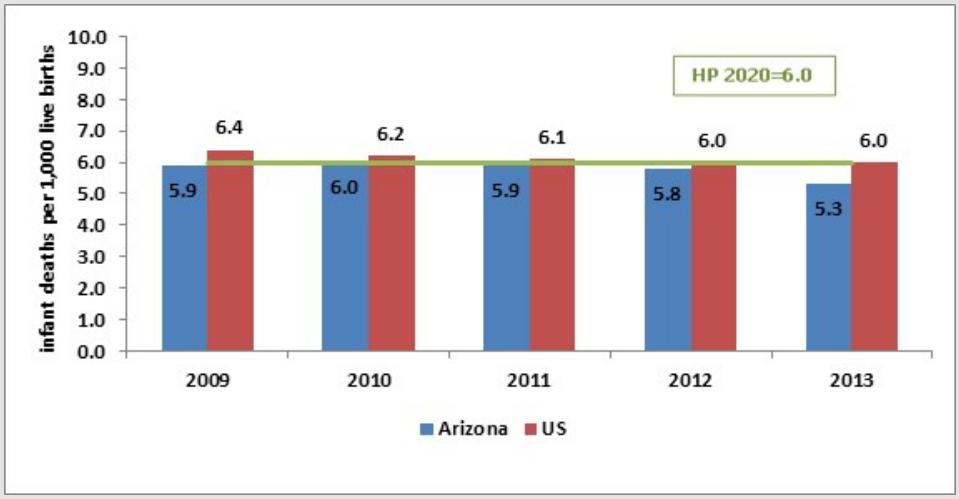
The Title V County Health Grants have been conducting community specific activities related to preconception health however, while the counties track and report on process indicators, there is a lack of outcome data pertaining to

reproductive health. Once these program funds are included into the Healthy People, Healthy Community integrated grants, the counties will be required to implement evidence based/evidence informed strategies and measurable outcomes.

Perinatal and Infant Health

Infant mortality is an important marker of the wellbeing of a population[7]. From 2009 and 2013, Arizona's Infant Mortality Rate (IMR) was consistently lower than that of the nation (Figure 1). In 2013, Arizona's IMR was 5.3 infant deaths per 1,000 live births, compared to 6.0 for the US. Arizona met or fell below the Healthy People 2020 goal of 6.0 deaths per 1,000 live births every year during this period[8].

Figure 1. Infant Mortality Rate, Arizona & US, 2009-2013



Source: Arizona Health Status and Vital Statistics, 2013 and *National Vital Statistics System*

A racial/ethnic disparity is evident in the rates of infant mortality however. The highest IMR was seen amongst Black or African-American infants (12.5) while the lowest rates were seen in white non-Hispanic (4.2) and Asian or Pacific Islander infants (2013 data not available). The IMR was also higher in rural counties than in urban counties (5.8 versus 5.2).

Preterm birth and low birth weight are associated with increased infant mortality and morbidity. Since 2009, Arizona's rate of preterm birth has decreased 10%, going from 10.0% to 9.0% in 2013, while the rate of low birth weight has remained stable (7% in 2013). Arizona's rates of preterm birth and low birth weight are lower than those of the nation and both indicators have met the Healthy People 2020 goals of 11.4% and 7.8%[9].

In 2013, there were 74 sudden unexpected infants deaths in Arizona, with 88% associated with unsafe sleep environments. From 2009 to 2013, the mortality rate due to SUID has declined from 7.2 deaths per 100,000 children to 4.5 deaths per 100,000 children.

Another issue of growing concern is the increasing rate of neonatal abstinence syndrome (NAS)[10]. The rate has more than double in Arizona, going from 1.71 per 1,000 births in 2009 to 4.03 in 2013[11].

Rates of breastfeeding initiation in Arizona have increased from 76.8% in 2009 to 81.6% in 2011[12]. Arizona's rates were generally higher than those of the nation and have nearly met the Healthy People 2020 goal of 81.9%

Arizona's MCH program will continue to work with local partners to reduce prematurity by decreasing early elective deliveries (EED). Although hospitals have informally agreed to a "hard-stop" policy to prohibit or deny payment for EEDs, the data does not support the assertions. Arizona's MCH program will work with the Arizona Perinatal Trust and March of Dimes to establish a more formal process of hospital commitment. The MCH Program will increase educational efforts. This includes providing information on the effect of EED on birth outcomes and infant well-being to home visitors and community health nurses who work with pregnant woman throughout the state. Arizona will continue the LiveItChangeIt! Campaign to address

health challenges among the state's African-American population. In addition to the website (www.liveitchangeit.com), and tools for community presentations and outreach, the MCH Program added a You Tube video about preconception health targeted to the African American community.

Child Health

Nineteen percent of the state population is children aged between 1-14 years[13]. The 2011/12 National Survey of Children's Health reported that 80% of the parents in Arizona described the health status of their children as excellent or very good. The health of White, non-Hispanic children was more often described as excellent or very good (91.8%) than the health of Hispanic children (68.5%) and other, non-Hispanic children (78.4%) by their parents, a statistically significant difference. The survey found that more Arizona children 10 to 17 years of age were considered overweight or obese (36.7%), compared to the nation (31.3%). Furthermore, in Arizona the rates of overweight or obesity in Hispanic children (50.2%) are double that of White, non-Hispanics (23.7%).

According to NSCH 2011/12, roughly 88% of children in Arizona had any kind of heath care coverage. There was significant racial disparity with nearly 1 in 4 Hispanic children (24.5%) were uninsured or had periods of no coverage during the past 12 months, compared to 14.2% White, non-Hispanic children. The sample sizes were too small to yield reliable estimates for children of other races. Twenty two percent of parents in Arizona of children age 10-35 months reported their child was screened for being at risk for developmental, behavioral and social delays. Also, 81.4% of Arizonan children had one or more preventive medical care visits, while only 75% received one or more preventive dental care visits during past 12 months.

Self-reported data from Arizona schools and childcares centers showed high immunization coverage levels. However, childcare centers' religious belief exemption rates increased from 3.4% (2010-11) to 4.1% (2013-14). In Kindergarten, personal belief exemption rates increased from 3.2% (2010-11) to 4.7% (2013-14).

Numerous studies have reported the association of adverse childhood experiences (ACEs) and morbidity[14]. Based on NSCH 2011/12, over 31% of Arizona children (0-17 years) experienced two or more ACEs, based on a list of nine. The top three adverse childhood experiences included socio-economic hardship (34.3%), separation or divorce of parent (23.7%) and lived with someone with an alcohol or drug problem. The percent of children (0-17 years) who experienced two or more ACEs was double for those families (40.2%) with an income level below 100% federal poverty line (FPL) compared to families with income 400% or more FPL (18.7%).

According to the 2014 Child Fatality Review Report in 2013, 811 children under the age of 18 years died in Arizona compared to 854 deaths in 2012. Of the 811 child deaths, 38.2% were determined to be preventable, an increase of nearly 15% since 2009 (33.3%). Despite representing 5% and 6%, respectively, of the child population in the state, Blacks and American Indians made up 10% and 9% of all child deaths. Conversely, White, non-Hispanic, Hispanic and Asian children made up 35%, 42%, and 2% respectively of all child deaths (versus 44%, 42% and 3% respectively of child population). Unintentional injuries are the leading cause of morbidity and mortality among children in the United States ages 1-19 years. In 2013, for those 1-9 years of age, injuries accounted for 78 deaths, 1,202 inpatient hospitalizations and 62,991 emergency department visits. Falls and poisoning were the leading cause of those inpatient hospitalizations; together they have been termed home-safety related injuries.

The rate of substantiated child maltreatment in Arizona has quadrupled from 2009 to 2013 (from 2.3/1000 children in 2009 to 8.4/1000 children in 2013)[15]. There was a 22% increase in deaths due to maltreatment (n=92) as compared to 2012 (n=70) [16]. Of all of the deaths due to maltreatment, 37% were Hispanic, 29% were White, non-Hispanic, 16% were American Indian, 12% were African American, and 4% were two or more races. Nearly 46% of maltreatment deaths were among infants, 39% among children 1-9, and 15% among children 10-17. Over 79% of maltreatment deaths were among children four years of age and younger. Since 2008, the mortality rate per 100,000 children due to maltreatment has increased by 87% from 3.0 to 5.6 in 2013. The most common manner of death for maltreatment deaths was accidents (41%), followed by homicide (37%). Substance use was a factor in 55% of all maltreatment deaths. The number of children in foster care increased by 55.7% (from 10,112 in April-September 2009 period to 15,751 in October-March 2014 period) [17].

The rapid increase in reports of child maltreatment and increasing number of children placed in foster care signals the need for prevention efforts especially among high risk families. Arizona's Title V agency administers several home visiting and community health nursing programs: Health Start, High Risk Perinatal/Newborn Intensive Care Program, Nurse Family Partnership, Healthy Families, and Family Spirit. These provide families with support, information on child development, and connection to local resources with the goal to improve maternal and child health and reduce family violence, child injuries and child maltreatment. Native American children are at the highest risk for maltreatment, inadequate nutrition and obesity. A Native American Community Coordinator was hired to work with the Bureau of Women and Children's Health and the Maternal, Infant, Early Childhood Home Visiting program to lead an effort to expand home visiting programs to American Indian families who live on reservations or in urban areas.

Childhood injury, especially around the home, is the leading cause of hospitalization for children. The Title V program initiated a CQI project in 2013 to update a home safety checklist with the goal of it being implemented in all of the home visiting programs. In addition, the programs housed under Title V are building the capacity of local communities through a safe sleep campaign and training child seat instructors. Through a newly created integrated IGA, grants of Title V funding to county health departments will require evidence based strategies to address childhood injury.

Children with Special Health Care Needs (CSHCN)

An estimated 19.2% of Arizona children 0-17 years have a special health care need[18]. The parents of Arizona children with special health care needs were less likely to describe the health status of their children as excellent or very good (65.2%) compared to non-CSHCN children (83.6%). Furthermore, CSHCN tend to be identified when they are older, with only 18.6% in the 0-5 year age-group. The highest numbers of children are in the 6-11 years age group with 43.6%.

The consequences of Adverse Childhood Experiences (ACEs) are more pronounced in the CSHCN population. The NSCH-CN in 2011/2012 reported 76% of children with special health care needs had experienced at least one adverse childhood experience as compared to only 53.1 percent of typically developing children[19].

Family Centered Care (FCC) focuses on empowering families and providing a culturally competent healthcare delivery system. Approximately, 39% of families with CSHCN did not receive FCC in Arizona as compared to 35% of families nationwide. According to age group, 42.2% of 6-11 year-olds and 39.9% of 12-17 year-olds CSHCN did not receive FCC compared to only 28.2% of 0-5 year-olds.

FCC decreased the unmet needs of CSHCN population[20]. The NS-CSHCN asked questions about fourteen specific healthcare services or equipment needs. The five most frequently noted types of care needed for CSHCN in Arizona were preventive dental care (91.8%), preventive medical care (89.7%), prescription medications (79.6%), specialist care (51.4%) and vision care or eyeglasses (34.6%).

Bennett et al established that medical homes may help in decreasing the racial disparity in unmet needs[21]. Studies have suggested that having a medical home ensures improved health outcomes[22]. Thirty percent of CSHCN in Arizona reported having at least one unmet health care need during the past 12 months. In Arizona, only 36.1% of CSHCN successfully achieved receiving coordinated, ongoing, comprehensive care within a medical home[23].

The CSHCN population is more vulnerable to gaps or instability in the healthcare delivery systems[24]. Sixty-four percent of parents of youth with special health care needs in Arizona reported that they did not receive the services necessary to make appropriate transitions to adult health care, work, and independence. As a result, BWCH has chosen the transition of CSHCN as a priority for the state.

Roughly 8% of CSHCN receive Supplemental Security Income (SSI) disability benefits in Arizona. The data obtained by matching cases from children who applied for SSI benefits between July 2011-December 2014 and birth certificates data from 2002-2013 showed that 10,145 children applied for SSI benefits in the state. Sixty-five percent of children applying for SSI benefits in this duration were male children (n=6,633) while 35% (n=3,512) were females. Among all of the applicants, 47% were Hispanic, 26% were White, non-Hispanic, 15% were American Indian or Alaskan Native, 12% were African American, and only 1% was Asian or Pacific Islander. The top five conditions for which children applied for SSI benefits were

behavioral health (22%) speech and language (19%), autism (9%), learning disorder (5%) and respiratory conditions (5%).

Considering OCSHCN's work around transition, including educational staff development through professional conferences; agency and organizational staff development through the Arizona Community of Practice on Transition; Picture of Life with the Sonoran University Center of Excellence in Developmental Disabilities and the ASPIRE project; data as reported above show that a majority of youth are not receiving services needed for transition. There is a refocus on outreach and training toward youth and families to make resources and tools, such as the Health Care Organizer, readily available. A session for youth and families has been accepted for the 2015 Arizona Department of Education Transition Conference, which will be co-presented with a young adult, focusing on self-determination and the family role in transition.

Related to medical home, OCSHCN is working with Northern Arizona University to assess three years of data from Health Advocacy for CYSHCN and Their Families project. In addition to providing inclusive nutrition and physical activity opportunities, referrals to community-based medical home are a requirement of this contract. Initial reports indicate that contractors are not as successful in making medical home referrals as anticipated nor are referral outcomes being reported. OCSHCN will be providing technical assistance for contractors to support both these goals. Medical home and effective use of systems of care is experienced by less than 60% of CYSHCN according to the NS-CSHCN, a message reinforced through the needs assessment process. OCSHCN is expanding work with school nurses at the local level, exploring data sharing opportunities around CYSHCN, identifying professional development needs for screening, managing conditions, making and tracking referrals to medical home.

Inquiries from families in 2014, indicate that families of CYSHCN have challenges navigating the system of care, with a strong need among foster/kinship and adoptive families in accessing the systems of care available. In collaboration with the Department of Child Safety (DCS), 36 case managers and over 100 families have been trained in navigating the systems, effective use of insurance and organizing records. This training will continue to be available, as part of DCS foster family re-certification conferences held quarterly around the state.

Adolescent Health

According to NSCH, 15% of Arizona adolescents aged 12-17 were not insured. Additionally, only 78% had consistent health insurance coverage during the past 12 months. Among those insured, only 71% had insurance which met their needs. NSCH also reports that nearly 75% of parents in Arizona described their child's (aged 12 to 17) health as excellent or very good.

In 2013, the Youth Risk Behavior Survey reported that nearly a quarter of Arizona high school students were overweight or obese, a percentage which has remained relatively stable since 2009. Hispanic students were more likely than white non-Hispanic students to be overweight or obese, with almost double the rate in 2013 (29% and 15%, respectively).

In addition, YRBS reported that nearly 60% of students were not physically active for at least 60 minutes per day on five or more days in the previous week. Females were less likely than males to have been physically active (67% and 50%, 2013).

In 2013, 36% of Arizona high school students reported currently drinking alcohol and 20% reported currently using tobacco (YRBS). According to the Arizona Youth Survey, marijuana is the most commonly abused substance by Arizona students, followed by prescription drugs. For all substances with the exception of inhalants, use increases with grade level. However, it is worth noting that, for the most part, substance use has been decreasing over time (Table 1).

Table 1: Behavior Reported by Students in Past 12 Months, Arizona Youth Survey, 2010-2014

	Grade 8			Grade 10			Grade 12		
	2010	2012	2014	2010	2012	2014	2010	2012	2014
Substance Abuse—*Any use in the past 30 days*									
Marijuana	8.9%	7.7%	6.9%	17.4%	17.7%	16.8%	21.3%	22.5%	22.9%
Inhalants	5.6%	4.2%	3.1%	3.0%	2.0%	1.3%	1.5%	1.3%	0.9%
Methamphetamines	0.2%	0.2%	0.1%	0.5%	0.5%	0.4%	0.6%	0.5%	0.4%
Prescription drugs	8.2%	5.7%	4.9%	11.8%	9.3%	7.1%	12.4%	10.0%	8.0%
OTC Drugs	5.4%	4.0%	3.1%	6.3%	4.9%	3.7%	6.3%	4.3%	3.4%

Arizona's teen pregnancy rate declined 33% from 56.1 pregnancies per 1,000 females aged 15 to 19 in 2009 to 37.7 in 2013. From 2009 to 2012, the highest rates were seen in Hispanic/Latina teens, however that rate drastically dropped almost 50% from 92.4 to 50.7. The highest pregnancy rates are now seen in American Indian or Alaska Native teens (58.6) while the lowest rates are seen in white non-Hispanic teens (18.9) and Asian or Pacific Islander teens (13.2) (2013).

Teens were less likely than older mothers to receive first trimester prenatal care, with younger teens (15 to 17 years old) even less likely than older teens (18 to 19 years old). In 2013, 63% of teens aged 15 to 17 years old received first trimester prenatal care, compared to 72% of teens 18 to 19 years old.

According to YRBS, in 2013, 29% of Arizona high school students were harassed or bullied on school property while 20% experienced electronic bullying. Female students, white non-Hispanic students and younger students were at higher risk of being bullied.

Some of the long term consequences of bullying include depression and suicidal thoughts[25]. YRBS also reports that in 2013, 36% of Arizona high school students reported feeling sad or hopeless, 19% seriously considered attempting suicide, and 11% attempted suicide one or more times. Females were more likely than males to report feeling sad or hopeless, and contemplating and attempting suicide.

In Arizona, effective prevention efforts have reduced the overall number of motor vehicle and transport crash fatalities, however, crashes still account for 10% of all child deaths and a larger percentage of non-fatal inpatient hospitalizations and emergency department visits in Arizona, according to the Arizona Child Fatality Review Report. Crashes were the leading cause of injury in adolescents ages 10 to 19 and, in addition, the highest rates of motor vehicle traffic crash-related inpatient hospitalizations and emergency department visits were also seen in this age group, with rates higher in adolescents aged 15-19 years followed by those aged 10-14 years.

The Title V program will continue to utilize evidence based/informed teen pregnancy prevention curricula. The current Title V Community Health Grants work to reduce injuries however, moving forward the counties will be required to adopt evidence based/informed strategies and measurable outcomes to ensure that the selected strategies are moving the needle on injury including bullying. In addition, the bureau has determined that developing a more formal partnership with Behavioral Health to address bullying, depression and suicide will promote coordination of prevention and treatment services.

Cross-cutting or Life Course

A maternal and child health life course perspective aims to approach a child's development holistically and promoting health by a comprehensive and collaborative effort which helps to eliminate disparities and barriers to healthcare[26].

Research indicates that breastfeeding is associated with a number of protective factors[27]. In 2013, Arizona ranked #29 on the Maternity Practices in Infant Nutrition and Care (mPINC) survey among all states, scoring a composite of 75 from a total of 100[28]. The breastfeeding initiation rates continue to increase in Arizona from 76.8% in 2009 to 81.6% in 2011[29].

Longer duration of breastfeeding can lower the risk of pediatric overweight[30]. In Arizona, 17% of children aged 10-17 years were overweight while 20% were obese[31]. There are more children with special health care needs (CSHCN) who are overweight or obese in Arizona (37.6%) compared children without special health care needs(36.3%). Significantly more Hispanic children (50.2%) ages 10-17 were reported as being overweight or obese compared to 23.7% of White, non-Hispanic children in Arizona. Also, the percent of overweight or obese Arizona children who live at less than 100% of the

federal poverty level (FPL) is 57.1% which is more than double those who live at 200-399% FPL(24.6%) and 400% or more FPL(23.7%) and substantially higher than those at 100-199% FPL(42%).

The percent of overweight and obese women **[32]** 18 years and older in Arizona increased slightly from 2011(51.4%) to 2013(54%). From 2011 to 2013, 18-24 year old women in Arizona was less likely to be (35.3%) overweight or obese while 45-54 year olds were the most (64.7%). In 2013, 62.9% women who made less than $20,000, 56.1% who made $25,000-49,999 and 47.2% who made $50,000 or more were overweight or obese.

Good oral health before, during and in-between pregnancies promotes general wellbeing, better birth outcomes and even improved dental health of the child[33]. Nearly 66% of Arizona parents described their child's teeth(1-17 years) as being in excellent or very good condition, which was significantly less compared to national average of 71.3%. Over 80% of White, non-Hispanic children were reported as having teeth in excellent or very good condition, compared to only 52.4% of Hispanic children and 64.8% of other, non-Hispanic children in Arizona. In 2012, 64% women in Arizona age 18 and older self-reported that they had a dental visit within past 12 months[34]. This varied by race/ethnicity, with Hispanic/Latina women reporting the lowest percentage (48%), and non-Hispanic White women (69%) and women of other races or ethnicities (73%) reporting the highest percentages.

A child living in household where someone smokes has ill effects due to the secondhand smoking[35]. In Arizona, 20% of children (1-17 years) live in a household where someone uses cigarettes, cigars, or pipe tobacco[36]. Fewer Hispanic households (17.2%) had someone who smoked as compared to White, non-Hispanics (21.2%). Considerably more children with special healthcare needs (25.1%) live in the household with someone using tobacco as compared to non-CSHCN children in Arizona (18.7 %).

Recent trends show that mortality from cigarette smoking is increasing among women as compared to men in the United States who have plateaued since the 1980s[37]. In 2013, 13.5% of women in Arizona were current smokers[38]. According to Vital Statistics, in Arizona, 4.4% of women giving birth smoked during pregnancy.

The Title V program has utilized home visiting as an avenue to address smoking during pregnancy but will now additionally partner with the Bureau of Tobacco and Chronic Disease on a secondary smoke-related antismoking campaign. The Program will continue the Fluoride Varnish Program and supporting the Empower Program, which promotes early childhood nutrition and safety standards.

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II.B.2.b Title V Program Capacity

II.B.2.b.i. Organizational Structure

Doug Ducey became the 23nd person to take the oath of office as Governor of Arizona on January 5, 2015. The Arizona Department of Health Services (ADHS) is one of the executive agencies that report to the Governor. A.R.S. Title 36-691 designated the Arizona Department of Health Services as Arizona's Title V MCH Block Grant administrator.

The Arizona Department of Health Services is organized into four divisions: Public Health Services, Behavioral Health Services, Licensing Services, and Operations. The Office of Director includes a Native American Liaison, Local Health Liaison, Border Health, Public Information Office, and Legislative Services. Bureau of Health Statistics is also part of the Division of Public Health Services. The Division of Behavioral Health Services includes the State Hospital. An ADHS organization chart can be viewed at http://azdhs.gov/diro/documents/adhs-org-chart.pdf.

The Division of Public Health Services is organized into two primary service lines: Public Health Preparedness Services and Public Health Prevention Services (PHPS). Public Health Prevention Services includes four bureaus: Women's & Children's Health (includes the Office for Children with Special Health Care Needs), Nutrition & Physical Activity (includes WIC), Tobacco & Chronic Disease, and Health Systems Development (includes Center for Health Disparities).

Arizona Department of Health Services' administrative offices are located in the capitol mall area in the city of Phoenix. This location enhances collaboration between ADHS divisions as well as other state agencies.

The Bureau of Women's and Children's Health (BWCH) is comprised of seven offices: Office of Women's Health, which includes adolescents, Office of Children's Health, which includes infants, Office for Children with Special Health Care Needs, and cross cutting which includes the offices of Oral Health, Injury Prevention, Assessment & Evaluation, and the Business & Finance Section. The BWCH chief serves as the Title V Administrator. Most of the programs funded through Title V are housed in the BWCH. Where the funded programs are not a part of the Bureau, there is a clear coordination of efforts.

Title V funds or assists in funding the Family Planning Program, the MCH Hot Lines, Community Health Grants which currently address preconception health and injury, EMPOWER, which supports early childhood nutrition and safety standards, Oral Health Sealant Program, the Medical Services Program, the Sensory Program, the Birth Defects Registry, Immunization Program, Midwife Program, and specifically for Children with Special Health Care Needs, Education and Advocacy, gap filling programs including Metabolic Formula, Respite and Palliative Care Programs and infrastructure for Telemedicine. These programs will be described in more detail later in the document.

An organization chart is attached.

II.B.2.b.ii. Agency Capacity

Arizona's Title V program supports Women/Maternal health through Title V funded Hotlines where women can receive information about and referrals to preventive health services, prenatal care, breastfeeding, family planning and many other topics. Title V also supports the Family Planning Program, the Midwife Program and Community Health Grants which support

county health departments to focus on preconception health. Additionally, the program administers the Sexual Violence and Prevention Program, Sexual Assault Services Program, Family Violence Prevention and Services/Rural Safe Home Network and a home visiting program. The Bureau also houses the Maternal Mortality Review. The Program partners with the SSDI grant, housed in Public Health Statistics.

The Program supports Infant/Perinatal Health again through the Title V Hotlines, breastfeeding, the neonatal emergency transport program, and early childhood home visitation programs. Additionally, Title V helps to support the Immunization Program and the Empower program that will be discussed in the Child Health section. The Bureau chairs a Safe Sleep Task Force and the Safe Sleep CoIIN. Title V funds will be used to sponsor a Safe Sleep media campaign. The Program works closely with Newborn Screening.

The health of Children is supported through the Medical Services Program, Community Health Grants by addressing injury, and the Empower Program, which supports physical activity, nutrition and injury prevention in childcare centers. Additionally, the Program houses the MIECHV grant.

Adolescent health is supported again through Reproductive Health Program funded through Title V. Additionally adolescents are supported through teen pregnancy prevention programs, home visiting for teen mothers, preconception health support and a program aimed at empowering teen to make Positive Choices.

Office for Children with Special Health Care Needs (OCSHCN) maintains its critical Title V role in several ways: by advocating and educating families, stakeholders, community partners regarding children and youth with special health care needs (CYSHCN) through their Education and Training program; partnering and collaborating on systems of care for CYSHCN through the Sensory Program; and assisting families in accessing appropriate care and services for CYSHCN through the Information and Referral Services, and Respite and Palliative Care programs.

The health of women and children is also supported across the lifespan through several injury prevention and oral health programs. The Program uses Title V funds to support the Fluoride Sealant Program. Additionally, the Program administers the fluoride mouth rinse program, the First Dental Visit by One campaign, and provides technical assistance to Empower for oral health in childcare settings. The Injury Prevention Office supports the other programs in the Bureau with data and analysis of injury mortality and morbidity for women and children to inform program development. Additionally the Office manages the Child Fatality Report, Maternal Mortality, Safe Kids, and Emergency Medical Services for Children grant.

In order to support a statewide system of services, the Arizona Department of Health Services Bureau of Women's and Children's Health is in close communication with the other state agencies serving women and children including the Departments of Education, Economic Security and Child Safety and the Early Childhood Development and Health Board. These strong partnerships are maintained through constant communication and respect.

Arizona’s Title V program provides very limited direct services but uses Title V funds to support local communities through interagency agreements or contracting with community groups, nonprofits or local agencies. Title V funds are being used to support county health departments to provide preconception and injury services and to strengthen communities’ ability to put into place policies and programs to strengthen the health of communities.

By supporting infrastructure within the Bureau, Title V supports coordination with health components of community based systems. Bureau leadership work closely with Arizona’s perinatal regionalized system by serving as a consultant to the Arizona Perinatal Trust. The Child Fatality Review Program collaborates with child welfare, county medical examiners, hospitals, law enforcement, and emergency services.

The Program also coordinates health services with other services at the community level. The Medical Services Project, funded through Title V works with school nurses and local clinicians to help children access care.

II.B.2.b.iii. MCH Workforce Development and Capacity

Executive leadership for maternal and child health is provided by the Director of ADHS, Dr. Cara Christ, and Assistant Director for Public Health Prevention Services, Sheila Sjolander. Dr. Christ also currently serves as the ADHS Chief Medical

Officer.

Sheila Sjolander is the Assistant Director of Public Health Prevention Services in the Division of Public Health. Ms. Sjolander served as MCH Director and Bureau Chief of Women's & Children's Health until 2013. She began her service with the Bureau of Women's & Children Health in 2001 as a manager overseeing several programs and leading the bureau's planning functions. She holds a Master's Degree in Social Work with an emphasis on planning and policy.

The state MCH workforce is housed within the Bureau of Women's and Children's Health. While some of the staff is funded by sources other than Title V, all contribute to the Title V mission and MCH priorities.

The Bureau of Women's and Children's Health employs approximately 40 fulltime staff. Title V funds are used to support approximately 20 positions in the Bureau and in other parts of the agency. The following are brief biographies of senior level management and key staff involved in the Title V needs assessment and application processes.

Mary Ellen Cunningham has been the MCH Director and Bureau Chief of Women's & Children's Health since 2013. Previously Ms. Cunningham served as the Chief of the Office of Children's Health. Ms. Cunningham is a registered nurse with a Master's Degree in Public Administration and serves as the agencies designee to the Arizona Early Childhood Development and Health Board, consultant to the Arizona Perinatal Trust and on the US Mexico Border Health Commission Reproductive Health Task Force.

Katheryne Perez has served as the Maternal and Child Health Epidemiologist for the Bureau since April 2014. She holds a Master's of Public Health in Epidemiology from the University of South Florida and is Certified in Public Health.

Pooja Rangan has served as the Bureau's Home Visiting Epidemiologist since November 2014. She practiced as a physician in India with experience in pediatrics and obstetrics and gynecology before receiving her Master of Public Health in Epidemiology and Biostatistics from Drexel University.

Antoinette (Toni) Means serves as the Office Chief of Women's Health. Ms. Means has nearly 20 years of progressively responsible program management experience, and has served in the Bureau of Women's & Children's Health since 1991. Ms. Means received a Masters in Business Administration in Health Care Management from the University of Phoenix.

Irene Burton serves as the Chief of the Office of Children's Health. Previously Ms. Burnton served as a member of the Governor's Executive staff where she managed the Children's Cabinet and the Office of Children, Youth and Families. She also was Director of the Governor's School Readiness Board where she worked with stakeholders to develop a multi-year state strategic plan that served as a blueprint for action on early childhood health and development.

Julia Wacloff serves as the Chief of the Office of Oral Health. She holds a Master's degree in Dental Public Health and is a registered dental hygienist. She most recently served as an epidemiologist with the Centers for Disease Control and Prevention in the Division of Oral Health. In 2015, Ms. Wacloff was appointed to the Board of Directors for the Association of State and Territorial Dental Directors.

Tomi St. Mars serves as the Chief for the Office of Injury Prevention and has led the Department's injury prevention and EMS for Children initiatives since August 2005. Ms. St. Mars is Arizona's representative to Safe States Alliance, an active member of the Emergency Nurses Association (ENA) at the national and state level and is a Certified Emergency Nurse. Ms. St. Mars holds a degree in Master of Science in Nursing.

Debi Morlan has served as the Bureau's Finance Officer since 2001. Ms. Morlan provides financial and contractual oversight to Title V funded programs, as well as the other federal and state programs with the Bureau.

Katharine Levandowsky serves as the Office Chief for the Office for Children with Special Health Care Needs. Ms. Levandowsky has over 16 years of experience working with the community, families, stakeholders and providers to develop services for individuals with disabilities. She spent 7 years administering Arizona's Vocational Rehabilitation, Independent Living and Services for the Blind, Visually Impaired and Deaf programs for both youth and adults.

Rita Aitken serves as the Education and Advocacy as well as Health Program Manager in the Office of Children with Special Health Care Needs. Ms. Aitken has two adult children with special health care needs, and has many years of experience working with families and providers, including trainings on best practices for healthcare professionals. Rita is a member of the Governor's Interagency Coordinating Council for Infants and Toddlers; Newborn Screening, and Medical Home and Consumer Advisory Workgroups with Mountain States Genetics Regional Collaborative.

Dawn Bailey serves as the MCH/OSCHN Family Advisor. She has a young daughter with complex medical needs and global developmental delays due to a rare genetic condition. For the last two years Dawn has been an active Parent Leader with Raising Special Kids participating in the State's AFN Task Force for Emergency Preparedness, Parent Panels and the Family Faculty program.

Arizona shares a border with Mexico and is home to 21 federally recognized American Indian tribes. Additionally, while most of the population resides in two counties, geographically, most of the state is rural, if not frontier. In building the state's capacity to serve women and children in a culturally competent fashion, Arizona's Title V agency routinely collects and analyzes data by race, ethnicity, geography (rural or urban), and border and non-border.

To better serve diverse populations this past year the BWCH required every employee to complete Culturally and Linguistic Appropriate Standards (CLAS) training as a part of their performance appraisals.

II.B.2.c. Partnerships, Collaboration, and Coordination

Arizona's Title V agency has a strong history of reaching out to partner with others in the community to better serve the women and children of Arizona.

Major decisions for Arizona's Maternal Infant and Early Childhood Home Visiting grant have been made by an Inter-Agency Team consisting of First Things First, the Arizona Departments of Health, Education (ADE), and Child Safety and a representative from the Inter Tribal Council of Arizona.
Arizona's Title V Program partners with First Things First on the ECCS grant and the Title V Administrator serves on the First Things First Board. Other Federal programs housed in the Bureau of Women's and Children's Health includes the Emergency Medical Services for Children State Partnership Grant, SUID and the EMS for Children's Demonstration Grant, Title V Abstinence Education and the Core Injury Grant, PREP, Domestic Violence, SVPE, SASP and MIECHV. The SSDI Grant is managed through the Bureau of Vital Statistics.
The Bureau works closely with the county health departments in planning and development of maternal child health programs and initiatives by providing updates to the monthly Arizona Local Health Officer Association meetings, by including county health departments in program planning and including county health departments in initiatives like CoIIN.
In an effort to institutionalize collaboration and coordination within ADHS, the Bureau hosts a Zero to Five meeting quarterly where all areas of the agency who serve families birth through age five meet quarterly to share information and identify opportunities to partner. This includes but is not limited to Chronic Disease, Health Systems Development where the capacity of FQHCs are monitored, Immunizations, Newborn Screening, Child Care Licensing, Midwives, Behavioral Health and a parent representative.

The BWCH works particularly closely with the state's Medicaid agency, AHCCCS, participating in many AHCCCS Health Plan meetings. Health Start, HRPP Community Nursing, MIECHV, Family Planning and Hotline staff all facilitate families' enrollment in AHCCCS. AHCCCS staff are part of the Safe Sleep and Preconception Health CoIIN initiatives.

The Teen Pregnancy Prevention Program, collaborating with the Arizona Department of Economic Security (DES) Teen Pregnancy Prevention Task Force, has developed a Tool Kit for foster case managers that will serve as a guide for initiating and conducting discussions with youth 12 years and older on sensitive subjects related to physical development and sexual health.

The Arizona MIECHV Program will expand home visiting services into tribal communities. The MIECHV Program has held Tribal Consultations with Tribal Leaders to guide the work and interaction with federally-recognized Tribes in Arizona in expanding the Parents As Teachers Home Visiting Model into 6 tribal communities.

The Title V program works with the three state universities. Arizona has a critical need to increase the number of family-centered, culturally competent interdisciplinary providers to improve screening, early diagnosis and intervention services, and access to a medical home for children with special health care needs and their families. In support of the University of Arizona's LEND, Picture of Life with the Sonoran University Center of Excellence in Developmental Disabilities (UCEDD), and the ASPIRE programs, OCSHCN staff participates as members of their advisory boards.

The Office of Oral Health (OOH) collaborated with the Arizona School of Dentistry and Oral Health and Oral Health America

to continue and expand a school-based sealant program in Pinal County. The OOH conducted four professional development events for dental hygiene programs in one state university and three community colleges across Arizona.

The Sexual Violence Prevention Education Program (SVPEP) contracts with Arizona State University and the University of Arizona to develop and conduct online and in-person educational sessions on consent, the link between alcohol and sexual violence, bystander intervention strategies and resources for victims.

OCSHCN has contracted with Raising Special Kids (RSK) the Arizona Family-to-Family Health Information Center to create a Family Advisor Registry of young adult and family advisors. RSK identifies, recruits, trains, and reimburses individuals and family members of CYSCHN to participate in projects, committees, workgroups, resource development, policy and program development implementation, and evaluation at national, state and community levels.

In 2015, the ADHS began working closely with the Arizona Criminal Justice Commission and other state agencies to pilot the Arizona Rx Drug Reduction Initiative. This includes adoption of Emergency Department Prescribing Guidelines in participating hospitals, improving utilization of the Prescription Drug Monitoring Program (PDMP), identifying "above average" prescribers and improving accessibility of drug drop boxes in participating counties. Additionally, the group developed voluntary, consensus guidelines that promote best practices for prescribing opioids for acute and chronic pain.

The Bureau collaborates with many community organizations, including but not limited to, the local chapter of the March of Dimes, the Arizona Family Planning Council, South Phoenix Healthy Start, and Children's Action Alliance. Staff participate on committees or workgroups and collaborate on projects with many child-serving community organizations including, United Cerebral Palsy of Central Arizona, Arizona Chapter of Academy of Pediatrics, and Ronald McDonald, House among others.

II.C. State Selected Priorities

No.	Priority Need
1	Improve the health of women before and between pregnancies.
2	Reduce Infant Mortality and Morbidity
3	Decrease the incidence of childhood injury.
4	Increase early identification and treatment of developmental delays.
5	Promote smooth transition through the life course for CYSHCN.
6	Support adolescents to make healthy decisions as they transition to adulthood.
7	Reduce the use of tobacco and other substances across the lifespan.
8	Improve the oral health of Arizona's women and children.
9	Increase the percentage of women and children who are physically active.
10	Strengthen the ability of Arizona families to raise emotionally and physically healthy children.

In 2015, Arizona's Title V managers spent the better part of the year listening to what people felt were priorities for the women and children in Arizona. The Program concurrently looked at data to find the scope of the problem of the issues raised. Information gathering consisted of an online poll with over 900 respondents, Listening Sessions, Community Forums, a Tribal Consultation and finally a priority setting session open to the public either in person or online. For the final priority setting session the Program compiled the data and the top issues that were raised through the different venues and presented it through a PowerPoint presentation. In a facilitated discussion different topics were discussed by the population.

For Women/Maternal health the highest priorities were access to preventive health services including reproductive and sexual health, and STI screening and treatment. These services were meant to include preconception or interconception counseling by all providers including midwives when requested. Additionally people brought up mental health services including postpartum depression screening; nutrition and physical activity interventions to reduce obesity; chronic disease management; substance abuse services including treatment, harm reduction services, overdose training and prevention during pregnancy and sexual assault and domestic violence services. There was discussion about affordable child care and housing support for homeless pregnant women.

The discussion for the Perinatal/Infant domain concentrated on injury, parent support and breastfeeding support. Specifically the topics discussed throughout the state included injury prevention education including shaken baby and safe sleep. Early identification of delays and treatment was raised often as well as family support and education about child abuse prevention. Other topics included immunization availability for mom and newborn; substance exposed newborns; domestic violence services; mental health services for perinatal mood disorder screening and treatment and quality child care.

For Child Health the Program heard often about exposure to adverse childhood experiences, child abuse and neglect and bullying. Additionally folks raised the issues of nutrition and physical activity services for obesity prevention; oral health; mental health services including suicide prevention; injury prevention services including car seat clinics and education and early identification and intervention services to improve school readiness and access to quality childcare.

For Adolescent Health the community raised concern about behavioral health services for stress, depression, suicide prevention, sexual assault and bullying. Additionally the Program heard about the need for substance abuse education, assessment and services; teen pregnancy prevention services, STI and contraception counseling and services; nutrition and physical activity services to address obesity prevention and youth development, recreation opportunities, career development and foster care transition services.

For Children with Special Health Care Needs the need for support for navigating systems of care was raised. Included here was helping families connect to resources and access to healthcare. During the discussions about improving the health system generally the Program heard about the need for early intervention screening and services, family centered care, and access to specialty care and equipment. Finally, improving systems of care across the life course included child care where the lack of inclusive child care centers was discussed; shortage of behavioral health support in the community; the need for more disability services; more support for developmentally disabled children in schools and that schools should be more knowledgeable about available services; the need for support for young adults to transition to adulthood and to become empowered to take control of their own health decision making. Finally, the Program heard about the special concern for CYSHCN in the Foster Care system.

The groups were asked if any topic was left off. The criteria for selecting final priorities were reviewed. The group was asked to think about: the size of the problem; the severity of the problem; significant disparities; urgency and whether or not there are evidence based or informed interventions that address this need.

Finally, those in attendance were asked to put a colored dot next to the issue they felt was the highest priority for each of the population domains. Those on Lync could type in their selections remotely.

In the end, the Program chose to select improving the health of women before and between pregnancies for our Women/Maternal priority. It was felt several issues could be addressed with the broader priority including family planning, and reproductive health, sexual assault and domestic violence services and preconception or interconception health education and support which would include physical activity and nutrition. While there is some opportunity to address behavioral health through substance abuse and perinatal depression screening by home visiting and referrals in the community, the Program does not have the ability to modify the behavioral health system.

There was discussion about affordable child care and housing support for homeless pregnant women and while these two issues are of paramount concern for the health and wellness of women and pregnant women it was decided that these topics were out of the purview of the Title V MCHBG and that the Program would continue to partner with and support our sister agencies under who these areas fall.

For Perinatal/Infant health domain, the broad priority of decreasing infant mortality and morbidity was selected. The Program felt in would be inclusive of several of the concerns the Program is or could be in the position of addressing. Focusing efforts on breastfeeding would include parent support, preconception health, nutrition and behavioral health as it related to infant parent bonding and maternal depression. The concerns related to injury will be addressed in the Child domain.

Title V already helps to support the state's immunization program. The ADHS Bureau of Child Care Licensing and home visitors already address immunizations. We felt the discussion about early identification of delays and treatment was more appropriate for the Child Health section. As it was identified through the data that Neonatal Abstinence Syndrome is increasing in Arizona as it is nationally, the Program will also address NAS in this plan.

Again, quality child care was not considered to be a maternal child health priority that should be addressed through Title V. Arizona's Early Childhood Development and Health Board has instituted a Quality Rating System and has devoted and continues to devote a great deal of resources to this effort.

The priority for Child Health domain was clear: reduce the incidence of childhood injury. The preponderance of what was heard spoke to injury or their effects: Adverse Childhood Experiences, child abuse, safe sleep, car seats and bullying. The data pointed to safe sleep, injury around the home for children 0 to 4 years and young teens and MVC. Additionally, the community voiced concern about early identification of developmental delays. This was added as a performance measure as well.

The Program felt nutrition and physical activity services would be covered through breastfeeding in Infant Health, preconception health in Woman Health and again in Adolescent Health. As Arizona will not have access to PRAMS data until 2019, oral health was selected for a state priority.

Looking to develop the Adolescent Health priority, again the Program looked for a robust priority, choosing to increase the ability of adolescents make healthy decisions as they transition to adulthood. The Program felt it would be able to address injury (bullying, suicide prevention, sexual assault) and wellness (substance abuse education, general prevention including reproductive health and obesity prevention, teen pregnancy prevention) under this priority.

The community made clear that taking into effect the concerns of access to care and community resources, the need for early intervention screening and services and the importance of improving systems of care, the group selected ensuring a smooth transition through the life course for CYSHCN as a priority.

To capture the priority that crossed the life span and that fit with one of the National Performance Measures, the Program looked to smoking. The Program felt smoking included concern about infant mortality and morbidity (SUID, prematurity), child health (asthma) preconception and interconception health and transition decision making for teens and children and youth with special health care needs. The phrase 'other substances' was added as the Program is also looking at the emerging issue of prescription drug abuse and infants born with Neonatal Abstinence Syndrome. The priority selected was to reduce the use of tobacco and other substances across the lifespan.
There were three other areas of concern voiced throughout the community; oral health, general wellness and activity and the ability of families to raise emotionally and physically healthy children. These were added as state priorities as: Improve the oral health of Arizona's women and children; Increase the percentage of women and children who are physically active and strengthen the ability of Arizona families to raise emotionally and physically healthy children.

The team then reviewed the priorities Arizona had chosen five years ago: Reduce teen pregnancy among youth less than 19 years of age; Improve the percentage of children and families who are at a healthy weight; Improve the health of women prior to pregnancy; Reduce the rate of injuries, both intentional and unintentional; Improve access to and quality of preventive health services for children; Improve the oral health of Arizonans; Improve the behavioral health of women and children; Reduce unmet need for hearing services; Prepare children and youth with special health care needs for transition to adulthood and Promote inclusion of children with special health care needs in all aspects of life to determine which should be continued and which should be eliminated.

They were very similar. The Program decided to eliminate the priority around unmet need for hearing services because at the time Newborn Screening Follow Up and the EDHI program was addressing that need and had reduced the unmet need. Oral health will continue to be a priority but that will be a state priority, at the time priorities were selected.

The adolescent priority of making healthy decisions as they transition to adulthood would encompass the old teen pregnancy priority. The decision was made to continue an injury priority. The priority about healthy weight is being addressed in preconception health, breastfeeding, Empower and teens and CSHCN making good choices to include nutrition and physical activity. The Child priority about Developmental Screening speaks to the old priority of improving access to and quality of preventive health services for children but in a limited fashion.

The team came to the understanding that there are limits in what the Program could do to improve the behavioral health of women. Women are screened for perinatal depression in all home visiting models, and BWCH staff is partnering with WIC to complete a Computer Based Training for WIC staff and home visitors about perinatal depression.

The team felt strongly about maintaining the 2010 assessments' priority of preparing children and youth with special health care needs for transition to adulthood.

II.D. Linkage of State Selected Priorities with National Performance and Outcome Measures

- NPM 1 - Percent of women with a past year preventive medical visit
- NPM 4 - A) Percent of infants who are ever breastfed and B) Percent of infants breastfed exclusively through 6 months
- NPM 6 - Percent of children, ages 10 through 71 months, receiving a developmental screening using a parent-completed screening tool
- NPM 7 - Rate of hospitalization for non-fatal injury per 100,000 children ages 0 through 9 and adolescents 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.
- NPM 12 - Percent of adolescents with and without special health care needs who received services necessary to make transitions to adult health care
- NPM 14 - A) Percent of women who smoke during pregnancy and B) Percent of children who live in households where someone smokes

The Maternal Child Health Program has successfully linked eight selected National Performance Measures to the priorities Arizona chose to focus on for the next five years, based on the findings of the Title V Needs Assessment and then discuss the strategies and measures Arizona will develop to meet the objectives.

NPM 1: the percent of women with a past year preventive medical visit. The priority Arizona selected for Women/Maternal population was to improve the health of women before and between pregnancies. The Needs Assessment process identified many concerns for women including access to preventive health services. The discussions centered on reproductive health and behavioral health, obesity, perinatal depression and sexual assault and domestic violence services. Assuming that preventive medical visits are comprehensive, Arizona believes that increasing the quality of and access to preventive medical visits will help to affect national outcome measures that speak to women's health.

To address the comprehensiveness of well visits, Arizona has selected to increase the number of providers who feel prepared to include preconception health in a well visit. To do this Arizona's Title V program will first survey ACOG and the Association of Family Practice physicians. This was done once before but needs to be updated. As perinatal depression was raised as a concern during the Needs Assessment process, we will work with the Arizona chapter of PSI (Perinatal Support International) to include questions about addressing perinatal depression.

Arizona will also select other strategies to address preconception and interconception health. Arizona's Title V program will work with the professional medical associations to promote training and resources on the ADHS Clinician web page. This will be measured by the number of professional associations contacted with information about the Clinician web page and the number of 'hits' to the site. Additionally we will utilize the reach of Arizona's home visiting alliance, StrongFamiliesAZ and our partners in WIC to educate women and their support systems about preconception and interconception health.

NPM 4: a) percent of infants who are ever breastfeed and b) percent of infants breastfeed exclusively through 6 months. Arizona's priority for the Infant/Perinatal domain is to reduce infant mortality and morbidity. Discussions for this domain included injury prevention, child abuse and neglect, perinatal mood disorder and breastfeeding support. By selecting this measure Arizona believes that not only will the emphasis on breastfeeding support the infant's nutritional requirements but also the mother baby dyad will benefit by the bonding and attachment that a successful breastfeeding experience can support.[1]

Arizona has selected an objective of increasing the percentage of early childhood professionals with increased training to support breastfeeding. To accomplish this goal Arizona will provide training and support for home visitors generally and specifically to increase by five the number of early childhood professionals supported to become ICBLC certified by 2018. We will measure this by the number of home visitors trained on breastfeeding support generally and specifically on the number supported to become ICBLC certified.

For Child Health, Arizona chose two measures. The first measure is NPM 7: Rate of injury related hospital admissions per population ages 0-19. Arizona selected this NPM as one of our measures to address the priority of decreasing the incidence of childhood injury. During the Needs Assessment process the team heard many times the concern about Adverse Childhood Experiences, child abuse and bullying. The data also spoke to infants dying because of unsafe sleep environments, young children being injured around the home and adolescents being injured because they were not using seat belts.

As a part of the Title V annual plan, Arizona will increase the number of home visitors utilizing a standardized home visiting checklist. The first strategy to reach this will be to compile and then post an array of standardized

home safety checklists. Additionally, we will provide professional development about the burden of early childhood injury among Arizona's children, offer professional development about a home safety checklist Healthy@Home developed through a CQI process in the ADHS, develop an Infographic about early childhood home injuries, promote the Healthy@Home web based training and continue the strategies of the Safe Sleep Task Force. Information about all of these strategies will be included in blogs, tweets and other postings on ADHS social media.

NPM 6: percent of children, ages 10-17 months, receiving a developmental screening using a parent completed screening tool. The community voiced concerns about early identification of developmental delays. To address this concern, the Title V program will work to increase the number of home visitors trained to administer the ASQ. This will be measured by the number of home visitors trained. There have been concerns voiced of the limitation of screening if nothing is done with the results. The process of completing the screen itself is an opportunity to provide education to the parent on normal early growth and development. Beyond training of home visitors, we will work to ensure home visitors are conducting the screen with the parent or care provider and if a delay is suspected, provide the parent with a copy of the ASQ results so the parent can share this with their baby's provider.

NPM 12: Percent of children with or without special health care needs who received services necessary to make transitions to adult health care. Arizona selected this NPM as a way to track progress on the priority of supporting a smooth transition through the life course for CYSHCN. The concerns that were raised during the Needs Assessment process spoke to the difficulties in 'navigating the system', the need for early intervention and specialty services.

Arizona plans to increase the percentage of pediatric primary and specialty care practices who report that they have a written health care transition policy. The strategy we will utilize to accomplish this will be to design and conduct a baseline survey of healthcare providers concerning transition practices. We then plan to analyze the data and develop strategies to help the practices begin to use written plans and then repeat the survey in subsequent years. We will measure our success the first year by developing and implementing the survey.

Arizona chose two NPM for adolescents. NPM 9: percent of adolescents, aged 21-17, who are bullied or who bully others and 10: the percent of adolescents, ages 12-17, with a preventive medical visit in the past year. During the Needs Assessment process the teams heard concerns about stress, depression, suicide and bullying. There was also concern raised about reproductive health services and obesity prevention. The priority Arizona chose for adolescent health was to support adolescents to make healthy decisions as they transition to adulthood. This would of course be inclusive of adolescents with or without special health care needs.

Arizona has chosen to set a goal to address increasing the percentage of adolescents receiving a preventive health visit by developing a formal collaboration with at least five partners by 2018 to promote these preventive health visits. This will be measured by the number of organizations participating this this to be established collaborative. To address the bullying priority, Arizona plans to reduce the percentage of youth who report being bullied. The strategies Arizona will employ include 1) conducting an environmental scan of current statewide bullying efforts; 2) developing a bullying prevention multiagency task force; 3) developing and compiling a cache of resources; and 4) developing a social marketing campaign. This first strategy will be completed by 2018.

For the Life Course, Arizona chose NPM 14: a) percent of women who smoke during pregnancy and b) percent of children who live in households where someone smokes. As the community is very interested in wellness through the life course there was interest among the team to monitor smoking not just during pregnancy but during all of childhood. This measure speaks to preconception health, SUID risk reduction, and general wellness.
To address this priority, Arizona will provide training on the effects of second hand smoke on children to home

visitors. This will be measured by the number of home visitors who receive training. Additionally, ADHS will continue to post Tweets, blogs and updates to social media sites about the effects of second hand smoke.

II.E. Linkage of State Selected Priorities with State Performance and Outcome Measures

- SPM 2 - Number of home visitors trained to promote physical activity among women.
- SPM 3 - Number of providers supported to better educate families about the importance of immunization.
- SPM 4 - Increase the number of school-based sealant programs in rural communities across Arizona.

As a result of analysis of both the data and public input, for state priorities identified during the Needs Assessment process of 2015, Arizona chose to focus on improving the oral health of Arizona's women and children, increasing physical activity among women and children and strengthening the ability of Arizona's families to raise emotionally and physically healthy children.
Good oral hygiene and timely treatment of oral health illness during preconception, pregnancy or intra-partum stage promotes general wellbeing, improved birth outcomes and improved children's' dental health. Furthermore, women's preconception oral hygiene is vital and has impact on birth outcome and infant oral health. Healthy People 2020 includes a goal to prevent and control oral and craniofacial diseases, conditions, and injuries, and to improve access to preventive services and dental care.[1] Arizona's 2015 Needs Assessment revealed that in Arizona, 64% of third graders had decay experience, compared to 58% of third graders nationally.[2] Additionally, there are racial and ethnic disparities in Arizona. Compared to white children (54.3%), American Indian (86.4%) and Hispanic children (68.5%) have a significantly higher prevalence of decay experience. Meanwhile, 59.3% of African Americans had a tooth decay experience. The Arizona children with AHCCCS insurance (67.7%) and children with no insurance (78.6%) have a significantly higher prevalence of decay experience than children with employer provided or privately purchased insurance (54.6%). One of the ways Arizona will address the oral health of Arizona children will be by increasing the number of school based sealant programs, especially in rural communities.

During the Needs Assessment process concerns about nutrition and physical activity were raised in discussion about the Child, Adolescent and Women domains. As well, the data tells us that Arizona's women and children are more overweight when compared to the rest of the nation with disparities found by gender, ethnicity, education and income level and geography.

The 2015 Arizona Needs Assessment found that based on results from the 2011/2012 National Survey of Children's Health (NSCH), the percent of children 10 to 17 years of age in Arizona who were overweight or obese (37%) was higher than that of the United States (31.3%). More specifically, in Arizona, approximately 17% were overweight while 20% were obese. In Arizona, 40% of boys (10 to 17 years) were overweight or obese while 33% of girls were overweight or obese. Both of these values are higher for Arizona children than children nationwide, which saw 35% of boys and 28% of girls being overweight or obese. More Arizona Hispanics are overweight or obese than Hispanics nationwide (50.2% and 39.9%, respectively), while fewer White, non-Hispanics in Arizona are overweight or obese compared nationally (23.7% and 26.3%, respectively). Significantly more Hispanic children (50.2%) ages 10-17 were reported as being overweight or obese compared to 23.7% of White, non-Hispanic children in Arizona (See Figure 7.2)

There are more children with special health care needs (CSHCN) who are overweight or obese in Arizona (37.6%) compared to the United States (35.3%). Similarly, there are more children without special health care needs who are overweight or obese in Arizona (36.3%) than the United States (35.3%). The difference between CSHCN and non-CSHCN who are overweight and obese in Arizona is smaller than the difference between the two groups at the national level. The percentage of overweight and obese children also differs by insurance type. Nearly 47% of Arizona children with public insurance are overweight or obese, compared to just 28.9% of Arizona children with private insurance. The same holds true for the nation as a whole. For both insurance types, the percent of overweight or obese children is greater in Arizona than the nation as a whole.

In 2012, significantly more Arizona women (61.3%) residing in rural counties were overweight or obese as compared to women (53.6%) residing in urban counties. Similar trends were seen in 2013 (57.1% in rural counties vs 54.3% in urban counties). In Arizona, considerable disparities were seen according to household income with the prevalence of obesity or overweight status decreasing with increasing income. In 2013, 62.9% women who made less than $20,000, 56.1% who made $25,000-49,999 and 47.2% who made $50,000 or more were overweight or obese (Figure 7.5). Furthermore, significant differences were demonstrated according to the level of education, but it did

not correlate directly in Arizona, ranging; from a high of 66.2% in 2011 to 61.3% in 2013 among women who did not graduate high school to a low of 40.9% in 2011 to 46.9% in 2013 among women who graduated from college or technical school. In 2013, 52.3% high school graduates and 56.9% women who attended college or technical school were overweight or obese in Arizona. Arizona will address obesity by employing strategies to increase the percentage of women and children who are physically active. The third State Priority was to strengthen the ability of Arizona families to raise emotionally and physically healthy children. For the purpose of Title V, Arizona will focus on immunization as a strategy to improve the physical health of children. This focus is also reflected in the State Health Improvement Plan.

According to the 2015 Arizona Needs Assessment, while many of Arizona children have high immunization coverage levels, exemption rates have increased over the last decade. The increase in exemption rate is seen in self-reported data attained from both school and child care. In Arizona childcare centers, children may be exempt for medical or religious beliefs, while in Arizona schools children may be exempt for medical or personal beliefs. Childcare centers' religious belief exemption rates increased from 3.4% in the 2010-2011 school years to 4.1% in the 2013-2014 school years. The majority of counties (11 out of 15) in Arizona are below the state's average exemption rate of 4.1 percent with lowest being of 0.5 percent in Yuma County. The counties that are above the state average are Apache, Coconino, Maricopa, and Yavapai. In kindergarten, personal belief exemption rates increased from 3.2% in the 2010-2011 school year to 4.7% in the 2013-2014 school year. Nine Arizona counties have personal belief exemption rates below the State's 4.7%; some having exemption rates as low as 0.7% in Yuma. However, Coconino, Maricopa, Mohave, Navajo, Pinal, and Yavapai have exemption rates above 4.7%. In 6th grade, there was an increase of personal belief exemption rates from 3.7% to 4.7% from 2010-2011 to 2013-2014 respectively. Ten of the fifteen counties have personal belief exemption rates below the state's 4.7%; some have exemption rates from as low as 0.9% in Yuma to 2.9% in Pima. Coconino, Graham, Maricopa, Pinal, and Yavapai have personal belief exemption rates above the state's average. During June and July of 2016 Arizona experienced a Measles outbreak with 22 confirmed cases at the time of this writing. While the cases are currently confirmed to a correctional facility, it is a reminder to Arizona's Title V program to continue and strengthen our vigilance.

II.F. Five Year State Action Plan

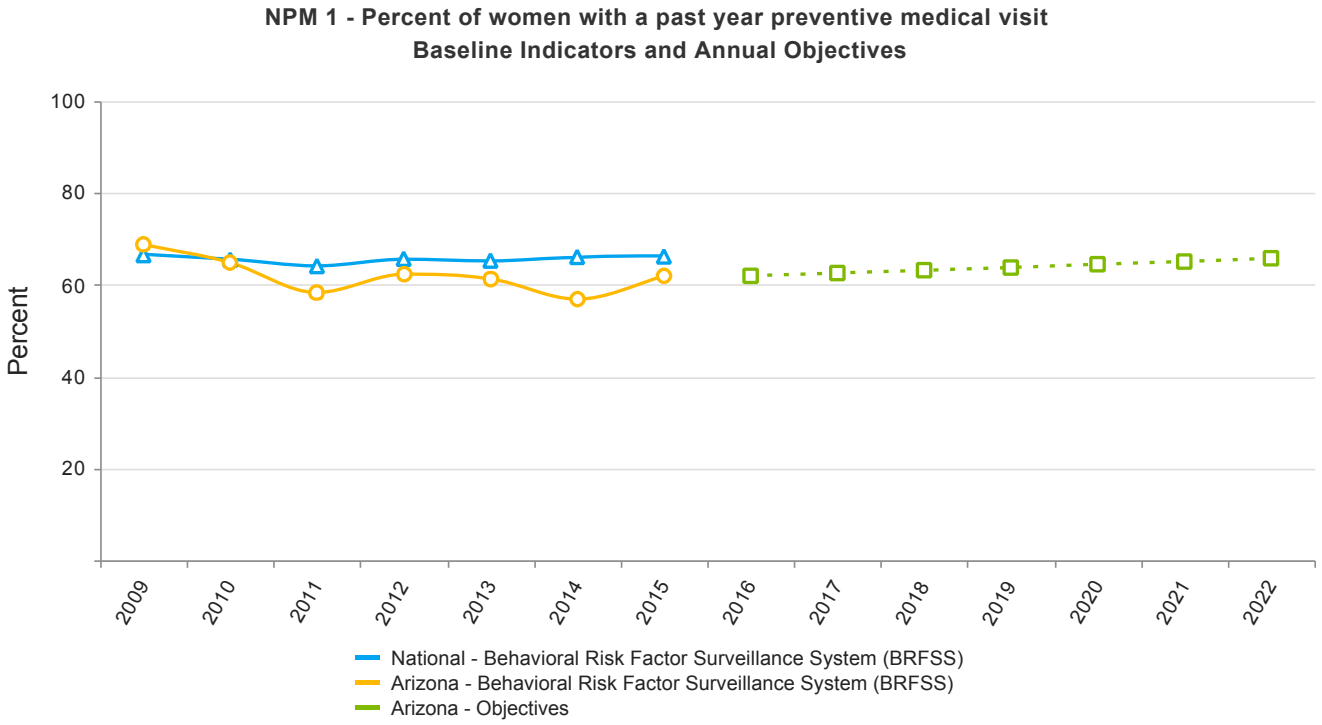
II.F.1 State Action Plan and Strategies by MCH Population Domain

Women/Maternal Health

Linked National Outcome Measures

National Outcome Measures	Data Source	Indicator	Linked NPM
NOM 2 - Rate of severe maternal morbidity per 10,000 delivery hospitalizations	SID-2014	143.1	NPM 1
NOM 3 - Maternal mortality rate per 100,000 live births	NVSS-2011_2015	18.9	NPM 1
NOM 4.1 - Percent of low birth weight deliveries (<2,500 grams)	NVSS-2015	7.2 %	NPM 1
NOM 4.2 - Percent of very low birth weight deliveries (<1,500 grams)	NVSS-2015	1.1 %	NPM 1
NOM 4.3 - Percent of moderately low birth weight deliveries (1,500-2,499 grams)	NVSS-2015	6.1 %	NPM 1
NOM 5.1 - Percent of preterm births (<37 weeks)	NVSS-2015	9.1 %	NPM 1
NOM 5.2 - Percent of early preterm births (<34 weeks)	NVSS-2015	2.4 %	NPM 1
NOM 5.3 - Percent of late preterm births (34-36 weeks)	NVSS-2015	6.7 %	NPM 1
NOM 6 - Percent of early term births (37, 38 weeks)	NVSS-2015	25.4 %	NPM 1
NOM 8 - Perinatal mortality rate per 1,000 live births plus fetal deaths	NVSS-2014	6.3	NPM 1
NOM 9.1 - Infant mortality rate per 1,000 live births	NVSS-2014	6.1	NPM 1
NOM 9.2 - Neonatal mortality rate per 1,000 live births	NVSS-2014	4.0	NPM 1
NOM 9.3 - Post neonatal mortality rate per 1,000 live births	NVSS-2014	2.1	NPM 1
NOM 9.4 - Preterm-related mortality rate per 100,000 live births	NVSS-2014	200.3	NPM 1

National Performance Measures



Federally Available Data	
Data Source: Behavioral Risk Factor Surveillance System (BRFSS)	
	2016
Annual Objective	61.9
Annual Indicator	61.8
Numerator	714,968
Denominator	1,156,088
Data Source	BRFSS
Data Source Year	2015

Annual Objectives						
	2017	**2018**	**2019**	**2020**	**2021**	**2022**
Annual Objective	62.5	63.1	63.7	64.4	65.0	65.7

Evidence-Based or –Informed Strategy Measures

ESM 1.1 - Development of preconception health survey questions.

Measure Status:	Inactive - Replaced

State Provided Data	
	2016
Annual Objective	
Annual Indicator	Yes
Numerator	
Denominator	
Data Source	In house data from Office of Womens Health
Data Source Year	2016
Provisional or Final ?	Final

Annual Objectives						
	2017	2018	2019	2020	2021	2022
Annual Objective	Yes	Yes	Yes	Yes	Yes	Yes

ESM 1.2 - Proportion of providers who are assessed as prepared by BWCH to include preconception health items in a well visit.

Measure Status:	Active

Annual Objectives						
	2017	2018	2019	2020	2021	2022
Annual Objective	0.0	6.0	8.0	10.0	15.0	25.0

State Action Plan Table

State Action Plan Table (Arizona) - Women/Maternal Health - Entry 1

Priority Need
Improve the health of women before and between pregnancies.

NPM
Percent of women with a past year preventive medical visit

Objectives
By 2020, increase the number of providers who feel prepared to include preconception in a well visit by 20%.

Strategies
Conduct a survey of OB/Gyn and Family Practioners regarding preconception health practices every two years.
Work with medical professional organizations to promote the training and resources available on the ADHS Clinician web site

ESMs	Status
ESM 1.1 - Development of preconception health survey questions.	Inactive
ESM 1.2 - Proportion of providers who are assessed as prepared by BWCH to include preconception health items in a well visit.	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 4.1 - Percent of low birth weight deliveries (<2,500 grams)

NOM 4.2 - Percent of very low birth weight deliveries (<1,500 grams)

NOM 4.3 - Percent of moderately low birth weight deliveries (1,500-2,499 grams)

NOM 5.1 - Percent of preterm births (<37 weeks)

NOM 5.2 - Percent of early preterm births (<34 weeks)

NOM 5.3 - Percent of late preterm births (34-36 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

Women/Maternal Health - Plan for the Application Year

The Bureau of Women's and Children's Health (BWCH) administers a range of programs that focus on the health of women during their child bearing years. The programs seek to ensure that women have the information and resources necessary to achieve optimal health and wellness. The programs are primarily preventive and serve as safety net services in communities with limited resources. For fuller descriptions of these programs please see the Women's Health Annual Report section.

Arizona has identified the need to improve the health of women before and between pregnancies as a priority. It seeks to make this happen by employing strategies to improve access to and the quality of preventive health visits for women. To reach that goal in 2018, the BWCH will work with our Procurement Office to establish a contract with a maternal and child health community based organization who will assume the lead in reestablishing the Preconception Health Alliance and developing a one year action plan focused on strategies to increase awareness about preconception among the healthcare providers and the general public. Promoting CDC's 'Show Your Love' campaign will be a central part of the campaign to maximize available resources and support CDCs national initiative. The Office Chief for Women's Health will be the main liaison with the contracted organization and will continue to be active on the CDC's Preconception Health Consumer Workgroup. In addition, BWCH will administer the Preconception Health Provider survey to assess any changes in healthcare provider practices during the past 4 years.

Title V funds had been used to fund county health departments to address preconception health utilizing the Spectrum of Prevention in their community. Going forward, the IGA will now reflect the new Title V priorities thus enabling counties to utilize evidence based strategies to move the needle on the priorities that are also reflected in their community needs assessment. For Women's health these will include improving access to preventive health care and increasing provider knowledge about preconception health practices.

Arizona PRAMS will be in full implementation by FY18. All programmatic activities (printing, mailing and participant follow-up) related to Arizona PRAMS will be conducted in house at the Arizona Department of Health Services. The Maricopa County Department of Public Health will continue to support Arizona PRAMS with a .5FTE position. Biannual meetings with the Arizona PRAMS Steering Committee will be held where the Arizona PRAMS team will have an opportunity to receive guidance regarding strategies for increasing response rates and expanded outreach opportunities for Arizona PRAMS. Title V funds will continue to supplement the Component A (Core Surveillance) of the Pregnancy Risk Assessment Monitoring System (PRAMS) grant.

At this time, the BRFSS data is the only means of reporting on the status of preconception health in Arizona. The Bureau will support the addition of preconception health questions into the 2018 BRFSS and the data will be used to guide revisions to the Arizona Preconception Health Strategic Plan. The Bureau will also use the data to develop an infographic highlighting the findings from the preconception health BRFSS questions. The infographic will be posted on the Bureau website and shared with MCH stakeholders.

The Domestic Violence Program will work with other state and local agencies to determine how to use the data from the Balance of the State report, a report on domestic violence services in the rural areas, to strengthen advocacy and support victim's needs. The current domestic violence contracts expire in 2017 and the program will be issuing a solicitation that will incorporate the findings from this report to the degree possible. The solicitation also required a focus related to providing specialized services to children exposed to domestic/intimate partner violence and contracting with culturally specific service providers and a portion of the funds will be designated for culturally specific domestic violence service providers. The program will work with the new contractors to ensure they are adhering to the updated Arizona Service Standards for Domestic Violence Service Providers and identify potential technical assistance needs. BWCH will continue to work with the Arizona Coalition to End Sexual and Domestic Violence (ACESDV) and other State domestic violence funders to coordinate and leverage resources to support victims of

domestic and intimate partner violence.

A major focus of sexual violence prevention efforts in 2018 will continue to be the development of a sustainable foundation for the Arizona Safer Bars Alliance (ASBA) project. Sustaining a cadre of ASBA Master Trainers and local trainers will be an ongoing priority during 2018. The Sexual Violence Prevention and Education Program (SVPEP) will continue to investigate collaborations with systems that work with alcohol serving establishments such as law enforcement and local business associations. The Arizona Coalition to End Sexual and Domestic Violence will be providing ASBA trainers, it is anticipated that 2018 will see an increase in the number of establishments who become ASBA members. The University of Arizona will continue to conduct all evaluation and train all ASBA facilitators during 2018 as well as make presentations at professional conferences to share evaluation results and information on the potential for adaptation in other communities. SVPEP contractors identified a number of challenges they've encountered such as scheduling, the time it takes to convince a bar owner/manager to agree to the training and the length of the curriculum. During 2018, the program will also reach out to current and potential ASBA members to get their input on how to increase buy-in and integrate incentives that would be of value to them. This next year will be focused on growing ASBA in a thoughtful manner and working to move the project from evidence informed to evidence based.

The 2018 goals for the Family Planning Program include continuing to move clients to a more effective method of contraception; increased preconception health education; increasing chlamydia screening rates among young females aged 15-24; and increasing the proportion of clients with gonorrhea and chlamydia that that have a 3 month follow up. Since the Title V Family Planning funds have been transferred to the Healthy People Healthy Community Integrated IGA the county health departments have greater freedom in deciding how much of their budget is allocated to family planning services. During this next year, the program will be working with the Directors of Nursing (DON) to assess their ability to offer Long Acting Reversible Contraceptives and provide technical assistance as needed. In addition, the DONs will coordinate the content of their 2018 annual meeting/training and continue to include discussions regarding family planning during their quarterly meetings.

Each of the BWCH programs impacting Women's/Maternal Health and described in the Women's Health Annual report will continue to provide core services and identify emerging issues and opportunities to improve services.

BWCH is responsible for administering the Federal Family Violence Prevention and Services Act (FVPSA) grant funds. FVPSA supports the establishment, maintenance, and expansion of programs and projects that prevent family violence and provide immediate shelter and related assistance for survivors and their dependents. For 28 years, funds support development of the Rural Safe Home Networks encompassing all BWCH-funded domestic violence programs. The cornerstone of the program is to provide guidelines and technical assistance to develop Safe Home Networks in Arizona's rural communities and to promote networking and collaboration among domestic violence and community social service providers.

The program funded 7 rural shelter organizations; each addresses the unique needs of their community and the victims they assist. Each organization funds all or some of the following culturally and linguistically appropriate services: 1) immediate emergency shelter and related supportive services; 2) assistance in developing safety plans; and 3) individual and group counseling, peer support groups, and referral to community-based services. In addition, they provide:1) advocacy, 2) case management, 3) help to access Federal and State financial assistance, 4) legal advocacy to assist victims and their dependents, medical advocacy, including referrals to health care such as mental health, alcohol, and drug abuse treatment, 5) homelessness prevention and assistance to locate and secure permanent housing, 6)transportation, 7) child care, 8) respite care, 9) job training and employment services, and 10) parenting and educational services.

In 2016 the Rural Safe Home Network sheltered 456 unduplicated women, 23 men and 298 children for a total of 21,238 bed nights. Supportive services to individuals that did not reside in a shelter were provided to 1,872 women, 176 men, and 1,076 children. Contractors also served 75 youth who were victims of Intimate Partner Violence.

The program collaborates with state and private agencies to implement services based on the Arizona Service Standards and Guidelines for Domestic Violence Programs. The Guidelines were developed and recently updated by the Arizona Coalition to End Sexual and Domestic Violence (ACESDV) and various stakeholders across the state to incorporate current best practices. ACESDV provides training and technical assistance to BWCH-supported programs regarding sexual and domestic violence. The BWCH is a member of the State Agency Coordinating Team (SACT) which consists of 7 state agencies that administer sexual and domestic violence funds and/or crime victim funds. The SACT meets 6 times a year to discuss shared issues and coordinate funding when possible to address gaps in services. The chief of the Office of Women's Health in the BWCH is a member of the SACT and the Governor's Commission to End Violence Against Women.

BWCH promotes networking and collaboration among domestic violence and community social service providers at the local level to deliver services in underserved rural communities. Each community has its own network, which may include service clubs, faith based organizations, housing and homeless services, police departments, food banks and others. Each organization collaborates with local health and social service providers, including federally qualified health centers, county health department, and oral health services to facilitate smooth referrals for the families they serve.

One of the successes of the program includes the provision of equine therapy for children residing in a rural shelter. The program has been very effective in helping children deal with the trauma of witnessing domestic abuse. The therapy also offers an opportunity for staff to provide parenting education to the custodial parent.

Challenges faced by victims of domestic violence in rural communities include a lack of access to transportation, affordable housing, legal services, child care, and employment. Rural domestic violence service providers are challenged by lack of funding, staffing, and availability of supportive services.

In 2014 BWCH collaborated with ACESDV, Arizona State University Morrison Institute for Public Policy, and the Arizona Department of Economic Security to implement a statewide study to ascertain how well shelters were

meeting the needs of domestic violence victims and their families and prompt discussion among practitioners, funders and stakeholders about the results of the study. A key finding was that non-shelter support services are equally as important in rural and urban communities and ranked as a higher need than shelter services. In April 2015, the data was distributed to domestic violence service providers statewide. The findings from this survey served as a guide in the development of a domestic violence solicitation for services effective fall 2017 and a separate allocation was made for support service not tied to shelter services. In addition, the solicitation included a priority related to funding a culturally specific organization.

BWCH administers the Sexual Violence Prevention and Education Program (SVPEP). This funding was established in 1994 under the Violence against Women Act (VAWA) and reauthorized in 2013. The goal is to reduce sexual violence through implementation of evidence based/ informed primary prevention with individuals and communities. The Arizona SVPEP contracts with 2 state universities and 2 community based organizations to provide multi-session educational presentations for youth and young adults in middle and high schools as well as universities. Services are provided in 3 of Arizona's 15 counties. In 2016, SVPEP provided multi or single educational sessions to 68,067 individuals; 735 middle and high school students, 280 professionals, 38,552 university students and approximately 28,500 community members.

Arizona SVEP also implements the Arizona Safer Bars Alliance (ASBA), an innovative project to decrease sexual violence by providing bystander intervention training to staff of alcohol serving establishments. The staff receives 5 hours of education on how to recognize sexual aggression perpetration by patrons and how to intervene safely to defuse the situation. To become an Alliance member, the establishment must have 70% of staff that interact with patrons complete the training; participate in 2 sexual assault prevention awareness community events each year; display the ASBA window cling and posters and hold annual refresher training for staff. Owners are also asked to conduct an environmental scan to identify dark and other potentially dangerous areas on site and in the parking area. To date, 3 establishments have become ASBA members and staff at 2 of those establishments received refresher training this year. Eighty four employees of alcohol serving staff completed 5 hours of ASBA training. In 2016, ASBA infrastructure throughout Arizona was increased. Four ASBA facilitators in Flagstaff and 3 facilitators in Tucson were trained in the Safer Bars curriculum, outreach procedures, and evaluation procedures. Additionally, 3 SVPEP contractor staff members in Tucson and 5 contractor staff members in Phoenix were trained specifically in outreach. Four bars were trained in Flagstaff, and 1 bar received the pilot of the ASBA annual refresher curriculum. Fidelity monitoring was conducted for all ASBA facilitators in Flagstaff to ensure the program was being implemented with fidelity. In Tucson and Phoenix, outreach and recruitment efforts began, focusing on the areas around the 2 state universities where there are high densities of alcohol-serving establishments. Training webinars on outreach and evaluation were also under development by contractors at The University of Arizona as technical assistance tools for ASBA facilitators and outreach staff. Additionally, we began work on updating all of the ASBA collateral materials that would be used during outreach and that would be given to trained bars. This included updating all brochures, handouts, training certificates, participant wallet cards, posters, and drink coasters. The new materials reflect the evolution of the program and are more culturally-diverse. Finally, ASBA was selected for presentation at the American Public Health Association Annual Meeting in Denver, CO. The presentation focused on successes, challenges, and best practices in engaging bars in bystander intervention training based on the experiences of ASBA staff in Arizona.

In the central part of the state, Arizona State University (ASU) provides presentations on sexual assault and healthy relationships to students and gatekeepers (faculty, staff and student leaders who are in a position to influence student attitudes and behaviors). In addition, certain freshman classes, residential colleges and scholarship programs require an online Alcohol Education class which includes sexual assault education. The university has a media campaign that includes posters, bulletin boards in residence halls, student newspaper ads, newsletter articles, Facebook, and web- based information. They also conduct activities designed to increase awareness at the population level, such as the Sex Signals Improv production, Take Back the Night rallies, and lectures by national

speakers (e.g., Jackson Katz), etc. In January, 2016, ASU hosted its 1st annual Symposium on Sexual Violence Prevention in Higher Education which was attended by 81 professionals representing the state universities, 2 private universities, 3 community colleges, ACESDV and two SVPEP non-profit contractors. The focus of the symposium was on sharing information on current sexual assault strategies being implemented on various campuses. Time was also devoted to a planning session where participants identified 5 recommendations for strategies to strengthen the system of sexual assault prevention on college campuses. Some of the recommendations included collaborating with local high schools to increase sexual assault prevention education so students are informed prior to going to college and increased funding from the state to increase the reach of sexual assault prevention programs.

A local agency in northern Arizona coordinates the Men against Rape and Sexism (MARS) Project, a prevention effort at the local university. Participants in MARS receive multi-session, theory-based and culturally relevant training on a range of sexual violence topics including violence and oppression in society, healthy relationships, homophobia/hypermasculinity, prevention theory and public presentation skills. In 2016, 48 students participated in MARS.

The University of Arizona (UA), in the southern part of the state, developed four 90 minute workshops that builds on STEP Up!, an evidence based bystander intervention curricula, developed at the UA. The university utilized survey results from the 2015 Association of American Universities Campus Climate Survey on Sexual Assault and Sexual Misconduct as a guide for additional sessions related to rape myths, gender socializations, social justice and university policies related to Title IX and the Clery Act. Four seven sorority women completed the new prevention sessions in fall 2016. There was a waiting list of women wanting to take the course.

The SACT and ACESDV spent the latter part of 2016 planning community conversations across the state to obtain stakeholder regarding underserved/unserved populations and service needs in their respective communities. The conversations took place in spring 2017. The BWCH also collaborates with the ACESDV by inviting their staff to serve on the evaluation team for applications received in response to solicitations issued by the FVPSA, SVPEP and SASP programs.

The SVPEP Program Manager also administers the Sexual Assault Services Program (SASP) which provides direct services to individuals who have survived sexual violence. Funding is provided by the Office on Violence against Women (OVW) to support crisis centers and nonprofit organizations that provide direct intervention and supportive services. During 2016, SASP contractors served 919 clients, 820 were primary survivors, and 99 were secondary survivors. Approximately 94% of their clients were female and 6% were male. A contractor in Northern Arizona serves members of the following tribal nations, Navajo, Hopi, Havasupai, Walapai and Kiabab. SASP services include: civil legal advocacy/court accompaniment, counseling services/support group, criminal justice advocacy/court accompaniment, crisis intervention, employment counseling, financial counseling, hospital/clinic/other medical response, material assistance, transportation and victim/survivor advocacy. The SASP funds are targeted to under-served/rural areas where services for sexual assault victims/survivors are minimal or non-existent. Funds allow contractors to provide up to 12 months of short term counseling for victim and secondary victims. The SASP contractors are established agencies with experience providing sexual assault services in rural areas to underserved populations. The staff understands the cultural and social issues as they relate to reporting and responding to sexual violence.

The SASP funds enhance the capacity of local sexual assault service providers to increase outreach and offer hotline and/or counseling and supportive services for victims. The SASP contractor serving southern Arizona is offering a support group for women in a community near the Mexico border. This would not have been possible without SASP funding. Another contractor utilizes the SASP funds to provide trauma informed yoga classes to victims. SASP contractors coordinate with community partners to ensure clients are aware of their rights and have access to services. In addition, they have established referral networks with law enforcement, health care providers, social service agencies and faith organizations. While SASP funding does not pay for forensic exams, due to

collaboration with Holy Cross Hospital, the only hospital in one southern county is now able to conduct medical forensic exams in their Emergency Services Department.

Some of the challenges related to providing support services to sexual assault victims include the lack of awareness of available services among victims, transportation in rural areas, and not all sexual assault victim service providers, especially smaller agencies, are aware of the victim compensation fund and how it can be used to increase services to their clients.

BWCH uses Title V Maternal and Child Health Services Block Grant funds to support the Reproductive Health/Family Planning Program, a statewide, clinic-based, program that provides comprehensive reproductive health services to promote optimal health for Arizona's men and women. These services allow clients to make voluntary and informed decisions that fit with their personal reproductive, educational and occupational goals.

Clients receive initial or annual exams which include: a choice of a family planning method, cancer and IPV screenings, STI screening and treatment, pregnancy testing, counseling, education, preconception counseling and reproductive life planning and information and referrals to other medical services. In some rural communities, there are great distances between providers, and the Title V Reproductive Health clinic is the most convenient option for receiving screening, education and contraceptives, filling a gap in services. Based on available data from our partners at the Bureau of Epidemiology and Disease Control Services, the Title V reproductive health/family planning programs reported served 3,050 unduplicated adults ages 20 and up in 2016 and provided services during 5,460 clinic visits. Some of those services included, 1,477 chlamydia tests, 110 syphilis tests, 1,643 gonorrhea tests, 319 HIV tests, 825 pap tests, and 1,653 pregnancy tests.

The Reproductive Health Program partners with other community resources. It collaborates with the Title X grantee on data collection and training. It works with WIC, home visiting programs, and the Office of Immunizations on referrals. It works with the STD and HIV programs to obtain data and ensure the Title V clinics are following current screening and testing guidelines. Each provider maintains a comprehensive list of local resources to assist clients and refers them for physical and/or behavioral health care and social services as indicated.

Several factors have contributed to the progress of the Reproductive Health Program in 2016. One is the stability of the program and its' long standing integration into rural county health departments. In addition, social media has made sexual health easier to talk about; it allows users to find answers for many of their health concerns including dieting, physical fitness, and contraception. Many programs now use text messaging to remind clients of their next appointment.

Barriers to the provision of family planning include cost. While Long Acting Reversible Contraceptives (LARCs) are receiving more attention due to their effectiveness, cost is a barrier, even when a LARC would be the best fit for a client's lifestyle and reproductive goals. Unlike the Title X funded agencies, county health departments are not eligible to purchase family planning supplies under 340B. For 11 of the 12 programs that are located in rural communities limited transportation options can present a major challenge to accessing reproductive health services. In addition, retaining qualified nurses and practitioners is an ongoing issue concern.

Arizona's Medicaid agency has agreed to begin to fund LARC insertion at the time of delivery and this policy went into effect on 10/1/16. The agency will begin assessing data in approximately 9-11 months to gauge the utilization of this policy change. The Title V program participated in the fact finding and decision making process that helped to make this administrative change.

Health Start is a home visitation program that utilizes community health workers (CHWs) to identify women early in their pregnancy and link them to prenatal care. CHWs provide education, referrals and developmental screenings until the child's second birthday. Health Start is authorized through state Statute with proscribed purpose,

requirements and administration of the program. It is funded by the Arizona State Lottery at approximately $2.2 million per year.

Health Start contracts with 13 community based agencies including county health departments. The program identifies screens and enrolls pregnant and postpartum women and families early in their pregnancies and assist women to obtain early and consistent prenatal care. Community Health Workers (CHW) provide prenatal and postpartum education, parenting education, depression, alcohol, tobacco and other drug screening, brief intervention and education, domestic violence screening, perinatal depression screening and education, Healthy @ Home Assessments (safety), advocacy and case management services and information and referral services. CHWs also educate women on interconception health and birth spacing. In 2016, Health Start services were provided to 2,534 unduplicated clients and provided 16,698 home visits.

Nearly all (95.2%) children in Health Start are properly immunized. Health Start sponsored car seat safety certification education for 12 new Community Health Workers and Health Start Coordinators. Every Health Start site has at least 1 certified car seat technician. In 2016, 346 infant seats and 630 convertible car seats were provided to clients along with education on the proper use of car seats. Health Start provided 157 Pack n Plays for clients to who needed a safe sleep environment for their child. All (100%) of pregnant Health Start clients indicated they plan to breastfeed, however, less than half (45%) of women were breastfeeding at 6 months postpartum. Only 1% of pregnant clients self-report at enrollment that they smoked or drank alcohol during their pregnancy. Depression is more common with 4% of clients self-reporting that they are experiencing depression. Less than 1% of Health Start babies were born at Very Low Birth Weight.

Collaboration ensures that Arizona has a coordinated approach regarding provision to home visiting services to avoid duplication of services and ensure families can access the service that meets their needs. Health Start is a member of the Strong Families Arizona Home Visiting Alliance, which facilitates collaboration among all of the home visiting programs in Arizona. Health Start also coordinates with the Department of Child Safety and Medicaid health plans. It serves as the Co-Chair of the Statewide Task Force on Preventing Prenatal Exposure to Alcohol and Other Drugs. The purpose of the Task Force is to increase awareness of substance use among pregnant women, increase screening for alcohol and other drugs, including prescription drugs, and increase awareness of treatment options.

The Health Start Program Manager is also working with the Arizona Community Health Workers Outreach Network and the Alliance of CHWs to assess CHW training needs/requirements, adopt a standard framework regarding the scope of practice and research the possibility of creating a State certification for CHWs. The Program Manager provided input on the development of a new Community Health Worker program at a local community college.

Health Start collaborates with health providers including 4 federally qualified health centers. Community health workers under Health Start have collaborated and shared training resources with other community health workers targeting chronic disease.

The Program provides an on-line training on perinatal mood and anxiety disorders which is available to all home visitors. Health Start will be developing a new on-line course on Adverse Childhood Experiences for home visitors and WIC workers to increase their sensitivity to ACEs and understanding of trauma informed care.

Health Start Program has integrated domestic and sexual violence screening into the scope of services provided to clients. CHWs screen using the Relationship Assessment Tool adapted from the WEB scale after 3 months of enrollment. In 2016, 515 women were screened. Of those, 10% were at high risk for domestic violence or were experiencing domestic violence. Seventy six percent of all women screened received and reviewed a safety plan card.

Health Start Program CHWs provide a number of classes on important maternal and child health topics to clients. In 2016, 461 classes were conducted by Health Start. The topics included infant child health and development, safety

and car seats, child birth education, community resources, breastfeeding, maternal diet and infant child nutrition. A pregnant woman enrolled in Health Start during her husband's deployment to Afghanistan. The Community Health Worker was able to conduct home visits with this first time mom on the military base and she shared information via Skype with her husband. Due to this sharing of child birth and infant development education information, the father felt more connected to his new daughter when he returned home.

The Maternal, Infant and Early Childhood Home Visiting Program (MIECHV) is a part of Arizona's Title V Bureau and provides evidence-based home visiting programs to pregnant women and women with children under the age of five. While MIECHV will be described in more detail in the Infant/Perinatal section, for women, MIECHV promotes and encourages prenatal care and postpartum care; Screens and refers for pre and postnatal use of alcohol, tobacco or drugs; Provides information and education on birth spacing and preconception care; Screens and refers for maternal depression; Increases health insurance enrollment for families; Screens and refers for domestic violence including completing a safety plan when needed.

In 2016, 715 home visitors attended the 5th Annual Home Visiting Conference. The conference provided several sessions targeting women and maternal health. Examples of some of the workshops offered included; Parental Tobacco Use and Family Health; Breastfeeding: Creating and Keeping the Connection; Arizona's Efforts Around Zika; Parental Use of Alcohol, Tobacco & Other Drugs; Healthy@Home; Safety and Injury Prevention; How to Help with Breastfeeding Difficulties; and Examining the Effects of Prenatal Substance Exposure. In addition, 478 home visitors attended workshops throughout the year provided by the MIECHV program addressing Domestic Violence, Infant/Toddler Mental Health, and Breastfeeding. Additional local training was provided by the MIECHV funded Home Visiting Coordinators addressing community specific issues including mandatory reporting, motivational interviewing, and Adverse Childhood Experiences (ACE). Eighty-nine online courses were completed by home visitors on the Strong Families AZ home visitor portal.

In 2016, MIECHV supported the ADHS Bureau of Nutrition and Physical Activity (BNPA) to continue the Strong Families AZ IBCLC Mentoring Program. The program guides and prepares a group of home visitors to take the IBCLC certification examination. Five (5) home visitors completed and passed the exam to become certified lactation consultants.

Title V also helps to support the Arizona Birth Defects Monitoring Program in ADHS's Bureau of Public Health Statistics. The measurable outcomes of the program are to prevent or reduce birth defects and developmental disabilities and reduce health disparities in the occurrence of folic acid-preventable spina-bifida and anencephaly by reducing the birth prevalence of these conditions.

Measures to prevent or reduce birth defects and developmental disabilities include statewide surveillance to track and publish the occurrence and associated factors, providing data for national and local projects and reviews, publishing annual reports which include prevention strategies, and developing, presenting, and distributing birth defects prevention information at public health events. In addition, staff provides information at Native Health, a local center that offers health care and social services in Phoenix for Native Americans. The Program provides information for ADHS' media coverage of Birth Defects Prevention Month coordinates extensive activities throughout Birth Defects Prevention; and serves on the speaker's bureau of the Task Force on the Prevention of Prenatal Exposure to Alcohol and Other Drugs. The program has been a strong partner in the planning efforts for Zika, along with Title V partners. This will be addressed in fuller detail in Emerging Issues of this application.

The purpose of the High Risk Perinatal Program/Newborn Intensive Care Program (HRPP/NICP) is to reduce maternal and infant mortality and morbidity through a regionalized statewide system for coordinated perinatal care. The components of the program are: an Information and Referral Line; Maternal and Neonatal Transport Services; Hospital and Inpatient Physician Services; Community Nursing Services; and Hospital Developmental Care training. In 2016, 750 critically ill pregnant women were transported to the appropriate level of care as determined by program

contracted physicians.

As in every state, Title V funds a toll free Hot Line for assistance connecting to resources for women and children. Arizona's toll free Hot Lines provide women's health information relating to pregnancy, pregnancy testing sites, referrals, lactation referrals, prenatal vitamins, Federal Emergency Management Administration Services, AHCCCS (Arizona's Medicaid) , Family Assistance programs, Text4Baby, and Low Cost Prenatal Packages and breastfeeding support. A bilingual Lactation Consultant staffs the line during normal business hours. After hours and on weekends/holidays breastfeeding support is provided 24/7 by a contracted ICBLC who is also bilingual.

In 2011, the Arizona Child Fatality Review Program statute was expanded to include evaluations of maternal fatalities. Arizona Revised Statute (ARS) 36-3501 paragraph C-12 states, the team will evaluate the incidence and causes of maternal fatalities associated with pregnancy which includes the death of a woman while she is pregnant or within one year after the end of her pregnancy. This led to the establishment of Arizona's first Maternal Mortality Review (MMR) subcommittee, which operates under the existing Child Fatality State Team. The subcommittee members are highly respected professionals consisting of the following: OB/GYNs, directors of nursing, maternal-fetal medicine specialists, public health professionals, domestic violence specialists, behavioral specialists, and representatives from Arizona's tribal nations.

The subcommittee began reviewing cases, determining preventability, and making recommendations for action in 2012. The first Arizona Maternal Mortality Review Program report was issued in February, 2013. Report findings indicated that obesity and substance abuse were among the most common risk factors for pregnancy associated deaths. In 40% of maternal deaths, the woman tested positive for illicit drugs and/or alcohol at the time of autopsy. There have been approximately 30 to 40 maternal deaths annually and team reviews are conducted on a bi-monthly basis. A new MMR report covering 2012 to 2015 is nearing completion and will be made available on the Arizona Department of Health Services website.

The MMR program has recently taken steps to grow and improve its processes by working with the Centers for Disease Control (CDC) to incorporate the Maternal Mortality Review Information Application (MMRIA). MMRIA is an in-house data management tool designed to enhance review results and provide more comprehensive information to develop prevention strategies. Arizona is one of the first states to have MMRIA deployed and is currently in the testing phase with anticipation to begin entering 2016 review data prior to year end. This collaborative effort with the CDC will link review committees across jurisdictional lines allowing for a national perspective, thus providing greater impact for Arizona's MMR program.

BWCH's focus on preconception health in 2016 was limited to the provision of preconception health information to clients of home visiting, family planning and community health nursing programs, sharing information on CDC's 'Show Your Love' campaign and highlighting preconception health in the Director's blogs. The Preconception Health Alliance did not meet in 2016 due to limited staffing resources. Moving forward, BWCH will seek the services of a partner agency to coordinate and facilitate the quarterly alliance meetings. The Office Chief for Women's Health is on the CDC Preconception Health Consumer Workgroup.

Utilizing Title V funds, BWCH has been supporting the Preconception Health/Family Planning module for the Arizona Behavioral Risk Factor Survey System for four years. According to the 2015 results, 47% of women age 18-44 years indicated they had received information from a health care provider regarding how to prepare for a healthy pregnancy and approximately 50% of respondents reported that they take a multi-vitamin with folic acid; an increase by 12 percentage points from the previous year's proportion of 38%. Over half of the women respondents (54.4%) reported that they do not want to have a child now or in the future however, only 2.4% are using a contraceptive implant to prevent a pregnancy, 6.7% were using an IUD, 2.9% were using contraceptive injections and 9.3% indicated they choose sterilization. With the exception of contraceptive injections and sterilization for all other options the proportion remains stagnant from previous year's data. Title V will continue to fund these questions even

after PRAMS is implemented in order to survey all women, not exclusively the recently delivered.

BWCH was awarded the CDC Pregnancy Risk Assessment Monitoring System (PRAMS) grant in May 2016 and planning was quickly initiated to ensure this important survey would be implemented in spring 2017. The first Arizona PRAMS Steering Committee Meeting occurred on September 13, 2016. The Arizona PRAMS Steering Committee consists of 21 maternal and child health community members that represent County Health Departments, perinatal organizations, March of Dimes and the Arizona's Medicaid agency. Guided by the steering committee, Arizona PRAMS was able to assemble the Arizona PRAMS questionnaire keeping in mind the Title V State priorities: improving interpregnancy health among women in Arizona, reducing infant mortality and morbidity, reducing the use of tobacco and other substances across women's lifespan and improving oral health for women in Arizona. The Arizona PRAMS team worked alongside the Bureau of Public Health Statistics and the Bureau of Vital Records to complete the Arizona PRAMS protocol in accordance with CDC guidelines. The Maricopa County Health Department will be providing assistance to Arizona PRAMS by providing a .5 FTE to serve as the Arizona PRAMS data manager, effective February 2017.

Arizona is participating in the US Mexico Border Reproductive Health Task Force on Maternal Mortality and Teen Pregnancy Prevention with several other states in both countries. The BWCH Bureau Chief and epidemiologist are on the Maternal Mortality workgroup and the Office Chief for Women's Health is a member of the Teen Pregnancy Prevention (TPP) workgroup. The Teen Pregnancy Prevention workgroup has two priorities; 1) Conduct a binational situational analysis on the Border Region and inventory of initiatives, programs & institutions for TPP and 2) Share successful experiences, knowledge, best practices for TPP. The workgroup met in person in February 2016 and via phone calls the rest of the year. The Task Force will be issuing a report from each of the workgroups in 2017 that summarizes their findings and recommendations.

The Prescription Drug Overdose Prevention program is housed under the Arizona Department of Health Services' Office of Injury Prevention within BWCH, and is as part of a statewide initiative that was developed in 2012 to reduce death and injury related to prescription drug misuse and abuse. This initiative is part of a collaborative effort that includes several state agencies such as the Governor's Office of Youth Faith and Family (GOYFF), the Industrial Commission of Arizona, the Arizona Criminal Justice Commissions (ACJC), and the Arizona Health Care Cost Containment System (AHCCCS), as well as local health departments, various substance abuse coalitions, and other key stakeholders throughout the state. This initiative includes the implementation five key strategies: 1) reduce illicit acquisitions and diversion of Rx drugs, 2) promote responsible prescribing and dispensing policies and practices, 3) enhance Rx drug practices and policies among law enforcement, 4) increase public awareness and patient education about Rx drug misuse and abuse and 5) enhance assessment and referral to substance abuse treatment.

While this initiative focuses on reducing prescription drug related death and injury among all Arizonans, data continues to highlight the impact that prescription drug misuse and abuse has among women age 45-54 years. In 2015, the death rate for women within this age group was 1.7 times higher than that of men age 45-54 years (age-specific Pharmaceutical Opioid death rate for women 45-54 years old was 15.1 per 100,000 residents compared to 9.1 per 100,000 residents for men 45-54 years of age).

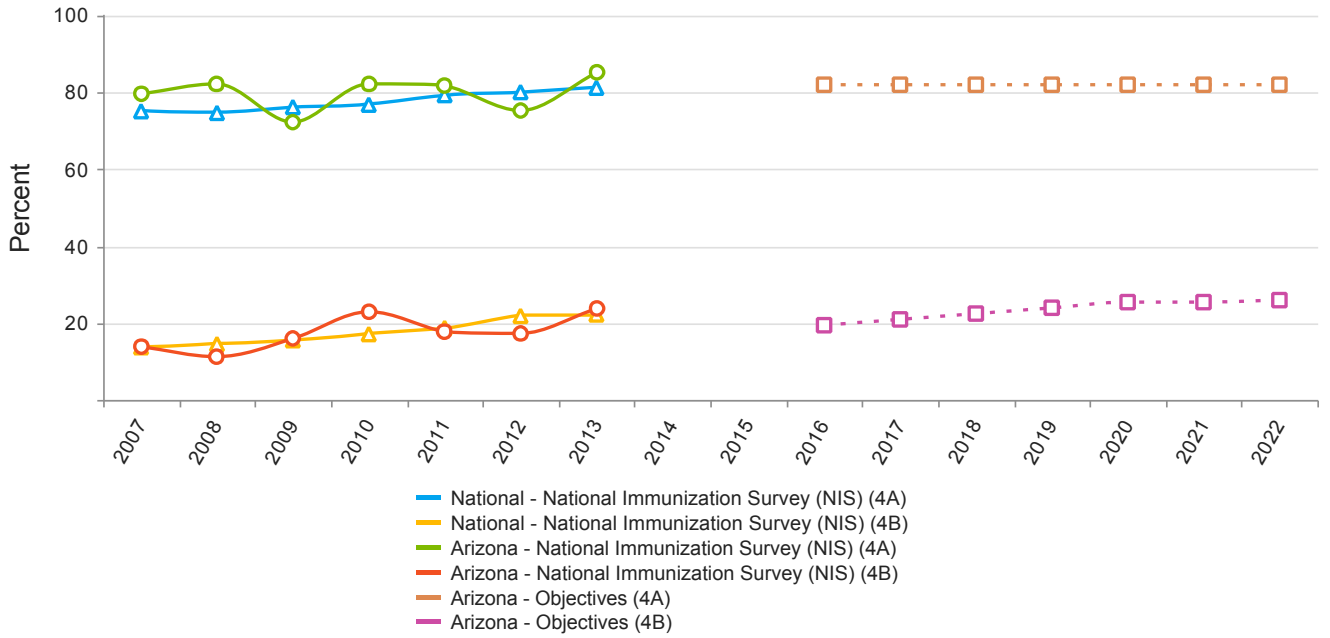
Perinatal/Infant Health

Linked National Outcome Measures

National Outcome Measures	Data Source	Indicator	Linked NPM
NOM 9.3 - Post neonatal mortality rate per 1,000 live births	NVSS-2014	2.1	NPM 4
NOM 9.5 - Sleep-related Sudden Unexpected Infant Death (SUID) rate per 100,000 live births	NVSS-2014	85.2	NPM 4

National Performance Measures

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



NPM 4 - A) Percent of infants who are ever breastfed

Federally Available Data	
Data Source: National Immunization Survey (NIS)	
	2016
Annual Objective	81.9
Annual Indicator	85.0
Numerator	70,477
Denominator	82,887
Data Source	NIS
Data Source Year	2013

Annual Objectives						
	2017	**2018**	**2019**	**2020**	**2021**	**2022**
Annual Objective	81.9	81.9	81.9	81.9	81.9	81.9

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

Federally Available Data	
Data Source: National Immunization Survey (NIS)	
	2016
Annual Objective	19.5
Annual Indicator	23.8
Numerator	19,300
Denominator	81,000
Data Source	NIS
Data Source Year	2013

Annual Objectives						
	2017	**2018**	**2019**	**2020**	**2021**	**2022**
Annual Objective	21.0	22.5	24.0	25.5	25.5	26.0

Evidence-Based or –Informed Strategy Measures

ESM 4.1 - Number of home visitors trained to become ICBLC certified over the next 5 years.

Measure Status:	Active

State Provided Data	
	2016
Annual Objective	
Annual Indicator	8
Numerator	
Denominator	
Data Source	MIECHV Program Data
Data Source Year	2016
Provisional or Final ?	Final

Annual Objectives						
	2017	2018	2019	2020	2021	2022
Annual Objective	5.0	5.0	5.0	5.0	5.0	5.0

State Action Plan Table

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

Priority Need

Reduce Infant Mortality and Morbidity

NPM

A) Percent of infants who are ever breastfed and B) Percent of infants breastfed exclusively through 6 months

Objectives

Increase the percentage of early childhood professionals with training to support breastfeeding in the workplace, childcare and home by 5% over the next five years.

Strategies

Provide training and support for home visitors to become IBCLC certified.

Distribute Breastfeeding at Work Model Policy packets.

ESMs	Status
ESM 4.1 - Number of home visitors trained to become ICBLC certified over the next 5 years.	Active

NOMs

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

NOM 9.5 - Sleep-related Sudden Unexpected Infant Death (SUID) rate per 100,000 live births

Perinatal/Infant Health - Plan for the Application Year

In application year 2018, BWCH's infant and perinatal priorities will continue to remain focused on reducing infant mortality and morbidity. Over the next 5 years, Arizona's Maternal and Child Health program (BWCH) will increase by 5% the percentage of early childhood professionals with training to support breastfeeding in the workplace, childcare, and home. BWCH will monitor performance through National Performance Measure (NPM) 4: the percent of infants ever breastfeed and the percent of infant's breastfed exclusively by 6 months.

Looking more globally at mortality and morbidity, and reflecting concerns in the community, BWCH will continue its emphasis on early childhood home visiting. The opportunity to educate families about infant toddler mental health, the critical importance of bonding, injuries in the home, safe sleep, immunizations and the effects of Adverse Childhood Experiences (ACE) is invaluable. BWCH plans on continuing to collect information on ACE measures by re-introducing them as state-added sections in the 2018 Behavioral Risk Factor Surveillance Survey (BRFSS). ACE measures were collected and analyzed in the 2014 and 2016 BRFSSs. BWCH will analyze these historical and incoming data to identify trends in populations across Arizona especially in women of reproductive age groups and young adults (18-26 years of age). These groups were selected because these are populations where BWCH can have a direct impact in service provision, programmatic reach, and assessment.

Arizona will continue to monitor the incidence of NAS but strategies will be focused in the larger platform of the Opioid epidemic. ADHS is implementing a grant from the CDC focused on the prescription drug abuse crisis. To augment reduction of infant mortality and morbidity, BWCH will implement the activities for the upcoming application year outlined under each of the program areas:

New Born Screening (NBS) is a coordinated system with partners who collaborate to ensure every newborn is screened and receives the appropriate services and care. While not in BWCH, the Office of Newborn Screening partners with the BWCH. Title V funds are used to help support the work of this office. In 2018, NBS will continue its efforts to partner with High Risk Perinatal Program/Newborn Intensive Care Program (HRPP/NICP) Community Health Nurses (CHN) to find infants who have not returned for the second screen. NBS will develop and provide training to CHN's at the annual HRPP/NICP conference. Training will include developing and supplying kits for each CHN that have supplies to draw, dry, and ship a blood sample to the state lab and emergency clinical contacts. In addition, training will include protocols for when a nurse contacts families, communication scripts, methods for collecting, drying and shipping bloodspot samples, how to contact a physician if triage is required, as well as a communication plan with the baby's provider. Although not yet fully utilized, planning is underway to expand the service and will be discussed at the training scheduled for August 4, 2017. However, the primary goal of being able to locate and test any baby with a high suspicion of a disorder has been achieved. Laboratory analysis remains a core function of the ONB and will continue to provide data on bloodspot and hearing screens. Two other projects underway are focused on expanding partnerships with Licensed Midwives (LM). First, a project to lend out OAE hearing screening equipment serves those communities with no access to timely hearing screening. The second project originated from a grant that allowed us to purchase (or reimburse) FDA-approved pulse oximetry equipment so that all babies have access to timely screening for critical congenital heart defects. To date, July 2017, 30 LMs have taken advantage of these projects, resulting in improved screening and reporting.

To support the NPM 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. In addition, BNPA through the Maternal, Infant, and Early Childhood Home Visiting (MIEHCV) grant will provide presentations to 50 home visitors at the Strong Families AZ conference about breastfeeding initiatives and training opportunities for IBCLC certification.

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 Pregnancy/Breastfeeding, Women's Infant and Children (WIC), and Children Information Center Helplines.

BWCH is applying for the **FY18 Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program** formula grant for services to be provided in FFY 2018. BWCH is requesting $10,846,596 to continue supporting voluntary; evidence based home visiting programs in at-risk communities and coordinate services across the early childhood system. This is a $100,000 reduction from the previous year which will lead to a 16.5% reduction in services in FY18. ADHS will continue to provide funding for 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 White Mountain Apache Tribe) and Parents as Teachers provided by four Native American Tribes (Cocopah, Gila River, Hualapai, and Navajo Nation). MIECHV grant funding is proposing to serve 1,303 families. MIECHV 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 summit.

BWCH plans to leverage resources provided by MIECHV to support the overarching Title V state priority needs by implementing various strategies. The strategies to be implemented include:

- Reduce infant mortality and morbidity and NPM 4: a) percent of infants who are ever breastfeed and b) percent of infant's breastfeed exclusively through 6 months by increase the number of home visitors or community health nurses who are pursuing International Certified Breastfeeding and Lactation Consultants (ICBLC) certification over the next 5 years.

Increase early identification and treatment of developmental delays and NPM 6.1: percent of children, ages 10-17 months, receiving a developmental screening using a parent completed screening tool by training a minimum of 50 home visitors at on how to support family's complete developmental screenings and how to make an appropriate referral by September 2018.

- Reduce the use of tobacco and other substances across the lifespan and NPM 14: a) percent of women who smoke during pregnancy and b) percent of children who live in households where someone smokes by collaborating with ADHS Bureau of Tobacco and Chronic Disease to provide training for 100 home visitors on the effects of second hand smoke and resources to which they can refer for cessation by September 2018.

Through continued partnership with Bureau of Nutrition and Physical Health, Strong Families AZ, through MIECHV funding, is supporting 9 home visitors in local communities to sit for the IBCLC certification test in October 2017, predominantly in rural and tribal areas. In FY18, 10 home visitors are eligible to sit for the IBCLC examination in October 2017.

On April 2017, **Pregnancy Risk Assessment Monitoring System (PRAMS)** began its implementation phase in Arizona. BWCH leverage Title V and other federal and non-federal funds to further support its ongoing implementation and will use the 2017 data to identify groups of women and infants at high risk for health problems, to monitor changes in health status, and to measure progress towards goals in improving the health of mothers and infants. Additional information regarding PRAMS is mentioned in the Women's Health 2016 Annual Report and 2018 Application.

Health Start is evidence informed home visiting program that utilizes community health workers/promotoras

(CHWs), nurses, and behavioral health professionals to provide education, support and advocacy services to pregnant and postpartum women and their families in targeted communities across Arizona. The CHWs reflect the culture of their communities and receive extensive training on pregnancy, child growth and development and community resources. Women and families enrolled in the program receive home visits by CHWs at least once per month during their pregnancy and regular visits after the birth of their children up to two years of age. Health Start is funded by the Arizona Lottery which provides approximately $2.2 million per year.

In FY 2018, Health Start will continue to provide these services and in addition, 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 opioid crisis. Health Start will implement an evidence-based home visiting model, Family Spirit into 3 sites and secure a new intergovernmental agreement with the San Carlos Apache Tribe to provide Health Start-Family Spirit services. In addition, Health Start will revise the Healthy @ Home Assessment on-line training and work in collaboration with the Office of Environmental Health to continue the Childhood Lead Poisoning Prevention testing education program to increase lead testing of children in the program.

The High Risk Perinatal/Newborn Intensive Care Program (HRPP/NICP) will continue to contract with medical transport companies to provide air and ground transport for high-risk pregnant women and neonates in need of interfacility 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 ADHS. HRPP/NICP provides financial assistance for qualifying maternal or neonatal transports and requires contracted transport companies to write-off the remaining balances after the established family liability has been met.

HRPP/NICP will continue to contract with hospitals certified by the Arizona Perinatal Trust (APT) to provide the appropriate level of neonatal care. HRPP also will continue to contract with neonatology groups to provide risk appropriate medical care to enrolled infants during hospitalization. HRPP/NICP provides limited financial assistance for families who have no other form of payment.

Community Health Nurses (CHN) will continue to provide support to families during the transition of the infant from the NICU to home. CHNs will continue to conduct developmental (Ages & Stages), physical and environmental assessments; the Edinburgh Postnatal Depression Scale (EPDS) screening; inter-conception education and support and make referrals to community services. HRPP will continue to work with the BWCH Office for Children with Special Health Care Needs (OCSHCN) to link families with services for children with special health care needs and the Newborn Screening Program (NBS) for infants who require a second screening. HRPP will continue to collaborate with MIECHV Strong Families Arizona Network to provide professional development CHNs.

As a result of the increase in infants born with substance exposure, HRPP participates in discussions with ‘SENSE’ (Substance Exposed Newborn Safe Environment) led by the Arizona’s Department of Child Safety (CPS) to identify opportunities for collaboration. The primary goal of SENSE is to ensure substance exposed infants and their families are provided with a coordinated and comprehensive array of services to address the risks of in-utero substance exposure.

BWCH will identify programmatic measures and indicators that apply to all of its home visiting programs. This is an initiative from the home visiting programs housed within BWCH (Health Start, MIECHV, and CHN) and the Office of Assessment and Evaluation. This 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 that will provide instant feedback to evaluate programmatic performance and outcomes of each of their programs.

In June 2017, BWCH participated in the Maricopa County’s CDC Zika Field Support Site Visit to discuss how local

partners and current providers can work together to augment Zika Pregnancy & Birth Defects and Surveillance and Link to Care. BWCH offices involved include Office of Women's Health, Office for Children with Special Health Care Needs (OCSHCN), Office of Children's Health, and the Office of Assessment and Evaluation. These offices will continue to support Maricopa County and the CDC Local Health Department Initiative efforts by working collaboratively to address Zika efforts by identifying early points of intervention through home visiting and other existing programs and services; in addition to provide education, awareness and resources to women, infants and children.

More fully discussed in Cross Cutting section of the Application/Report, the **Office of Oral Health (OOH)** has developed an e-learning course for Home Visitors on Pregnancy and Oral Health, Infant Oral Health as well as Motivational Interviewing techniques. The e-learning course will be made available to all Arizona home visitors through the Strong Families website. Evaluation will continue to measure home visitor confidence in speaking to families about oral health and also measuring oral health knowledge gained from trainings.

Arizona's Child Fatality Review (CFR) program is fully discussed in the Children's Health 2016 Annual Report and Children's Health 2018 Application with exception to the Safe Sleep and Sudden Unexpected Infant Death (SUID) efforts listed here. This upcoming application year the CFR program will offer additional trainings to law enforcement agencies, medical examiners, and other first responders. Arizona Revised Statute 36-3506 requires law enforcement to utilize the Infant Death Investigation Checklist as a part of their investigations involving infants. 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.

Safe Sleep continues to be a priority in Arizona, as the State has increased its role in the Infant Mortality Collaborative Improvement and Innovation Network (CoIIN). The Safe Sleep Task Force has merged with the CoIIN initiative and Arizona will use this partnership to accelerate improvements that prevent and reduce infant deaths through collaborative learning, quality improvement and innovation. Arizona plans to reduce safe sleep related deaths by improving safe sleep practices to decrease the safe sleep SUID mortality rate 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 selected the following CoIIN drivers: birthing hospitals, home visiting and licensed and unlicensed child care. Arizona's Drivers include: Add safe sleep modeling to annual skills training; Use safe sleep Bassinet Cards as visual reminders for nursery staff; Standardize safe sleep messages for all home visiting; Standardize education and training for home visitors on current AAP guidelines; Develop standardized safe sleep message with input from community partners; Partner with community tribal elders on AAP guideline; Engage grandparents and caregivers on the recommended AAP guidelines; Provide Safe Sleep CBT for child care providers; Provide training for nursing and medical schools and help hospitals establish policies. Thru the CoIIN initiative and the partnerships 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.

In 2018, Arizona will support **Neonatal Abstinence Syndrome (NAS)** efforts**.** Arizona will attend meetings and collaborate with stakeholders to discuss ideas and next steps around care coordination processes for substance expose newborns and their mothers. Arizona will also continue to work with the Arizona Statewide Task Force on Preventing Prenatal Exposure to Alcohol and Other Drugs to revise and increase awareness of Substance Exposed Newborn (SEN) Guidelines for medical providers. Arizona will continue to monitor the incidence of NAS but strategies will be focused in the larger universe of the Opioid epidemic. ADHS is implementing the Prescription for States grant from the CDC focused on the prescription drug abuse crisis. As part of this grant, 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 Prescription Drug Misuse and Abuse Imitative. This initiative began in 2012 as a way to combat the growing opioid epidemic, and is comprised of five key strategies:

Strategy 1: Reduce illicit acquisitions and diversion of Rx drugs
Strategy 2: Reduce illicit acquisition and diversion of Rx drugs
Strategy 3: Enhance Rx drug practices and policies among law enforcement
Strategy 4: Increase public awareness and patient education about Rx drug misuse and abuse
Strategy 5: Enhance assessment and referral to substance abuse treatment

Currently, ADHS provides technical assistance to six county health departments on the implementation of this initiative through the use of a toolkit that contains an assortment of program materials. This includes providing assistance with increasing public awareness related to prescription drug misuse and abuse, encouraging the adoption of safe opioid prescribing practices by healthcare providers, 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.

As part of this initiative, local communities are also encouraged to practice safe prescription drug disposal practices. This includes increasing the public's awareness of available resources, such as the state's DumpTheDrugs website that contains the location of more than 150 sites where people take their unused medications so they can be properly disposed of.

Moving forward, ADHS will continue to work collaboratively with key partners to monitor the implementation of the Rx Misuse and Abuse Initiative, as well as continue making updates the materials included in the initiative's toolkit.

From 2010-2015, the BWCH priorities pertaining to the infants and the perinatal period focus on improving access and quality of preventive health services along with reducing the rate of childhood injuries. These priorities were aligned with prior National Performance Measures (NPMs) in the last Title V funding cycle (2010-2015). The previous NPM 1 addressed Newborn Screening (NBS) and timely follow up. Arizona's Maternal Child Health NBS program continues to reach the annual performance measure of 100%. NPM 12 spoke to screening for hearing before hospital discharge. State Performance Measure 8 looked at the percent of newborns who failed their initial hearing screening who receive appropriate follow up services.

BWCH's new priorities for infants is to reduce infant mortality and morbidity. Arizona selected NPM 4 A) percent of infants who are ever breastfed and B) percent of infants breastfed exclusively for the first 6 months. The strategies Arizona employ to meet these new priorities include increasing the knowledge base of home visitors around breastfeeding and increasing the number of people prepared to become ICBLC qualified. The following will discuss Arizona's efforts for Infants in 2016.

In addressing quality of and access to preventive health services, BWCH has used a multifaceted approach including preventive services such as NBS, breastfeeding support and home visiting, and efforts to address the quality of preventive health services and reduce the rate of injuries.

Newborn Screening (NBS) is widely recognized as one of the nation's most successful public health programs. The inherited disorders tested for are not apparent at birth and, if not detected and treated quickly, can lead to irreversible developmental delays, cognitive impairment, severe illness, including death. Arizona currently screens for 30 inherited disorders, 28 bloodspot and two point-of-care screens, and will be adding Severe Combined Immunodeficiency (SCID) to the panel in August 2017 bringing the total to 31 disorders.

NBS relies on collaborative partnerships with internal and external stakeholders to ensure every newborn is screened and receives appropriate and timely access to diagnostic services, specialty clinical intervention and care. While not in BWCH, the Office of Newborn Screening (ONBS) collaborates with the BWCH, including the Office for Children with Special Health Care Needs (OCSHCN) and the High Risk Perinatal Program (HRPP) to provide family support, translation services, access to home visiting nurses, Sickle Cell trait parent-to-parent support, and other services. Additional partnerships include the Birth Defects Program, the Immunization program, Border Health, Vital Records, and the Tribal Liaison's office to ensure all babies born have equal access to screening, diagnosis and treatment.

Over the past year, NBS has expanded its partnership with High Risk Perinatal Program/Newborn Intensive Care Program (HRPP/NICP) Community Health Nurses (CHN) to find infants who have not returned for the second screen. NBS developed and provided training to CHN's at the annual HRPP/NICP conference and conducted in-service site visits to home visiting contractors as needed.

Credibility with external stakeholders is critical to the success of any NBS program. Credibility can be supported by implementing efforts to ensure that laboratory best practice standards are maintained and continuous quality improvement is employed. ONBS has utilized CQI projects to improve the timeliness of bloodspot samples getting to the lab for over 10 years, first with National Institute of Children's Healthcare Quality (NICHQ) and most recently (from January 2015 –March 2016) as part of an Association of Public Health Laboratories (APHL) Newborn Screening Technical Assistance and Evaluation Program (NewSTEPS) Collaborative Improvement and Innovation Network (ColIN) project. In 2016, Arizona was awarded a NewSTEPS 360 grant to facilitate teams to engage in quality improvement practices aimed at addressing timeliness within public health laboratories and is currently working on

improving statewide sample collection quality.

Laboratory analysis remains a core function of the Office of Newborn Screening. Of the 86,228 babies born in 2016; 97.13% received at least one bloodspot screen and 98.02% received a hearing screen. Eighty-four infants were confirmed with primary bloodspot disorders and approximately 154 were confirmed with hearing loss. An additional 19 secondary disorders were identified through newborn screening as well as >500 traits. The laboratory also provides gratuitous routine dietary monitoring analysis of phenylalanine levels for all children and adults identified with PKU by the NBS program.

While these numbers represent an undeniable success for the affected newborns and their families, many hidden gaps and challenges remain. All of the infants (100%) that had a presumptive positive screening result were followed through confirmatory diagnosis and into treatment by the newborn screening case management team—defined as short-term follow up in Arizona. However, there were 21 presumptive positive results reported from the laboratory with no final diagnosis, meaning the family did not follow through with subsequent bloodspot screening to confirm screening status. Additionally, although CCHD screening was added to the core panel in 2015, the program is not responsible for follow-up of abnormal or confirmatory results. Passive monitoring and surveillance does occur within the program and the Birth Defects program has the primary responsibility for reconciling data related to confirmed cases. However, gaps exist between screening and diagnosis for affected infants. Also, while Arizona is mandated to screen every newborn twice, there is no mechanism in place to ensure that infants who receive only one screen with normal results receive the required second screen. Further limitations to the data are evident when comparing vital records live birth data to the newborn screening databases. For example, approximately 2,478 infants born in 2016 who received a birth certificate have no documented bloodspot screen. We currently have no straightforward way to identify which infants were affected.

Hearing screening is also mandated and approximately 98% of infants receive timely appropriate screening within 30 days of birth. The program is sustained in part through a CDC data integration cooperative agreement as well as a HRSA grant, separate from the Title V Block Grant, to reduce loss to follow-up; both were recently re-awarded to the state or its agent (The EAR Foundation of AZ) 93% of infants who fail their initial hearing screen receive appropriate follow-up services, either through a repeat hearing screen or audiological diagnosis.

To further support parents with newborns, BWCH, and BNPA coordinate to maintain three **toll-free Title V MCH helplines** including: Children's Information Center, Breastfeeding and Child Health Helpline and Women's Infants and Children (WIC) Line. Operating since 1986, the mission of the helplines is to assist low-income people to overcome system and social and cultural barriers which otherwise separate them from health care. The Arizona Breastfeeding Helpline provides access to skilled lactation help 24-hours a day, seven days a week. It is staffed by a bilingual Certified Lactation Consultant and afterhours by a bilingual International Board Certified Lactation Consultants (IBCLCs). In 2016, the Helpline answered over 4,500 calls related to breastfeeding issues. Approximately 400 mothers per month have reached out during evening, weekend, and holiday hours to the Helpline for answers about positioning and latch, medications, managing work and school, and infant behavior. BWCH has discovered after-hours aspect of the Helpline is especially useful for mothers unable to reach their health care providers.

Reflecting on the work supporting the previous National Performance Measure 11, the percent of mothers who breastfeed their infants at 6 months, Arizona has worked through the Breastfeeding Helpline, WIC clinics, home visitors and midwives to help establish and support breastfeeding.

The Bureau of Nutrition and Physical Activity (BNPA) takes the ADHS lead on breastfeeding. BNPA has

adopted strategies that intervene on individual and community/institutional levels, and target different segments of the population. These strategies are expected to lead to a higher proportion of babies being born to mothers in Arizona who breastfeed, and who continue to breastfeed at six months and one year, and who exclusively breastfeed at three months and six months. Strategies have been implemented in four major areas: Training, Technical Assistance, Policy and Procedures, and Direct Support Services. The following table shows how funding from various programs and grants work together to promote breastfeeding.

Table 3. Funding sources that support breastfeeding promotion activities at ADHS

	WIC (BNPA)	Title V Help Line	WIC Peer Counseling Grant	Strong Families Arizona*	Arizona Nutrition Network	CDC Grant 1305
1. Training	X		X	X	X	X
2. Technical Assistance	X	X	X	X	X	X
3. P&P Dev & Implementation	X		X			X
4. Direct Support	X	X	X	X		

*StrongFamiliesAz includes over 64 local and statewide agencies that provide maternal child health home visiting including not only the models funded through MIECHV but two BWCH programs; The High Risk Perinatal Program funded partially through Title V and Health Start.

The WIC Baby Behavior training by UC Davis Center for Human Lactation was converted to a four-hour learning management system (LMS) course for WIC staff. The course was also made available to BWCH home visitors including the Strong Families AZ Alliance and Title V funded nurse home visitors. In 2016, 6 Arizona WIC Program staff earned certification as new International Board Certified Lactation Consultants (IBCLCs) in October. These certifications are indicative of the level of training and skill possessed by WIC staff in Arizona. This raises the total number of Arizona WIC IBCLCs to over 90. As a result of Strong Families Az, through MIECHV funding, 9 home visitors in local communities were be eligible to sit for the IBCLC certification test in October 2017, predominantly in rural and tribal areas.

Strong Families AZ has funded a 5-day intensive lactation exam preparation course. This course will prepared no less than 50 community partners to sit for the upcoming October exam. This course is structured as advanced lactation education to offer guidance for when an intervention is appropriate and the additional lactation support necessary. This provided community partners a total of 32 hours of advanced lactation education.

Arizona offered professional education in breastfeeding at LATCH-AZ (Lactation support To Collaborate for Health - AZ) meetings. These free meetings are offerings available to all community partners. They provide an opportunity for lactation professionals and community partners to network and expand areas of support. Topics presented included the physiology of an infant at birth and the impact when breastfeeding; what therapy interventions may be warranted; and how breastfeeding can be influenced by the various dynamics of support and decisions to breastfeed are affected by inconsistent messaging from varying authorities.

Biannual lactation webinars are also held for the LATCH–AZ community; their success comes from all attendees

being able to contribute to topics related to gaps in education as well as utilize their expertise. Topics provide WIC staff, hospital staff, including doctors, nurses, and lactation consultants, Strong Families AZ home visitors, private lactation consultants, La Leche League leaders, and other community partners the opportunity to increase their knowledge of evidence-based lactation education, learn ways to frame messages for their clients, and have the opportunity to ask questions of International Board Certified Lactation Consultants (IBCLCs) from their own office.

The ADHS sets an example statewide for supporting its own employees' breastfeeding efforts. The ADHS Infant at Work Program began in 2000 and has had over 200 employees participate since its inception. It began as an exclusive breastfeeding program, but in 2007 it changed to allow mothers, fathers, legal guardians, and foster parents to participate. This enables caregivers to bond with their baby and for them to witness those irreplaceable first developmental milestones. It also helps parents learn to recognize and attend to the baby's needs. Approximately 20 employees utilize the program each year, including front desk, State Lab, State Hospital, office chief, administrative and professional staff. Babies can be brought to ADHS until they turn six months old. There are some work environments that aren't safe or appropriate to bring a baby, but employees have their work duties shifted to be safer while they are pregnant and while they bring their baby with them. A Breastfeeding at Work toolkit has been developed and is distributed through the healthy worksites campaign, conferences, and social media. In January 2017, Governor Doug Ducey announced plans to expand the Infant at Work Program to all state agencies in Arizona. Technical assistance was given to many state and local agencies throughout Arizona in anticipation of implementing, or at least piloting, the program.

Early Childhood home visiting programs provide support for new families to understand the needs of their newborns and to improve the quality of and access to preventive services. BWCH is home to three home visiting programs; Maternal Infant Early Childhood Home Visiting grant (MIECHV), the High Risk Perinatal/Newborn Intensive Care Program (HRPP/NICP) and Health Start.

Maternal, Infant and Early Childhood Home Visiting Program (MIECHV), served 2,311 families completing 30,109 visits in 2016. MIEHCV applied and was awarded an FY 2017 MIECHV Formula grant. BWCH previously received both a Competitive and Formula MIECHV grant. However, HRSA changed the FY17 grant structure and Competitive funding is no longer available for MIECHV services. Arizona was awarded the ceiling award of $10.9 million for FY17 Formula funding. As this is less than the total of both the Formula and Competitive grants received previously, Arizona maintains MIECHV programs as outlined.

MIECHV supports voluntary evidence based home visiting programs in at-risk communities and coordinate services across the early childhood system. ADHS provides funding for 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), and Family Spirit (through White Mountain Apache Tribe) with up to a 25% reduction over FY 2016. MIECHV funded Parents as Teachers home visiting model to three Native American Tribes (Cocopah, Hualapai, and Navajo Nation). Evidence-based home visiting is being augmented by program and fiscal monitoring, professional development provided through regional training and education, access to online training, regular informative e-newsletters and an annual summit.

MIECHV supports the Title V state priority need to increase early identification and treatment of developmental delays and NPM 6: percent of children, ages 10-17 months, receiving a developmental screening using a parent completed screening tool by increasing the number of home visitors trained on the Ages and Stages Questionnaire (ASQ) and increasing the number of developmental screens performed with a family during a home visits and number of families who are offered a paper copy of the completed ASQ to discuss with their child's provider.

Approaches used by MIECHV to support ASQ implementation include: implementing home visiting models which

consist of ASQ as a model requirement, provide technical assistance and track progress during quarterly and annual site reviews, include professional development session at Strong Families annual conference, and produce a MIECHV fidelity report. **HRPP/NICP** Community Health Nurses were provided with training on the ASQ, and are no longer use the Denver assessment. **Health Start** program provided training to home visitors on ASQ screening tool.

In 2016, 715 home visitors attended the 5th Annual Home Visiting Conference. In addition, 478 home visitors attended workshops throughout the year provided by the MIECHV program addressing Domestic Violence, Infant/Toddler Mental Health and Breastfeeding. Additional local training was provided by the MIECHV funded Home Visiting Coordinators addressing community specific issues including mandatory reporting, motivational interviewing, and Adverse Childhood Experiences (ACE). Eighty-nine online courses were completed by home visitors on the Strong Families AZ home visitor portal.

In FY 2016 ADHS participated on the Leadership Team of BUILD Arizona which is affiliated with the national BUILD effort. It is a group of business leaders, philanthropists, nonprofit organizations and state agencies working on strengthening the early childhood system. In the early childhood system architecture design that is used to drive the initiatives undertaken by BUILD, home visiting is clearly identified as a core component. In addition, policy discussions included issues related to home visiting as well as other early childhood issues. Furthermore, ADHS, Title V Director represents the agency on the First Things First (FTF) governing board. FTF, a state agency and one of the critical partners 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 birth through age five. First Things Frist was the administrator of the Early Childhood Comprehensive Systems (ECCS) grant for the state of Arizona however, in FY16 First Things First did not re-apply for the ECCS grant. There is not an active ECCS grant awarded in the state of Arizona. MEICHV collaborates with First Things First to ensure MIECHV stays informed on the future of ECCS closely with FTF and Arizona Early Intervention Program (AZEIP) to gather information about screening and referrals.

Collaboration is a key factor that contributed to progress of the Arizona MIECHV Program. It operates under the banner Strong Families AZ. A network of 64 agencies, organizations, and individuals interested in home visiting for young children and their families meet quarterly to provide input/feedback on issues related to the development and enhancement of home visiting in Arizona.

An Inter-Agency Leadership Team (IALT) composed of representatives from the Arizona Department of Economic Security (DES); Arizona Department of Education (ADE); Arizona Department of Health Services (ADHS) including the Bureau of Women and Children's Health (BWCH) ; AHCCCS; Arizona Early Intervention Program (AzEIP) and First Things First (FTF) as well as consultants and evaluators for the MIECHV Program meets monthly to support the strategic implementation of the MIECHV Grant and to coordinate and leverage. This inter-agency home visiting system governance structure has been created at the state and local level enabling penetration of home visiting in high risk communities in all Arizona counties improving outcomes for children and families. In FY 2016, MIECHV worked toward enhancing the participation of the IALT. Additional partners were identified including Tribal Partners in the continuum of early childhood services in Arizona through the planning, a representative from an Arizona Tribal MIECHV awardee and ADHS Title V representative has been actively participating in the MIECHV Team and IALT meetings to report regularly on points of alignment between MIECHV and the MCHBG State Plan

The **High Risk Perinatal Program/Newborn Intensive Care Program (HRPP/NICP**) program addresses critically ill neonates and high risk pregnant women in imminent danger of premature delivery. HRPP has been managed by BWCH for over 40 years. It has three components: Maternal and Neonatal Transport, Hospital and Inpatient Physician Services; and Community Nursing home visiting after discharge. HRPP contracts with medical air transport companies; neonatologists and maternal fetal medicine specialists, hospitals and community nursing agencies. The contracted hospitals are certified by the Arizona Perinatal Trust (APT) /Arizona Perinatal Regional

System, Inc. (APRS, Inc.), to provide the appropriate level of hospital care to HRPP babies and their families as Level II, II enhanced qualifications (EQ) and III hospitals.. This contract is a requirement of APT certification. The transport component supports NPM 17; the percent of very low birth weight (VLBW) infants born at the appropriate level of care as it relates to the quality of and access to services. Arizona has routinely seen the percent above 90% since 2012. . In CY2016, 89.84% of VLBW babies were born in appropriate level of care facilities.

For over 4 decades, Arizona has maintained a voluntary perinatal regionalization system, the Arizona Perinatal Trust. HRPP funds a centralized toll free, 24/7 Information and Referral Line that provides the crucial link between consulting maternal fetal medicine specialists and neonatologists and referring health care providers caring for high risk pregnant women in crisis and neonates who present in distress. If, at the time of consult, a transport is deemed necessary, the contracted maternal fetal medicine specialist or neonatologist will make transport arrangements with a contracted transport company.

HRPP contracts with medical transport companies who meet the high level of expertise required, with requirements based on standards set by the Commission on Accreditation of Medical Transport Systems (CAMTS). This part of the HRPP is available to all Arizona's critically ill neonates. In 2016, 886 infants were transported to the appropriate level of care. During Arizona Perinatal Trust Site reviews, maternal and neonatal transports were reviewed for appropriateness of the transport, the mode of transport and the level to which the transport was made. Technical assistance is provided to the hospital by the site review team. To serve the sickest or most premature, infants are eligible for full enrollment in the HRPP if they have spent at least their first five days of life in the NICU. The Program requires the higher levels of care, Level II Enhanced Qualification and Level III NICUs to staff a NIDCAP® certified Developmental Specialist to support staff and families of the most premature infants.
The Developmental Specialists meet quarterly to share best practices. HRPP also contracts with the St Joseph Hospital NIDCAP® training center to provide support for hospitals. The program also contracts with neonatology groups to provide risk appropriate medical care to enrolled infants during the newborn intensive, intermediate or continuing care hospitalization by serving as the payor of last resort. In 2016, 3914 infants were enrolled in the program.

The Community Nursing Services component of the HRPP/NICP delivers a statewide, coordinated system of specialized nursing services to infants who are enrolled in the program. The Community Health Nurse (CHN) provides support to families during the transition of the infant to home, conducts developmental screening (Ages & Stages), breastfeeding support, physical and environmental assessments and makes referrals to specific community services as needed. This program is linked with the Office for Children with Special Health Care Needs (OCSHCN) to provide services for families who do not meet the eligibility criteria for HRPP/NICP but could benefit from these services. The CHN's also collaborate with the Newborn Screening Program (NBS) to locate infants who require a second screening and repeat the tests.
CHNs also administer the Edinburgh Postnatal Depression Scale (EPDS) screening as part of the home visit and maintain an updated list of referral resource service providers for the community they serve. CHNs educate families on warning signs of postpartum depression as well as perinatal mood and anxiety disorders. They provide inter-conception support to mothers of program infants including discussion of birth spacing, general wellness and education on the importance of folic acid. For professional development the CHNs utilize the Strong Families Arizona Network and other opportunities within their community. In 2016, 7,311 home visits were made after the infant was discharged from the NICU.

The **Health Start** Program is discussed in more depth in the Woman/Maternal section as one of the aims is to connect pregnant women with prenatal care. Health Start utilizes community health workers or Promotoras to provide education, support, and advocacy services to pregnant/postpartum women and their families in targeted communities across the state. The community health workers live in and reflect the ethnic, cultural and

socioeconomic characteristics of the communities they serve. Families receive home visits and case management with oversight by nurses and social workers, through the enrolled child's second year of life. Clients are referred to various services as needed and assistance with accessing those services. The community health workers educate parents about child development, nutrition, substance use, immunizations, home safety and vehicle safety. The community health workers also screen each child on a periodic basis using the Ages and Stages and Social Emotional Questionnaire to identify potential developmental delays and refer the family to the appropriate provider. Health Start community health workers acquire new skills and knowledge on an on-going basis to ensure they are providing the most accurate information.

BWCH plays a significant role in the **Arizona's Child Fatality Review (CFR**) process. The goal of the CFR is to reduce preventable child fatalities through systematic, multidisciplinary, multi-agency, and multi-modality reviews of child fatalities in Arizona. This is accomplished through interdisciplinary training and community-based prevention education and through data-driven recommendations for legislation and public policy. The CFR is more fully discussed in the Child section of this report except for Safe Sleep efforts.

The CFR program has also been responsible for supporting activities related to the mitigation of **Sudden Unexpected Infant Death (SUID).** The CFR program addresses SUID by monitoring the utility of infant death investigation checklists required by law enforcement to fill out in every event of an unexplained infant death as described in the Arizona Regulatory Statute (ARS 36-3506). The program has developed training and curriculum for law enforcement and other first responders on these checklists to use at infant death scene investigations. The first training was held the past 2 years and with more scheduled in 2017.

Due to an intensive CFR process, data is released with a year lag. On November 15, 2016; BWCH's CFR program released the CFR 23rd Annual Report containing updated data for the CY 2015. In2015, 78 infants died from sleep related causes; this is a decrease from 82 in 2014. A large portion of these infants, thirty six 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 f this large proportion that **Safe Sleep** has been made a priority in Arizona. BWCH has increased its role in the Infant Mortality Collaborative Improvement and Innovation Network (ColIN) to accelerate improvements that prevent and reduce infant deaths through collaborative learning, quality improvement and innovation

The Safe Sleep Task Force was formed after the Improving Infant Mortality Summit was held in 2014. Those in attendance identified safe sleep as a priority based on similar Child Fatality data presented for the current year. The program and those in attendance recognized that this collaboration needed to be a community effort. The program turned to March of Dimes, Arizona Prenatal Trust, Child Care Licensing, Managed Care Organizations, hospitals located throughout the state, and local health departments. A tenant of the Safe Sleep Task Force was to utilize the AAP Guidelines and support their adoption throughout the state. The main goal is to support healthy and safe children.

The strategies identified included: Promote universal adaption of AAP guidelines statewide by collaborating with our community partners to disseminate safe sleep education; and supporting agencies/organizations to establish policies based on AAP and evaluate these efforts by Geo mapping targeted communities.

In 2015 the Task Force launched a Safe Sleep campaign. This involved a press conference with the director of the ADHS, a local councilman and the director of Maricopa County Health Department. As follow up to this campaign, in 2016 billboards in targeted areas and grocery cart clings were designed to increase Safe Sleep awareness in these targeted areas. These efforts were supported with Title V funds. The Task Force developed and distributed crib

cards with the ABC message (Alone on his/her Back, in a Crib). These laminated cards are given to the family, with education, so that the card can be put in the baby's crib at home or at child care to show how baby is safe while asleep. This crib card effort was a part of a PDSA cycle for the Safe Sleep Task Force and also developed with Title V funds. Birthing hospitals continued to use the crib cards to provide safe sleep education as well as model safe sleep in the hospital setting and these efforts continue to be supported with Title V funds in 2016.

The **Health Start** Program implemented a safe sleep education program to all prenatal and postpartum mothers with children up to 6 months of age which included a written parent commitment form from families to provide a safe sleep environment for their baby.

Neonatal Abstinence Syndrome (NAS) is a growing concern across the nation. In Arizona, the incidence of NAS among newborns has increased by 224% from 2008 (where there were 145 NAS cases) to 2015 (where there were 470 NAS cases). During 2008-2015 there were a total of 2,389 cases of Neonatal Abstinence Syndrome in Arizona and the average NAS rate was 3.5 per 1,000 live births. The NAS rate for 2015 is 5.5 per 1,000 live births.

After a very successful Neonatal Abstinence Syndrome Conference in 2015, BWCH developed recommendations for health care providers based on the conclusions and feedback received which were posted in 2016. These recommendations included encouraging hospitals to have protocols and policies in place to screen all pregnant women and women of reproductive age for substance use and to establish best practice protocols in the management and treatment of NAS newborns.

The Arizona Statewide Task Force on Preventing Prenatal Exposure to Alcohol and Other Drugs adapted the recommendations in the revisions of the Guidelines for Identifying Substance Exposed Newborns Report in 2016 which was provided to the Arizona Perinatal Trust and to the Governor's Arizona Substance Abuse Task Force. The Guidelines for Identifying Substance Exposed Newborns were incorporated into the Arizona Substance Abuse Recommendations by the Governor's Office of Youth, Faith and Family in October 2016. BWCH has Co-Chaired the meetings of the Arizona Statewide Task Force on Preventing Prenatal Exposure to Alcohol and Other Drugs, provided presentations and collaborated with other community partners on evidence- based practices for care coordination and services for substance exposed newborns and their mothers.

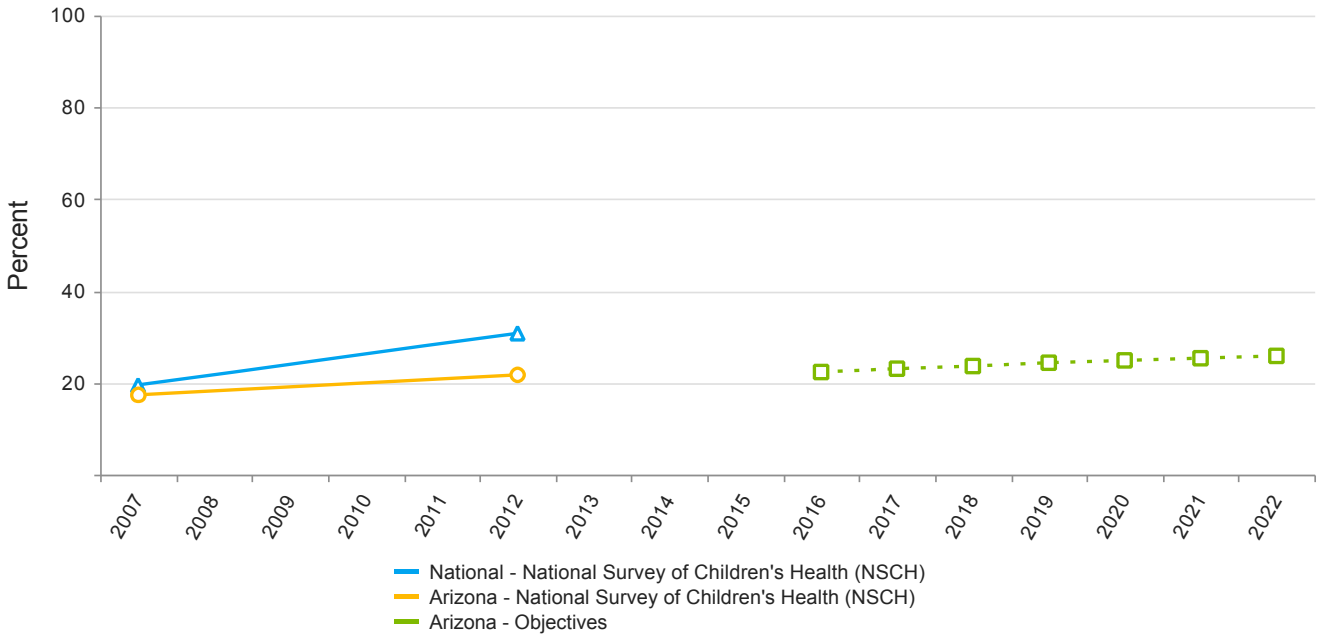
Child Health

Linked National Outcome Measures

National Outcome Measures	Data Source	Indicator	Linked NPM
NOM 13 - Percent of children meeting the criteria developed for school readiness (DEVELOPMENTAL)	NSCH	Data Not Available	NPM 6
NOM 15 - Child Mortality rate, ages 1 through 9 per 100,000	NVSS-2015	19.1	NPM 7
NOM 16.1 - Adolescent mortality rate ages 10 through 19 per 100,000	NVSS-2015	28.9	NPM 7
NOM 16.2 - Adolescent motor vehicle mortality rate, ages 15 through 19 per 100,000	NVSS-2013_2015	10.9	NPM 7
NOM 16.3 - Adolescent suicide rate, ages 15 through 19 per 100,000	NVSS-2013_2015	11.1	NPM 7
NOM 19 - Percent of children in excellent or very good health	NSCH-2011_2012	80.1 %	NPM 6

National Performance Measures

NPM 6 - Percent of children, ages 10 through 71 months, receiving a developmental screening using a parent-completed screening tool
Baseline Indicators and Annual Objectives



Federally Available Data	
Data Source: National Survey of Children's Health (NSCH)	
	2016
Annual Objective	22.4
Annual Indicator	21.8
Numerator	94,127
Denominator	432,829
Data Source	NSCH
Data Source Year	2011_2012

Annual Objectives						
	2017	**2018**	**2019**	**2020**	**2021**	**2022**
Annual Objective	23.1	23.7	24.4	24.9	25.4	25.9

Evidence-Based or –Informed Strategy Measures

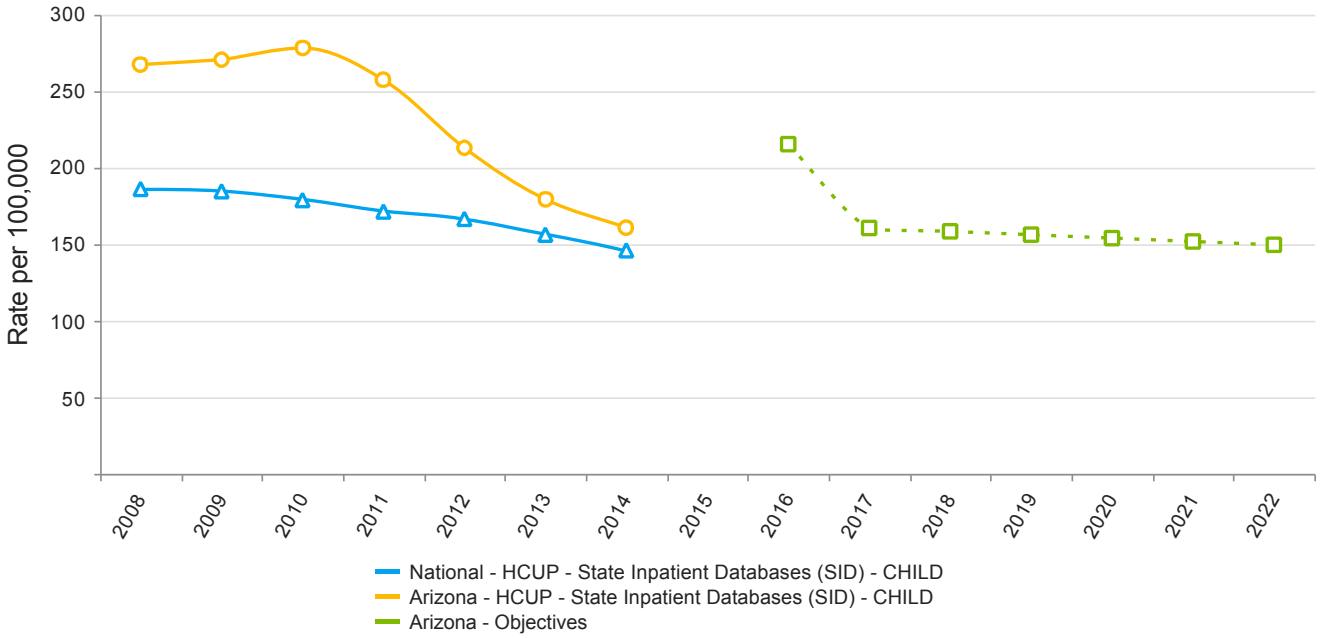
ESM 6.1 - Number of home visitors trained to provide ASQ over the next 5 years.

Measure Status:	Active

State Provided Data	
	2016
Annual Objective	
Annual Indicator	27
Numerator	
Denominator	
Data Source	In house data from training registration forms (HS
Data Source Year	2016
Provisional or Final ?	Final

Annual Objectives						
	2017	2018	2019	2020	2021	2022
Annual Objective	10.0	10.0	10.0	10.0	10.0	10.0

NPM 7 - Rate of hospitalization for non-fatal injury per 100,000 children ages 0 through 9 and adolescents 10 through 19
Baseline Indicators and Annual Objectives



NPM 7 - Child Health

Federally Available Data	
Data Source: HCUP - State Inpatient Databases (SID) - CHILD	
	2016
Annual Objective	215.1
Annual Indicator	160.8
Numerator	1,432
Denominator	890,422
Data Source	SID-CHILD
Data Source Year	2014

Annual Objectives						
	2017	**2018**	**2019**	**2020**	**2021**	**2022**
Annual Objective	160.5	158.3	156.1	153.9	151.7	149.5

Evidence-Based or –Informed Strategy Measures

ESM 7.1 - Standardized home safety checklists for home visitors posted on BWCH webpage.

Measure Status:	Inactive - Completed

State Provided Data	
	2016
Annual Objective	
Annual Indicator	Yes
Numerator	
Denominator	
Data Source	ADHS Website/Health Start Program
Data Source Year	2016
Provisional or Final ?	Final

Annual Objectives						
	2017	2018	2019	2020	2021	2022
Annual Objective	Yes	Yes	Yes	Yes	Yes	Yes

ESM 7.2 - Number of ADHS-facilitated injury-related trainings provided to community partners including home visitors through stakeholder engagement.

Measure Status:	Active

Annual Objectives						
	2017	2018	2019	2020	2021	2022
Annual Objective	1.0	2.0	3.0	4.0	5.0	6.0

State Action Plan Table

State Action Plan Table (Arizona) - Child Health - Entry 1

Priority Need

Decrease the incidence of childhood injury.

NPM

Rate of hospitalization for non-fatal injury per 100,000 children ages 0 through 9 and adolescents 10 through 19

Objectives

Increase the number of home visitors using a standardized home safety checklist by 10% by 2020.

Strategies

Provide professional development to home visitors on the burden of injury around the home.

Provide an array of standardized home safety checklists for home visitors to use.

ESMs	Status
ESM 7.1 - Standardized home safety checklists for home visitors posted on BWCH webpage.	Inactive
ESM 7.2 - Number of ADHS-facilitated injury-related trainings provided to community partners including home visitors through stakeholder engagement.	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

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

Priority Need

Increase early identification and treatment of developmental delays.

NPM

Percent of children, ages 10 through 71 months, receiving a developmental screening using a parent-completed screening tool

Objectives

Increase the number of ASQ trained home visitors over the next five years by 25%.

Strategies

Support the training of additional ASQ trainers in Arizona.

Support home visiting families to complete a developmental screening.

ESMs	Status
ESM 6.1 - Number of home visitors trained to provide ASQ over the next 5 years.	Active

NOMs

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

NOM 19 - Percent of children in excellent or very good health

Child Health - Plan for the Application Year

For the 2018 application year, the Bureau of Women's and Children's Health's (BWCH) priorities for children 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. Programs will support NPM 7 related to the rate of hospitalization for non-fatal injury per 100,000 children ages 0 through 9 and adolescents 10 through 19. BWCH programs also support NPM 6, percent of children, ages 10 through 71 months receiving a developmental screening using a parent- completed screening tool. In addition, obesity among children will be addressed through home visiting.

The strategies to decrease the incidence of childhood injury will include increasing professional development opportunities for home visitors on injuries, specifically injuries to young children and the injuries to adolescents. For young children there will be an emphasis on promoting the use of standardized home safety checklists. For adolescents it will include supporting 'Battle of the Belts.' Additionally, BWCH will continue its efforts to reduce accidental injury and death for children by coordinating and implementing a variety of strategies. The following discussion details these strategies that will be either continued or strengthened in 2018.

BWCH through the **Emergency Medical Services for Children (EMSC) Program** will continue to provide technical assistance to the hospital community to achieve a higher level of preparedness in caring for children. The program goal for 2018 is to have 50% of AZ emergency departments verified as 'Pediatric Prepared.' These efforts will include supporting Emergency Department nurses to acquire specialty certification.

Arizona's Child Fatality Review (CFR) Program contracts with 11 local review teams to provide 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. 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 promoting increased public awareness. Arizona will continue analyzing child death data while providing support and training for law enforcement agencies, medical examiners, and first responders.

Arizona's **early childhood home visiting programs will continue to** provide support for new families to promote positive parenting and child development. Arizona's Title V program is home to three programs that target pregnant women and children: Health Start, MIECHV and the High Risk Perinatal Program, which follows infants who start their lives in the Neonatal Intensive Care Unit (NICU). Home visiting programs will work on the objective to increase by 5% the number of home visitors using a standardized home safety checklist by 2020. The strategies they will employ are to continue to provide professional development to home visitors on the burden of injury around the home by providing workshop presentations at conferences and to provide an array of standardized home safety checklists for home visitors to use.
Health Start will continue to provide education and services to pregnant and parenting mothers and families with infants from birth to age two. This will include immunization education and checks for immunization records and developmental screenings.

BWCH re-applied for the **Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program** formula grant for services to be provided in FFY 2018. BWCH is requesting the ceiling award amount of $10,846,596 to leverage its resources in supporting voluntary; evidence based home visiting programs in at-risk communities and coordinate services across the early childhood system. This is a $100,000 reduction from the previous year ceiling award amount which will lead to a 16.5% reduction in services in FY18. ADHS will continue to provide funding for

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 White Mountain Apache Tribe) and Parents as Teachers provided by four Native American Tribes (Cocopah, Gila River, Hualapai, and Navajo Nation). The MIECHV grant is proposing to serve 1,303 families. MIECHV 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 summit.

MIECHV will support Title V state priority needs by implementing various strategies. The strategies to be implemented include:

- Title V priority need to reduce infant mortality and morbidity and NPM 4: a) percent of infants who are ever breastfeed and b) percent of infants breastfeed exclusively through 6 months: Increase the number of home visitors or community health nurses who are pursuing International Certified Breastfeeding and Lactation Consultants (ICBLC) certification over the next 5 years.

- Title V state priority need to increase early identification and treatment of developmental delays and NPM 6.1: percent of children, ages 10-17 months, receiving a developmental screening using a parent completed screening tool: Train a minimum of 50 home visitors at on how to support families complete developmental screenings and how to make an appropriate referral by September 2018.

- Title V state priority need to reduce the use of tobacco and other substances across the lifespan and NPM 14: a) percent of women who smoke during pregnancy and b) percent of children who live in households where someone smokes: Collaborate with ADHS Bureau of Tobacco and Chronic Disease to provide training for 100 home visitors on the effects of second hand smoke and resources to which they can refer for cessation by September 2018.

- Title V state priority need to strengthen the ability of Arizona families to raise emotionally and physically active children: Provide home visiting with fidelity and identify two CQI strategies that support Title V state priority in home visiting programs by September 2019.

During the 2014-2015 school year, the Arizona Department of Health Services, Office of Oral Health conducted the state's second *Healthy Smiles Healthy Bodies survey*. The survey collected heights and weights on kindergarten and third grade children in public elementary schools across Arizona. Eighty-four schools across all 15 Arizona counties participated and height and weight data was collected on 5,906 children; 3,565 kindergarteners and 2,341 third graders. Refer to **Appendix D** for the report, "Childhood overweight and obesity of Arizona Third Graders."

Key Findings of this survey include:

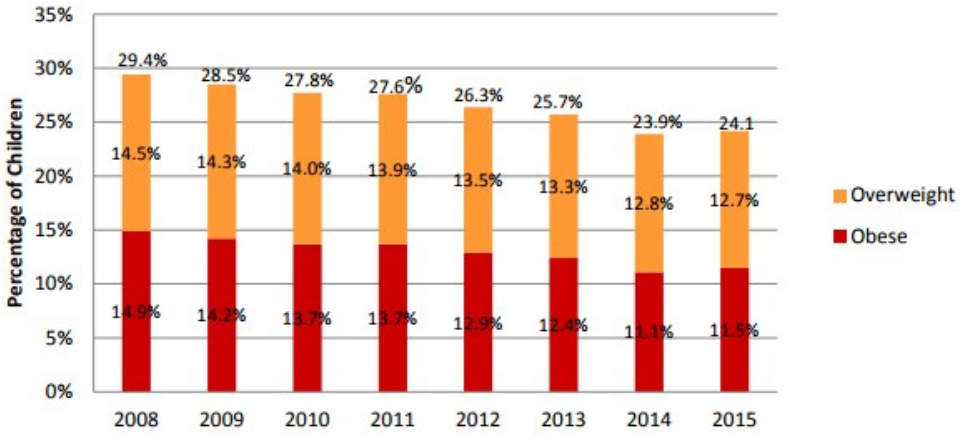
1. Childhood obesity is a significant public health problem for Arizona's kindergarten and third grade children. One out of every seven is obese and almost 30% meet the criteria for overweight or obese.
2. In Arizona, the prevalence of overweight and obesity increases with age. Twenty-six percent of kindergarten children are overweight or obese compared to 35% of third grade children.
3. There are significant disparities in Arizona with minority children having a higher prevalence of overweight or obesity than non-Hispanic white children. Nineteen percent of white non-Hispanic children are overweight or obese compared to 32% of Hispanic children and 35% of American Indian and Alaska Native children.
4. There are significant disparities in Arizona with children attending low income schools having a higher prevalence of overweight or obesity than children attending high income schools. About 18% of children

attending high income schools are overweight or obese compared to 33% of children attending low income schools.

5. Since 2009-2010, there has been a slight decrease in the prevalence of overweight or obesity among Arizona's third grade children. In 2009-2010 approximately 39% of Arizona's third grade children were overweight or obese compared to 35% in 2014-2015.

Among children in Arizona enrolled in the Women, Infants and Children (WIC) Program, Obesity rates in WIC had been declining in recent years, although the progress appears to have stalled in 2015, see the figure below.

Figure1. Overweight and obesity among children ages 2-5 in WIC[1]



In response to the childhood obesity rates, MIECHV will continue to fund home visiting programs that address nutrition, obesity prevention and child development. Furthermore, MIECHV will continue to partner with the Bureau of Nutrition and Physical Health to provide training and/or information to home visitors at Strong Families Annual Conference on Empower Home Visiting Guidelines, Nutrition Infant/Toddler Standards.

The Arizona Partnership for Immunization (TAPI) will continue to promote immunizations statewide in partnership with BWCH. Using their 400 members representing over 200 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. They will further promote usage by parents and professionals of the TAPI home web page, www.whyimmunize.org.

TAPI 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 6,000-12,000 times. Content will include education to minimize exemptions, parent and doctor relationships, CDC updates, back to school information about vaccinations, Tdap, the pneumococcal vaccine recommendations, and flu season vaccinations.

TAPI will continue to provide articles for the quarterly Immunizations newsletter and the AzAAP weekly emailed update. 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 work with Healthcare Associated Infection (HAI) and provide support with vaccine education and with the International Infection Prevention Week (IIPW) to raise awareness of the role infection prevention plays.

TAPI will continue to distribute the growth chart that highlights healthy pregnancy and early childhood and lists recommended vaccines at every stage of development to providers statewide.

Emphasis will continue for the appropriate coverage of infant and children with continued expansion in young adults 'Off to College' and systemic support for increased pregnant women and adult immunization.

In addition to the dynamic programming we have planned for 2018; BWCH will continue to support internal and external stakeholders working on Children's Health initiatives by co-sponsoring questions related to Adverse

Childhood Experiences (ACEs) in the 2018 Behavioral Risk Factor Surveillance Survey (BRFSS). BWCH acknowledges that ACEs can last a lifetime despite the availability of preventive social and public health programming. Early exposure to family violence, abusive treatment, neglect, alcohol and drug abuse, or separated/divorced parents can lead to health and social problems, risk-taking behaviors and a shortened lifespan. Safe, stable and nurturing relationships and communities can break the cycle of abuse and maltreatment. Since 2012, BWCH has sponsored the set of 11 core ACE questions. These data are used by BWCH to inform our home visiting program. In addition BWCH's internal and external stakeholders have become dependent on these data to better inform their strategies to mitigate ACEs. The set of 11 questions that will continue to be included in the 2018 BRFSS are the following:

1. Did you live with anyone who was depressed, mentally ill, or suicidal?
2. Did you live with anyone who was a problem drinker or alcoholic?
3. Did you live with anyone who used illegal street drugs or who abused prescription medications?
4. Did you live with anyone who served time or was sentenced to serve time in a prison, jail, or other correctional facility?
5. Were your parents separated or divorced?
6. How often did your parents or adults in your home ever slap, hit, kick, punch or beat each other up?
7. Before age 18, how often did a parent or adult in your home ever hit, beat, kick, or physically hurt you in any way? Do not include spanking. Would you say---
8. How often did a parent or adult in your home ever swear at you, insult you, or put you down?
9. How often did anyone at least 5 years older than you or an adult, ever touch you sexually?
10. How often did anyone at least 5 years older than you or an adult, try to make you touch them sexually?
11. How often did anyone at least 5 years older than you or an adult, force you to have sex?

We expect to have a thorough analysis of these measures by FY2019 as FY2018 is a data collection year.

Child Health - Annual Report

The priorities of the Bureau of Women's and Children's Health (BWCH) as outlined in the Arizona Health Improvement Plan (AzHIP) aimed to improve Maternal & Child Health through 2020 include: Improve the health of women before and between pregnancy(ies); Decrease the incidence of childhood injury; Support adolescents; Including youth with special health care needs, to make healthy decisions as they transition to adulthood; and Strengthen the ability of families to raise emotionally and physical healthy young children. The following summarizes Arizona's progress addressing the Title V State Action Plan and Strategies for child health in 2016. The discussion about healthy weight will be found in Cross Cutting/Life Course Narratives.

The NPM 10 spoke to the rate of death among children less than 14 due to motor vehicle crashes. The provisional rate for 2015 for Arizona is 2.0 which was slightly better than 2.4 the year before despite the ongoing fluctuation of the rates year to year. The rate of hospitalization for non-fatal injury per 100,000 children aged 0-19 years decreased by 9.1 percent from 2014 (201.7 per 100,000) to 2015 (183.4 per 100,000). In 2015, 74.2% (n=2,460) of non-fatal hospitalization injuries among children aged 0-19 years were due to Unintentional Injuries. Falls, Poisoning, and Motor Vehicle Crashes (MVC) accounted for 71.3% (n=2,365) of all non-fatal hospitalization injuries among children aged 0-19 years. The majority of injuries resulting in hospitalization for children aged 0-9 were falls (n=391) followed by MVC (n=158). The majority of injuries resulting in hospitalization for children aged 10-19 were poisoning (n=632) followed by MVC (n=605).

Arizona's Title V program houses the Office of Injury Prevention which serves as a coordinating body for injury prevention within ADHS. The program is responsible for 1) identifying injury problems and the specific needs for injury prevention programs, policies, and services within the state; 2) Keeping abreast of developments within the field of injury prevention and sharing this information with others; 3) Understanding where injury prevention fits into what other agencies are doing (integration) and serving as a coordinating force that brings different players to the table; 4) And building a solid constituency for injury prevention activities within the state.

Accomplishments include the creation of numerous injury specific data reports and fact sheets, technical assistance to communities on motor vehicle safety and trainings all over the state to prepare car seat technicians. The program has an advisory council comprised of public and private agencies, health care providers, educators, law enforcement, fire safety personnel, advocates, survivors, private citizens, and other stakeholders. Working together has increased the efficiency of individual efforts, adding value to these efforts and improving the effectiveness of the state injury prevention infrastructure as a whole.

Utilizing HRSA funds, Arizona's Emergency Medical Services for Children (EMSC) program has improved access to and quality of pediatric emergency care. EMSC has focused on two specific areas in an effort to improve pediatric emergency care from a system perspective pediatric designation and pediatric continuing education.

Arizona established an inclusive **pediatric designation system** that set minimum voluntary pediatric emergency care standards for all emergency departments. Modeled after Arizona's 40-year old Arizona Perinatal Trust, this effort began in April 2008 with the establishment of a hospital stakeholders' group. The group developed criteria for the system focusing on staff qualifications including continuing education, minimum pediatric equipment requirements, and pediatric policies including transfer agreements and process improvement requirements. The Arizona designation system model offers three tiers of pediatric preparedness for which all hospital emergency departments (EDs) can apply. This model system allows rural and critical care access EDs to participate, as well as community hospitals which may have limited pediatric service lines. The AZ EMSC Program contracted with the Arizona Chapter of the American Academy of Pediatrics (AzAAP) to serve as the designation body. To build in sustainability, participating hospitals pay an annual membership fee and a three-year verification fee. As of May 2016, there are 36 member hospitals of which 31 have undergone a site verification visit. As a result, 65 percent of

Arizona's children can be treated in an ED prepared to care for them as children. There have been no substantial barriers encountered to date. Preliminary review of outcome data shows a reduction in pediatric mortality from EDs post verification.

Arizona has seen an increase in the amount of pediatric educational offerings in each of the state's four EMS regions because of funding from the federal grant. The EMSC Program uses a portion of grant funds from HRSA to support pediatric education. The EMSC Program Manager attends Regional Council meetings and advocates for on-going pediatric education/training for all EMS personnel. Examples of these trainings include: in the Northern Region, a stand-alone pediatric conference is offered to providers from all Arizona EMS regions, and the Central Region continues to support having a pediatric track as part of their two-day conference. The Arizona Emergency Nurses Association provides a pediatric track as part of their annual conference. EMSC funds supported two Emergency Pediatric Care (EPC) Courses offered on the Navajo and Hopi reservations.

Arizona's Child Fatality Review (CFR): was created in 1993 (A.R.S. § 36-3501) and data collection has been ongoing since 1994. Since 2006 all child deaths, from birth through age 17, occurring within the state, are reviewed by 11 local CFR teams located throughout Arizona. A state team provides oversight to the local teams, produces an annual report summarizing review findings, and makes recommendations regarding the prevention of child deaths to the state legislature. These recommendations have been used to educate communities, initiate legislative action, and develop prevention programs. The CFR Program publishes findings annually and shares information with partners at both local and state meetings. To accomplish this mission the CFR Program is required by statute to prepare the annual report for the Governor each November 15th based on the previous year data regarding child fatalities that occurred in Arizona, and data- driven recommendations for legislation and public policy. In the most current report, there were some challenges for child fatalities in 2015. Maltreatment death counts increased from 75 reported in 2014 to 87 and accounted for 11% of all child deaths in Arizona. CFR State Team and their partners determined that deaths due to maltreatment were a priority area. Activities intended to focus ongoing efforts regarding this new priority area included an increase in the sharing of relevant data and partnering during awareness events. The program focused on analyzing the aggregate data collected by CFR to see if there were target areas or populations in maltreatment related deaths where increased services, policy changes, or home visiting, could be employed.

Deaths continued to be disproportionately higher among some race/ethnicities in Arizona for 2015. African American children comprised 6% of the child population in 2015 and make up 9% of all child fatalities. American Indian children comprised 5% of the child population in 2015 and make up an additional 9% percent of all child fatalities. Asian children comprise 3% of the population in 2015 and account for 2% of all child fatalities. Hispanic children comprise 43%of the population in 2015 and make up 43% of all child fatalities. Though White, non-Hispanic children made up a significantly lower percentage of deaths than the percentage of the population they represent, there are some categories in which they were overrepresented compared to other race/ethnicities.

In 2015, the condition of prematurity accounted for 23% of child fatalities which decreased by 4 percentage points from 27%in 2014. Further analyzing prematurity, medical complications during pregnancy contributed to 84%of all prematurity-related deaths. Corresponding, the number of mothers who received no prenatal care was 26%and the number of mothers starting prenatal care in the first trimester was 6 percentage points higher at 53% in 2015 compared to the 59% in2014. Hispanic children carried the largest burden of these deaths making up 52 percent of the prematurity fatalities in 2015. Hispanic children account for 43% of the child population in Arizona.

Fifty children died in motor vehicle crashes and other transportation related accidents in 2015. There has been a 40 percent reduction in motor vehicle crash rates since 2009 and an 11 percent decrease between 2014 and 2015. Ninety six percent of transportation related deaths were determined to have been preventable in 2015, and lack of proper vehicle restraint remained the leading preventable factor.

The drowning rate slightly decreased by 5 percent from 1.9 deaths per 100,000 in 2014 to 1.8 per 100,000 in 2015. Overall, the rate has decreased by 10 percent since 2009. The CFR program continues to work with the Arizona Drowning Coalition, the Strong Families AZ home visiting alliance, and sharing information to help inform prevention activities throughout the state. The complete 2015 CFR report is found in Appendix E.

Through improvements in data collection, informed decision making, community outreach, and policy improvements; our community partners have enhanced their prevention strategies and improved their service delivery. As a result of CFR findings, State and County Health Departments provided general child car safety seat training and installation to educate the public which has successfully brought down a significant number of child deaths in Arizona. All early childhood home visitors ensure families of infants understand the importance and proper utilization of child car safety seats. For families without the means to purchase a child car safety seats are available to those families without the means to purchase one. These safety seats are acquired using Title V funds.

Recommendations from the CFR program will continue to target the legislature and law enforcement including support for legislation for a primary seat belt law and encouraging communities to collaborate with the ADHS and Safe Kids Arizona to promote awareness about child passenger and motorized vehicle safety, encourage participation in events such as car-seat checkups, safety workshops and sports clinics. BWCH holds car seat safety classes around the state to **certify car seat technicians** utilizing the Safe Kids National Highway Safety Traffic Association curriculum. To reduce roadside injuries caused by car seats installed incorrectly, BWCH supports Car Seat Safety professional development. In 2015, with financial support from the Maternal, Infant and Early Childhood Home Visiting Program (MIECHV), 3 Car Seat Passenger Safety Technician (CPS) Courses were held in urban and rural areas of Arizona. In 2016, BWCH's MIECHV grant supported a Continuous Educational Units Conference for 160 technicians and two additional CPS courses. To date, MIECHV funds have supported training resulting in 170 technicians, covering all counties in Arizona. In 2017, the goal is to support a cohort of 5 technicians to become car seat instructors.

Many of the local CFR teams have been responsible for promoting increased public awareness about child safety and the prevention of fatalities. This includes the development of resources distributed to communities and sharing of targeted interventions. A few examples of these activities include: child passenger safety training, child car safety seat distribution and performing car seat checks, bicycle and pedestrian safety, community safety events, distributing helmets, child abuse and neglect prevention, distributing cribs to parents, promoting safe sleep practices, home safety, sharing safety information in the community, water safety, distributing water safety slings, and training on proper supervision techniques.

The CFR program also supports the increased adoption of the Infant Death Investigation Checklist, which is statutorily required to be filled out by law enforcement agencies in the event of an unexplained infant death. The program delivers training to law enforcement agencies and other first responders on infant death scene investigators with the assistance of the Maricopa County Medical Examiner's Office. The first trainings were held in 2015 with over 125 people in attendance and continued trainings are to be held.

Currently there are 5 Safe Kids Coalitions throughout the state of Arizona, most of which are based at the county health departments. There is Safe Kids Coconino County, Safe Kids Maricopa County, Safe Kids Pima County, Safe Kids Yuma County and Safe Kids Navajo Nation. Safe Kids Arizona is housed in the Office of Injury Prevention, which serves as a liaison to Safe Kids Worldwide and the local coalitions. While none of the coalitions are funded, they are eligible to apply for grants as they become available. All of the Safe Kids Coalitions work at the grass roots level relying on partners to make their presence known throughout the communities in which they serve. Most coalitions use the Arizona Child Fatality Review to look for trends on areas in need of focus.

Seven of the 14 county health departments (CHD) choose to focus on children to address the MCH NPM 7: Rate of

injury related hospital admissions per population ages 0-19 as a part of the Healthy People Healthy Communities Integrated Intergovernmental Agreement. Two health departments provided safe sleep information and distributed portable cribs when a family expressed a need. The families reported being pleased with being able to ensure their child would be sleeping in a safe environment at home and the home of other caregivers. Five CHDs provided safe sleep education to parents, hospital staff, WIC and Breastfeeding Peer Counselors as well as child care staff. Two of the CHDs provided safe sleep education when women received a positive pregnancy test. Another health department conducted group education sessions and reported positive attendance and feedback. Two CHDs offered child passenger safety education and distributed car seats. One health department had more than 1,100 children participate in International Walk to School Day as a means of learning safe walking behaviors. In addition, 400+ children learned about wilderness and lightning safety through the "Hug a Tree" program. The "Hug a Tree" program is a positive partnership between Search and Rescue (Sheriff's Department) and the health department in reaching many school-age children about safety inside and outside the home. Another CHD developed and marketed to Breastfeeding toolkits to Healthy Arizona Worksites Program Trainings and 83 toolkits were distributed to employers through this opportunity. This program will change into Healthy People Healthy Communities in June 2016 and include 14 counties.

Arizona's **home visiting programs** continue working to connect all families to preventive and primary care. ADHS administers and/or funds the following home visiting programs: Health Start; High Risk Perinatal/Newborn Intensive Care Program (HRPP/NICP) ; Healthy Families AZ (HFAz); and Nurse Family Partnership (NFP) and Family Spirit. Parents as Teachers program was added and these programs will be discussed more fully in the Infant/Perinatal domain. All of the programs work with families and coordinate/refer with 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 including immunizations; Enhance child development and a child's readiness for school through parent education; and Assist families to improve their economic security.

The High Risk Perinatal Program/Newborn Intensive Care Program (HRPP/NICP) is Arizona's oldest home visiting program. It was initiated in the 1960s to address Arizona's exceedingly high infant mortality rate of 31.8 per 1,000 live births. The purpose of HRPP/NICP is to reduce maternal and infant mortality and morbidity through a regionalized statewide system of coordinated perinatal care. According to Arizona Health and Vital Statistics, infant mortality in 2015 is at 6.1 per 1,000 live births.

HRPP/NICP provides early identification of women and children at risk of mortality and morbidity, education for health professionals, families and communities on developmental care and medically fragile infants and links pregnant women and infants to the appropriate level of care and establishes standards of care. The components of the program are: an Information and Referral Line; Maternal and Neonatal Transport Services; Hospital and Inpatient Physician Services; Community Nursing Services; and Hospital Developmental Care. As mentioned in Infant/Perinatal, in 2016, 3,914 infants were enrolled in NICP; Community Health Nurses made 7,311 visits to medically fragile infants and their families after they were discharged from the NICU and 750 critically ill pregnant women and 886 neonates were transported to the appropriate level of care as determined by program contracted physicians.

Health Start was developed in 1992 and utilizes community health workers or "Promotoras" to address the needs of rural, minority pregnant women in Arizona. BWCH has administered the Health Start Program since 1994. Health Start provides education and services to infants from birth to age two including immunization education and immunization records checks and developmental screenings. In 2016, Health Start services were provided to 2,534 unduplicated clients through 16,698 unduplicated home visits to clients and families during. This program is described in more detail in the Woman/Maternal section as its original purpose was to assist pregnant women into prenatal care.

Health Start participated in the Childhood Lead Poisoning Pilot Project to increase testing of all children for high lead levels. This education has been integrated into the visit topics provided by the home visitors. Health Start also developed a Safe Sleep Education Pilot Project and implemented parent commitment forms to ensure babies would be placed in a safe sleep environment.

The class on Perinatal Mood and Anxiety Disorders, launched in 2015 and developed by Health Start had 46 home visitors completing the course in 2016.

In 2016, the **Maternal, Infant and Early Childhood Home Visiting Program (MIECHV)** served 2,311 families completing 30,109 visits. MIECHV measured six benchmarks to ascertain the impact of the program on the families' well-being: 1 Improvement in maternal and newborn health, 2) Improvement in school readiness and achievement, 3) Improvement in family economic self-sufficiency, 4) Improvement in coordination and referrals to community resources; 5) Reduction in child injuries, child abuse, neglect, or maltreatment including decreased emergency department visits, and 6) Reduction in domestic violence. MIECHV uses "constructs" to measure the benchmarks and compares one cohort of families to a second cohort who received services at a later date with the assumption that as the program matures services and therefore impact on families will improve. In 2016, HRSA revised the existing performance measurement system for the Federal Home Visiting Program. The following table outlines the revisions.

Table 4. Revised HRSA performance measures for the federal home visiting program

Added new constructs	Preterm Birth, Postpartum Care, Safe Sleep, Behavioral Concerns, Continuity of Insurance, Completed Depression and Developmental Referrals
Revised existing constructs	Breastfeeding, Depression, Tobacco Use, Well-Child Visits, Child Emergency Department Visits, Education
Removed constructs	Prenatal Care, Preconception Care, Inter-Birth Interval, Maternal Emergency Department Visits, Suspected Maltreatment, Parent Emotional Well-Being, Intimate Partner Violence (IPV) Safety Plan, Arrests, Convictions, Income

BWCH applied and was awarded an FY2017 MIECHV Formula grant. BWCH previously received both a Competitive and Formula MIECHV grant. However, HRSA changed the FY2017 grant structure and Competitive funding is no longer available for MIECHV services. Arizona was awarded the ceiling award of $10.9 million for FY2017 Formula funding. As this is less than the total of both the Formula and Competitive grants received previously, Arizona maintains MIECHV programs as outlined.

MIECHV supports voluntary evidence based home visiting programs in at-risk communities and coordinate services across the early childhood system. ADHS provides funding for 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), and Family Spirit (through White Mountain Apache Tribe) with up to a 25% reduction over FY2016. MIECHV funded Parents as Teachers home visiting model to three Native American Tribes (Cocopah, Hualapai, and Navajo Nation). Evidence-based home visiting is being augmented by program and fiscal monitoring, professional development provided through regional training and education, access to online training, regular informative e-newsletters and an annual summit.

MIECHV supports the Title V state priority need to increase early identification and treatment of developmental delays and NPM 6: percent of children, ages 10-17 months, receiving a developmental screening using a parent completed screening tool by increasing the number of home visitors trained on the Ages and Stages Questionnaire (ASQ) and increasing the number of developmental screens performed with a family during a home visits and number of families who are offered a paper copy of the completed ASQ to discuss with their child's provider.

Approaches used by MIECHV to support ASQ implementation include: implementing home visiting models which consist of ASQ as a model requirement, provide technical assistance and track progress during quarterly and annual site reviews, include professional development session at Strong Families annual conference, and produce a MIECHV fidelity report. **HRPP/NICP** Community Health Nurses were provided with training on the ASQ, and are no longer use the Denver assessment. **Health Start** program provided training to home visitors on ASQ screening tool.

In 2016, 715 home visitors attended the MIECHV funded 5th Annual Strong Families Home Visiting Conference. In addition, 478 home visitors attended workshops throughout the year provided by the MIECHV program addressing Domestic Violence, Infant/Toddler Mental Health and Breastfeeding. Additional local training was provided by the MIECHV funded Home Visiting Coordinators addressing community specific issues including mandatory reporting, motivational interviewing, and Adverse Childhood Experiences (ACE). Eighty-nine online courses were completed by home visitors on the Strong Families AZ home visitor portal.

With the help of Title V funding, Arizona 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 life span, and will impact Arizona and its citizens' quality of life.

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 parents. The TAPI home web page, www.whyimmunize.org that allows parents to ask medical experts questions about vaccines and immunizations was updated.

TAPI maintained a Facebook page with nearly 700 consistent "likes. Posts included measles outbreak information; Water safety, flu information, community awareness for general vaccine education; Is your child off to college dorm this Fall?; New recommendations for young adults; baby well-visit education, partner links, Tdap in pregnancy, and the importance of adult immunizations.

Each quarter TAPI's tweets on Twitter were viewed 7,000-13,000 times. Content included medical exemptions, parent and doctor relationships, NIIW, CDC updates, back to school information about vaccinations, Tdap, the pneumococcal vaccine recommendations, and flu season vaccinations.

TAPI supplied articles for the quarterly Immunizations newsletter produced and distributed to immunization providers by the ADHS Immunization program, to the Arizona American Academy of Pediatrics (AzAAP) weekly emailed update and for Community Health Center monthly newsletter. TAPI answers questions from the media routinely on vaccine funding and appropriate referrals for back to school immunizations including an in depth story on vaccine exemptions, school readiness and a press conference on off to college. TAPI frequently refers reporters to appropriate subject matter experts regarding disease outbreaks and headline events. TAPI worked with AzAAP to conduct media training for pediatricians statewide to develop a speaker's bureau list that could be called on to handle teen immunizations, anti-vaccine stories and outbreaks.

TAPI participated in monthly calls to discuss HAI and provides support with vaccine education overlap. This group participated in the flu Button Up campaign this year and regularly disseminates.

In 2016, Arizona's percentage of 19-35 month olds being adequately immunized has remained below our 90% target at 69%. Arizona continues to be challenged by a high exemption rates in some parts of the state. TAPI partnered with AzAAP, Arizona Family Practice Association and state and local health to develop a vaccine education module to help educate parents looking for exemptions. The module is the outcome of several years of pediatrician led efforts to work with state legislators to ensure that all children are safe from vaccine preventable diseases while attending school. The module was completed in 2016, will be piloted in 2017 and full roll out is expected in 2018.

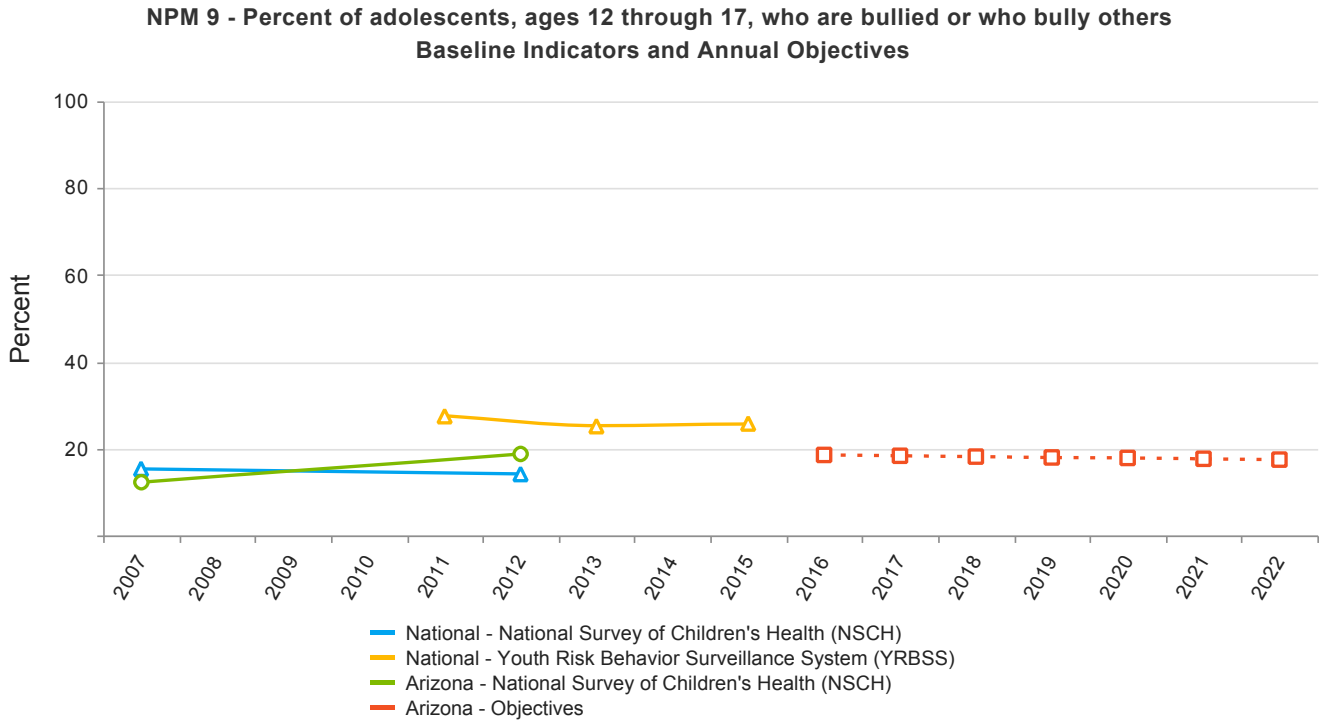
TAPI's Embracing Immunity project received continuation funding to provide outreach to improve health outcomes in babies and young children. TAPI developed a growth chart that highlighted healthy pregnancy and early childhood. The chart lists recommended vaccines at every stage of development and was used in partnership with WIC and as a tool for OB education. In addition the growth chart features reminders for EPSTD visits, developmental milestones, and reminders for safe sleep, dental visits, vision screening, helmet and car seat safety and health and nutrition for moms and babies. And can be accompanied by embracing immunity tools for parents or vaccine management tips for OB offices.

Adolescent Health

Linked National Outcome Measures

National Outcome Measures	Data Source	Indicator	Linked NPM
NOM 16.1 - Adolescent mortality rate ages 10 through 19 per 100,000	NVSS-2015	28.9	NPM 9 NPM 10
NOM 16.2 - Adolescent motor vehicle mortality rate, ages 15 through 19 per 100,000	NVSS-2013_2015	10.9	NPM 10
NOM 16.3 - Adolescent suicide rate, ages 15 through 19 per 100,000	NVSS-2013_2015	11.1	NPM 9 NPM 10
NOM 18 - Percent of children with a mental/behavioral condition who receive treatment or counseling	NSCH-2011_2012	59.8 %	NPM 10
NOM 19 - Percent of children in excellent or very good health	NSCH-2011_2012	80.1 %	NPM 10
NOM 20 - Percent of children and adolescents who are overweight or obese (BMI at or above the 85th percentile)	NSCH-2011_2012	36.7 %	NPM 10
NOM 20 - Percent of children and adolescents who are overweight or obese (BMI at or above the 85th percentile)	WIC-2014	28.7 %	NPM 10
NOM 20 - Percent of children and adolescents who are overweight or obese (BMI at or above the 85th percentile)	YRBSS-2015	25.6 %	NPM 10
NOM 22.2 - Percent of children 6 months through 17 years who are vaccinated annually against seasonal influenza	NIS-2015_2016	52.0 %	NPM 10
NOM 22.3 - Percent of adolescents, ages 13 through 17, who have received at least one dose of the HPV vaccine	NISF-2015	68.3 %	NPM 10
NOM 22.3 - Percent of adolescents, ages 13 through 17, who have received at least one dose of the HPV vaccine	NISM-2015	51.3 %	NPM 10
NOM 22.4 - Percent of adolescents, ages 13 through 17, who have received at least one dose of the Tdap vaccine	NIS-2015	86.6 %	NPM 10
NOM 22.5 - Percent of adolescents, ages 13 through 17, who have received at least one dose of the meningococcal conjugate vaccine	NIS-2015	87.6 %	NPM 10

National Performance Measures



Federally Available Data	
Data Source: National Survey of Children's Health (NSCH)	
	2016
Annual Objective	18.6
Annual Indicator	18.8
Numerator	105,025
Denominator	558,172
Data Source	NSCH
Data Source Year	2011_2012

Annual Objectives						
	2017	**2018**	**2019**	**2020**	**2021**	**2022**
Annual Objective	18.4	18.2	18.0	17.9	17.7	17.5

Evidence-Based or –Informed Strategy Measures

ESM 9.1 - Environmental scan of current anti-bullying efforts conducted.

Measure Status:	Inactive - Completed

State Provided Data	
	2016
Annual Objective	
Annual Indicator	Yes
Numerator	
Denominator	
Data Source	In house data from Office of Womens Health
Data Source Year	2016
Provisional or Final ?	Final

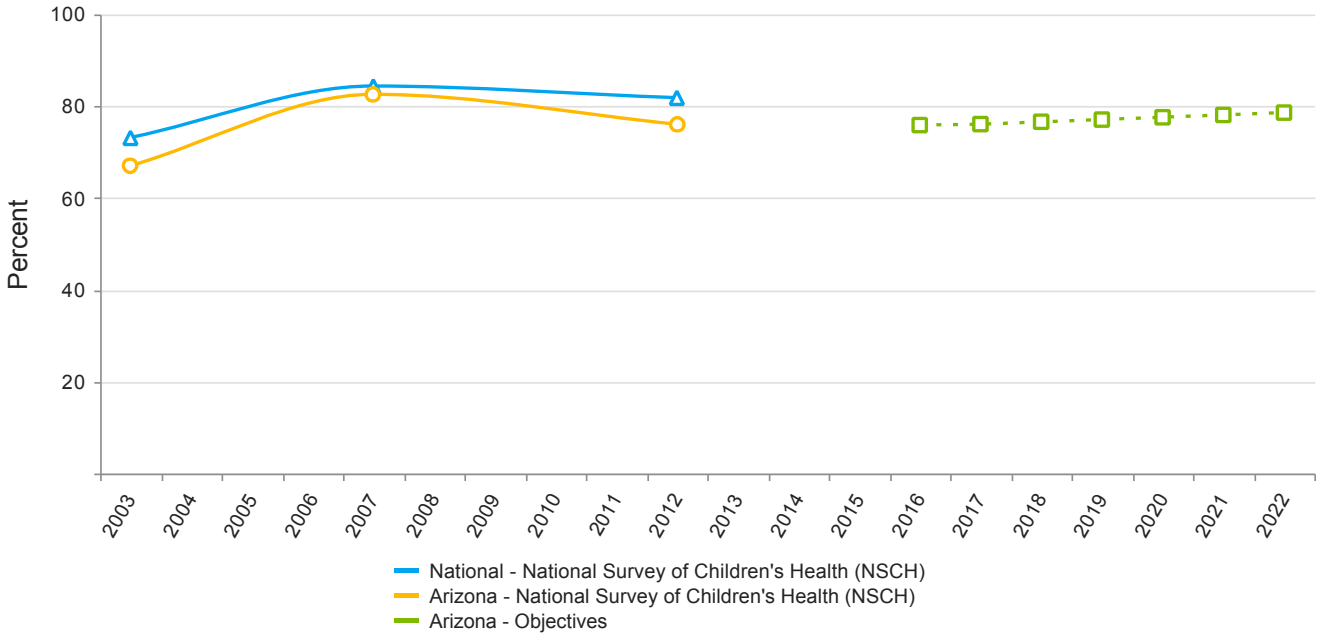
Annual Objectives						
	2017	2018	2019	2020	2021	2022
Annual Objective	Yes	Yes	Yes	Yes	Yes	Yes

ESM 9.2 - Number of hits on the bullying prevention campaign website titled, 'Must STOP Bullying.'

Measure Status:	Active

Annual Objectives						
	2017	2018	2019	2020	2021	2022
Annual Objective	0.0	300.0	400.0	500.0	600.0	700.0

NPM 10 - Percent of adolescents, ages 12 through 17, with a preventive medical visit in the past year.
Baseline Indicators and Annual Objectives



Federally Available Data	
Data Source: National Survey of Children's Health (NSCH)	
	2016
Annual Objective	75.8
Annual Indicator	75.8
Numerator	422,996
Denominator	557,956
Data Source	NSCH
Data Source Year	2011_2012

Annual Objectives						
	2017	**2018**	**2019**	**2020**	**2021**	**2022**
Annual Objective	76.0	76.5	77.0	77.5	78.0	78.5

Evidence-Based or –Informed Strategy Measures

ESM 10.1 - Formal collaborations with at least 5 partners to promote preventive medical visits for adolescents established.

Measure Status:	Inactive - Completed

State Provided Data	
	2016
Annual Objective	
Annual Indicator	Yes
Numerator	
Denominator	
Data Source	In house data from Office of Womens Health
Data Source Year	2016
Provisional or Final ?	Final

Annual Objectives						
	2017	2018	2019	2020	2021	2022
Annual Objective	Yes	Yes	Yes	Yes	Yes	Yes

ESM 10.2 - Number of healthcare clinics implementing University of Michigan's Adolescent Champion Model at their sites.

Measure Status:	Active

Annual Objectives						
	2017	2018	2019	2020	2021	2022
Annual Objective	0.0	2.0	4.0	6.0	8.0	10.0

State Action Plan Table

State Action Plan Table (Arizona) - Adolescent Health - Entry 1

Priority Need

Support adolescents to make healthy decisions as they transition to adulthood.

NPM

Percent of adolescents, ages 12 through 17, who are bullied or who bully others

Objectives

Over the next five years, reduce the percentage of youth who report being bullied at school through the establishment of a multi-level campaign to stop bullying.

Strategies

Develop a bullying prevention network-multiagency task force.

With partners, develop a social marketing campaign to discourage bullying.

ESMs	Status
ESM 9.1 - Environmental scan of current anti-bullying efforts conducted.	Inactive
ESM 9.2 - Number of hits on the bullying prevention campaign website titled, 'Must STOP Bullying.'	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

Support adolescents to make healthy decisions as they transition to adulthood.

NPM

Percent of adolescents, ages 12 through 17, with a preventive medical visit in the past year.

Objectives

By 2020, increase the percentage of youth receiving a preventive health visit by through formal collaborations with at least 5 partners to promote preventive medical visits for adolescents.

Strategies

Collaborate with professional medical organizations and FQHCs to promote preventive medical visits for adolescents.

Encourage AAP members to develop adolescent health champions in their practices.

ESMs	Status
ESM 10.1 - Formal collaborations with at least 5 partners to promote preventive medical visits for adolescents established.	Inactive
ESM 10.2 - Number of healthcare clinics implementing University of Michigan's Adolescent Champion Model at their sites.	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 with a mental/behavioral condition who receive treatment or counseling

NOM 19 - Percent of children in excellent or very good health

NOM 20 - Percent of children and adolescents who are overweight or obese (BMI at or above the 85th percentile)

NOM 22.2 - Percent of children 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

Adolescent Health - Plan for the Application Year

In 2018, Arizona's Title V efforts related to improving adolescent health in Arizona will primarily focus on preventing bullying; increasing seal belt usage; and increasing the rate of youth that receive preventative health visits. As BWCH priorities the bullying prevention, preventive health visits, and injury prevention priorities will be components of the Healthy People Healthy Communities integrated IGA. The strategies for addressing bullying include quarterly bullying prevention workgroup meetings to obtain stakeholder feedback on the State's efforts to reduce bullying; identify how stakeholders can support the marketing campaign; and get input on future bullying prevention strategies. A bullying prevention marketing campaign will be launched targeting parents/caregivers, teachers, and youth of elementary school age. Focus groups will be conducted across the state to ensure the messaging resonates with Arizona's diverse population.

The Bureau will also focus efforts on increasing the percentage of adolescents with a preventive visit by implementing the Michigan Champion Model in Arizona. The first cohort of 4-6 healthcare clinics will be actively implementing the Adolescent Champion Model and recruitment for the second cohort of clinics will begin towards the end of 2018. BWCH will ensure accountability of this strategy by replacing ESM 10.1 for one that directly connects to this new strategy. In 2017, BWCH successfully completed ESM 10.1 "formal collaborations with at least 5 partners to promote preventive medical visits for adolescents established." The BWCH Office for Children with Special Healthcare Needs (OCSHN) will work with the University of Michigan staff on developing clinic trainings specific to serving this population. Program staff will also meet with the Arizona Interscholastic Association who oversees the requirements of sports physicals for student athletes to discuss how they might help BWCH promote the need for and benefits of wellness visits. BWCH will also work with stakeholders to identify and implement strategies for increasing health literacy among parents/caregivers and promote the importance of well visits among adolescents.

The Teen Pregnancy Prevention Program (TPPP) will place a greater emphasis on formal collaborations between contractors and various programs and partners who are able to meet the holistic needs of the youth/families served in their respective communities in order to maximize youth/family access to programs and services. Contractors are required to report these collaborations and community outreach activities on quarterly narrative reports submitted to ADHS. These reports will continue to be monitored by program staff who will provide technical assistance to a contractor in the event they identify a gap in a service area. The Program staff will also continue to monitor how effective the curriculum crosswalk has been to contractors when conducting outreach to schools. In addition, program staff will utilize the annual teen pregnancy prevention evaluation reports to assess what, if any changes need to be adopted to ensure the program continues to be effective. In an effort to meet the overwhelming response to trainings focused on adolescent health, professional development opportunities will continue to be offered as resources permit. The scope of the TPP program may look different in 2018 depending on budget decisions enacted at the state and federal level. Future federal and state allocation amounts will determine whether the program will be able to sustain current contracts at the same funding levels.

The Domestic Violence Program will continue to provide developmentally appropriate services to adolescents and work with our partners to determine how the BWCH program and our state partners can be responsive to the needs identified in a recent rural adolescent survey. The Program Manager will work with the Arizona Coalition to End Sexual and Domestic Violence to identify training needs and other resources to support contractor efforts to provide quality, evidence based/informed services to children/adolescents.

The Teen Pregnancy Prevention, Family Planning, Health Start, MIECHV, Family Planning and Injury Prevention programs will continue to provide core services to adolescents. Program staff will also continue to partner with internal and external programs and agencies focused on improving the life course of adolescents, especially those who face numerous risk factors and would benefit from additional protective factors in their lives

BWCH will be implementing community youth mapping projects across the state to motivate youth and adults to

identify existing resources and opportunities within their communities. This project will involve youth as key stakeholders in the planning, collection, analysis, and dissemination of information. The outcomes of the youth mapping project will be shared at conferences and the ADHS HPHC Summit as well as on the ADHS website as a means of encouraging additional communities to adopt this model as a strategy for youth development and engagement.

Efforts towards establishing a statewide Adolescent Health Coalition will continue. BWCH continues to review existing state coalitions and will continue to have discussions with various partners to assess the readiness of stakeholder participation in a coalition and identify the potential goals and objectives of an Adolescent Health Coalition.

Adolescent Health - Annual Report

As a critical period of the life course framework, adolescent health is a major focus of the Bureau of Women's and Children's Health (BWCH) which administers several programs that touch the lives of youth. The programs and activities that were implemented during 2015 and 2016 focused on supporting local agencies who work with adolescents and providing professional development opportunities. A number of the professional development activities were planned and implemented with partners. These will be described in this section. Response to the professional development activities has been very positive, which demonstrates the interest and need for more training to enhance the skills and knowledge of those who work to improve the lives of youth. In addition, the State Adolescent Health Coordinator position resides within the BWCH. The Office Chief for Women's Health and the lead Teen Pregnancy Prevention Program Manager share this position.

Teen Pregnancy is described as a winnable battle in the department's strategic plan and Arizona, like other states across the nation, has seen steady decreases in the rates of teen births and pregnancies. Arizona's Teen Pregnancy Prevention (TPP) Program employs three strategic approaches: Abstinence Education, Abstinence Plus Education and Parent Education. The program focuses on improving the health and social well-being of youth through the reduction of teen pregnancies and sexually transmitted diseases, and the awareness of healthy relationships and life skills. The program provides youth with knowledge and skills that can be applied throughout their lives and parents with skills to be able to communicate with their youth effectively.

The program has received state lottery dollars since 2008 to provide abstinence and abstinence plus educational programs to youth, as well as parent education. Since 2010 as a result of the Affordable Care Act, ADHS has received Title V abstinence education dollars and abstinence plus education dollars under the Personal Responsibility Education Program (PREP). The TPP program issued a Request for Grant Applications for PREP funded contractors. A portion of the PREP funds were set aside for a separate grant solicitation for teen pregnancy prevention services to youth and parents residing on tribal land.

In 2016, the Teen Pregnancy Prevention Program funded 13 Arizona county health departments and three tribes (Tohono O'odham, White Mountain Apache, and Pascua Yaqui) through a contract with the Inter-Tribal Council of Arizona utilizing lottery revenue to provide abstinence plus programming to youth and parent/teen communication education to parents. The program also funded 7 community based organizations through the federal Personal Responsibility Education Program (PREP) dollars and an additional 3 organizations funded through lottery dollars to implement PREP programming. Many funded programs implemented a youth development/service learning focus and/or provided parent education related to talking with their teens about responsible sexual health and risk factors leading to teen pregnancy through the use of evidence-based/promising practices curricula. Contractors reached high risk youth by developing successful partnerships with schools, foster care group homes, and other community-based entities. Abstinence plus providers delivered services to a total of 7,741 youth and 91 parents in 2016.

Eight abstinence programs provided services with funding from Arizona lottery dollars with an additional 9 programs providing services through Title V Abstinence Education funding. Contractors focused on youth development/service learning and peer leadership as well as classroom instruction. Additionally, the federally funded programs also created youth advisory groups to assist with the development of successful programming. Contractors also provided parent/teen communication education to parents. A total of 20,425 youth and 886 parents received services in 2016.

According to analysis of the data collected from contractors, students and parents who received curriculum education in 2016; Ninety three percent of youth receiving abstinence education completed at least 75% of the sessions offered, 89% of youth who received abstinence plus education completed at least 75% of the curricula provided and 90% of parents that attended the parent education sessions completed at least 75% of the course. In addition, some of the highlights from the pre and posttests submitted to the program indicated that:

- Females were more likely to have positive results than males for both the 'Intent to Abstain' and 'Refusal and

Negotiation Skills' variables among both preteens and teens; More positive outcomes for 'Intent to Abstain' and 'Refusal & Negotiation' were demonstrated by those youth who had more positive views of abstinence;

- Peer influence had a stronger relationship with preteen outcomes than with teen outcomes, especially on intent to abstain;
- Preteens and Teens with higher scores on their views of healthy relationships also had better outcomes on Refusal and Negotiation Skills than on the Intent to Abstain outcomes;

Results indicate that all tested outcomes are positively affected by prior program attendance, with the largest impact on teenager Sexual Knowledge and Preteens were more likely than teens to intend to abstain and to report higher levels of refusal and negotiation skills.

The Lottery revenue is expected to continue and ADHS will continue to fund county health departments and tribal programs to provide abstinence plus education and fund community based organizations to provide abstinence education in their respective communities. The amount of Lottery revenue may decrease in light of legislative language that authorizes a relocation of those funds for other state programs. This change is being monitored. Federal dollars made available through health care reform will continue to support Title V Abstinence Education Program and Personal Responsibility Education Program (PREP) funded contractors.

The TPP program collaborates with the Department of Child Safety (DCS) as an active member of their Adolescent Health Task Force. In coordination with the TPP Program, a sexual health toolkit for parent/guardian/case manager and youth communication was developed in response to a need for accurate and consistent information on those topics that case managers and foster parents/caregivers would use when discussing various sexual health topics. The tool kit was designed and individual sheets for each topic in the toolkit were posted and made accessible online through the DCS Comprehensive Medical and Dental Program. The DCS also secured funds and will begin printing the toolkit.

The TPP program is an active member of the Maricopa County Adolescent Health Community Advisory Board (CAB). The CAB consists of representatives from various community organizations in the county who work together to identify adolescent health needs, resources and gaps and leverage resources to address gaps. TPP staffs worked with county staff to plan a county wide summit in October 2016 to bring adolescent service providers together to identify opportunities for meaningful partnerships and collaborations and provide professional development sessions including emotional intelligence, suicide and self-injury, advocating for LGBTQ youth and teen dating violence.

The TPP program offered professional development by hosting a two day Adolescent Heath Conference in July 2016 that included educational tracks for 250 teen pregnancy prevention providers, school staff, foster care case managers and home visitors. The program worked with a variety of partners to identify sites across the state to host 8 MCH Title V funded two-day trainings on Adolescent Brain Development, Trauma, Stress and Coping. Due to an overwhelming response to these trainings and long wait lists, an additional 9 trainings were added across the state. In total more than 1,000 people expressed interest in attending the trainings from a variety of organizations including schools, tribes, behavioral health, homeless youth service providers, community health centers, substance abuse coalitions, faith based and a range of community based organizations. The program provided 8 curricula trainings, both abstinence and abstinence plus curricula, to certify facilitators in the curricula they are delivering to youth so they understand how to deliver program models with fidelity, and how to have conversations with youth about sensitive subjects.

Progress achieved by the TPP program can be attributed to several factors, including the use of evidence based/evidence informed curricula by contractors. In addition, the TPP contractors have developed positive working relationships with owners and staff of foster care group homes and schools which has facilitated their ability to provide teen pregnancy prevention/youth development services on a regular basis to youth. In many cases these services are the only opportunity the youth have to learn about healthy relationships, goal setting and pregnancy

prevention.

Progress achieved by the TPP program can be attributed to several factors including the use of evidence based/evidence informed curricula by contractors. In addition, the TPP contractors have developed positive working relationships with owners and staff of foster care group homes and juvenile justice staff which has facilitated their ability to provide teen pregnancy prevention/youth development services on a regular basis to youth deemed as high risk. In many cases these services are the only opportunity the youth have to learn about healthy relationships, goal setting, and pregnancy prevention.

Arizona has been providing teen pregnancy prevention education services using lottery funds since 1997 for abstinence education with abstinence plus services added in 2008. As a result of this longevity, some long standing contractors have become of a part of the school's annual programming. It has also been helpful that the amount of lottery funding has remained fairly stable for the past several years.

Over the years, the TPP has revised program policy and procedures to incorporate new evidence based approaches into service delivery strategies. The TPP program has implemented a fidelity monitoring tool and data collection system to assess whether facilitators are complying with the curriculum developer's instructions and identify potential training/technical assistance needs. The fidelity monitoring process has led contractors to request more time from schools to ensure they have sufficient time to adhere to curricula requirements.

Staff turnover and limited parent participation in the parent/teen communication courses are constant challenges faced by TPP contractors at the local level. Once new staff is hired it can take a month or more to coordinate formal curriculum training. Research has underscored the importance of parents communicating their values/beliefs to their children and that having an open dialogue with teens is key to reducing teen pregnancies. Therefore, involvement of parents in the communication courses is an important strategy that, along with school and community based teen education services, has the potential to make an even greater impact on the decrease in teen pregnancy rates. Other challenges include difficulty gaining access to some rural schools or other schools whose administrators consider this topic too sensitive for their students.

Arizona's teen pregnancy rate continues to decline each year. Historically, the declines in teenage pregnancy have been steeper for younger than for older teenagers, but have more recently become more closely aligned. The rate for teenagers 15-17 years dropped steeply by 63.9 percent from 39.1 per 1,000 in 2005 to 14.1 in 2015. The rate for older teenagers (aged 18-19 years) fell by 43.6 percent from 103.6 per 1,000 in 2005 to 58.4 per 1,000 in 2015. It is anticipated that this decline will continue due to sustained teen pregnancy prevention services to youth and other external influences, i.e. access to reproductive health, support for delaying sexual activity, television shows that portray the day to day lives of teen parents and greater access to reliable information via the internet.

In response to challenges with outreach to new schools and districts, TPP Program Managers coordinated a workgroup of TPP contractors who met monthly to match national and state standards for sexual health with each of the curricula in use in Arizona. The ultimate goal is to have a tool contractors can use when they outreach to schools that demonstrates how the curricula can help the school meet the national and state standards. This process was beneficial to the contractors because they now have a more thorough knowledge of the mandates and standards schools must adhere to for providing sexual health education and how they link to the curricula offered. It has also prompted a few contractors to consider adding new curricula to the options they offer schools. One TPP contractor reports the tool was helpful in getting approval to pilot a curriculum in a charter school and following the pilot, the principal was them to return in the fall to offer the full 9 month course.

The Sexual Violence Prevention Education Services (SVPEP) and Sexual Assault Services Program (SASP) programs are described in greater detail in the Women/Maternal Health section. Some of the students reached by the college level prevention services supported by SVPEP funds and described above would also fall under the

scope of adolescent health since freshmen and sophomores are typically 18-20 years of age. The SVPEP program also supports a southern Arizona organization that provides case management and support services for people living with HIV/AIDS and their families. This contractor provides the Safe Dates curriculum to youth of color, Lesbian, Gay, Bisexual, Transgender and Queer/Questioning (LGBTQ) youth and straight allies. While they had some challenges gaining access to schools during the first year of their contract, they provide services in a youth center and charter school on a regular basis. This agency's staff has also conducted trainings to other SVPEP and SASP contractors related to providing culturally appropriate services to LGBTQ youth.

In addition, the SVEP funds a northern Arizona agency that coordinates the Positive Youth Connections (PYC), a youth-focused program that recruits youth to serve as peer educators. The PYC consists of a component for high schools and another for middle schools. This contractor provides in-class primary prevention education in the schools. The topics covered during the primary prevention education sessions range from active sexual consent and rape myths to bystander intervention strategies and the link between substance abuse and sexual violence. Students learn about healthy relationships and state legal definitions of sexual violence.

If any youth discloses they have been a victim of sexual violence while receiving prevention education services they are referred to an appropriate service provider in their community. In addition, the SASP contractors provide the following services to adolescents; counseling/support group, material assistance, and survivor advocacy. SASP agencies served 74 youth survivors ages 13-17 in 4 rural counties during 2016.

When domestic violence occurs, children, and adolescents are impacted either as an observer or a direct victim. These negative life experiences can impact an adolescent's long term physical and mental health unless they receive appropriate care and supportive services as soon as possible.

The Domestic Violence/Rural Safe Home Network contractors provide the following services to adolescents; immediate emergency shelter and related supportive services to adolescents including education and assistance in developing a safety plan, age appropriate individual and group counseling and peer support groups, assistance with enrolling in school and accessing medical and dental treatment. Contractors may also provide food, clothing, school supplies, and help with acquiring a GED. Some contractors also do community based education on healthy relationships, emotion regulation and domestic violence 101. During 2016, the program served 75 adolescents who self- identified as victims of intimate partner violence and were provided supportive services.

Title V funds support reproductive health services primarily in rural communities where there are limited clinics that provide adolescent friendly services. The Reproductive Health program offers age appropriate information and services to adolescents. The services provided include a complete medical and health history, counseling and education, information regarding the various methods of contraception and assessment of their understanding regarding the contraceptive method selected. Providers also offer education about the symptoms of STIs as well as testing and treatment for STIs for those at risk. Abstinence is discussed as a valid and viable option. Adolescents are encouraged to discuss their reproductive health/family planning decisions with a parent or guardian. These services will continue to be offered in 2018. In 2016 the program reported approximately 1,225 unduplicated adolescents ages 19 and under receiving services.

The services provided by both Health Start (HS) and Maternal and Infant Early Childhood Home Visitation (MIECHV) are described in the Women/Maternal Health section although they are also provided to pregnant and parenting adolescents and their families. Home visitation services for this population are extremely important as it sets the foundation for effective parenting with the first baby and any future children. The programs also work to address the social determinants of heath that are typically associated with the long term negative outcomes of adolescent births, education, poverty etc., by supporting the teen to complete their education and obtain safe housing. The programs also provide information on a number of maternal and infant/child health topics so that adolescents can be informed and nurturing parents. Health Start provided services to 335 adolescents (13.28% of the total clients served in the

program) during calendar year 2016. These services will continue to be offered to pregnant and parenting adolescents.

BWCH allocated funds to the department's Healthy People, Healthy Community Integrated Intergovernmental Service Agreement HPHC IGA. These IGAs are in place with Arizona's 14 county health departments to assist with implementing evidence based/informed strategies to address shared public health issues. The health departments selected the Priority Areas and strategies they wanted to work on. Each of the 14 health departments selected MCH as a Priority Area. When they select MCH as an option, they then identify the MCH National Performance Measures they will be working on by implementing evidence based/informed strategies. The three MCH NPMs related to adolescent health are: NPM7: Rate of injury related hospital admissions per population ages 0-19 and, NPM 9: percent of adolescents, aged 21-17, who are bullied or who bully others and 10: the percent of adolescents, ages 12-17, with a preventive medical visit in the past year. Four county health departments recruited a total of 9 high schools to participate in the Battle of Belt. 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 4 seat belt checks per year. There is a one person in each school that serves as the main contact for correspondence and information and each schools determines the number of students and teachers necessary of this programs. The education messaging is the responsibility of the students and the adult staff this ensures buy in from the students. Navajo County recruited the 5 high schools; the largest count of high schools across participating counties. Of the 5 schools, 2 increased seat belt usage, two schools saw their seatbelt use decline and the level of seat belt use in one school remained the same. The BWCH Office of Injury Prevention has recommended that the county health departments begin working on getting the infrastructure in place for Battle of the Belt prior to the beginning of the school year.

Three county health departments are addressing NPM 9 by providing bullying prevention education in elementary and middle schools and distributing anti-bullying activity books and other educational materials at community events.

The bureau's bullying prevention initiative was launched in 2016. An environmental survey was created and distributed to various contacts across the state of Arizona in October 2016 to determine which bullying prevention resources and services currently exist. There were 216 respondents and their responses were summarized in an infographic, showing different bullying prevention efforts being made and curricula being used. Seventy percent of respondents also indicated that they would be interested in participating in a workgroup for bullying prevention. The responses were then highlighted on a map of Arizona by using a geographic information system (GIS) to visualize the results of the survey. This information assisted with identifying potential areas in the state where there could be gaps in service areas.

BWCH hosted a bullying prevention workgroup on December 19th, 2016. All potential stakeholders as well as all respondents of the survey were invited to attend and participate in a discussion on the bullying prevention initiative. ADHS partnered with Bradley Snyder from The Dion Initiative to present data on the current state of bullying in Arizona. Participants at the meeting were encouraged to share their experiences and provided ample feedback on what has been working, what they would like to see changed, and how ADHS can help with their work in bullying prevention. They also provided suggestions regarding a future bullying prevention campaign.

Utilizing those suggestions, ADHS began research on existing local, regional, and national bullying prevention campaigns and compiled a list of all available resources. These resources were then used to shape plans and creative ideas for a formal, state-wide social media campaign on bullying prevention.

During 2016, the BWCH initiated efforts to increase wellness visits among adolescents. In recognition of the need for additional human resources to assume the lead for the adolescent health efforts, staff applied for a CDC Public Health Associate and the associate joined the Bureau in October 2016. In the meantime staff researched efforts already in place and met with staff at the Arizona Alliance of Community Health Centers and the state immunization

coalition to assess their potential role in this project. Stakeholder meetings took place on June 2nd and September 9th, 2016 to solicit potential strategies for increasing wellness visits. During the June meeting the group's recommendations fell into 7 focus areas:

1. Quality Improvement projects to strengthen adolescent-focused care policies and practices.
2. 2. Train health care providers.
3. 3. Promote the well visit to parents/caregivers, and adolescents.
4. 4. Improve health care literacy of adolescents and parents/caregivers.
5. 5. Transform sports physical policies to require/encourage well visits in place of limited sports physical.
6. 6) Address confidentiality
7. Create and manage an Adolescent Health Care Partnership to guide and align health care improvement efforts. The intent of the September meeting was to ask stakeholders to prioritize the focus areas and identify which focus area(s) and strategies some of our stakeholders would be willing to work on. The meetings was partially successful in terms of prioritizing focus areas however, stakeholders did not commit to adopting any of the strategies.

Based on research and input obtained during the stakeholder meetings, BWCH decided to proceed with adopting the University of Michigan Adolescent Champion Model (ACM). The ACM is an 18 month program that works with health care clinics to transform them into more adolescent friendly sites. In an effort to support sustainability of the project, BWCH decided to fund a "replication partner" who would contract with the University of Michigan, receive all of their trainings and provide trainings to the clinics recruited for the ACM. The scope of work for a solicitation to contract with a replication partner was initiated in 2016 and a contract will be in place in 2017. BWCH is also working with the University of Michigan to incorporate training to ACM staff on providing care to adolescents with special health care needs.

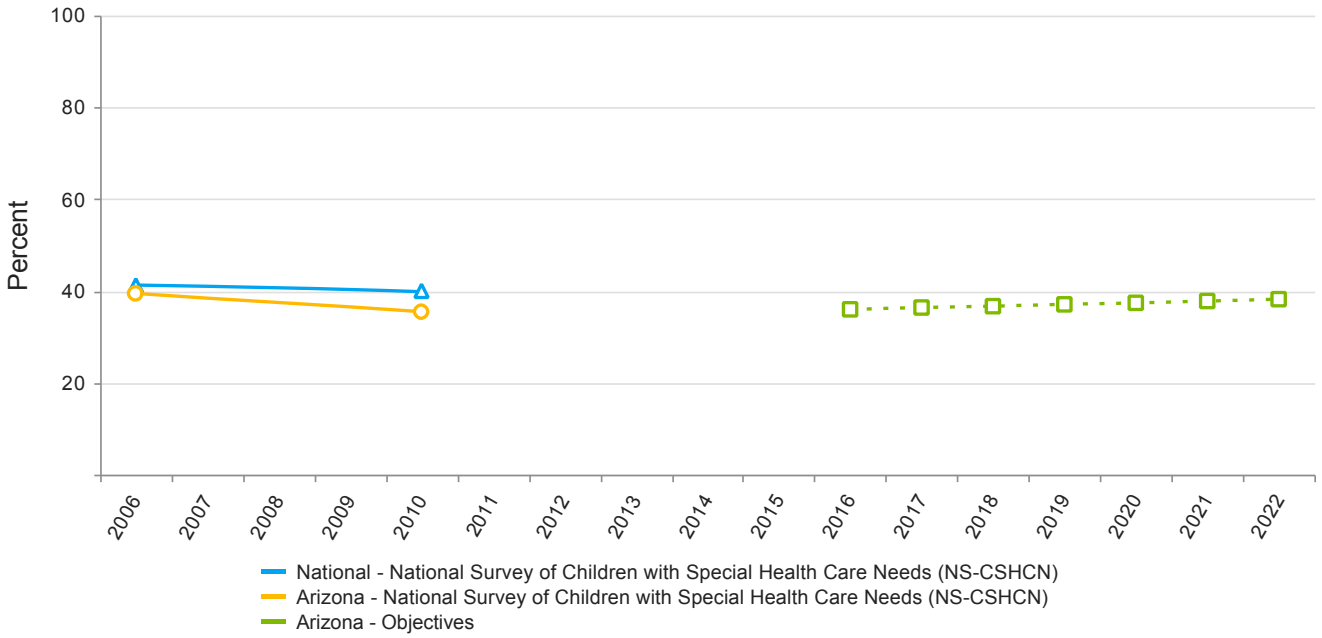
Children with Special Health Care Needs

Linked National Outcome Measures

National Outcome Measures	Data Source	Indicator	Linked NPM
NOM 17.2 - Percent of children with special health care needs (CSHCN) receiving care in a well-functioning system	NS-CSHCN-2009_2010	12.4 %	NPM 12
NOM 19 - Percent of children in excellent or very good health	NSCH-2011_2012	80.1 %	NPM 12

National Performance Measures

NPM 12 - Percent of adolescents with and without special health care needs who received services necessary to make transitions to adult health care
Baseline Indicators and Annual Objectives



Federally Available Data	
Data Source: National Survey of Children with Special Health Care Needs (NS-CSHCN)	
	2016
Annual Objective	36
Annual Indicator	35.6
Numerator	30,347
Denominator	85,151
Data Source	NS-CSHCN
Data Source Year	2009_2010

Annual Objectives						
	2017	**2018**	**2019**	**2020**	**2021**	**2022**
Annual Objective	36.4	36.7	37.1	37.4	37.8	38.2

Evidence-Based or –Informed Strategy Measures

ESM 12.1 - Development of baseline survey of pediatricians and other providers concerning transition practices

Measure Status:	Inactive - Replaced

State Provided Data	
	2016
Annual Objective	
Annual Indicator	No
Numerator	
Denominator	
Data Source	In house data from OCSHCN
Data Source Year	2016
Provisional or Final ?	Final

Annual Objectives						
	2017	2018	2019	2020	2021	2022
Annual Objective	Yes	Yes	Yes	Yes	Yes	Yes

ESM 12.2 - Number of professional organizations that facilitate the dissemination of evidence-informed transition resources to families with children with special healthcare needs and healthcare providers.

Measure Status:	Active

Annual Objectives						
	2017	2018	2019	2020	2021	2022
Annual Objective	2.0	3.0	4.0	5.0	6.0	7.0

State Action Plan Table

State Action Plan Table (Arizona) - Children with Special Health Care Needs - Entry 1

Priority Need

Promote smooth transition through the life course for CYSHCN.

NPM

Percent of adolescents with and without special health care needs who received services necessary to make transitions to adult health care

Objectives

Increase the percentage of pediatric primary and specialty care practices who report that they have a written health care transition policy.

Strategies

Design and conduct a baseline survey of pediatric providers concerning transition practices

Repeat survey semiannually.

ESMs	Status
ESM 12.1 - Development of baseline survey of pediatricians and other providers concerning transition practices	Inactive
ESM 12.2 - Number of professional organizations that facilitate the dissemination of evidence-informed transition resources to families with children with special healthcare needs and healthcare providers.	Active

NOMs

NOM 17.2 - Percent of children with special health care needs (CSHCN) receiving care in a well-functioning system

NOM 19 - Percent of children in excellent or very good health

Children with Special Health Care Needs - Plan for the Application Year

Transitioning from pediatric to adult healthcare especially for Children with Special Health Care Needs (CSHCN), has received increasing attention in the last decade despite it being an important metric for the US health system for many years. The Bureau of Women's and Children's Health (BWCH) has included transition for youth with special health care needs as a core outcome for primary care beginning with Healthy People 2000 and reiterated in the 2010 and 2020 releases. A review of the 2009-2010 National Survey of Children with Special Health Care Needs revealed only 40% of CSHCN meet the transition requirement. Concerted efforts by several associations were made in 2011 to increase national efforts to transition these youth into adulthood including the American Academy of Pediatrics, the American Academy of Family Physicians, the American College of Physicians, the Committee on Quality Assurance as well as all federal agencies through the Affordable Care Act.

The 2015 Needs Assessment process made it clear that families were concerned about the transition of Children and Youth with Special Health Care Needs (CYSHCN) across the life span, not solely the transition to adulthood. Families voiced concern and this is supported in the data, that children and youth are often seen as their 'condition' or 'disability' and are not supported in daily wellness activities and programs. To that end, OCSHCN has been working to improve the overall health and access to appropriate care of CYSHCN

In Year 1 of the needs assessment, states were tasked with identifying and reporting local sources of data as well as relying on the 2009-2010 National Survey of CSHCN (NS-CSHCN). The findings indicated that over 750 of the total 40,000 responses were from Arizona families; and using 2015 population estimates, the NS-CSHCN reported that nearly 20 percent of children nationwide are estimated to have special health care needs. At the same time, community partners working with OCSHCN were reporting concerns that national level data, regarding this population, may not be reflective of local communities, particularly in rural and remote areas.

In 2016, working with 11 of the 15 county public health departments that participate in the ADHS Inter- Governmental Agreement Health in Arizona Policy Initiative (HAPI), OCSHCN developed and implemented the Arizona Children's Health Survey (ACHS) to obtain a baseline understanding of families' experiences in meeting their children's health care needs in their communities.

The Survey asked questions to help indicate whether or not basic transition services were received. Three questions were used in the ACHS to describe transition services. The questions were related to maintaining insurance coverage, increasing responsibility for self-care, and discussing moving to an adult health care provider.

We can see that among those responding to the ACHS, 93.7% indicated that they had not received transition services; this is much higher than the 64.4% reported for Arizona in the 2009-10 NS-CSHCN. This may result in YSHCN entering adulthood poorly prepared to manage their health care needs.

OCSHCN has embraced the "National Consensus Standards for Systems of Care for Children and Youth with Special Health Care Needs" model developed by AMCHP and the Lucile Packard Foundation; and has moved forward with its objectives and strategies to increase CSHCN services necessary to make transitions to all aspects of adult life, including adult health care, work, and independence beginning with the collaboration and partnership with the AZ LEND Program to develop a project work plan.

A project work plan has been developed in conjunction with the AZ LEND Program and will begin in August 2017. 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 polices; and 3) to develop and pilot a transition implementation program to assist practitioners without policies to incorporate transition into regular practice. The work plan includes preparation of an evaluation plan, data collection instruments, stakeholder involvement and a pilot training program. The ultimate objective will be to develop a plan for developing

understanding, emphasizing importance and implementing policy with sustained practice for transitioning YSHCN into adulthood across the state. The plan involves the following objectives:

OCSHCN will continue to support the Social Security Administration's ASPIRE (Achieving Success by Promoting Readiness for Education and Employment) initiative to assist transition age youth, who receive Supplemental Security Income, and their families to move toward employment by providing training for case managers on best practice for CYSHCN, and providing Health Care Organizer training.

OCSHCN will continue to increase the current number of scholarships for youth and family members/caregivers to attend the annual Arizona Department of Education Transition Conference. Arizona's Annual Transition Conference 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. This annual conference provides a dynamic array of national speakers and state-level experts and also includes participation of youth, young adults, and family members.

OCSHCN continues to participate in the Arizona Community of Practice on Transition (AZCoPT), a partnership among the Arizona Department of Education, Rehabilitation Services Administration, Division of Developmental Disabilities, AHCCCS, Raising Special Kids, and Tribal Vocation Rehabilitation Services including two Young Adult Advisors, to promote collaboration among agencies, nonprofits and other stakeholders to assist youth in transitioning to adulthood.

OCSHCN through its collaboration with counties participating in the Integrated IGA -Healthy Arizona Policy Initiative (HAPI) grant will continue to work with counties who participated in the ACHS to: 1) develop strategies that promote inclusion of CYSHCN in policy decisions affecting them and their families in their local communities, and 2) to develop strategies for helping youth to transition to adulthood.

OCSHCN will maintain its critical Title V role in key areas: Information and Referral, Education and Advocacy, and Systems of Care for CYSHCN. OCSHCN will continue to assist families in accessing appropriate care and services by providing information and referral services to health care, insurance, and community resources for children, to best meet the needs of the child. OCSHCN will continue to educate families, stakeholders and community partners regarding CYSHCN.

OCSHCN will support the Office of Birth Defects Registry (OBDR) and the Office of Infectious Disease in preparing for possible cases of Zika virus in pregnant women by providing training to staff and Epidemiologists in local health departments interviewing women who were exposed to Zika during pregnancy, ensuring that interactions and care are family-centered and culturally competent. OCSHCN will continue provide appropriate information, resources and service linkages to families of children affected by Zika, referred by OBDR, and are exploring opportunities to be linked to families through the Zika registry.

In an effort to increase access to quality care for CSHCN, OCHSCN will continue to work with Northern Arizona University (NAU) to pilot The Pyramid Model a Positive Behavior Intervention Support (PBIS) model for childcare professionals in managing difficult behavior and promoting social emotional well-being and prevent challenging behaviors among young children.

OCSHCN will continue to 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; such as Phoenix Children's Hospital for metabolic formulas and Cystic Fibrosis services, respite and palliative care through Ryan House, and Ronald McDonald's Houses offering housing for families accessing care outside of their community, Medical Services Project, and nutrition education and physical activity opportunities through health advocacy contracts.

To continue increasing the proportion of families of CYSHCN who partner in decision making, OCSHCN will continue its contract with Raising Special Kids to facilitate identification, recruitment, training and reimbursement for Family and Young Adult Advisors, to participate in ADHS and BWCH projects, committees, workgroups, resource development, policy and program development implementation through presentations to help improve best practices related to our systems of care, and evaluation at national, state and community levels.

There will be an emphasis on working to increase our Young Adult Advisors to help focus on our Transition NPM as well as increasing both Young Adult and Family Advisors from our more rural areas, including bilingual and tribal.

OCSHCN continues to provide education and training to families and professionals on best practices focused on family–centered care; cultural competence; medical home; pediatric to adult transition, and technical assistance in the development of best practices for CYSHCN.

OCSHCN will continue its efforts to increase the percentage of CYSHCN who receive care within a Medical Home. Leveraging the work OCSHCN is doing on the CDC 1305 Public Health in Action grant we are increasing the capacity of school nurses to refer CYSHCN to federally qualified health centers (FQHC) to establish a Medical Home.

Revisions to the Care Coordination Manual are ongoing and available to families and providers in various formats (CD, flash drive, website) providing resources including an overview of systems of care with eligibility requirements, resources for families, transition to adulthood help, as well as examples of letters of medical necessity.

OCSHCN will continue to support the BWCH Children's Health Information and referral services Help Line by responding to inquiries, related referrals, insurance options, systems of care, appeals processes, and educational supports for families and professionals via telephone, email and in-person.

SSI letters will continue to be sent to families of child applicants, more accurately targeting referrals to Medicaid and other services dependent on the applicant's conditions or needs for services.

OCSHCN in collaboration with Family Advisors and the Newborn Screening Program will begin to send resource information to and follow-up with families of newborns with the Sickle Cell Disease and/or Trait.

To support families who report community based systems are not easily navigated, OCSHCN will continue to support families and youth to be at the table when decisions are being made about systems of care for CYSHCN. OCSHCN will support providers through training for health plans, school nurses, educators, foster parents, and other child-serving agencies on strategies to support CYSHCN.

OCSHCN will continue to participate in the Governor's Interagency Coordinating Council (ICC) on Infants and Toddlers, a federally mandated advisory council for the Arizona Early Intervention Program (AzEIP). OCSHCN will continue to assist AzEIP in developing family friendly resources and updating forms related to insurance and funding for AzEIP services.

In partnering with other councils and agencies, OCSHCN is involved in policy development regarding inclusion of children and youth with special health care needs and their families. One of the roles OCSHCN fills is being responsible for the analysis and reporting of data, development of management reports, statistical analysis, study design and interpretation, performance measure and survey development, and the development of the Title V Needs Assessment.

In addition to the work OCSHCN continues to do, there are plans to hold several conferences/education and training sessions in conjunction with the Arizona Academy of Pediatrics: 1) a Parent to Parent conference with the aim to

increase parents capacity in dealing with the unique issues and challenges they face on a daily basis in caring for their children; and 2) an education sessions to educate and support pediatric primary and specialty care clinicians on the first element of the Six Core Elements of Health Care Transition.

OCSHCN will continue to work with the Arizona Birth Defects Monitoring Program (ABDMP) to ensure Arizona children with birth defects are aware of and have access to appropriate services. OCSHCN and ABDMP will work together to share data to determine if families are receiving services, and OCSHCN will use data from the Birth Defects Registry (BDR) to reach out to families with specific birth defects.

OCSHCN will support the ABDMP and the Office of Infectious Disease in preparing for possible cases of Zika virus in pregnant women. OCSHCN will provide training to Epidemiologists in local health departments interviewing women who were exposed to Zika during pregnancy, ensuring that interactions and care are family-centered and culturally competent. OCSHCN will provide appropriate information, resources and service linkages to families of children affected by Zika, referred by OBDR, and are exploring opportunities to be linked to families through the Zika registry.

During the 2014-15 school year, the ADHS Office of Oral Health conducted the state's second Healthy Smiles Healthy Bodies survey. The survey collected heights and weights on kindergarten and third grade children in public elementary schools across Arizona. Key findings were: 1 out of 7 children are obese; 30% of them meet the criteria for overweight or obese; 18% of children attending high income schools are overweight or obese compared to 33% of children attending low income schools; and higher prevalence of overweight or obesity in children in minority populations. Childhood obesity is a significant public health problem for Arizona's kindergarten and third grade children. The study of obesity in CSHCN by Minihan, Fitch and Must, 2007 Spring, estimated that children with functional limitations were twice as likely to be overweight and girls with learning disabilities were 2 times likely to be overweight. OCSHCN will be working with the Office of Oral Health to incorporate a subset of questions from the 2009-10 NS-CSHCN into the third Healthy Smiles Healthy Bodies survey scheduled to be implemented in 2019-2020, to ascertain the number of children surveyed are children with special health care needs.

The Office for Children with Special Health Care Needs (OCSHCN) maintained its critical Title V role in key areas: Information and Referral, Education and Advocacy, and Systems of Care for children and youth with special health care needs (CYSHCN). OCSHCN assisted families in accessing appropriate care and services by providing information and referral services to health care, insurance, and community resources for CYSHCN, to best meet the needs of the child.

OCSHCN educated families, stakeholders and community partners regarding CYSHCN. The Office was responsible for short and long range planning activities for telehealth, e- learning, education and advocacy, training, family and youth leadership, web page, cultural competence, medical home, care coordination, and transition to adulthood. Additionally, the Office was responsible to assess and implement education for staff, providers, families, and family/youth advisors (leaders); and activities that promoted improvement of quality of life.

OCSHCN advocated 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. These partnerships were coordinated to develop and implement innovative models of community based care and resources for CSHCN, to meet the complex needs of our families with children with special needs. Partnerships were built and enhanced through multiple formal and informal methods. The steps that Arizona's CSHCN program has taken to ensure key collaborations to assist in statewide delivery system of services, which reflect the principles of comprehensive, community-based, coordinated, family-centered care, are highlighted. This summary is not intended to cover the full spectrum of partnerships.

The Title V National Performance Measures related to CYSHCN involves all of the components of youth transitioning from pediatric to adult healthcare by: increasing a families' ability to partner in decision making, increasing the percentage of CSHCN who receive care within a Medical Home, have adequate insurance, families reporting they could easily navigate community systems of care and who received the services necessary for a successful transition to adulthood, including adult health care, work and independence. This discussion will focus on the programmatic activities related to this performance measure and other activities of the program. It is important to keep in mind that often OCSHCN's program activities addressed more than one National Performance Measure.

In 2016, OCSHCN worked on increasing the percentage of families of CYSHCN who partner in decision making by continuing to contract with Raising Special Kids, the Arizona Family-to-Family Health Information Center, Family Voices representative, and Arizona Parent Training and Information Center to identify, recruit, train and reimburse individuals. Through this contract a Registry of Family and Young Adult Advisors was utilized to facilitate the ease of use by agencies, local communities, private projects, committees, workgroups, and other decision making bodies, to involve family members and young adults of CYSHCN as paid consultants in decision making regarding policies and practices surrounding families and their children with special health care needs.

Throughout the year, 41 Family and Young Adult Advisors worked on 25 different activities totaling 1509.75 hours. Some Family and Young Adult Advisors were utilized in more than one project throughout the year based on experience and interest. Table 5 highlights the various activities our Family and Young Adults participated in for 2016.

Table 5. 2016 Activities Conducted by the Family and Young Adult Advisors

# of Family/YA Advisors	Total Hours	Activity/Role

8	111.00	**Resident Training Program** – Families are matched with Medical Residents to share their perspective and "day in the life" of caring for a CSHCN.
2	14.50	**MIECHV** - Family Advisors participating Strong Families Alliance which is a collaboration of 62 agencies with 93 participants. Attend meetings to share home visiting experience, review documents, input on grant.
1	5.00	**AzCOPT** – Young Adult Advisor participated in the Arizona Community of Practice on Transition (AzCOPT), and the Employment and Disability Partnership, and the Health In Arizona Policy Initiative.
1	55.25	**COIIN/Safe Sleep** - Family Advisor provided essential input on the ADHS' website, as part of her participation in the COIIN Safe Sleep workgroup.
1	1.5	**Zero to Five Taskforce** - Family Advisor was asked to join this taskforce who had a child zero to five who has utilized the systems of services.
2	25.25	**Healthcare Organizer Training** - A new initiative prepared Family Advisors deliver Health Care Organizer Training for families.
1	11.50	**Emergency Preparedness Statewide Taskforce** – AMCHP Family Advisor serves on this taskforce to provide input on challenges/solutions for families with CYSHCN in preparing and navigating during disaster/emergencies
6	111.25	**Maricopa County CYSHCN Coalition Steering Committee** - The Maricopa County CYSHCN Coalition, part of the ADHS Health in Arizona Policy Initiative (HAPI), had 6 Family Advisors participating on the Maricopa County CSHCN leadership team, along with 5 representatives of agencies and organizations serving CYSHCN.
9	62.00	**Take Action for AZ's Children Stakeholder** – Family Advisors were invited to offer input in solution ideas for improving Care Coordination for AZ's more medically complex children, to help integrate services across medical, systems, and education.
2	3.50	**Certified Spanish Translator** – Family Advisors who were training and utilized as translators for activities
1	89.25	**F2F HIC Conference** – Arizona's AMCHP Family Advisor was able to attend the F2F HIC conference in Washington D.C. This provided the opportunity to meet other FA from other States and share experiences/best practices.
		ADDPC Partners for Progress Forum – A Family Advisor

1	2.00	was asked to help identify obstacles and possible solutions for people with disabilities related to employment, health and social connection.
3	18.00	**Oral Health Round Tables** - Family Advisors were asked to participate in Oral Health Roundtables in Northern Arizona
3	10.00	**DDD Acute & Behavioral Health** – Family Advisors were asked to participate in Community Outreach sessions related to the integration of DDD Acute care and Behavioral Health Services for DDD Eligible individuals.
2	9.75	**Transition Institute Young Adult Advisor Perspective** – Young Adult Advisors were able to attend an all-day conference on transition plans and ideas.
3	32.00	**NICHQ** – Family Advisors were assigned to help on this project to increase the detection and diagnosis of children with vision impairments 0-5 years old.
1	10.50	**Home and Community Based Settings** (HCBS) Rules **Onsite Assessment** - - Heightened Scrutiny project. Family and Young Adult Advisors were asked by AHCCCS (Arizona's Medicaid agency) to participate in the workgroup to establish the requirements for both residential and non-residential settings. The purpose of the rule is to ensure that individuals receiving HCBS are integrated into their communities and have full access to the benefits of community living.
6	39.50	**AHCCCS/DDD Person Centered Planning Focus Group** – Family and Young Adult Advisors were asked to participate in ALTCS Community forums and Advisory Council, Person Centered Planning in an effort to improve the planning process and supports for ALTCS members.
8	58.25	**Maricopa County ACYUC Strategic Planning** – Family Advisors were invited to give input into goals and strategic planning for this coalition.
3	98.00	**ADE Supporting the Young Child Conference** – Supported Family Advisors to attend a 2 day conference on Special Education for young children
7	204.00	**Various Conference Participations**
4	65.00	**DCNLCYLW** – To support Young Adults to participate in a webinar designed to develop professional skills and connect to other peers who used their lived experiences for systems change
1	30.00	**SARRC Curriculum Review** – Family Advisors were asked to give input on curriculum to help young adults with Autism build their own capacity for medical and wellness.
18	19.00	**DDD App Survey** – Family Advisors were asked to complete a survey on what they would like to see if DDD had a mobile app available to families

1	431.50	**AMCHP Family Advisor for ADHS/OCSHCN** – A Family Advisor works directly with the ADHS/OCSHCN office providing input on including CYSCHN across programs within BWCH as well as serving as stakeholder on various statewide projects on behalf of ADHS/OCSHCN
# of Family/ YA Advisors Utilized in 2016	**Total # of hours**	**Total # of Activities**
41	**1509.75**	**25**

Dawn Bailey, OCSHCN Family Advisor continued to work part time in the office to offer input on SSI Letters, Vision Screening recommendations, Emergency Guidelines for School Nurses to include CYSHCN, updating data and resources for AZ Sickle Cell project and working with other programs within MCH to incorporate CYSHCN and their families. In addition, Dawn is an active participant in the following activities:

- Take ACTion for AZ Children's Coalition to address gaps in Care Coordination for Arizona's most medically complex children. This group is working on holding a statewide conferences to identify specific needs among urban, rural and tribal communities. The group is exploring ways to work with Arizona's Medicaid payers to address payment models, while using data collected from other State's current projects and the National Center for Care Coordination Technical Assistance

- Stakeholder for Arizona's AFN Taskforce for Emergency Planning in partnership with ADHS, ADEMA, County DEMA and other Disability Advocacy Groups to ensure individuals with AFN are included in the State's Emergency Preparedness Plan

- New member of an Advisory Council for Arizona's Pediatric Disaster Coalition to continue efforts to address the unique needs of families with CYSCHCN in planning and sustaining during a disaster/emergency. This council includes Hospitals, AZ Dept of Education, ADHS, County DEMA, etc.

- Ambulatory Family Advisory Council at Phoenix Children's Hospital.

- Involved in Arizona's Block Grant 2018 review this year to offer input and will attend our Federal review in August.

- Attended the 2017 AMCHP Conference and will continue to work as Arizona's AMCHP Family Delegate to enhance the Family Advisor capacity for BWCH/OCSHCN to include enhanced training on MCH/Title V, and ensure Family Advisors are being utilized and valued in their respective projects.

OCSHCN continued to provide translation and interpreting services for materials and resources, training, forums, workgroups, and meetings to which families are invited as well as translate information and resources for community partners such as Empower, Newborn Screening, Raising Special Kids, Ryan House and others to ensure equal access to information by all families.

OCSHCN used Title V funds to support the BWCH Children's Help Line, which served as a referral system as well as directly assisting families in navigating the systems of care, helping them to understand eligibility requirements for different programs, application processes, and rights. OCSHCN responded directly to inquiries from families and professionals via telephone, email and in-person. Inquiries were related to insurance, care and services for children with special health care needs, providing referrals, insurance options, program eligibility information, grievance and appeals processes, and educational supports information. The BWCH Help Line also received calls for the sensory program. This included reserving hearing equipment, requesting certification forms, and coordinating for sensory trainings. There was a total of 280 sensory calls that were managed for the 2016 calendar year.

OCSHCN provided information on all insurance options in response to professional and family inquiries. Insurance options and effective use of insurance were covered and resources provided in family and professional trainings and presentations.

In Arizona, all SSI recipients are eligible for comprehensive services under Medicaid. Consequently, OCSHCN worked to ensure individuals and families were aware of their eligibility for Medicaid. SSI letters will continue to be sent to families of child applicants, more accurately targeting referrals to Medicaid and other services dependent on the applicant's conditions or needs for services. A more family friendly postcard was created to streamline referral information.

OCSHCN staff participated in the Cover Arizona Coalition (the place to go in Arizona for health enrollment assistance), provided newsletter articles for Native Health (an e-newsletter that reaches urban tribal members), Ryan House and RSK related to Marketplace open enrollment. The OCSHCN listserv was used to reach 468 stakeholders with information about open enrollment, updates, and the income tax special enrollment period, contact information to make appointments with Navigators in the local area and Navigators with specific knowledge around CSHCN.

The Care Coordination Manual (CCM) provided families and providers with resources including an overview of systems of care with eligibility requirements, resources for families, transition to adulthood, as well as examples of letters of medical necessity for use in appeals processes. A Family Advisor is leading the review of the Care Coordination Manual. Efforts to have the manual vetted by a panel of Family and Young Adult Advisors, and translated into Spanish, continue. It is currently available on the OCSHCN website as well as via CD or thumb drive and is provided at all outreach, conferences and trainings. In 2016, 2,814 CCMs were distributed.

To support families who reported that community based systems are not easily navigated, OCSHCN sought to empower families and youth to be at the table when decisions were being made about systems for CYSHCN. OCSHCN offered training to health plans, school nurses, educators, foster parents, and other child-serving agencies on strategies to support CYSHCN in participating in school, recreational, and child care settings in the least restrictive and most inclusive environment. In addition, OCSHCN worked with Raising Special Kids to increase the number of families compensated to participate in policy development and systems change. The work of enhanced curriculum can help ensure family and young adult advisors are more effective when participating in these forums, with the benefit of improved outcomes.

OCSHCN staff participated in the Governor's Interagency Coordinating Council (ICC) on infants and toddlers, a federally mandated advisory council for the Arizona Early Intervention Program (AzEIP). OCSHCN staff participated in the ICC to identify and implement more effective processes and agreements to facilitate appropriate reimbursement of early intervention providers through Arizona's Medicaid system.

OCSHCN assisted the Arizona Early Intervention Program (AzEIP) in developing family friendly resources, updating forms related to insurance and funding for AzEIP services, and provided Spanish translation of documents for

parents and families. AZEIP served a total of 10,505 CSHCNs across 22 Arizona regions in 2016. Auditory impairment, chromosomal abnormality, Disorders secondary to exposure of toxic substances, significant developmental delay, and prematurity were the top five conditions referred for early intervention services in 2016.

In partnering with other councils and agencies, OCSHCN was involved in policy development regarding inclusion of CYSHCN and their families through Healthy Arizona Policy Initiatives (HAPI) contracts with county public health departments.

Trainings included: Transition, Healthcare Transition, Navigating the Systems, Effective Referrals Supporting Families and Children with SHCN, Cultural Competency, Family-Centered Care, Medical Home, and Health Care Organizer. Trainings were provided through conferences, summits, workshops, professional development, staff meetings, lunch and learn, and family support organization meetings. Some of the events where training was provided include Arizona Department of Education Transition Conference, Strong Families Home Visiting Conference, High Risk Perinatal Program/Newborn Intensive Care Program Conference, , faith based organizations, and family support organizations.

In 2016, transitioning to the adult health care system was brought to the forefront. Discussion on assessing transition policies for both pediatric and adult medical providers began. Training on the Health Care Organizer increased, allowing the delivery of HCO's to 447 young adults and families with CSHCN. Nine additional Train the Trainer trainings were completed, which allowed for further dissemination of this most valuable resource.

OCSHCN supported the Social Security Administration's ASPIRE initiative to assist transition age youth, who receive SSI, and their families to move toward employment, if possible. OCSHCN provided healthcare transition and Health Care Organizer training to staff working with youth so they in turn could teach the youth to manage their healthcare by using the Health Care Organizers.

OCSHCN supported youth and family members/caregivers to attend the annual Arizona Department of Education Transition Conference by providing scholarships for 60 youth and family members/caregivers to attend the annual Arizona Department of Education Transition Conference. Families reported that the conference provided useful information and many expressed a desire to participate again. For 2016 OCSHCN doubled the number of scholarships offered to attendees. OCSHCN will continue to support the current number of scholarships for youth and family members/caregivers to attend the annual Arizona Department of Education Transition Conference. We will use the results of our updated survey to offer ideas to improve the conference content for our families and young adults.

The advances in health care quality and access, and the broadening of opportunities for persons with special needs in society, have resulted in a marked increase in the number of children with SHCN who live close to normal life spans, and who are in relatively "good health," despite having an on-going medical condition. This achievement has also made the CSHCN population susceptible to secondary conditions associated both with adulthood and with their primary conditions as they grow older. OCSHCN continues to contract with Special Olympics of Arizona, which promoted overall health for CYSHCN through the Healthy LEAP Program. Healthy LEAP incorporates healthy lifestyle, injury prevention, hygiene, obesity prevention, nutrition, sports injury prevention, sun safety, alcohol, and tobacco prevention education into physical activity for CYSCHN within integrated Unified Sports programs statewide. To date, 9,969 children and youth have participated in at least one season of sport, which may include track and field, golf, basketball, football, soccer or weight training. In the year 2016; 2,313 were newly enrolled participants and 624 were returning participants. Of those participating, 40% were Hispanic children and youth. Additional sports were considered and added whenever possible, including cross-country skiing in Northern Arizona and golf in Phoenix.

In a small rural community in northern Arizona, a coach reported that several of the students had lost weight and chose to drink more water instead of soda. In the western part of the state, a coach in Yuma reported being able to see results with students and their parents/family members. Participants shared their knowledge with siblings and other family members. The well-being and character of the students changed; their overall habits, personal health, and self-esteem rose. In addition, coaches in Yuma reported that Kindergarten students are now choosing fruits and vegetables over sweets at snack time. In Southern AZ, a coach in Tucson reported that this program helped a parent with a diabetic condition become more interested in changing and practicing healthier eating. This parent was also motivated to start walking with her daughter on a daily basis. Another school, in the Eastern part of the state, reported that several of the participants have lost weight. One student was recognized for losing 17 pounds while enrolled in the program.

In its last year, a contract with a local nonprofit agency in northern Apache County offered a Community Gardening program. The program, serving 70 CYSHCN, incorporated winter and sun safety, bike safety, healthy lifestyle, injury prevention, hygiene, obesity prevention, nutrition, sports injury prevention, alcohol and tobacco prevention education into physical activity through gardening. First aid safety was presented and the participants made a small take-home first aid kit. The integrated program collaborated with the local Boys and Girls Club to use the facility and grounds and was offered to all Boys and Girls Club participants.

With the guidance of a Master Gardener, the students planned their gardens, ordered seeds, grew container plants and seedlings over the winter months. In spring and summer the gardens were worked, soils amended, gardens planted, watered, weeded and tended. As the plants began to produce, students harvested, cooked, ate, or delivered meals to community members who could not garden. Students preserved extra produce, by freezing or dehydrating. They also helped with preparing produce for canning when appropriate. One student entered green beans grew in the youth garden into the fair and won a blue ribbon. Plans are underway for a “Fair Garden.”

Northern Apache County is a very rural area, with a strong sense of community; the community garden was a natural fit for this area. Volunteers built raised garden beds. The program was able to leverage local support from the Boys and Girls Club and City of St. John’s to open a second community garden in that city. The program is widely supported within the community and discussions are underway to expand to Concho.

The ADHS Division of Public Health Prevention Services collaborated across bureaus to introduce the innovative Health in Arizona Policies Initiative (HAPI). Through this initiative, ADHS has worked with 13 county health partners to educate Arizona's state, county and local decision makers about the health implications of policy. Local County Health Departments have implemented public health strategies with a strong emphasis on the K-12 settings including food availability and physical activity. Funding from Title V allowed counties and community based organizations to specifically create opportunities for CYSHCN to incorporate wellness into everyday life, and to develop local wellness policies of inclusion.

The Arizona Children’s Health Survey, utilizing a subset of questions from the National Survey of Children’s Health, was developed to be disseminated through the Healthy People Healthy Communities Inter-Governmental Agreement/HAPI with County Health Departments across the state. The purpose of the Survey was to obtain local level data related to families’ experiences in meeting the needs of their children both with and without special health care needs. Twelve of 15 County Health Departments agreed to implement the Survey, using the Qualtrics online Survey link, mobile devices using the Qualtrics App, or face-to-face using Scantron forms. Each county developed an implementation plan and began conducting Surveys in February. The Survey closed in June 30, 2016. Over 4,000 surveys were received

OCSHCN staff supported the agency in implementing the CDC 1305, State Public Health Action Grant for Domain 4, Strategy 5. This grant is related to children with chronic conditions, specifically asthma working with Douglas Unified School District and the American Lung Association. Over 80 school staff were provided with training on Asthma 101 and how to detect the triggers to asthma.

OCSHN collaborated with others in the community to support CYSHCN and their families. The Arizona Community of Practice on Transition (AZCoPT) is a partnership among the Arizona Department of Education, Rehabilitation Services Administration, Division of Developmental Disabilities, AHCCCS Behavioral Health, OCSHCN, Raising Special Kids, and Tribal Vocation Rehabilitation Services and includes two Young Adult Advisors. The group formed to improve communication across systems of care that are frequently involved in transition and transition planning.

AzCoPT members, including OCSHCN staff, developed a co-operative training provided for conferences, organizations, community groups, and agencies throughout the state. AzCoPT members promoted and mentored local communities of practice on transition (CoPT) in Yuma, Flagstaff, Tucson, Sierra Vista, Peoria and Lake Havasu. Additionally there are local CoPTs in various stages of development in Window Rock, Gilbert, and Marana. OCSHCN staff worked with AzCoPT to develop a video related to healthcare transition for youth with disabilities, which is available on the Arizona Department of Education/AzCoPT You Tube Channel.

At the Annual Arizona Department of Education Transition Conference, partners co-presented "Partnering for Transition," describing the role of each agency in coordinating transition for YSHCN . This presentation was available online to Vocational Rehabilitation, Behavioral Health, and Developmental Disability case managers, as well as special educators, reinforcing collaborations across agencies, inclusive of health care, for successful transition.

OCSHCN staff and one Family Advisor participated in the 2016 Mountain States Genetics Collaborative (MSGRC) annual meeting and the Newborn Screening (NBS), Emergency Planning, Consumer Advisory and Medical Home workgroups. MSGRC and the American College of Genetics and Genomics conference were invaluable sources of information and data for Newborn Screening Partners in preparing for consideration of the addition of Krabbe, SCID and CCHD to the state newborn screening panel. OCSHCN staff who attended both conferences were able to provide data sources for NBS partners. The Family Advisor provided insight into the Az Emergency Preparedness planning process, related to children and especially CSHCN.

To support families who reported that community based systems are not easily navigated, OCSHCN sought to empower families and youth to be at the table when decisions were being made about systems for CYSHCN. OCSHCN offered training to health plans, school nurses, educators, foster parents, and other child-serving agencies on strategies to support CYSHCN in participating in school, recreational, and child care settings in the least restrictive and most inclusive environment. In addition, OCSHCN worked with Raising Special Kids to increase the number of families compensated to participate in policy development and systems change. The work of enhanced curriculum can help ensure family and young adult advisors are more effective when participating in these forums, with the benefit of improved outcomes.

In addition to working to affect the larger policy arena, OCSHCN oversaw contracts for social and gap filling services, such as metabolic formula; respite and palliative care including supporting overnight stays that enabled families to stay near their hospitalized CYSHCN, and increased the involvement of families and youth within OCSHCN, other ADHS programs, and other state agencies.

The Metabolic Formula Program helped provide prescribed metabolic formula and/or medical foods to all eligible children and young adults statewide who were uninsured or underinsured for the treatment of genetic disorders. This is to assure normal growth and development of children and adults by preventing severe mental and physical defects

or possibly death that can occur without early detection and dietary treatment. Over $150,000 of Title V funds supported metabolic formula for those who qualified.

The Cystic Fibrosis program was established by statute A.R.S. 36-143 to provide for the care and medical treatment services of Arizona residents suffering from cystic fibrosis who are twenty-one years of age or older and are either uninsured or underinsured and may not otherwise get appropriate care due to lack of funds or coverage. State funds supported this program in calendar year 2016.

OCSHCN, through community contracted providers such as Ryan House and Ronald McDonald House, provided access to respite and palliative care for children with life-limiting conditions, and their families. Ryan House provides, at no cost to the family, respite and palliative care for children, with potentially life-limiting conditions or end-of-life journeys, birth through age 16. Ryan House is a 12,500 sq. foot home built to accommodate families and their children in different capacities. This facility was designed to emulate a child's natural home environment and is staffed with highly trained medical and child life professionals. It is the first facility of its kind in the Southwest, and one of only two currently available in the US. Families may stay with their child in a family suite, in their own room, or may choose to leave their child and take a long weekend break or take a rare vacation with their other children. OCSHCN supported 55 of the 322 children who were served at Ryan House in 2016. This included overnight stays, respite care and hospice care services. Ninety percent of families served report that respite stays at Ryan House improve the quality of life for their entire family; 70% indicated that respite allows them to provide a higher level of care for their child upon their return home and; nearly 60% reported improvements in their child's development and/or social interaction. Anonymous parent feedback was provided for the Ryan House services received in 2016; "Ryan House has brought us to be a part of the medically complex community in Arizona and the everlasting relationships is very meaningful.". "My daughter is able to have some fun times with other people than just family members which are important in her social development." "Caring for a medically complex child is 'all consuming' even a short break from those tolls is refreshing so that families can endure the 'long run."

The Ronald McDonald House (RMH) Charities of Phoenix and Tucson provide overnight facilities for out of town families of hospitalized patients, including CSHCN. Often the Ronald McDonald Houses are located steps away from or very near the neonatal or pediatric intensive care units where the CYSHCN are receiving treatment, including surgeries. Families from all walks of life, from all ethnic and socioeconomic groups rely on the services provided by the RMH. OCSHCN provided Title V funds for the now 3 Ronald McDonald Houses in Phoenix and 1 in Tucson for 983 nights stay. The data reported on the source of insurance for families with CSHCN show that 80% of the families that stayed with them were on Medicaid.

BWCH administered the Medical Services Project through the Arizona Chapter of the American Academy of Pediatrics. The Medical Services Project increases access to and utilization of primary care services for Arizona's uninsured and underinsured children from low-income families. The Medical Services Project provides delivery of medical and dental services through participating providers offices to children without adequate health insurance and to those who do not qualify (or are in the process of qualifying) for Medicaid or insurance through the Marketplace.

Through the Medical Services Project, school nurses are able to identify children who are eligible for the program and aid in the enrollment process. Eligibility for the Medical Services Project, requires that a child have no health or dental insurance; must not be eligible for AHCCCS (Arizona's Medicaid) or Indian Health Services; and must have a household income less than 185 % of the federal poverty level. A network of 89 primary care physicians, 36 Pediatric Specialists, and 13 oral care professionals provided care to children qualifying for the Medical Services Project for a fee of either $5 or $10 as payment-in-full for an office visit. The health care providers agree to provide a certain number of appointment slots to Medical Services Project children each month. In 2016, the Medical Services Project served 964 individual children, across 196 schools, with primary care, medication, laboratory, eye care and oral

care. There were also 16 children with special health care needs that received services and 103 children were linked to available insurance resources.

Northern Arizona University (NAU) worked with OCSHCN to improve the data collection system used with Health Advocacy contractors, with the potential to expand to other contractors as well. NAU analyzed the current data collection tools and reporting system and developed a web-based system that can be accessed through a mobile device. The system was tested in 2016 by contractors. Positive responses from the contractors indicated that the system was easier to use in submitting data to OCSHCN.

Title V funding is used to support the infrastructure necessary to carry out the state mandate A.R.S. 36-899.01 for public and charter schools to assess hearing. BWCH administered this program and provided training, equipment and technical assistance to schools to implement required hearing screening. In school year 2015-16, hearing screenings were conducted on over 744,000 children from preschool through high school. OCSHCN implemented a new reporting process for hearing screenings that will launch later this year.

Unlike hearing screening, vision screening is not mandated in the state of Arizona. Many schools voluntarily provide vision screening to school age children. This effort is supported with Title V dollars to provide specific curriculum and training for vision screening. OCSHCN continues to support vision screening through the Sensory Program.

OCSHCN promoted culturally competent service delivery. The unintended, but potentially harmful effects of failing to appreciate another's everyday reality are just one reason OCSHCN promotes cultural relativism. Training activities are designed to promote an understanding that a person's experience of the world is only one of many possibilities, and a culture cannot be judged using the standards of another culture.

Activities are not so much oriented towards trying to understand the intricacies of every other cultural belief system, which could unintentionally result in stereotyping, but is meant to sensitize staff towards listening for what others may be thinking and remaining open to hearing their points of view and adapting to it. This has proven beneficial to home visitors and other professional staff in realizing where a family may be in the event of treatment or other decisions.

OCSHCN embedded cultural competence concepts into contract language, which goes beyond requirements for reading level, interpretation, translation, and alternative formats and included best practices for family-centered care, including people-first language and disability etiquette. OCSHCN made written translation and interpretation services available to other community partners. Simultaneous Interpreting equipment is used by OCSHCN and made available to other agency/bureaus for use in public forums, meetings, conferences, bilingual workshops, training seminars, where there are more than 1-2 individuals requiring real time interpreting services.

OCSHCN relies on collaborative partnerships with internal and external stakeholders, such as the Office of Newborn Screening, to ensure every newborn is screened and receives appropriate and timely access to diagnostic services, specialty clinical intervention and care. While not in the Bureau of Women's and Children's Health (BWCH), the Office of Newborn Screening collaborates with the BWCH, including the Office for Children with Special Health Care Needs (OCSHCN) and the High Risk Perinatal Program (HRPP) to provide family support, translation services, access to home visiting nurses, Sickle Cell trait parent-to-parent support and other services. Additional partnerships that the Office of Newborn Screening include the Birth Defects Program, the Immunization program, Border Health, Vital Records, and the Tribal Liaison's office to ensure all babies born have equal access to screening, diagnosis and treatment.

There are currently six significant projects ongoing between OCSHCN and NBS. A new project being developed in 2017 to better meet the needs of families with infants diagnosed with a Sickle Cell Trait is for a parent advisor to

provide short-term and longer term follow-up using letters and brochures. Initially, OCSHCN will provide data and resources to the parents of newborns with Sickle Cell condition or trait and help raise awareness of this project through social media and newsletters. In the fall, as this project evolves, social worker interns will be brought on to support the development of teen pregnancy information sheets to raise their awareness of the trait. Another project with potential significant impact is related to metabolic food and formula. Diagnosed patients directed to the Metabolic clinic from our office often have unmet needs related to access to the metabolic foods and formula necessary to maintain good health. Together, OCSHCN and NBS exhibited at the Arizona Network for PKU and Allied Disorders (ANPAD) parent support group's annual statewide PKU camp to learn more about families' needs and share information about access to medical foods and formula provided through Title V.

Over the past year, OCSHCN funded the expansion of NBS's partnership with High Risk Perinatal Program/Newborn Intensive Care Program (HRPP/NICP) Community Health Nurses (CHN) to find infants who have not returned for the second screen. NBS developed and provided training to CHN's at the annual HRPP/NICP conference and conducted in-service site visits to home visiting contractors as needed. Training included providing kits for each CHN with supplies to draw, dry, and ship a blood sample to the state lab and emergency clinical contacts. The system includes protocols for when a nurse contacts families, communication scripts, methods for collecting, drying and shipping bloodspot samples, how to contact a physician if triage is required, as well as a communication plan with the baby's provider.

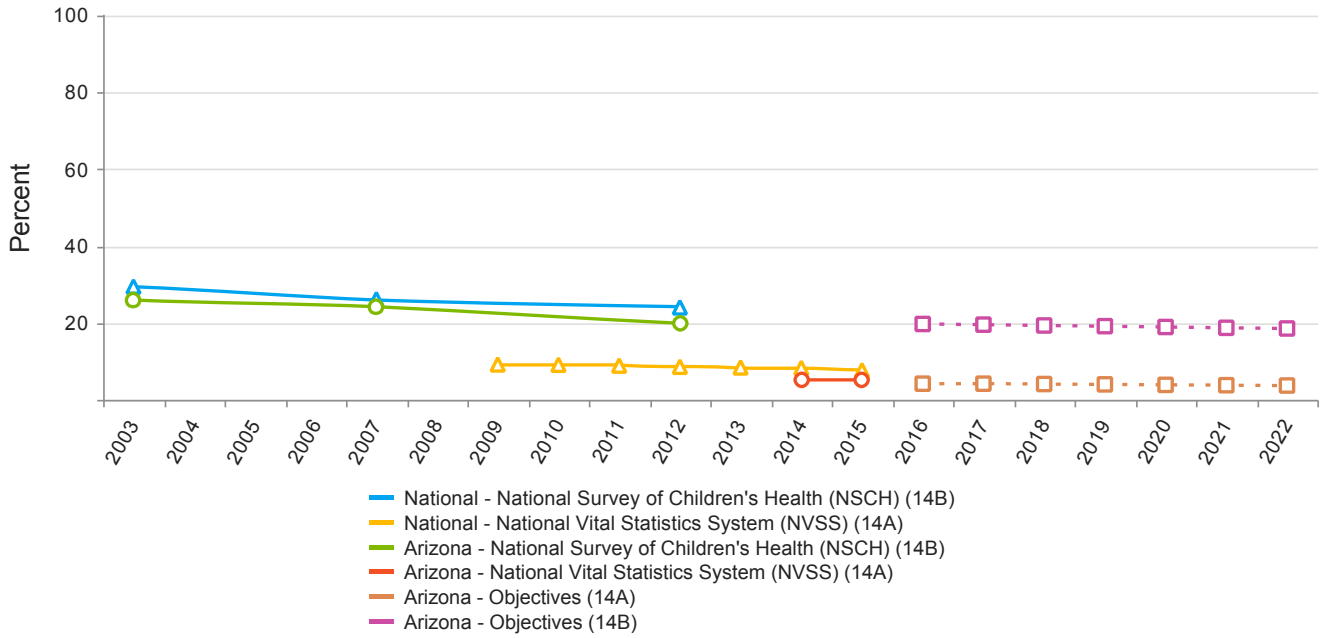
Cross-Cutting/Life Course

Linked National Outcome Measures

National Outcome Measures	Data Source	Indicator	Linked NPM
NOM 2 - Rate of severe maternal morbidity per 10,000 delivery hospitalizations	SID-2014	143.1	NPM 14
NOM 3 - Maternal mortality rate per 100,000 live births	NVSS-2011_2015	18.9	NPM 14
NOM 4.1 - Percent of low birth weight deliveries (<2,500 grams)	NVSS-2015	7.2 %	NPM 14
NOM 4.2 - Percent of very low birth weight deliveries (<1,500 grams)	NVSS-2015	1.1 %	NPM 14
NOM 4.3 - Percent of moderately low birth weight deliveries (1,500-2,499 grams)	NVSS-2015	6.1 %	NPM 14
NOM 5.1 - Percent of preterm births (<37 weeks)	NVSS-2015	9.1 %	NPM 14
NOM 5.2 - Percent of early preterm births (<34 weeks)	NVSS-2015	2.4 %	NPM 14
NOM 5.3 - Percent of late preterm births (34-36 weeks)	NVSS-2015	6.7 %	NPM 14
NOM 6 - Percent of early term births (37, 38 weeks)	NVSS-2015	25.4 %	NPM 14
NOM 8 - Perinatal mortality rate per 1,000 live births plus fetal deaths	NVSS-2014	6.3	NPM 14
NOM 9.1 - Infant mortality rate per 1,000 live births	NVSS-2014	6.1	NPM 14
NOM 9.2 - Neonatal mortality rate per 1,000 live births	NVSS-2014	4.0	NPM 14
NOM 9.3 - Post neonatal mortality rate per 1,000 live births	NVSS-2014	2.1	NPM 14
NOM 9.4 - Preterm-related mortality rate per 100,000 live births	NVSS-2014	200.3	NPM 14
NOM 9.5 - Sleep-related Sudden Unexpected Infant Death (SUID) rate per 100,000 live births	NVSS-2014	85.2	NPM 14
NOM 19 - Percent of children in excellent or very good health	NSCH-2011_2012	80.1 %	NPM 14

National Performance Measures

NPM 14 - A) Percent of women who smoke during pregnancy and B) Percent of children who live in households where someone smokes
Baseline Indicators and Annual Objectives



NPM 14 - A) Percent of women who smoke during pregnancy

Federally Available Data	
Data Source: National Vital Statistics System (NVSS)	
	2016
Annual Objective	4.3
Annual Indicator	5.3
Numerator	4,484
Denominator	85,262
Data Source	NVSS
Data Source Year	2015

Annual Objectives						
	2017	**2018**	**2019**	**2020**	**2021**	**2022**
Annual Objective	4.3	4.2	4.1	4.0	3.9	3.8

NPM 14 - B) Percent of children who live in households where someone smokes

Federally Available Data	
Data Source: National Survey of Children's Health (NSCH)	
	2016
Annual Objective	19.8
Annual Indicator	20.0
Numerator	319,332
Denominator	1,598,348
Data Source	NSCH
Data Source Year	2011_2012

Annual Objectives						
	2017	**2018**	**2019**	**2020**	**2021**	**2022**
Annual Objective	19.6	19.4	19.2	19.0	18.8	18.6

Evidence-Based or –Informed Strategy Measures

ESM 14.1 - Number of home visitors trained on the effects of second hand smoke

Measure Status:	Active

State Provided Data	
	2016
Annual Objective	
Annual Indicator	20
Numerator	
Denominator	
Data Source	Strong Families AZ Conference Registration
Data Source Year	2016
Provisional or Final ?	Final

Annual Objectives						
	2017	2018	2019	2020	2021	2022
Annual Objective	20.0	20.0	20.0	20.0	20.0	20.0

State Performance Measures

SPM 1 - Percent of third-graders with dental sealants on their permanent molar teeth

Measure Status:	Inactive - Replaced

Annual Objectives						
	2017	2018	2019	2020	2021	2022
Annual Objective	76.0	77.0	78.0	79.0	80.0	

SPM 2 - Number of home visitors trained to promote physical activity among women.

Measure Status:	Active

State Provided Data	
	2016
Annual Objective	
Annual Indicator	20
Numerator	
Denominator	
Data Source	Strong Families AZ Conference Registration
Data Source Year	2016
Provisional or Final ?	Final

Annual Objectives						
	2017	2018	2019	2020	2021	2022
Annual Objective	5.0	5.0	5.0	5.0	5.0	5.0

SPM 3 - Number of providers supported to better educate families about the importance of immunization.

Measure Status:	Active

State Provided Data	
	2016
Annual Objective	
Annual Indicator	3,100
Numerator	
Denominator	
Data Source	Internal program data
Data Source Year	2016
Provisional or Final ?	Final

Annual Objectives						
	2017	2018	2019	2020	2021	2022
Annual Objective	1,000.0	1,000.0	1,000.0	1,000.0	1,000.0	1,000.0

SPM 4 - Increase the number of school-based sealant programs in rural communities across Arizona.

Measure Status:	Active

Annual Objectives						
	2017	2018	2019	2020	2021	2022
Annual Objective	38.0	42.0	46.0	50.0	50.0	50.0

State Action Plan Table

State Action Plan Table (Arizona) - Cross-Cutting/Life Course - Entry 1

Priority Need
Reduce the use of tobacco and other substances across the lifespan.

NPM
A) Percent of women who smoke during pregnancy and B) Percent of children who live in households where someone smokes

Objectives
By 2020, Provide Empower training on the effects of second hand smoke on children to care providers and 100 home visitors.

Strategies
Set up Empower home visitor training through the Strong Families AZ website.
Present Second Hand Smoke risks at the Strong Families AZ alliance meeting.

ESMs	Status
ESM 14.1 - Number of home visitors trained on the effects of second hand smoke	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 4.1 - Percent of low birth weight deliveries (<2,500 grams)

NOM 4.2 - Percent of very low birth weight deliveries (<1,500 grams)

NOM 4.3 - Percent of moderately low birth weight deliveries (1,500-2,499 grams)

NOM 5.1 - Percent of preterm births (<37 weeks)

NOM 5.2 - Percent of early preterm births (<34 weeks)

NOM 5.3 - Percent of late preterm births (34-36 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 9.5 - Sleep-related Sudden Unexpected Infant Death (SUID) rate per 100,000 live births

NOM 19 - Percent of children in excellent or very good health

State Action Plan Table (Arizona) - Cross-Cutting/Life Course - Entry 2

Priority Need

Improve the oral health of Arizona's women and children.

SPM

Increase the number of school-based sealant programs in rural communities across Arizona.

Objectives

By 2020, increase the number of school-based sealant programs in rural communities across Arizona by 30% (~50 schools).

Strategies

Expand access to school based oral health disease prevention programs.

State Action Plan Table (Arizona) - Cross-Cutting/Life Course - Entry 3

Priority Need

Increase the percentage of women and children who are physically active.

SPM

Number of home visitors trained to promote physical activity among women.

Objectives

By 2020, maintain physical activity among women ages 18-44 years at 80%.

Strategies

Partner with counties working on increasing physical activity through the integrated IGA, to identify effective strategies for engaging women.

Identify opportunities to partner with women serving organizations and other community based organizations to develop a community-wide campaign encouraging recommended levels of physical activity.

State Action Plan Table (Arizona) - Cross-Cutting/Life Course - Entry 4

Priority Need

Strengthen the ability of Arizona families to raise emotionally and physically healthy children.

SPM

Number of providers supported to better educate families about the importance of immunization.

Objectives

By 2020, 65% of parents of BWCH home visiting programs will report that they believe they have the skills and knowledge needed to raise emotionally and physically healthy children.

Strategies

Monitor the quality of the services provided to families enrolled in BWCH home visitation programs to ensure home visitors are implementing services with fidelity to the respective programs.

Identify strategies that support the retention of families in voluntary home visiting program and ensure all BWCH home visitors have the opportunity to be trained on implementing these strategies.

Cross-Cutting/Life Course - Plan for the Application Year

Transitioning from pediatric to adult healthcare especially for Children with Special Health Care Needs (CSHCN), has received increasing attention in the last decade despite it being an important metric for the US health system for many years. The Bureau of Women's and Children's Health (BWCH) has included transition for youth with special health care needs as a core outcome for primary care beginning with Healthy People 2000 and reiterated in the 2010 and 2020 releases. A review of the 2009-2010 National Survey of Children with Special Health Care Needs revealed only 40% of CSHCN meet the transition requirement. Concerted efforts by several associations were made in 2011 to increase national efforts to transition these youth into adulthood including the American Academy of Pediatrics, the American Academy of Family Physicians, the American College of Physicians, the Committee on Quality Assurance as well as all federal agencies through the Affordable Care Act.

The 2015 Needs Assessment process made it clear that families were concerned about the transition of Children and Youth with Special Health Care Needs (CYSHCN) across the life span, not solely the transition to adulthood. Families voiced concern and this is supported in the data, that children and youth are often seen as their 'condition' or 'disability' and are not supported in daily wellness activities and programs. To that end, OCSHCN has been working to improve the overall health and access to appropriate care of CYSHCN

In Year 1 of the needs assessment, states were tasked with identifying and reporting local sources of data as well as relying on the 2009-2010 National Survey of CSHCN (NS-CSHCN). The findings indicated that over 750 of the total 40,000 responses were from Arizona families; and using 2015 population estimates, the NS-CSHCN reported that nearly 20 percent of children nationwide are estimated to have special health care needs. At the same time, community partners working with OCSHCN were reporting concerns that national level data, regarding this population, may not be reflective of local communities, particularly in rural and remote areas.

In 2016, working with 11 of the 15 county public health departments that participate in the ADHS Inter- Governmental Agreement Health in Arizona Policy Initiative (HAPI), OCSHCN developed and implemented the Arizona Children's Health Survey (ACHS) to obtain a baseline understanding of families' experiences in meeting their children's health care needs in their communities.

The Survey asked questions to help indicate whether or not basic transition services were received. Three questions were used in the ACHS to describe transition services. The questions were related to maintaining insurance coverage, increasing responsibility for self-care, and discussing moving to an adult health care provider.

We can see that among those responding to the ACHS, 93.7% indicated that they had not received transition services; this is much higher than the 64.4% reported for Arizona in the 2009-10 NS-CSHCN. This may result in YSHCN entering adulthood poorly prepared to manage their health care needs.

OCSHCN has embraced the "National Consensus Standards for Systems of Care for Children and Youth with Special Health Care Needs" model developed by AMCHP and the Lucile Packard Foundation; and has moved forward with its objectives and strategies to increase CSHCN services necessary to make transitions to all aspects of adult life, including adult health care, work, and independence beginning with the collaboration and partnership with the AZ LEND Program to develop a project work plan.

A project work plan has been developed in conjunction with the AZ LEND Program and will begin in August 2017. 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 polices; and 3) to develop and pilot a transition implementation program to assist practitioners without policies to incorporate transition into regular practice. The work plan includes preparation of an evaluation plan, data collection instruments, stakeholder involvement and a pilot training program. The ultimate objective will be to develop a plan for developing

understanding, emphasizing importance and implementing policy with sustained practice for transitioning YSHCN into adulthood across the state. The plan involves the following objectives:

OCSHCN will continue to support the Social Security Administration's ASPIRE (Achieving Success by Promoting Readiness for Education and Employment) initiative to assist transition age youth, who receive Supplemental Security Income, and their families to move toward employment by providing training for case managers on best practice for CYSHCN, and providing Health Care Organizer training.

OCSHCN will continue to increase the current number of scholarships for youth and family members/caregivers to attend the annual Arizona Department of Education Transition Conference. Arizona's Annual Transition Conference 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. This annual conference provides a dynamic array of national speakers and state-level experts and also includes participation of youth, young adults, and family members.

OCSHCN continues to participate in the Arizona Community of Practice on Transition (AZCoPT), a partnership among the Arizona Department of Education, Rehabilitation Services Administration, Division of Developmental Disabilities, AHCCCS, Raising Special Kids, and Tribal Vocation Rehabilitation Services including two Young Adult Advisors, to promote collaboration among agencies, nonprofits and other stakeholders to assist youth in transitioning to adulthood.

OCSHCN through its collaboration with counties participating in the Integrated IGA -Healthy Arizona Policy Initiative (HAPI) grant will continue to work with counties who participated in the ACHS to: 1) develop strategies that promote inclusion of CYSHCN in policy decisions affecting them and their families in their local communities, and 2) to develop strategies for helping youth to transition to adulthood.

OCSHCN will maintain its critical Title V role in key areas: Information and Referral, Education and Advocacy, and Systems of Care for CYSHCN. OCSHCN will continue to assist families in accessing appropriate care and services by providing information and referral services to health care, insurance, and community resources for children, to best meet the needs of the child. OCSHCN will continue to educate families, stakeholders and community partners regarding CYSHCN.

OCSHCN will support the Office of Birth Defects Registry (OBDR) and the Office of Infectious Disease in preparing for possible cases of Zika virus in pregnant women by providing training to staff and Epidemiologists in local health departments interviewing women who were exposed to Zika during pregnancy, ensuring that interactions and care are family-centered and culturally competent. OCSHCN will continue provide appropriate information, resources and service linkages to families of children affected by Zika, referred by OBDR, and are exploring opportunities to be linked to families through the Zika registry.

In an effort to increase access to quality care for CSHCN, OCHSCN will continue to work with Northern Arizona University (NAU) to pilot The Pyramid Model a Positive Behavior Intervention Support (PBIS) model for childcare professionals in managing difficult behavior and promoting social emotional well-being and prevent challenging behaviors among young children.

OCSHCN will continue to 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; such as Phoenix Children's Hospital for metabolic formulas and Cystic Fibrosis services, respite and palliative care through Ryan House, and Ronald McDonald's Houses offering housing for families accessing care outside of their community, Medical Services Project, and nutrition education and physical activity opportunities through health advocacy contracts.

To continue increasing the proportion of families of CYSHCN who partner in decision making, OCSHCN will continue its contract with Raising Special Kids to facilitate identification, recruitment, training and reimbursement for Family and Young Adult Advisors, to participate in ADHS and BWCH projects, committees, workgroups, resource development, policy and program development implementation through presentations to help improve best practices related to our systems of care, and evaluation at national, state and community levels.

There will be an emphasis on working to increase our Young Adult Advisors to help focus on our Transition NPM as well as increasing both Young Adult and Family Advisors from our more rural areas, including bilingual and tribal.

OCSHCN continues to provide education and training to families and professionals on best practices focused on family–centered care; cultural competence; medical home; pediatric to adult transition, and technical assistance in the development of best practices for CYSHCN.

OCSHCN will continue its efforts to increase the percentage of CYSHCN who receive care within a Medical Home. Leveraging the work OCSHCN is doing on the CDC 1305 Public Health in Action grant we are increasing the capacity of school nurses to refer CYSHCN to federally qualified health centers (FQHC) to establish a Medical Home.

Revisions to the Care Coordination Manual are ongoing and available to families and providers in various formats (CD, flash drive, website) providing resources including an overview of systems of care with eligibility requirements, resources for families, transition to adulthood help, as well as examples of letters of medical necessity.

OCSHCN will continue to support the BWCH Children's Health Information and referral services Help Line by responding to inquiries, related referrals, insurance options, systems of care, appeals processes, and educational supports for families and professionals via telephone, email and in-person.

SSI letters will continue to be sent to families of child applicants, more accurately targeting referrals to Medicaid and other services dependent on the applicant's conditions or needs for services.

OCSHCN in collaboration with Family Advisors and the Newborn Screening Program will begin to send resource information to and follow-up with families of newborns with the Sickle Cell Disease and/or Trait.

To support families who report community based systems are not easily navigated, OCSHCN will continue to support families and youth to be at the table when decisions are being made about systems of care for CYSHCN. OCSHCN will support providers through training for health plans, school nurses, educators, foster parents, and other child-serving agencies on strategies to support CYSHCN.

OCSHCN will continue to participate in the Governor's Interagency Coordinating Council (ICC) on Infants and Toddlers, a federally mandated advisory council for the Arizona Early Intervention Program (AzEIP). OCSHCN will continue to assist AzEIP in developing family friendly resources and updating forms related to insurance and funding for AzEIP services.

In partnering with other councils and agencies, OCSHCN is involved in policy development regarding inclusion of children and youth with special health care needs and their families. One of the roles OCSHCN fills is being responsible for the analysis and reporting of data, development of management reports, statistical analysis, study design and interpretation, performance measure and survey development, and the development of the Title V Needs Assessment.

In addition to the work OCSHCN continues to do, there are plans to hold several conferences/education and training sessions in conjunction with the Arizona Academy of Pediatrics: 1) a Parent to Parent conference with the aim to

increase parents capacity in dealing with the unique issues and challenges they face on a daily basis in caring for their children; and 2) an education sessions to educate and support pediatric primary and specialty care clinicians on the first element of the Six Core Elements of Health Care Transition.

OCSHCN will continue to work with the Arizona Birth Defects Monitoring Program (ABDMP) to ensure Arizona children with birth defects are aware of and have access to appropriate services. OCSHCN and ABDMP will work together to share data to determine if families are receiving services, and OCSHCN will use data from the Birth Defects Registry (BDR) to reach out to families with specific birth defects.

OCSHCN will support the ABDMP and the Office of Infectious Disease in preparing for possible cases of Zika virus in pregnant women. OCSHCN will provide training to Epidemiologists in local health departments interviewing women who were exposed to Zika during pregnancy, ensuring that interactions and care are family-centered and culturally competent. OCSHCN will provide appropriate information, resources and service linkages to families of children affected by Zika, referred by OBDR, and are exploring opportunities to be linked to families through the Zika registry.

During the 2014-15 school year, the ADHS Office of Oral Health conducted the state's second Healthy Smiles Healthy Bodies survey. The survey collected heights and weights on kindergarten and third grade children in public elementary schools across Arizona. Key findings were: 1 out of 7 children are obese; 30% of them meet the criteria for overweight or obese; 18% of children attending high income schools are overweight or obese compared to 33% of children attending low income schools; and higher prevalence of overweight or obesity in children in minority populations. Childhood obesity is a significant public health problem for Arizona's kindergarten and third grade children. The study of obesity in CSHCN by Minihan, Fitch and Must, 2007 Spring, estimated that children with functional limitations were twice as likely to be overweight and girls with learning disabilities were 2 times likely to be overweight. OCSHCN will be working with the Office of Oral Health to incorporate a subset of questions from the 2009-10 NS-CSHCN into the third Healthy Smiles Healthy Bodies survey scheduled to be implemented in 2019-2020, to ascertain the number of children surveyed are children with special health care needs.

Cross-Cutting/Life Course - Annual Report

In 2016, Arizona's MCH Program chose to partner with the Bureau of Tobacco and Chronic Disease (BTCD), Bureau of Nutrition and Physical Activity (BNPA) to further move the needle in MCH. In addition, the program felt it that the activities performed by our oral health office can be best captured in this area.

BTCDs activities in 2016 focused around making the case for a healthier environment. This session will look at the impacts of environmental tobacco smoke (i.e., secondhand and third hand smoke), tobacco use and cessation services. Tobacco is still the leading cause of preventable death and disability. Families across Arizona deserve to lead healthy lives free from tobacco and environmental smoke exposure. In addition over 500 home visitors received messages around tobacco cessation and harms of second hand smoke in the home at the annual home visiting conference.

In 2014, Health Start began integrating a more thorough screening process for tobacco use through the Alcohol, Tobacco and Other Drugs Screening Tool and the Healthy @ Home Assessment to ensure that women and families receive education and referrals to services to help them quit smoking. All Home Visitors have been trained to ask 6 additional questions of all prenatal clients regarding tobacco use including using smokeless tobacco products and e- cigarettes in the past 30 days. They also ask if anyone in the household smokes or uses tobacco products and where they smoke. This activity was still ongoing in 2016. If a Health Start client or family member indicates tobacco use, the Home Visitor advises the client about the health effects and the benefits of quitting. The Home Visitor then provides an active referral to the Arizona Smokers Helpline/ASHLine. All Health Start Home Visitors now receive annual training on the dangers of tobacco use among women during pregnancy, its effects on women and babies, as well as basic tobacco screening and intervention skills including how to make referrals to the ASHLine. Data from 2016 are not currently available.

Secondhand smoke is attributable to many negative health impacts in children and adults, including ear infections, asthma attacks, SIDS, bronchitis, pneumonia, respiratory issues, increased risk of lung cancer, heart disease and heart attack. In Arizona, where for example 3 in 10 renters in Maricopa County smoke, smoking inside individual multi-family housing units is still allowed. BTCD completed a two year education campaign to increase awareness of and educate the public about the overall negative health impacts of secondhand smoke in general as well as in vehicles and multi-housing units and to increase volume of calls to ASHLine.

Arizona has continued and enhanced several strategies to improve the oral health of Arizona's women and children. The Office of **Oral Health**, Arizona School-based Sealant Program began in 1987, with a grant received from the Flinn Foundation. Additional funding that same year from the Ronald McDonald Children's Charities allowed the Office of Oral Health (OOH) to continue the program. In July of 1989, the Sealant Program was incorporated into the OOH State budget. Maternal and Child Health Block grant dollars were used for supplies, equipment, and contract personnel for the Arizona School-based Sealant Program. Since that time, additional funding has continued through various grants and private foundation donations, allowing for the program's expansion and sustainability.

The Arizona **School-based Sealant Program** was originally implemented as an adjunct to the school-based Fluoride Mouthrinse (FMR) Program, with the goal of decreasing tooth decay in the pits and fissures of teeth where topical fluorides have less effectiveness. The school-based sealant program was initiated to serve school-aged children on their school campus using portable dental equipment. OOH has also been involved in collaborative efforts with other health agencies 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 the children who need our services the most; Arizona's most vulnerable children. The school based program provides services through the use of portable dental equipment serving elementary school children in their 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 SCHIP beneficiaries, those covered by Indian Health Services who have erupted, non-restored, non-decayed first and/or second permanent molars. These two age groups are targeted because they have newly erupted permanent first or second molars. The sealant program provides services to children in seven of the fifteen Arizona counties. Services are provided by trained and calibrated dental providers. OOH trains providers to ensure successful sealant retention and makes every effort to connect participating children with a dental home in or near their community.

During the 2015-2016 school year, the Arizona School-based Sealant Program provided dental screenings and referrals to 9,009 children attending 294 eligible public schools. As a result, 5,308 children received dental sealants. 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. Working towards reaching the goal of increasing the number of school-based sealant programs in rural communities by 2020, the Arizona School-based Sealant Program reached 37 rural schools in Arizona in the 215-2016 school year. A rural community was categorized as having less than 50,000 in population. The expansion of the Sealant Program into border counties and an increase in schools being reached throughout Arizona will result in more schools in rural counties participating in the coming years.

A major accomplishment this past year was the expansion of the sealant program to include three border counties in Arizona. In the 2015-2016 school year, ADHS received a HRSA Oral Health Workforce Grant which allowed the expansion of the program. This grant also included piloting a new model for the sealant program, the public health dental hygiene model. This model allows providers to reach more children, especially in rural areas without a dentist. The Sealant Program established a new contractor, the University of Arizona Cooperative Extension responsible implementing the sealant program in three border counties, Cochise, Santa Cruz and Yuma Counties. In the 2015-2016 schools year, three schools were completed, which provided services to 40 children.

During the 2015-2016 school year the sealant program saw an increase in the number of children being screened and sealed. This was in part due to the implementation of the new legislation which allowed school based sealant programs to function without a dentist having to perform a dental screening prior to a sealant being placed. Service was provided at 46 more schools than the previous school year which resulted in 1,905 additional children being screened and 1,054 more children receiving sealants.

The goal of the Arizona **School-based Fluoride Mouthrinse** (FMR) Program is to reduce tooth decay in children. Children in grades 1-6 living in communities with sub-optimal fluoride in the community water supply and attending schools with 50% of students qualifying for the federal free and reduced lunch program are eligible to participate in the program. Unlike other school dental programs, neither a dentist nor a dental hygienist are required to conduct the fluoride mouthrinse program. The classroom teacher, school nurse, or a volunteer parent can supervise the weekly rinsing procedure. The program operates at least 32 weeks of the school year. To be eligible for the program, schools must have at least 3 sequential grades participating with at least 80% of the children in the participating grades enrolled in the fluoride mouthrinse program. Also schools have to agree to participate the entire school year, obtain parental consent, and consent to participate continuously for least 3 years. The program has been very effective in reaching children in rural communities who would not otherwise have access to fluoridated water.

During the 2015-2016 school year, the Arizona School-based Fluoride Mouthrinse Program distributed fluoride mouthrinse materials for 14,249 children attending eligible public schools; this included 85 schools in over 14 school districts across the state. The mouthrinse program saw a decrease in the number of children participating in the program which was due to a couple of factors. A new program coordinator was hired at one of the largest school districts in Arizona and had a slow start up. In addition, that same school district hired a new district director who insisted that all children participating in the program had to have a new parental consent signed even though the

consents were signed at the beginning of the school year. Some parents who had previously given a signed consent did not sign the consent the second time it was sent home inadvertently resulting in those kids not being allowed to participate in the program.

The OOH, Arizona **Fluoride Varnish Program** began as part of a grant from the First Things First South Phoenix Regional Partnership Council. Partnering with the Maricopa County Department of Public Health (MCDPH), First Things First (FTF), the Arizona Early Childhood Development & Health Board is a state agency who funds the Fluoride Varnish program through Maricopa County. The application of fluoride varnish, an extremely effective cavity-prevention agent, in combination with dental screenings, referral and other educational services, are the core of the primary prevention program. The program is offered at WIC, Immunization Clinics and child care centers throughout Maricopa County. In 2016, the Fluoride Varnish Program served 31,353 children across Maricopa County. As with the Sealant Program, Medicaid is billed for services provided to eligible children creating a sustainable mechanism to broaden services to more children.

During 2016, approximately 4,851 infants of one year and younger were screened in the Fluoride Varnish Program. When an infant has teeth, a dental screening is performed with the parent's consent. Oral health education and referral is provided to all participants. In addition, 1,067 pregnant mothers received education and referrals for dental care.

The Office of Oral Health also works in partnership with the Arizona Health Care Cost Containment System (AHCCCS, Arizona's Medicaid program) by continually communicating regarding reimbursement of AHCCCS enrolled children. Reimbursement of program services will build a sustainable program and increase AHCCCS' preventive services initiatives. Collaboration between the two state agencies also includes referrals and identifying opportunities to link Medicaid eligible children to dental homes.

The Arizona Department of Health Services (ADHS), Office of Oral Health (OOH), in collaboration with the ADHS Bureau of Nutrition & Physical Activity and in partnership with First Things First, conducted a representative health survey of kindergarten and third grade children enrolled in public/charter elementary schools in all 15 counties of Arizona. This project was titled the **Arizona Healthy Smiles Healthy Bodies Survey 2015** and funded by Title V.

The purpose of the survey was to conduct public health surveillance, gathering health information necessary to plan, evaluate and guide public health programs and policies for oral and physical health. The project utilized the Basic Screening Survey (BSS) model developed by the Association of State and Territorial Dental Directors (ASTDD) with support from CDC Division of Oral Health. The BSS is a tool to assist state and local public health agencies to monitor the burden of oral disease at a level consistent with the Healthy People objectives. At the completion of the survey in 2015, OOH released a data brief, and infographics on survey findings which may be found at: http://www.azdhs.gov/documents/prevention/womens-childrens-health/reports-fact-sheets/oral-health/healthy-smiles-healthy-bodies-data-brief-2015.pdf

In 2014, the Arizona Department of Health Services/Strong Families AZ and Office of Oral Health identified a need and a desire from home visitors for professional development around oral health for families. Working with the Professional Development work group, a subcommittee of the Strong Families AZ Alliance, ADHS/Strong Families AZ identified that the best way to provide this information would be through in-person training opportunities. Strong Families AZ decided to partner with the Office of Oral Health to create these training opportunities. The primary goals of the oral health home visiting training project was to provide core skills, knowledge, and resources to home visitors, and to empower them to encourage parents/caregivers of young children to make health choices that will have a positive impact in their children's oral health status and overall health.

During the course of 2015, the Office of Oral Health developed curriculum for home visitors on Pregnant Women, Infants, Toddlers and Preschool children. In addition to the oral health curriculum, training on the utilization of

motivational interviewing skills was also developed and implemented along with the oral health curriculum. An adjunct to the in-person trainings included the development of videos designed to promote good oral health practices to pregnant moms, children and families. These videos were developed to be used by home visitors with their families as a motivational tool along with the oral health conversations. Training resource development included Power Points, a training manual, videos for each age category and three videos on motivational interviewing skills. Evaluation is also a component of the training. Home visitors that have completed the trainings are surveyed on their confidence oral health knowledge gained from training.

The sessions were piloted with Home Visiting staff from across the state and also included Community Health Workers specific to tribal populations. In 2015, 60 home visitors received over 350 hours of didactic instruction reaching more than 500 pregnant women and 960 children.

The Arizona Department of Health Services (ADHS) implements the Empower Program to support licensed 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 develop and implement 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. The Empower Program requires providers to adopt 10 health standards, two of which impact children's oral health – 'Fruit Juice' and 'Oral Health'. The former includes standards that prevent offering fruit juice to infants 11 months and younger, limit fruit juice to only those without added sugar and also limit children to drinking fruit juice no more than twice a week. These efforts are welcomed by oral health stakeholders that recognize the link between fruit juice and the oral health of young children. The Empower Program's standard on Oral Health has a wide reach and includes the provision of oral health education and implementation of a tooth brushing program. The Empower Program has also been expanded to include Home Visiting programs that have similar standards for oral health and the consumption fruit juice. In 2016, as part of the program, OOH developed and released an online e-learning course on implementing toothbrushing programs in child care settings.

Arizona also looks at ways to reach and serve the disenfranchised. 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. To help those who desperately need dental care, the Office of Oral Health partners with the Central Arizona Dental Society Foundation to annually host the Mission of Mercy event at the Arizona Fairgrounds. The event utilizes portable dental equipment and over, 1,700 volunteers including staff from throughout ADHS. Dental screenings and services are provided on a first-come, first-serve basis, at no charge to those who attend. The Arizona event focuses on: providing free access to dental care while placing a high priority on patients suffering from dental infections or pain; raising public awareness of the increasing difficulty low-income adults and children face in accessing critical dental care; and creating health care advocates via the hundreds of volunteers participating in the event. In 2016, approximately $1.9 million in dental care was delivered to nearly 1,800 patients – including low-income, high risk pregnant women and children.

Oral Health was also one of the priorities identified in the State Health Improvement Plan (SHIP). SHIP was designed with the participation and commitment from many stakeholders allowing for strategies to be more far reaching than those of the OOH 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.

An adjunct to the in-person trainings included the development of videos designed to promote good oral health practices to pregnant moms, children and families. These videos were developed to be used by home visitors with their families as a motivational tool along with the oral health conversations. Training resource development included Power Points, a training manual, videos for each age category and three videos on motivational interviewing skills. Evaluation is also a component of the training. Home visitors that have completed the trainings are surveyed on their

confidence oral health knowledge gained from training.

The sessions were piloted with Home Visiting staff from across the state and also included Community Health Workers specific to tribal populations. To date, 58 home visitors have received 335 hours of didactic instruction and oral health supplies and conversations reaching 500 pregnant women and 960 children.

The Arizona Department of Health Services (ADHS) implements the Empower Program to support licensed 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 develop and implement 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. The Empower Program requires providers to adopt 10 health standards, two of which impact children's oral health – 'Fruit Juice' and 'Oral Health'. The former includes standards that prevent offering fruit juice to infants 11 months and younger, limit fruit juice to only those without added sugar and also limit children to drinking fruit juice no more than twice a week. These efforts are welcomed by oral health stakeholders that recognize the link between fruit juice and the oral health of young children. The Empower Program's standard on Oral Health has a wide reach and includes the provision of oral health education and implementation of a tooth brushing program. The Empower Program has also been expanded to include Home Visiting programs that have similar standards for oral health and the consumption fruit juice. Additionally, in January 2017, the Department of Economic Security (DES) Family Child Care (FCC) homes began implementing the Empower Program as part of their contract requirements. In total, almost 3,000 child care facilities in Arizona participate in Empower.

Arizona also looks at ways to reach and serve the disenfranchised. 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. To help those who desperately need dental care, the Office of Oral Health partners with the Central Arizona Dental Society Foundation to annually host the Mission of Mercy event at the Arizona Fairgrounds. The event utilizes portable dental equipment and over 1000 volunteers including staff from throughout ADHS. Dental screenings and services are provided on a first-come, first-served basis, at no charge to those who attend. The Arizona event focuses on: providing free access to dental care while placing a high priority on patients suffering from dental infections or pain; raising public awareness of the increasing difficulty low-income adults and children face in accessing critical dental care; and creating health care advocates via the hundreds of volunteers participating in the event. In 2015, approximately $1.9 million in dental care was delivered to more than 1,800 patients – including low-income, high risk pregnant women and children.

Oral Health was also one of the priorities identified in the State Health Improvement Plan (SHIP). As the SHIP was designed with many stakeholders from the community, the strategies for are and can be more far reaching than those of the OOH. 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. The Title V administrator is the co-Chair of the SHIP Oral Health Work Group.

In working to improve **nutrition** for Arizona's families, efforts are directed at breastfeeding, early childhood nutrition and school aged nutrition. The Arizona Department of Health Services (ADHS) through the Bureau of Women's and Children's Health (BWCH) and Bureau of Nutrition and Physical Health (BNPA) has provided a toll-free helpline to parents and families in Arizona since 1986. The Helpline provides breastfeeding support 24/7 for all of Arizona's families. The line is now automated and staffed by a bilingual ICBLC and registered nurse. The Pregnancy Breastfeeding Helpline is funded collaboratively by the Title V Maternal and Child Health Block Grant and Women, Infants and Children programs. The Helpline received over 4,500 calls in 2016.

To meet the wellness needs of early childhood, Arizona supports child care centers facilities through the Empower

Program. The Empower Program supports licensed child care facilities' efforts to empower children to live healthier lives through the incorporation of ten standards that are based on age-appropriate best practices. With over 2,400 licensed child care facilities across the state enrolled in the Empower Program, with the recent addition of DES' family child care certified homes, it has the capacity to reach over 200,000 children from ages of birth through 12 years of age. In 2016, The Empower Program continued to have strong network of internal and external partners. The larger early care and education community, valuing respective contributions and professional niches, frequently works together for the good of the whole. Internal partners continued to work well together to leverage resources in order support collective goals and work.

At the Arizona Department of Health Services (ADHS), the Bureau of Nutrition and Physical Activity, Bureau of Women's and Children's Health (BWCH) and the Bureau of Child Care Licensing (BCCL) work collaboratively to implement the Empower Program. Funded in part by Title V, the BCCL is the licensing/certification entity for child care facilities, registering them for the Empower Program, and monitoring compliance with the regulations and rules. They also survey the implementation of the Empower standard practices and policies during compliance on-site visits. Other ADHS partners include the Bureau of Tobacco and Chronic Disease (BTCD) and Children's Environmental Health Program, and other elements of expertise throughout the Department who support the content and development of the Empower standards. Externally, there are many partners that support the implementation of the Empower standards such as the Department of Education (ADE), First Things First (FTF), Department of Economic Security (DES) and Local Health Agencies

EMPOWER PLUS + was a two-year CDC funded, Nemours administered grant to ADHS/BNPA intended to improve health and nutrition practices in child care centers. Approximately 150 child care centers showed positive improvements according to formal evaluation by the Gretchen Swanson Center for Nutrition. The Empower Guidebook was revised in July 2016 and for distribution July and distributed in December 2016. The Empower website will be updated to address multi-age child groupings, children with special health care needs and disabilities, family engagement, culture and language and home and center settings. Additionally, the website will include more up-to-date resources for parent education and caregivers. A monthly Empower Newsletter, available to any subscriber, has been established with a subscription rate of 4,000+ to support the nutrition, physical activity and wellness standards in Arizona's child care settings.

A two-year contract from the Arizona Attorney General's Office (AGO), Childhood and Adolescent Obesity Prevention project, was awarded to BNPA, in the birth through age five category, to provide training, technical assistance and a resource kit to approximately 250 ADHS licensed Child Care Group Homes (CCGH), serving a maximum of 10 children each. Lastly, as of July 2, 2016, approximately 50 Family Child Care (FCC) Homes, contracted with the Department of Economic Security (DES) will formally adopt the Empower Program for their home child care settings, serving 4 children or less for compensation. Through these collaborations and expanded implementation efforts, Arizona is making a concerted effort to reduce overweight and obesity in our state's youngest children.

Growing from the original Empower and to ensure a continuation of preventive obesity efforts targeted to Arizona youth, the Empower Schools program was developed and is funded by the CDC1305 collaborative initiative. Empower Schools works with 9 pilot school districts in Arizona to incorporate 10 school wellness standards into their local wellness policies. Each district receives stipend funding annually through 2018 to implement programs that will support these wellness policies. Student health is being tracked specifically at each district utilizing the CDC School Health Profiles Survey and the Youth Risk Behavior Surveillance Survey to determine level of success. Through this effort, ADHS is serving as the organizer and lead entity in conjunction with numerous other state organizations such as the Arizona Department of Education and local county health departments leveraging their existing work to help the pilot locations. Additionally other complimentary efforts focusing on the built environment that include health impact assessments, healthy community design and health in all policies work to reduce obesity and other adverse associated conditions. This work is spearheaded by the Arizona Alliance for Livable

Communities that the Office of Community Innovations within the ADHS Bureau of Nutrition and Physical Activity are an active anchor partner.

The Empower Home Visiting Standards is a training that supports healthy eating and active living for young families in the home visiting setting and how simple practices can improve the health of infants, children and adults in the families they serve. This training highlights how the Empower Home Visiting Standards help prevent obesity and strategies for how home visitors can share these messages with families. Topics covered include how to build support for women to reach breastfeeding goals, recognizing and responding to infant hunger/fullness cues, strategies to prepare healthy meals at home, food safety practices for breast milk and infant formula in the home and more.

In 2016, training sessions primarily shifted to monthly online webinars. With an average monthly participation of 51 attendees and almost 600 viewings of live and recorded webinars in FFY16, this online format allows attendees across the state to receive training while minimally interrupting the normal work week. In-person trainings were also offered multiple times throughout the year. This two-day session continues including five additional pregnancy standards as described below to address specific nutrition concerns during pregnancy.

Nutrition Pregnancy Standard 1: Healthy Eating: Guide healthy eating habits for pregnant women and encourage families to utilize community resources that support nutrition education and healthy foods during pregnancy.

Nutrition Pregnancy Standard 2: Healthy Weight: Identify opportunities for families to improve eating habits and/or safe levels of activity to promote healthy weight gain and improve maternal and child health outcomes.

Nutrition Pregnancy Standard 3: Food Safety: Share important food safety messages with families including foods to limit or avoid during pregnancy.

Nutrition Pregnancy Standard 4: Common Nutrition Concerns: Help families understand common nutrition concerns associated with pregnancy. Address symptoms with safe tips that support adequate nutrition during pregnancy.

Nutrition Pregnancy Standard 5: Prenatal Education: Promote prenatal education that can empower parents and families, improve the birthing experience, and support optimal feeding while helping moms to meet their breastfeeding goals.

Other Programmatic Activities

No content was entered for Other Programmatic Activities in the State Action Plan Narrative section.

II.F.2 MCH Workforce Development and Capacity

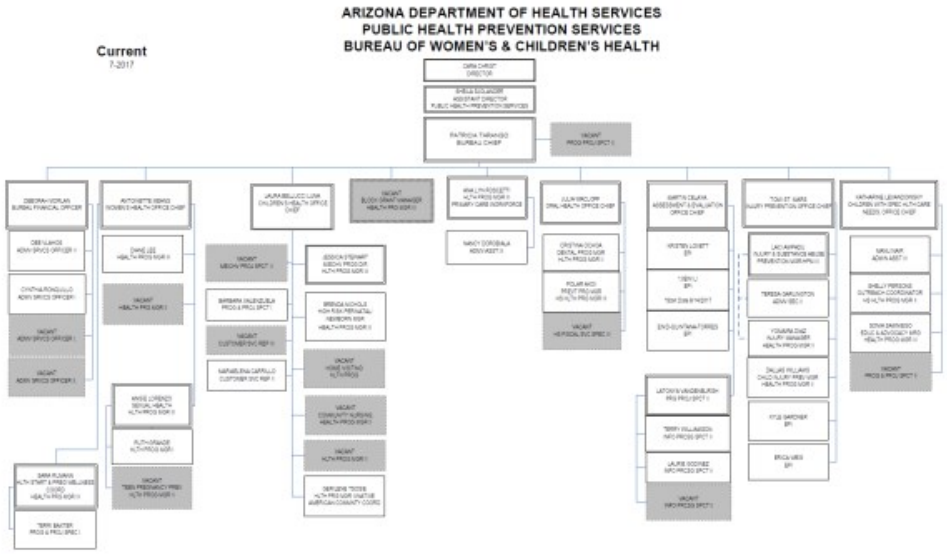
This Workforce Development Section identifies changes in leadership and describes the bureau's strengths and the training needs of staff. This section also describes program staff that conduct planning, evaluation and data analysis tasks in support of the bureau's mission to serve women, children and families in Arizona. A significant component of this section will focus on the efforts of the Office for Children with Special Health Care Needs (OCSHCN) to empower parents with children with special needs to advocate effectively for the care and services needed to meet their child's unique needs. In addition, OCSCHN works extensively with health care and other service providers to ensure they have the knowledge and skills to be culturally appropriate and sensitive when working with children with special health care needs and their families.

The Bureau has consistently demonstrated a strong commitment to support the professional development of all internal staff and other professionals who work with women and children to promote the adoption of effective policies and practices. Appendix C lists the professional training opportunities that have been offered to internal and external professional staff and stakeholders.

January 2017 began with new leadership and staff within the Arizona Title V Program following the retirement of Mary Ellen Cunningham who had served as the Arizona Tile V Director for several years. Ms. Cunningham's retirement presented an opportunity for Sheila Sjolander, Assistant Director, Division of Prevention Services, to assess the composition of the bureaus within her division in terms of size and program areas. As a result, Ms. Sjolander implemented the restructure and realignment of staff within the Division of Prevention Services. This organizational restructure included the reassignment of staff within the Bureau of Health Systems Development (HSD) which is the designated HRSA funded Arizona Primary Care Office (PCO) and was led by Bureau Chief, Patricia Tarango. In addition, to Ms. Tarango assuming leadership of the BWCH as the Bureau Chief, the PCO joined BWCH since the goals of this Office complement those of the Bureau especially those related to increasing access to care, enhancing systems of care, and supporting a network of safety net providers.

Figure 3 provides a view of the current organizational structure for BWCH and staff. Bio sketches for senior management staff who serve in lead MCH related positions and program staff who contribute to the state's planning, evaluation and data analysis capabilities are provided in Appendix C.

Figure3. Bureau of Women's and Children's Health Organizational Chart



The strengths of the Bureau's workforce include staff that are subject matter experts, are passionate about their work, highly skilled at developing effective partnerships with diverse stakeholders, and are trailblazers in their respective fields. Four of the six Office Chiefs have been in their position for at least 10 years and the majority of the Maternal and Child Health workforce have remained with the Bureau for at least five years. Needs of the workforce have been identified via an agency workforce survey and are coordinated through the agency human resources and Bureau supervisors.

The Office of Children with Special Health Care Needs has an extensive and respected history of promoting culturally competent approaches to serving children and youth with special health care needs (CYSHCN) and their families by advocating, 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. Utilizing a paid Family Advisor and through these partnerships that were coordinated to develop and implement innovative models of community based care and resources for CYSHCN, to meet the complex needs of families with children with special needs.

The Bureau also promotes culturally competent approaches by collecting and analyzing data by various cultural populations. The Injury Prevention Program offers one example of how data is used to inform policy development and service delivery. The annual Child Fatality Review Report includes data related to the cause of death for children under 18 years of age based on age group and race/ethnicity. The report includes recommendations for decreasing preventable deaths and this information is used to guide the selection of MCH strategies implemented in the Healthy People Healthy Communities Inter Government Agreement with county health departments (CHDs). A number of CHDs are implementing the 'Battle of the Belt' to increase the use of seat belts among adolescents.

The Arizona Health Disparities Center is part of the ADHS, Division of Prevention Services and offers a variety of robust trainings for internal and external partners that are provided in person or are offered through webinars. The AHDC trainings topics included Culturally and Linguistically Appropriate Services (CLAS), Limited English Proficiency, Language Access, as well as a specific training titled "Health Disparities and Cultural Competence: A

Local Response”.

While the State of Arizona has lifted the hiring freeze, State Agencies are required to monitor and stay within an established head count threshold and prioritize which vacancies will be filled based on the alignment with agencies missions and public safety. This strategy has allowed BWCH to fill vacancies and establish a new position to assist and support the overall coordination of the Title V Block Grant. This position will report directly to Title V Director, Ms. Tarango and is anticipated to be filled in late August of 2017.

In summary, 2017 has been a transitional year for the Arizona Title V Program and has resulted in key positions to be filled with qualified individuals. Critical to filling vacancies was the Assessment and Evaluation Office Chief position which had been vacant for two years. Ms. Cunningham’s retirement also allowed for new planning and transitioning into the Title V Director role for Ms. Tarango. The Primary Care Office which sat in the old Bureau of Health Systems Development also transitioned into the Bureau of Women’s and Children’s Health to further enhances opportunities to strengthen safety net providers to improve access to care.

The amount of investment in training and learning opportunities provided both internally and externally is notable from the diverse platforms provided including summits, contractor meetings, webinars, and in person trainings. Yet, the opportunity to provide additional training to address emerging issues gives the Arizona Title V Program focus for the year ahead.

II.F.3. Family Consumer Partnership

The Bureau of Women's and Children's Health (BWCH) invites and engages parents of children and youth with special health care needs (CYSHCN) in every step of decision making and program development. While BWCH utilizes the knowledge and experience of some of their full time staff who are parents of CYSHCN, does not cover the large need for parent involvement in the numerous agencies, local communities, private projects, committees, workgroups, and other decision making bodies.

In 2016, BWCH continued to work in contract with Raising Special Kids, the Arizona Family-to-Family Health Information Center, Family Voices representative, and Arizona Parent Training and Information Center to identify, recruit, train and reimburse individuals. It is through this contract that a Registry of Family and Young Adult Advisors was utilized to facilitate the ease of use by agencies, local communities, private projects, committees, workgroups, and other decision making bodies, in decision making regarding policies and practices surrounding families and their children with special health care needs. These family members and young adults of CYSHCN are paid as consultants.

Throughout the year, 41 Family and Young Adult Advisors worked on 25 different activities totaling 1,509.75 hours. Some Family and Young Adult Advisors were asked for their time in more than one project throughout the year based on experience and interest. Refer to Table 5 in the 2016 Annual Report for Children with Special Health Care Needs for highlights of the various activities our Family and Young Adults participated in for 2016.

In 2016, Dawn Bailey, OCSHCN Family Advisor continued to work part time in the office to offer input on Supplemental Security Income Letters, Vision Screening recommendations, Emergency Guidelines for School Nurses to include CYSHCN, updating data and resources for AZ Sickle Cell project and working with other programs within MCH to incorporate CYSHCN and their families.

In addition, Dawn is an active participant in the following activities:

- Take ACTion for AZ Children's Coalition to address gaps in Care Coordination for Arizona's most medically complex children. This group is working on holding conferences around the state in order to identify specific needs among urban, rural and tribal communities. The group is exploring ways to work with Arizona's Medicaid payers to address payment models, while using data collected from other State's current projects and the National Center for Care Coordination Technical Assistance
- Stakeholder for Arizona's AFN Taskforce for Emergency Planning in partnership with ADHS, ADEMA, County DEMA and other Disability Advocacy Groups to ensure individuals with AFN are included in the State's Emergency Preparedness Plan
- New member of an Advisory Council for Arizona's Pediatric Disaster Coalition to continue efforts to address the unique needs of families with CYSCHCN in planning and sustaining during a disaster/emergency. This council includes Hospitals, AZ Dept of Education, ADHS, County DEMA, etc.
- Ambulatory Family Advisory Council at Phoenix Children's Hospital.
- Involved in Arizona's Block Grant review this year to offer input and will attend our 2018 Federal review in August.
- Attended the 2017 AMCHP Conference and will continue to work as Arizona's AMCHP Family Delegate to enhance the Family Advisor capacity for BWCH/OCSHCN to include enhanced training on MCH/Title V, and ensure Family Advisors are being utilized and valued in their respective projects.

The Office of Children with Special Healthcare Needs within BWCH plans to continue to expand the number of trained Family and Young Adult Advisors not only throughout BWCH programs, but to increase the involvement in other workgroups, committees, task forces, trainings and presentations to help improve best practices related to our systems of care. There will be an emphasis on working to increase our Young Adult Advisors to help focus on our Transition NPM as well as increasing both Young Adult and Family Advisors from our more rural areas, including bilingual and tribal.

II.F.4. Health Reform

Recent federal and state health policy changes have increased the number of Arizonans covered by insurance. Counting marketplace plan selections (196,291) with the Proposition 204 restoration population (317,135) and the childless adult expansion population (82,228), just under 600,000 (595,654) individuals have health insurance that they may have not had it prior to the policy changes being implemented. This increase in covered lives has also lowered the percent of uninsured in Arizona from 17 percent in 2013 to 10.8 percent currently, not including effects of employer-based and other non-marketplace/Medicaid insured populations.

Debate over health care reform nationally is ongoing. The current draft Senate health care bill includes deep cuts to Medicaid, which Arizona's Medicaid agency (AHCCCS) has estimated could cost the state over $7billion through 2026 due to changes in federal matching payments and limited inflation adjustments. Arizona Governor Doug Ducey has stated opposition to the bill, stressing the need for more gradual phase out of Medicaid expansion matches, higher inflation adjustments, elimination of penalties for states that were early Medicaid expanders, and overall more flexibility for states in managing their Medicaid programs.

It has long been held that one of the critical roles of many of our Title V programs is to assist people to be able to access care and to link them to a Medical Home. Bureau staff participates in the Cover Arizona Coalition, a group of over 900 statewide members committed to increasing health coverage. The Coalition builds awareness of opportunities available through the Health Insurance Marketplace and AHCCCS. The Arizona Primary Care Office (PCO), which joined the Bureau in 2017, works to optimize the health of Arizona's residents by developing and strengthening systems services to expand access to primary care and other services with emphasis on the health needs of underserved people and areas. The PCO identifies areas that need improved primary care, dental or mental health services and assists those communities with federal and state shortage designations; provides technical assistance to statewide partners in efforts to strengthen the state's health care safety net; and administers workforce programs to aid in health care provider recruitment and retention in underserved and rural areas.

Each of the programs in the Bureau who serve clients; home visiting, family planning, sensory and Medical Services has an objective to connect their families to care. The Office for Children with Special Health Care Needs (OCSHCN) assists families in accessing appropriate care and services by providing information and referral services to health care, insurance options, and community resources for children, youth and young adults with special health care needs, to best meet the needs of the child. In addition, utilizing Title V funds, OCSHCN oversees contracts for social services and gap filling services such as metabolic formula, respite and palliative care including supporting overnight stays that enable families to stay near their hospitalized CYSHCN, and to increase the involvement of families and youth within OCSHCN, other ADHS programs and other state agencies.

The Metabolic Formula Program helps to provide prescribed metabolic formula and/or medical foods to all eligible children and young adults statewide who are uninsured or underinsured for the treatment of genetic disorders. This is to assure normal growth and development of children and adults by preventing severe mental and physical defects or possibly death that can occur without early detection and dietary treatment.

The Cystic Fibrosis contract provides for the care and medical treatment services of Arizona residents suffering from cystic fibrosis who are twenty-one years of age or older, and are either uninsured or underinsured and may not otherwise get appropriate care due to lack of funds or coverage.

The Medical Services Project increases access to and utilization of primary care services for Arizona's children by providing delivery of medical and dental services in participating physician's offices to children without health insurance and to those who do not qualify (or are in the process of qualifying) for Medicaid or insurance through the Marketplace.

Cultural competence requirements are embedded into contract language, which go beyond requirements for

reading level, interpretation, translation, and alternative formats and includes best practices for family-centered care, including people-first language and disability etiquette.

ADHS identified access to care and access to insurance as priorities in the 2014 Needs Assessment and are priority elements in the State Health Improvement Plan. Strategies include:

Strategy 1: Target outreach and enrollment efforts to populations who struggle with access to care.
Strategy 2: Expand payment and delivery models to include additional provider types and preventive services that improve health outcomes.
Strategy 3: Improve the health literacy of consumers.
Strategy 4: Increase incentives and leverage funding streams to address identified workforce shortages and adequate networks in underserved areas and populations.
Strategy 5: Support the expansion of Patient- and Family-Centered Medical Homes for comprehensive, high quality and accessible community health care.
Strategy 6: Evaluate and strengthen Arizona's Medicaid Program.
Strategy 7: Improve access to dental coverage for low-income adults and underserved populations.

Many of these were based on Arizona State Health Equity Plan. On February 24, 2015, Senate Bill 1194 enhanced the State Loan Repayment Program that alleviates loan debt for primary care providers that choose to practice in rural and underserved areas of Arizona. The expanded law accomplishes four main items: increases eligible provider types and now includes mental health providers, pharmacists and geriatric providers to join previously eligible primary care physicians, dentists and advanced practice providers (nurse practitioners, physician assistants and nurse midwifes); increases the loan repayment amount of up to $65K for an initial two year commitment for physicians and dentists and up to $50 K for other eligible provider types; eliminates the cap on years an eligible provider can participate in the program and gives priority to eligible providers who work in rural and high need areas and those who are residents of the State.

These changes led to the development and implementation of the State Loan Repayment Program Final Administrative Rules that became effective on April 1, 2016. The enhanced State Loan Repayment Program resulted in a significant increase in demand from an average number of 4 applications per quarter in to 16 applications in June of 2015. As a result of the new rules, the program transitioned to an annual cycle in 2016 receiving a total of 37 applications, a 131% increased demand from 2015. Then in 2017, 76 applications were received, an increase of 105% from 2016. This surge of applications increased the number of program participants from 14 in 2014 prior to SB 1194 to 44 in 2017 accounting for a 214% increase in program participation since implementing SB 1194.

Finally, the 2017 Arizona Legislative Session concluded with several legislative actions that will impact health care to MCH populations:

- The Arizona State Loan Repayment Program received an additional $350,000 in state appropriation to help meet above described demand. This additional state funding will enable ADHS to request the total allowable federal match of $1million in the upcoming competitive federal grant application period for this program, and will aid underserved and rural communities in recruiting and retaining health care providers.
- ADHS' Public Health Laboratory will now be allowed to test for Severe Combined Immunodeficiency, or SCID. The disease is a rare, genetic disorder that can be fatal if not detected and treated in a newborn. This screening capability is expected to be added to Arizona's screening panel in August 2017, helping to provide every Arizona newborn with a healthier start.
- Bill H2493 establishes a Drug Overdose Fatality Review Team at ADHS to determine changes needed to

decrease the incidence of preventable drug overdose fatalities, as well as permits pharmacists to dispense naloxone hydrochloride or any other opioid antagonist for emergency purposes on the receipt of a standing order. To further support opioid prevention efforts, in June 2017 Governor Ducey declared a statewide public health emergency to address the growing number of opioid deaths in the state and issued an executive order to increase the reporting of opioid-related data. ADHS is compiling and presenting that data in real time.

II.F.5. Emerging Issues

The Bureau of Women's and Children's Health (BWCH) always strives to maintain current on the trends and issues that impact families across Arizona. BWCH acknowledges that it cannot solely remediate all of the issues listed below but that these issues involve a multidisciplinary approach to address them. The following breakdown is organized around BWCH's current structure (offices). BWCH will continue to monitor and assess current trends in MCH that may benefit or hinder families across the state.

Women/Maternal Health Emerging Issues

Emerging issues include the potential ramifications of the current Congressional efforts to reverse policy decisions embedded in the Affordable Care Act that increased access to affordable care for women and their families such as contraception with no cost-sharing, maternity care, mental health, substance abuse and addiction coverage, and clinical preventative services. Depression among pregnant and parenting women continues to be an issue that home visitors encounter. The lack of accessible mental health services for mothers living in rural communities who suffer from depression is a major barrier to care. This same barrier is a challenge to getting treatment for women living with an addiction to opioids. Hospitals are now required to report the numbers of babies born exposed to illicit substances to the department each week and while the number of substance exposed newborns (SEN) reported in 2015 totaled 470 babies, there were 18 SENs reported during one week in June of 2017. While the projected increase in SENs could be due to an increased focus on reporting, this issue continues to warrant considerable attention and action. The Bureau has served as chair or co-chair of the Arizona Substance Exposed Newborns Task Force for a number of years and has developed guidelines for physicians regarding the identification and treatment of substance exposed newborns. While women and men are victims of sexual assault, the majority of victims are women and the lack of a consistent and respectful response to reports of sexual assault from law enforcement, the court system and the media presents a major barrier to establishing a comprehensive system of care and healing for victims.

Adolescent Health Emerging Issues

Healthcare and service providers continue to request information that will enhance their ability to provide culturally sensitive care to LGBTQ youth. Attendees at the 2016 Adolescent Wellness Conference requested future presentations on this topic and this need is being addresses during several sessions during the 2017 conference. Arizona's TPP contract staff and members of the Maricopa County Collective STEP for Youth Coalition have also requested educational sessions regarding meeting the needs of LGBTQ youth in a comprehensive and respective manner. According to the 2016 Arizona Youth Survey (AYS) there was a slight increase in the report of prescription pain reliever use in the past 30 days – 6.4% in 2016 compared to 4.7% in 2014 and approximately 39% of respondents indicated they have seen bullying on school property at least once, and about 16 % had seen bullying four or more times. The November 15, 2016 Arizona Child Fatality Review Report indicates that child suicides increased from 38 in 2014 to 47 in 2015 with the majority of suicide deaths occurring in youth 15 -17 years old. In addition, the report shows that firearm deaths increased, from 25 in 2014 to 28 in 2015 with 68% (19) of these deaths were among youth 15 -17 years old.

Oral Health Emerging Issues

One of the emerging issues likely to impact oral health activities over the coming years include workforce related topics. Some improvements in oral health have been seen in Arizona but challenges remain and low-income and uninsured populations have less access to care. This has been evidenced particularly in rural and tribal populations with a growing interest in tribal populations seeking alternative workforce solutions including the Dental Health Aide Therapist and Dental Therapist provider types. Another emerging issue is the use of silver diamine fluoride (SDF) as a preventive and alternative approach to managing caries in children. While Arizona has been actively

implementing school-based sealant programs and preschool fluoride varnish programs as preventive measures these program do not address untreated tooth decay. SDF arrests active carious lesions painlessly and without local anesthetic, as long as the teeth are asymptomatic, avoiding or delaying traditional surgical removal of caries. This intervention can be applied to teeth as soon as caries is detected. SDF is effective in treating people who are unable to access dental treatment, including very young children, persons with intellectual/developmental disabilities, or older adults. SDF is a new addition to professionally applied topical fluoride products available in the U.S and all providers applying SDF need appropriate training. The third emerging issue related to oral health is with cancers of the oral cavity and pharynx. The human papilloma virus (HPV) is playing a growing role in causing oral cancer and dentists can play a role in increasing public awareness on the need for HPV vaccines. While Arizona has fairly low rates of oral cancer they do have areas with disparities particularly among rural populations having nearly twice the number of cases than the general population. Arizona dental providers are posed to provide counseling and messaging around HPV vaccines but lack the training and confidence in educating their patients on the HPV vaccine.

Children's Health Emerging Issues

The most impactful emerging issue for the Office of Children's Health is the reauthorization of the Maternal Infant Early Childhood Education Program (MIECHV) funding. The proposed reauthorization language, specifically, H.R. 2824 would do the following: Reauthorizes the MIECHV program for five years at the current annual funding level of $400 million for FY 2018-2022; Requires a new state needs assessment by FY2020, and every five years thereafter. (which can be combined with or coordinated with the MCH Block Grant needs assessment); Specific focus of measurement in the "self-sufficiency" benchmark to include measures of employments, earnings, receipt of means-tested benefits to gauge the impact of home visiting programs on these outcomes. (in May 2016, the new guidelines eliminated work, earnings, and welfare receipt and counted only education activities and health insurance coverage as the sole measures of "self-sufficiency"); Requires that a state match MIECHV grant funds beginning in FY2020, resulting in a 50-50 federal-state match in FY2022 and beyond ; and Creates data exchange standards between Home Visiting, TANF, Child Support Enforcement, Unemployment, and child welfare programs to more easily exchange information to ensure the integrity of programs and improve services for families in need. The proposed legislation would continue to fund MIECHV in Arizona and would bring new guidelines including the proposed 50-50 match. MIECHV is critical to providing home visiting services to Arizona children and families and further supports the state-wide home visiting infrastructure by partnering with state wide-initiatives that support early childhood education. In 2016, MIECHV Program served 2,311 families completing 30,109 visits. The Office of Children's Health applied for continuation of MIECHV Formula Grant funding ceiling award of $10.8 Million dollars.

Injury Prevention Emerging Issues

Emerging trends for the Office of Injury Prevention range from drug poisoning, substance abuse prevention efforts, Neonatal Abstinence Syndrome (NAS), prescription drug practices including opioids. For an in-depth description of these emerging issues please refer to Appendix C.

Office of Children with Special Health Care Needs Emerging Issues

An emerging issue disproportionately impacting children with special health care needs (CSHCN) is the high rate of expulsion from early childhood facilities for CSHCN between the ages of 3 and 4 and the workforce's ability to provide early intervention to identify and meet the social and emotional needs of these young children in child care facilities and group homes. Efforts have been made to improve social and emotional behavior of young children such as First Things First's contracts with Behavioral Specialists to provide support to their early childhood programs. There are approximately 200 behavioral specialists in Arizona and not enough to provide the capacity building and support that child care facilities need throughout the state. OCSHCN in collaboration with Northern Arizona University, Institute for Human Development (IHD) is promoting the use of the Pyramid Model to build the social and emotional confidence in children in early childhood facilities and to increase the capacity for behavior

specialists to support children and staff in the facilities. OCSHCN will continue to partner with the ADHS Infectious Disease Zika Pregnancy and Birth Defects Registries to assist in identifying children who may have been exposed to the Zika virus and to learn more on the development and long term effects of children exposed to Zika in-utero. The effects of Zika on childhood development remain unknown with possible development delays appearing months after birth such auditory and vision problems that affect a child's mental and physical development as they age.

Perinatal Emerging Issues

Reducing Early Elective Deliveries have been a nationwide priority for many years. A preliminary analysis for the 2015 and 2016 birth data for Arizona indicates that 6.26 (N=3857) and 6.47 (N=4155) percent, respectively of Arizona's singleton births in birthing facilities certified by the Arizona Perinatal Trust are early elective deliveries. The percentage of early elective deliveries in Arizona is double than the national estimate provided by CMS Hospital Compare to HRSA and varies widely within hospitals ranging from to 2 percent in some birthing facilities to 25 percent in others. This has been identified as an opportunity for BWCH to partner with the Arizona Perinatal Trust (APT) and identify areas for improvement in the adherence to best practices protocols for preterm deliveries. In addition, Ms. Enid Quintana-Torres, one of the BWCH epidemiologists, in collaboration with the AMCHP's MCH Epi Peer-to-Peer Cohort Fellowship has started a project to better understand EEDs in Arizona and develop an in-depth hospital level analysis (NOM 7: Early Elective Delivery).

Preliminary analysis for FY2016 indicates that almost 18 percent (N=189) of very low birth weight infants in Arizona are born in a APT certified facility that is not risk-appropriate for their perinatal care (level I or level II facilities). This is another area identified for collaboration with the APT for FY2018 to improve services offered to high risk mothers and infants and adequate transfer within facilities (NPM 3: Risk-Appropriate Perinatal Care).

The Maternal Child Health program has been involved with Arizona's preparation efforts around Zika. In February 2016, the Health Emergency Operation Command (HEOC) was activated to coordinate the agency's response to Zika. The Title V Director and WIC Director were assigned to the Operations Team. Monthly Zika and Birth Defects Workgroup meeting are held. Beside internal staff, these meetings include neonatologists, pediatricians, county public health and Border Health. In addition to the Title V Director, the Chief of the Office of Children with Special Health Care Needs participates as well. This team has been developing plans to operationalize the registry when and if needed. The Office of Children with Special Health Care Needs has prepared and presented a training to county health department epidemiologists on how to have those difficult discussions; asking a pregnant woman about her pregnancy when the baby may be at risk.

Planning efforts are underway for the development of a Zika Birth Registry for pregnant women with confirmed laboratory evidence for Zika. This registry will be coordinated by the ADHS, Office of Infectious Disease. Identified pregnant women will be referred to a BWCH Home Visiting Program for education and support, referral for ongoing source of care and adherence to CDC prenatal guidelines and early childhood screening for infants.

II.F.6. Public Input

The Arizona Title V Program (BWHC) engaged in a robust strategy to solicit public input during the completion of the 2015 Statewide Needs Assessment. This included hosting 'Listening Sessions' throughout Arizona which resulted in obtaining input from over 1,500 diverse individuals and stakeholders. These sessions were intentionally participant-driven and were structured to gather insights from different populations and communities regarding what they saw as opportunities or concerns related to the health and wellbeing of all women and children in Arizona.

The BWCH team hosted an online survey which resulted in 948 individuals responses, 11 regional meetings (to report on data, ask about local capacity and discuss community concerns), and lastly a strategic planning session on April 20th 2015, (both in-person and online) for a final discussion of priorities. The strategic planning participants were presented with the information gathered from the online survey, the listening sessions and community forums along with a summary of current MCH data. Each participant was then asked to vote for their top priority area in each of the six block grant domains based on their expertise, community input and MCH data. The results of the voting process served to guide the development of Arizona's Title V Maternal child health priorities through 2020.

Once the Needs Assessment was completed, it was posted online, and social media was utilized to notify the public that it was available as a resource. The 2016 Title V Application/Report was also posted to the BWCH web page for public awareness and response.

The Bureau has a long standing history of soliciting public input to guide program development, implementation and evaluation. Staff continues to seek new opportunities to invite stakeholders and the public to offer valuable input into policy and program development to ensure they are meeting the unique cultural needs of Arizona's diverse population and communities. The information below provides some insight into Bureau public input activities.

In the area of **Adolescent Health**, BWCH solicited input from diverse stakeholders during the process of developing the adolescent wellness visit and bullying prevention initiatives. Two stakeholder meetings related to adolescent wellness visits occurred in 2016 and their input guided the Bureau's decision to select the University of Michigan's Adolescent Champion Model as our primary strategy. Moving forward, the Bureau will work with parents and youth to identify relevant and culturally appropriate themes and messages that promote health literacy and the importance of adolescent wellness visits.

The Bureau initiated the bullying prevention initiative by conducting an environmental scan of current bullying prevention efforts in the state in September 2016. The majority of the identified prevention efforts promote healthy relationships and positive youth development as the primary strategies for bullying prevention. A stakeholder meeting was conducted in December, 2016 and the group's input regarding gaps related to bully prevention efforts and their recommendations regarding the target populations for a social media campaign were factored into the Bureau's strategies for a media campaign. The social media campaign is in the development process and focus groups are a major component of that process.

The **Office of Oral Health** (OOH) routinely seeks public input on oral health priorities for the state. An integral part of OOH's efforts to secure public input is working with partners and stakeholders including grass-roots organizations and consumers. To accomplish this OOH shared the state oral health plan with the public at the 2017 State Oral Health Summit. A draft of the plan narrative was also posted on the Arizona State Oral Health Coalition's website for four weeks prior to the summit and four weeks post-summit. It was also emailed to over 300 individuals on the

coalition's email distribution list. Additionally, the OOH along with the Arizona Oral Health Coalition has been consulting and coordinating with the Arizona Advisory Council on Indian Health Care to identify potential effects and gaps of the proposed plan on Native American populations. As part of receiving input from Native Americans on the state oral health plan, the draft plan will be shared at a Tribal Consultation Meeting in July 2017 and an opportunity to provide public comment from the tribes will be extended through September. OOH and the Coalition will continue to consult and coordinate with all stakeholders as necessary throughout the public comment period. The final plan content will be based on an evaluation of the comments received.

The **Office of Children's Health** (OCH) through its MIECHV Program routinely seeks public input on home visiting priorities for the state. An integral part of OCH efforts to secure public input is working with partners and stakeholders through the Inter-Agency Leadership Team (IALT). To accomplish this MIECHV Program shares the Work plan and MCH Block Grant performance measures. IALT meets quarterly and annually. During these meetings, OCH provides updates on the MCH Block Grant to ensure alignment between MIECHV and MCH Block Grant performance measures. IALT is made up of representatives from a variety of state agencies that collaborate to sustain Arizona's home visiting and early childhood infrastructure.

The Office of Children with Special Health Care Needs through Family Advisors continue to participate in multiple projects with OCSHCN including Care Coordination Manual revisions, webpage redesign, sickle cell parent information, outreach materials development, and are part of the interviewing team when hiring new staff. Additionally, Family Advisors attend ADHS Prevention events, internal committee meetings and project workgroups such as the revision of the EMPOWER Guidebook for child care facilities to include information regarding CSHCNs. An OCSHCN staff member and a Family Advisor then provided training and technical assistance to child care providers on the content of the guidebook.

The Arizona Pregnancy Risk Assessment Monitoring System (PRAMS) is a joint research project between the Arizona Department of Health Services' Bureau of Women's and Children's Health (BWCH) and the Centers for Disease Control and Prevention (CDC). Since its design phase in 2016, BWCH has partnered with several stakeholders working in the Maternal Child Health arena across Arizona to inform its design, implementation, and acceptance by the general public. The PRAMS steering committee is comprised of over 15 stakeholder groups ranging from experts in clinical care to non-profit organizations all working to increase accessibility of care and treatment across the state for women and children. While the Bureau received support from our colleagues in the Navajo Nation in Northern Arizona; PRAMS plans to engage and outreach to the remaining 21 sovereign nations in the State during the current fiscal year to solicit their support and identity how the information may be of use in their public health efforts. In addition, PRAMS has programmed a helpline to receive comments and feedbacks from survey participants and the general public. Outreach and promotional materials to expand PRAMS outreach are in development and will be distributed at events, WIC facilities, and other venues to further expand awareness of PRAMS, its importance, and potential impact in improving the health of women and children in Arizona. The ADHS Director, posted several blogs related to the PRAMS award, development of the PRAMS logo and the successful launch of PRAMS in April 2017.

Arizona will post the 2018 Title V Block Grant Application on the ADHS website and promote it's availability via social media, the Director's Blog and word of mouth. The programs within the Bureau will continue to solicit public voices and investigate effective strategies for obtaining public input to guide our work. Moving forward, the Bureau will increase efforts related to working with paid youth/young adult advisors in Offices beyond OCSHCN.

II.F.7. Technical Assistance

In 2018, BWCH will assess its data sources with the interest to further progress efforts towards data integration across all of its maternal and child health (MCH) databases. In addition, BWCH will envision ways to increase data linkages and merges across datasets outside the Bureau such as Newborn Screening; Vital Stat Records; Immunization; etc. BWCH believes that by undergoing data integration and increasing connectivity across health department databases, the Bureau will be bettered positioned to develop programming that reaches population that are highest in need and thus have a higher potential to 'move the needle' in MCH throughout Arizona. BWCH is interested in developing this technical capacity and may look towards the US Health Resources and Service Administration to provide capacity development opportunities to achieve this ambitious goal. In regards to New Born Screening, while Arizona is mandated to screen every newborn twice, there is no mechanism in place to ensure that infants who receive only one screen with normal results receive the required second screen. Further limitations to the data are evident when comparing vital records live birth data to the newborn screening databases. For example, approximately 2,478 infants born in 2016 who received a birth certificate have no documented bloodspot screen. We currently have no straightforward way to identify which infants were affected. We would be interested in inquiring HRSA about ways to mitigate this to further close the gap between screenings and follow up.

III. Budget Narrative

	2014		2015	
	Budgeted	Expended	Budgeted	Expended
Federal Allocation	$6,468,652	$7,129,932	$7,016,019	$7,234,630
Unobligated Balance	$985,000	$294,871	$982,000	$0
State Funds	$7,693,086	$7,503,913	$7,980,789	$7,786,662
Local Funds	$0	$0	$0	$0
Other Funds	$7,472,018	$6,830,828	$7,422,018	$5,948,737
Program Funds	$0	$0	$0	$0
SubTotal	$22,618,756	$21,759,544	$23,400,826	$20,970,029
Other Federal Funds	$55,357,356		$60,017,948	$18,096,455
Total	$77,976,112	$21,759,544	$83,418,774	$39,066,484

Due to limitations in TVIS this year, States are not able to report their FY14 Other Federal Funds Expended on Form 2, Line 9. States are encouraged to provide this information in a field note on Form 2.

	2016		2017	
	Budgeted	Expended	Budgeted	Expended
Federal Allocation	$7,129,955	$7,281,597	$7,234,630	
Unobligated Balance	$0	$0	$0	
State Funds	$6,454,232	$6,378,767	$6,008,100	
Local Funds	$0	$0	$0	
Other Funds	$6,500,000	$6,629,464	$5,973,992	
Program Funds	$150,000	$154,665	$100,000	
SubTotal	$20,234,187	$20,444,493	$19,316,722	
Other Federal Funds	$16,491,713	$18,333,633	$19,058,391	
Total	$36,725,900	$38,778,126	$38,375,113	

	2018	
	Budgeted	Expended
Federal Allocation	$7,281,597	
Unobligated Balance	$0	
State Funds	$6,062,350	
Local Funds	$0	
Other Funds	$5,973,992	
Program Funds	$100,000	
SubTotal	$19,417,939	
Other Federal Funds	$18,479,815	
Total	$37,897,754	

III.A. Expenditures

The state's match and overmatch continues to exceed the 1989 maintenance of effort.

The budgeted amounts are based on previous year's projections and do not correlate well with the actual budgeted amount because of the unpredictability of the actual award amount and program changes that occur.

III.B. Budget

The estimated Title V allocation for Arizona, FFY2018, is $7,281,597. For FFY 2018, 40.2% ($2,934,356) of the Title V Block grant will be allocated for preventative and primary care needs for children and adolescents; 33.6% ($2,448,494) will be allocated to children with special health care needs; 22.0% ($1,591,649) will be allocated for women, mothers, and infants and 4.2% ($307,098) will be budgeted for administrative costs.

For FFY 2018, the state's match and maintenance of effort includes State General, Lottery, and Dental Sealant funds. The $7,112,350 in State General funds include High Risk Perinatal Services, Adult Cystic Fibrosis, Child Fatality Review Program, Newborn Screening, and operating funds allocated to the Public Health Prevention Division and, supports some of the personnel located in the Bureau of the Women's and Children Health. The $4,923,992 in Lottery funds includes the Teen Pregnancy Prevention and Prenatal Outreach (Health Start) Programs. $100,000 is from fees generated by the Dental Sealant Program. Arizona's FY2018 match and overmatch of $12,136,342 continues to exceed the maintenance of effort amount of FY1989's $12,056,360.

Other federal funds administered by the MCH Chief besides the MCH Title V Block Grant Program include Rape Prevention and Education, Family Violence Prevention, Core State Injury Surveillance and Program Development, Emergency Medical Service for Children, Primary Care, Abstinence Education Grant Program, Personal Responsibility Education Program, Oral Health Workforce Activities, Prescription Drug Overdose Prevention, Pregnancy Risk Assessment Monitoring System (PRAMS), Maternal Infant and Early Childhood Home Visiting Program, and Sudden Unexpected Infant Death Case Registry.

Public Health Services and Systems - $3,942,418:

Bureau of Women's and Children's Health: $2,275,793 will support 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**.**

Office of Children with Special Health Care Needs: $1,666,625 will support administrative initiatives, education, training, support services, advocacy, outreach and the Department's birth defect registry. Two Health Advocacy for Children, Youth and Families contracts were issued to community based organizations focused on inclusion of CYSHCN in nutrition, physical activity and injury prevention. OCSHCN will also fund ADHS' new Population Health Policy IGAs with county health departments that focus on inclusion of CYSHCN within policy, system, and environmental change in Arizona and the Opening the Doors: How to Prepare You Practice for People with Special Needs' Primary Care Physician Conference.

Enabling Services: $2,419,029 is budgeted for initiatives that include 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: $613,052 will support Oral Health services for children and Children with Special Health Care Needs, which includes metabolic services.

Indirect Administrative Costs: $307,098

IV. Title V-Medicaid IAA/MOU

The Title V-Medicaid IAA/MOU is uploaded as a PDF file to this section - AZ Title V_Medicaid_AHCCCS MOU.pdf

V. Supporting Documents

The following supporting documents have been provided to supplement the narrative discussion.

Supporting Document #01 - Supporting Document 1.pdf

Supporting Document #02 - Supporting Document 2.pdf

Supporting Document #03 - Supporting Document 3.pdf

Supporting Document #04 - Supporting Document 4.pdf

VI. Appendix

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Form 2
MCH Budget/Expenditure Details

State: Arizona

	FY18 Application Budgeted	
1. FEDERAL ALLOCATION (Referenced items on the Application Face Sheet [SF-424] apply only to the Application Year)	$ 7,281,597	
A. Preventive and Primary Care for Children	$ 2,934,356	(40.2%)
B. Children with Special Health Care Needs	$ 2,448,494	(33.6%)
C. Title V Administrative Costs	$ 307,098	(4.3%)
2. UNOBLIGATED BALANCE (Item 18b of SF-424)	$ 0	
3. STATE MCH FUNDS (Item 18c of SF-424)	$ 6,062,350	
4. LOCAL MCH FUNDS (Item 18d of SF-424)	$ 0	
5. OTHER FUNDS (Item 18e of SF-424)	$ 5,973,992	
6. PROGRAM INCOME (Item 18f of SF-424)	$ 100,000	
7. TOTAL STATE MATCH (Lines 3 through 6)	$ 12,136,342	
A. Your State's FY 1989 Maintenance of Effort Amount $ 12,056,360		
8. FEDERAL-STATE TITLE V BLOCK GRANT PARTNERSHIP SUBTOTAL (Same as item 18g of SF-424)	$ 19,417,939	
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)	$ 18,479,815	
11. STATE MCH BUDGET/EXPENDITURE GRAND TOTAL (Partnership Subtotal + Other Federal MCH Funds Subtotal)	$ 37,897,754	

OTHER FEDERAL FUNDS	FY18 Application Budgeted
Department of Health and Human Services (DHHS) > Administration for Children & Families (ACF) > Family Violence Prevention and Services Grants to States for Domestic Violence Shelters and Supportive Services	$ 2,046,435
Department of Health and Human Services (DHHS) > Administration for Children & Families (ACF) > State Abstinence Education Grant Program	$ 1,756,349
Department of Health and Human Services (DHHS) > Administration for Children & Families (ACF) > State Personal Responsibility Education Program (PREP)	$ 1,111,562
Department of Health and Human Services (DHHS) > Centers for Disease Control and Prevention (CDC) > Injury Prevention and Control	$ 250,000
Department of Health and Human Services (DHHS) > Centers for Disease Control and Prevention (CDC) > Prescription Drug Overdose: Prevention for States Program	$ 925,169
Department of Health and Human Services (DHHS) > Centers for Disease Control and Prevention (CDC) > Sudden Unexpected Infant Death (SUID) Case Registry Program	$ 56,000
Department of Health and Human Services (DHHS) > Health Resources and Services Administration (HRSA) > ACA Maternal, Infant and Early Childhood Home Visiting Program	$ 10,934,069
Department of Health and Human Services (DHHS) > Centers for Disease Control and Prevention (CDC) > Pregnancy Risk Assessment Monitoring System (PRAMS)	$ 156,943
Department of Health and Human Services (DHHS) > Health Resources and Services Administration (HRSA) > Emergency Medical Services for Children (EMSC)	$ 74,789
Department of Health and Human Services (DHHS) > Health Resources and Services Administration (HRSA) > Oral Health	$ 316,847
Department of Health and Human Services (DHHS) > Health Resources and Services Administration (HRSA) > State Primary Care Office (PCO)	$ 207,925
Department of Health and Human Services (DHHS) > Centers for Disease Control and Prevention (CDC) > Rape Prevention and Education (RPE) Program	$ 643,727

	FY16 Annual Report Budgeted		FY16 Annual Report Expended	
1. FEDERAL ALLOCATION (Referenced items on the Application Face Sheet [SF-424] apply only to the Application Year)	$ 7,129,955		$ 7,281,597	
A. Preventive and Primary Care for Children	$ 2,389,202	(33.5%)	$ 2,767,785	(38%)
B. Children with Special Health Care Needs	$ 2,340,778	(32.8%)	$ 2,342,349	(32.1%)
C. Title V Administrative Costs	$ 290,991	(4.1%)	$ 309,789	(4.3%)
2. UNOBLIGATED BALANCE (Item 18b of SF-424)	$ 0		$ 0	
3. STATE MCH FUNDS (Item 18c of SF-424)	$ 6,454,232		$ 6,378,767	
4. LOCAL MCH FUNDS (Item 18d of SF-424)	$ 0		$ 0	
5. OTHER FUNDS (Item 18e of SF-424)	$ 6,500,000		$ 6,629,464	
6. PROGRAM INCOME (Item 18f of SF-424)	$ 150,000		$ 154,665	
7. TOTAL STATE MATCH (Lines 3 through 6)	$ 13,104,232		$ 13,162,896	
A. Your State's FY 1989 Maintenance of Effort Amount $ 12,056,360				
8. FEDERAL-STATE TITLE V BLOCK GRANT PARTNERSHIP SUBTOTAL (Same as item 18g of SF-424)	$ 20,234,187		$ 20,444,493	
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)	$ 16,491,713		$ 18,333,633	
11. STATE MCH BUDGET/EXPENDITURE GRAND TOTAL (Partnership Subtotal + Other Federal MCH Funds Subtotal)	$ 36,725,900		$ 38,778,126	

OTHER FEDERAL FUNDS	FY16 Annual Report Budgeted	FY16 Annual Report Expended
Department of Health and Human Services (DHHS) > Administration for Children & Families (ACF) > State Personal Responsibility Education Program (PREP)	$ 1,019,280	$ 1,019,280
Department of Health and Human Services (DHHS) > Administration for Children & Families (ACF) > State Abstinence Education Grant Program	$ 1,265,979	$ 1,440,979
Department of Health and Human Services (DHHS) > Administration for Children & Families (ACF) > Family Violence Prevention and Services Grants to States for Domestic Violence Shelters and Supportive Services	$ 1,900,687	$ 1,900,687
Department of Health and Human Services (DHHS) > Centers for Disease Control and Prevention (CDC) > Rape Prevention and Education (RPE) Program	$ 643,797	$ 658,195
Department of Health and Human Services (DHHS) > Centers for Disease Control and Prevention (CDC) > Injury Prevention and Control	$ 180,621	$ 180,621
Department of Health and Human Services (DHHS) > Health Resources and Services Administration (HRSA) > ACA Maternal, Infant and Early Childhood Home Visiting Program	$ 11,095,480	$ 11,357,202
Department of Health and Human Services (DHHS) > Health Resources and Services Administration (HRSA) > Oral Health		$ 202,482
Department of Health and Human Services (DHHS) > Centers for Disease Control and Prevention (CDC) > Prescription Drug Overdose: Prevention for States Program		$ 925,169
Department of Justice > Office of Violence Against Women > Rural Domestic Violence, Dating Violence, Sexual Assault and Stalking Assistance Program		$ 263,149
Department of Health and Human Services (DHHS) > Health Resources and Services Administration (HRSA) > EMSC Demonstration	$ 199,869	$ 199,869
Department of Health and Human Services (DHHS) > Health Resources and Services Administration (HRSA) > EMSC Partnership	$ 130,000	$ 130,000
Department of Health and Human Services (DHHS) > Centers for Disease Control and Prevention (CDC) > SUIDCR	$ 56,000	$ 56,000

Form Notes for Form 2:

None

Field Level Notes for Form 2:

1.	**Field Name:**	**Federal Allocation, A. Preventive and Primary Care for Children:**
	Fiscal Year:	**2016**
	Column Name:	**Annual Report Expended**
	Field Note: Budgeted amounts are based on previous year's projections and do not correlate well with the actual budgeted amount because of the unpredictability of the actual award amount and program changes that occur.	

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	FY18 Application Budgeted	FY16 Annual Report Expended
1. Pregnant Women	$ 246,366	$ 531,859
2. Infants < 1 year	$ 634,371	$ 833,076
3. Children 1-22 years	$ 2,934,356	$ 2,767,785
4. CSHCN	$ 2,448,494	$ 2,342,349
5. All Others	$ 710,912	$ 496,739
Federal Total of Individuals Served	$ 6,974,499	$ 6,971,808

IB. Non Federal MCH Block Grant	FY18 Application Budgeted	FY16 Annual Report Expended
1. Pregnant Women	$ 1,345,135	$ 1,347,341
2. Infants < 1 year	$ 6,584,680	$ 7,270,560
3. Children 1-22 years	$ 3,551,328	$ 3,867,014
4. CSHCN	$ 0	$ 0
5. All Others	$ 655,199	$ 677,981
Non Federal Total of Individuals Served	$ 12,136,342	$ 13,162,896
Federal State MCH Block Grant Partnership Total	$ 19,110,841	$ 20,134,704

Form Notes for Form 3a:

None

Field Level Notes for Form 3a:

None

Form 3b
Budget and Expenditure Details by Types of Services

State: Arizona

II. TYPES OF SERVICES

IIA. Federal MCH Block Grant	FY18 Application Budgeted	FY16 Annual Report Expended
1. Direct Services	$ 613,052	$ 588,267
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	$ 343,105	$ 379,495
C. Services for CSHCN	$ 269,947	$ 208,772
2. Enabling Services	$ 2,419,029	$ 1,754,146
3. Public Health Services and Systems	$ 4,249,516	$ 4,939,184
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		$ 208,772
Physician/Office Services		$ 0
Hospital Charges (Includes Inpatient and Outpatient Services)		$ 0
Dental Care (Does Not Include Orthodontic Services)		$ 379,495
Durable Medical Equipment and Supplies		$ 0
Laboratory Services		$ 0
Direct Services Line 4 Expended Total		$ 588,267
Federal Total	$ 7,281,597	$ 7,281,597

IIB. Non-Federal MCH Block Grant	FY18 Application Budgeted	FY16 Annual Report Expended
1. Direct Services	$ 1,000,000	$ 924,457
A. Preventive and Primary Care Services for all Pregnant Women, Mothers, and Infants up to Age One	$ 900,000	$ 769,792
B. Preventive and Primary Care Services for Children	$ 100,000	$ 154,665
C. Services for CSHCN	$ 0	$ 0
2. Enabling Services	$ 10,673,992	$ 11,237,953
3. Public Health Services and Systems	$ 462,350	$ 1,000,486
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		$ 0
Physician/Office Services		$ 0
Hospital Charges (Includes Inpatient and Outpatient Services)		$ 539,141
Dental Care (Does Not Include Orthodontic Services)		$ 154,665
Durable Medical Equipment and Supplies		$ 0
Laboratory Services		$ 0
Other		
Transport Services		$ 230,651
Direct Services Line 4 Expended Total		$ 924,457
Non-Federal Total	$ 12,136,342	$ 13,162,896

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: 86,228

1. Core RUSP Conditions

Program Name	(A) Number Receiving at Least One Screen	(B) Number Presumptive Positive Screens	(C) Number Confirmed Cases	(D) Number Referred for Treatment
Core RUSP Conditions	83,750 (97.1%)	3,576	84	84 (100.0%)

Program Name(s)				
Propionic acidemia	Methylmalonic acidemia (methylmalonyl-CoA mutase)	Methylmalonic acidemia (cobalamin disorders)	Isovaleric acidemia	3-Methylcrotonyl-CoA carboxylase deficiency
3-Hydroxy-3-methyglutaric aciduria	Holocarboxylase synthase deficiency	ß-Ketothiolase deficiency	Glutaric acidemia type I	Carnitine uptake defect/carnitine transport defect
Medium-chain acyl-CoA dehydrogenase deficiency	Very long-chain acyl-CoA dehydrogenase deficiency	Long-chain L-3 hydroxyacyl-CoA dehydrogenase deficiency	Trifunctional protein deficiency	Argininosuccinic aciduria
Citrullinemia, type I	Maple syrup urine disease	Homocystinuria	Classic phenylketonuria	Tyrosinemia, type I
Primary congenital hypothyroidism	Congenital adrenal hyperplasia	S,S disease (Sickle cell anemia)	S, βeta-thalassemia	S,C disease
Biotinidase deficiency	Critical congenital heart disease	Cystic fibrosis	Hearing loss	Severe combined immunodeficiences
Classic galactosemia	Adrenoleukodystrophy	Mucopolysaccharidosis, type I		

2. Other Newborn Screening Tests

Program Name	(A) Number Receiving at Least One Screen	(B) Number Presumptive Positive Screens	(C) Number Confirmed Cases	(D) Number Referred for Treatment
Hearing	84,522 (98.0%)	3,559	154	154 (100.0%)
CCHD	69,259 (80.3%)	118	0	0 (0%)

3. Screening Programs for Older Children & Women

None

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 have access to evaluation services, specialty care, and early intervention services. 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.
Page

Form Notes for Form 4:

None

Field Level Notes for Form 4:

1.	**Field Name:**	**Core RUSP Conditions - Receiving At Lease One Screen**
	Fiscal Year:	**2016**
	Column Name:	**Core RUSP Conditions**
	Field Note: Bloodspot Screening count provided by NBS	
2.	**Field Name:**	**Core RUSP Conditions - Positive Screen**
	Fiscal Year:	**2016**
	Column Name:	**Core RUSP Conditions**
	Field Note: Bloodspot Count provided by NBS	
3.	**Field Name:**	**Core RUSP Conditions - Confirmed Cases**
	Fiscal Year:	**2016**
	Column Name:	**Core RUSP Conditions**
	Field Note: All core panel confirmed cases provided by NBS	
4.	**Field Name:**	**Core RUSP Conditions - Referred For Treatment**
	Fiscal Year:	**2016**
	Column Name:	**Core RUSP Conditions**
	Field Note: All core panel confirmed cases provided by NBS	
5.	**Field Name:**	**CCHD - Positive Screen**
	Fiscal Year:	**2016**
	Column Name:	**Other Newborn**
	Field Note: All fail cases = 118 All pass cases = 69141	
6.	**Field Name:**	**CCHD - Confirmed Cases**
	Fiscal Year:	**2016**

	Column Name:	**Other Newborn**
	Field Note: Data not available; dependent on external agency	
7.	**Field Name:**	**CCHD - Referred For Treatment**
	Fiscal Year:	**2016**
	Column Name:	**Other Newborn**
	Field Note: Data not available. Data dependent on an external agency for data.	

Data Alerts: None

Form 5a
Unduplicated Count of Individuals Served under Title V

State: Arizona

Reporting Year 2016

		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	1,860	0.0	51.5	43.6	4.5	0.4
2. Infants < 1 Year of Age	2,194	0.0	51.5	43.6	4.5	0.4
3. Children 1 to 22 Years of Age	553,886	0.0	37.0	57.4	5.6	0.0
4. Children with Special Health Care Needs	124,365	0.0	37.4	50.9	11.7	0.0
5. Others	130,125	0.0	0.0	0.0	0.0	100.0
Total	812,430					

Form Notes for Form 5a:

Estimates for health coverage among pregnant women were calculated based on the method of payment for the delivery for Arizona births FY2016.
Estimates for health coverage among infants were calculated based on the method of payment for the delivery for Arizona births FY2016.
Estimates for health coverage among children 1-22 years of age are according to the National Survey of Children's Health 2011/12 for Arizona.
Estimates for health coverage among children with special health care needs are according to the National Survey of Children's Health 2011/12 for CSHCN in Arizona.

Field Level Notes for Form 5a:

1.	**Field Name:**	**Pregnant Women Total Served**
	Fiscal Year:	**2016**
	Field Note: Includes: Community Health Grants and Title V Hotline	
2.	**Field Name:**	**Infants Less Than One YearTotal Served**
	Fiscal Year:	**2016**
	Field Note: Includes: Community Health Grants, Title V Hotline, CFR	
3.	**Field Name:**	**Children 1 to 22 Years of Age**
	Fiscal Year:	**2016**
	Field Note: Includes: Sealants Fluoride Mouth rinse, MoM, Fluoride Varnish, Medical Services Project, Sensory Community Health Grants, Metabolic Formula, Ryan House, Ronald McDonald Houses, Title V Family Planning, SVPEP, SASP, Domestic Violence, Teen Pregnancy Prevention, HPHC MCH, Title V Hotline, Transition, CFR, Car Seats, Baby Cribs	
4.	**Field Name:**	**Children with Special Health Care Needs**
	Fiscal Year:	**2016**
	Field Note: Includes: Medical Services Project, Sensory, Community Health Grants, Metabolic Formula, Ryan House, Ronald McDonald Houses, Title V Hotline, SVPEP, SASP, Domestic Violence, Teen Pregnancy Prevention, HPHC MCH, Title V Hotline, Hummingbirds and Special Olympics	
5.	**Field Name:**	**Others**
	Fiscal Year:	**2016**
	Field Note: Includes: Sealants Fuloride Mouthrinse , MoM, Fluoride Varnish, Medical Services Project, Sensory. Community Health Grants, Metabolic Formula, Ryan House, Ronald McDonald Houses*, Title V Family Planning, SVPEP, SASP, Domestic Violence, Teen Pregnancy Prevention, HPHC MCH, Title V Hotline, Transition, CFR, Car Seats, Baby Cribs, Raising Special Kids	

Form 5b
Total Recipient Count of Individuals Served by Title V

State: Arizona

Reporting Year 2016

Types Of Individuals Served	Total Served
1. Pregnant Women	4,654
2. Infants < 1 Year of Age	86,222
3. Children 1 to 22 Years of Age	614,866
4. Children with Special Health Care Needs	124,365
5. Others	133,142
Total	963,249

Form Notes for Form 5b:

None

Field Level Notes for Form 5b:

1.	**Field Name:**	**Pregnant Women**
	Fiscal Year:	**2016**
	Field Note: Includes: HRPP Doctor's Bills (Medical Transport), Health Start, Community Health Grants, Title V Hotline	
2.	**Field Name:**	**Children 1 to 22 Year of Age**
	Fiscal Year:	**2016**
	Field Note: Includes Sealants, Fluoride Mouth rinse, Fluoride Varnish, Medical Services Project, Sensory, Community Health Grants, Title V Family Planning, SVPEP, SASP, Domestic Violence, Teen Pregnancy Prevention, HPHC MCH, Title V Hotline, CFR, Car Seats, Baby Cribs	
3.	**Field Name:**	**Children With Special Health Care Needs**
	Fiscal Year:	**2016**
	Field Note: Includes: Medical Services Project Sensory, Community Health Grants, Metabolic Formula, Ryan House, Ronald McDonald Houses*, Title V Hotline, Hummingbirds, Special Olympics of Arizona	
4.	**Field Name:**	**Others**
	Fiscal Year:	**2016**
	Field Note: Includes: Title V Abstinence, Abstinence Lottery, Abstinence Plus Lottery, Cystic Fibrosis, Fluoride Varnish, MoM, Metabolic Formula, Title V Family Planning, SVPEP, SASP Domestic Violence, Teen Pregnancy Prevention, HPHC MCH, Title V Hotline, Transition, Raising Special Kids	

Form 6
Deliveries and Infants Served by Title V and Entitled to Benefits Under Title XIX

State: Arizona

Reporting Year 2016

I. Unduplicated Count by Race

	(A) Total All Races	(B) White	(C) Black or African American	(D) American Indian or Native Alaskan	(E) Asian	(F) Native Hawaiian or Other Pacific Islander	(G) More than One Race Reported	(H) Other & Unknown
1. Total Deliveries in State	86,624	69,363	4,417	5,159	3,320	0	2,380	1,985
Title V Served	81,915	66,447	4,317	3,853	3,238	0	2,277	1,783
Eligible for Title XIX	44,645	34,856	3,071	3,457	897	0	1,285	1,079
2. Total Infants in State	86,845	70,160	4,402	5,115	3,264	0	2,176	1,728
Title V Served	84,526	68,287	4,284	4,978	3,177	0	2,118	1,682
Eligible for Title XIX	44,553	35,238	3,044	3,326	819	0	1,189	937

II. Unduplicated Count by Ethnicity

	(A) Total Not Hispanic or Latino	(B) Total Hispanic or Latino	(C) Ethnicity Not Reported	(D) Total All Ethnicities
1. Total Deliveries in State	51,490	35,134	0	86,624
Title V Served	47,728	34,187	0	81,915
Eligible for Title XIX	21,066	23,579	0	44,645
2. Total Infants in State	49,884	36,386	575	86,845
Title V Served	48,552	35,414	560	84,526
Eligible for Title XIX	19,978	24,284	291	44,553

Form Notes for Form 6:

Note for II. Unduplicated Count by Ethnicity 1: Only includes live births deliveries throughout the state. The “race_phs” variable has been recoded to agree with the race categories for Form 6. ADHS uses the smallest group deterministic whole method to combine race and ethnicity variables and categorize the population between Hispanic and not Hispanic.

Field Level Notes for Form 6:

1.	**Field Name:**	**1. Total Deliveries in State**
	Fiscal Year:	**2016**
	Column Name:	**Total All Races**
	Field Note: Only includes live births deliveries throughout the state. The “Newrace” variable has been recoded to agree with the race categories for Form 6. “Asian” includes Native Hawaiian and other Pacific Islanders”.	
2.	**Field Name:**	**1. Title V Served**
	Fiscal Year:	**2016**
	Column Name:	**Total All Races**
	Field Note: Only includes live births deliveries throughout the state at Arizona Perinatal Trust certified facilities. The “Newrace” variable has been recoded to agree with the race categories for Form 6. “Asian” includes Native Hawaiian and other Pacific Islanders”.	
3.	**Field Name:**	**1. Eligible for Title XIX**
	Fiscal Year:	**2016**
	Column Name:	**Total All Races**
	Field Note: Only includes live births deliveries throughout the state at all birthing facilities for which the source of payment for the delivery was AHCCCS (Arizona Care Cost Containment System). The “Newrace” variable has been recoded to agree with the race categories for Form 6. “Asian” includes Native Hawaiian and other Pacific Islanders”.	
4.	**Field Name:**	**2. Total Infants in State**
	Fiscal Year:	**2016**
	Column Name:	**Total All Races**
	Field Note: Data reported in Arizona Title V Block Grant FY2015 Report and Application for Total Deliveries in FY2015.	
5.	**Field Name:**	**2. Title V Served**
	Fiscal Year:	**2016**
	Column Name:	**Total All Races**

	Field Note: Data reported in Arizona Title V Block Grant FY2015 Report and Application for Title V Served in FY2015.	
6.	**Field Name:**	**2. Eligible for Title XIX**
	Fiscal Year:	**2016**
	Column Name:	**Total All Races**
	Field Note: Data reported in Arizona Title V Block Grant FY2015 Report and Application for Eligible for Title XIX in FY2015.	

Form 7
State MCH Toll-Free Telephone Line and Other Appropriate Methods Data

State: Arizona

A. State MCH Toll-Free Telephone Lines	2018 Application Year	2016 Reporting Year
1. State MCH Toll-Free "Hotline" Telephone Number	(800) 232-1678	(800) 232-1678
2. State MCH Toll-Free "Hotline" Name	Children's Information Center	Children's Information Center
3. Name of Contact Person for State MCH "Hotline"	Laura Bellucci	Laura Bellucci
4. Contact Person's Telephone Number	(602) 364-1400	(602) 364-1400
5. Number of Calls Received on the State MCH "Hotline"		426

B. Other Appropriate Methods	2018 Application Year	2016 Reporting Year
1. Other Toll-Free "Hotline" Names	Pregnancy and Breastfeeding Hotline; WIC Hotline	Pregnancy and Breastfeeding Hotline; WIC Hotline
2. Number of Calls on Other Toll-Free "Hotlines"		3,561
3. State Title V Program Website Address	http://azdhs.gov/prevention/womens-childrens-health/index.php	http://azdhs.gov/prevention/womens-childrens-health/index.php
4. Number of Hits to the State Title V Program Website		1,000
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		4,231

Form Notes for Form 7:

Children's Information Center Hotline information provided by hotline staff. Strong Families AZ measure includes 4,231 Facebook 'Likes' for the reporting year.

Form 8
State MCH and CSHCN Directors Contact Information

State: Arizona

1. Title V Maternal and Child Health (MCH) Director	
Name	Patricia Tarango, MS
Title	Chief, Bureau of Women's and Children's Health
Address 1	150 N. 18th Avenue
Address 2	Suite 320
City/State/Zip	Phoenix / AZ / 85007
Telephone	(602) 542-1436
Extension	
Email	patricia.tarango@azdhs.gov

2. Title V Children with Special Health Care Needs (CSHCN) Director	
Name	Katharine Levandowski
Title	Chief, Office of Children with Special Health Care Needs
Address 1	150 N. 18th Avenue
Address 2	Suite 320
City/State/Zip	Phoenix / AZ / 85007
Telephone	(602) 542-2528
Extension	
Email	Katharine.Levandowsky@azdhs.gov

3. State Family or Youth Leader (Optional)	
Name	Dawn Bailey
Title	MCH/CSHCN Family Advisor
Address 1	150 N. 18th Avenue
Address 2	Suite 320
City/State/Zip	Phoenix / AZ / 85007
Telephone	(603) 364-1987
Extension	
Email	dawn.bailey@azdhs.gov

Form Notes for Form 8:

None

Form 9
List of MCH Priority Needs

State: Arizona

Application Year 2018

No.	Priority Need
1.	Improve the health of women before and between pregnancies.
2.	Reduce Infant Mortality and Morbidity
3.	Decrease the incidence of childhood injury.
4.	Increase early identification and treatment of developmental delays.
5.	Promote smooth transition through the life course for CYSHCN.
6.	Support adolescents to make healthy decisions as they transition to adulthood.
7.	Reduce the use of tobacco and other substances across the lifespan.
8.	Improve the oral health of Arizona's women and children.
9.	Increase the percentage of women and children who are physically active.
10.	Strengthen the ability of Arizona families to raise emotionally and physically healthy children.

Form 9 State Priorities-Needs Assessment Year - Application Year 2016

No.	Priority Need	Priority Need Type (New, Replaced or Continued Priority Need for this five-year reporting period)	Rationale if priority need does not have a corresponding State or National Performance/Outcome Measure
1.	Improve the health of women before and between pregnancies.	New	
2.	Reduce Infant Mortality and Morbidity	New	
3.	Decrease the incidence of childhood injury.	New	
4.	Increase early identification and treatment of developmental delays.	New	
5.	Promote smooth transition through the life course for CYSHCN.	New	
6.	Support adolescents to make healthy decisions as they transition to adulthood.	New	
7.	Reduce the use of tobacco and other substances across the lifespan.	New	
8.	Improve the oral health of Arizona's women and children.	New	
9.	Increase the percentage of women and children who are physically active.	New	
10.	Strengthen the ability of Arizona families to raise emotionally and physically healthy children.	New	

Form Notes for Form 9:

None

Field Level Notes for Form 9:

None

Form 10a
National Outcome Measures (NOMs)

State: Arizona

Form Notes for Form 10a NPMs, NOMs, SPMs, SOMs, and ESMs.

None

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
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%, 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
2014	143.1	4.2 %	1,184	82,765
2013	144.2	4.2 %	1,176	81,537
2012	143.6	4.2 %	1,182	82,297
2011	139.3	4.2 %	1,132	81,280
2010	139.0	4.1 %	1,156	83,193
2009	137.7	4.0 %	1,215	88,268
2008	138.4	3.9 %	1,301	94,018

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
2011_2015	18.9	2.1 %	81	429,822
2010_2014	18.3	2.1 %	79	431,948

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 4.1 - 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
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%, or >10% missing data and should be interpreted with caution

NOM 4.1 - Notes:

None

Data Alerts: None

NOM 4.2 - Percent of very low birth weight deliveries (<1,500 grams)

Data Source: National Vital Statistics System (NVSS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2015	1.1 %	0.0 %	961	85,283
2014	1.2 %	0.0 %	1,004	86,823
2013	1.1 %	0.0 %	919	85,518
2012	1.1 %	0.0 %	972	86,406
2011	1.2 %	0.0 %	994	85,518
2010	1.1 %	0.0 %	941	87,450
2009	1.2 %	0.0 %	1,084	92,757

Legends:

Indicator has a numerator <10 and is not reportable

Indicator has a numerator <20, a confidence interval width >20%, or >10% missing data and should be interpreted with caution

NOM 4.2 - Notes:

None

Data Alerts: None

NOM 4.3 - Percent of moderately low birth weight deliveries (1,500-2,499 grams)

Data Source: National Vital Statistics System (NVSS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2015	6.1 %	0.1 %	5,167	85,283
2014	5.9 %	0.1 %	5,082	86,823
2013	5.8 %	0.1 %	4,978	85,518
2012	5.8 %	0.1 %	5,025	86,406
2011	5.8 %	0.1 %	4,994	85,518
2010	6.0 %	0.1 %	5,249	87,450
2009	5.9 %	0.1 %	5,491	92,757

Legends:

Indicator has a numerator <10 and is not reportable

Indicator has a numerator <20, a confidence interval width >20%, or >10% missing data and should be interpreted with caution

NOM 4.3 - Notes:

None

Data Alerts: None

NOM 5.1 - Percent of preterm births (<37 weeks)

Data Source: National Vital Statistics System (NVSS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
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	9.3 %	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%, or >10% missing data and should be interpreted with caution

NOM 5.1 - Notes:

None

Data Alerts: None

NOM 5.2 - Percent of early preterm births (<34 weeks)

Data Source: National Vital Statistics System (NVSS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2015	2.4 %	0.1 %	2,016	85,263
2014	2.4 %	0.1 %	2,040	86,799
2013	2.4 %	0.1 %	2,069	85,557
2012	2.5 %	0.1 %	2,159	86,390
2011	2.5 %	0.1 %	2,143	85,505
2010	2.5 %	0.1 %	2,140	87,454
2009	2.5 %	0.1 %	2,286	92,773

Legends:

Indicator has a numerator <10 and is not reportable

Indicator has a numerator <20, a confidence interval width >20%, or >10% missing data and should be interpreted with caution

NOM 5.2 - Notes:

None

Data Alerts: None

NOM 5.3 - Percent of late preterm births (34-36 weeks)

Data Source: National Vital Statistics System (NVSS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2015	6.7 %	0.1 %	5,708	85,263
2014	6.7 %	0.1 %	5,779	86,799
2013	6.7 %	0.1 %	5,706	85,557
2012	6.8 %	0.1 %	5,829	86,390
2011	6.8 %	0.1 %	5,837	85,505
2010	7.2 %	0.1 %	6,310	87,454
2009	7.6 %	0.1 %	7,046	92,773

Legends:

Indicator has a numerator <10 and is not reportable

Indicator has a numerator <20, a confidence interval width >20%, or >10% missing data and should be interpreted with caution

NOM 5.3 - 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
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%, 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
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:

Indicator results were based on a shorter time period than required for reporting

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
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
2014	6.1	0.3 %	530	86,887
2013	5.3	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
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
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	2.2	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
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	184.1	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 - Sleep-related 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
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 - The percent of infants born with fetal alcohol exposure in the last 3 months of pregnancy

FAD Not Available for this measure.

NOM 10 - Notes:

None

Data Alerts: None

NOM 11 - The rate of infants born with neonatal abstinence syndrome per 1,000 delivery hospitalizations

Data Source: HCUP - State Inpatient Databases (SID)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2014	13.4	0.4 %	1,110	82,771
2013	12.8	0.4 %	1,044	81,537
2012	10.9	0.4 %	896	82,300
2011	10.1	0.4 %	821	81,280
2010	8.4	0.3 %	698	83,198
2009	7.0	0.3 %	616	88,268
2008	4.4	0.2 %	413	94,018

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)

FAD Not Available for this measure.

NOM 12 - Notes:

None

Data Alerts: None

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

FAD Not Available for this measure.

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 12 months

Data Source: National Survey of Children's Health (NSCH)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2011_2012	22.3 %	1.5 %	340,573	1,527,105

Legends:

Indicator has an unweighted denominator <30 and is not reportable

Indicator has a confidence interval width >20% 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
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
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
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
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

Data Source: National Survey of Children's Health (NSCH)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2011_2012	19.2 %	1.3 %	310,801	1,620,552
2007	17.4 %	1.3 %	288,152	1,657,543
2003	14.6 %	1.0 %	220,758	1,512,819

Legends:

Indicator has an unweighted denominator <30 and is not reportable

Indicator has a confidence interval width >20% 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) receiving care in a well-functioning system

Data Source: National Survey of Children with Special Health Care Needs (NS-CSHCN)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2009_2010	12.4 %	1.4 %	26,884	217,438

Legends:

Indicator has an unweighted denominator <30 and is not reportable

Indicator has a confidence interval width >20% and should be interpreted with caution

NOM 17.2 - Notes:

None

Data Alerts: None

NOM 17.3 - Percent of children 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
2011_2012	1.9 %	0.5 %	26,226	1,355,638
2007	0.8 %	0.3 %	10,230	1,366,723

Legends:

Indicator has an unweighted denominator <30 and is not reportable

Indicator has a confidence interval width that is inestimable or >20% and should be interpreted with caution

NOM 17.3 - Notes:

None

Data Alerts: None

NOM 17.4 - Percent of children 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
2011_2012	7.6 %	1.0 %	103,079	1,356,983
2007	5.5 %	0.8 %	75,119	1,362,540

Legends:

Indicator has an unweighted denominator <30 and is not reportable

Indicator has a confidence interval width that is inestimable or >20% and should be interpreted with caution

NOM 17.4 - Notes:

None

Data Alerts: None

NOM 18 - Percent of children 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
2011_2012	59.8 %	5.7 %	85,709	143,266
2007	62.1 %	7.5 %	69,191	111,502
2003	55.5 %	5.5 %	46,490	83,777

Legends:

Indicator has an unweighted denominator <30 and is not reportable

Indicator has a confidence interval width >20% and should be interpreted with caution

NOM 18 - Notes:

None

Data Alerts: None

NOM 19 - Percent of children 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
2011_2012	80.1 %	1.5 %	1,297,338	1,620,552
2007	80.7 %	1.6 %	1,337,038	1,657,543
2003	80.7 %	1.0 %	1,220,632	1,512,175

Legends:

Indicator has an unweighted denominator <30 and is not reportable

Indicator has a confidence interval width that is inestimable or >20% and should be interpreted with caution

NOM 19 - Notes:

None

Data Alerts: None

NOM 20 - Percent of children and adolescents who are overweight or obese (BMI at or above the 85th percentile)

Data Source: National Survey of Children's Health (NSCH)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2011_2012	36.7 %	2.7 %	245,102	668,033
2007	30.6 %	2.5 %	203,929	667,522
2003	29.7 %	2.0 %	173,000	582,694

Legends:

Indicator has an unweighted denominator <30 and is not reportable

Indicator has a confidence interval width >20% and should be interpreted with caution

Data Source: WIC

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2014	28.7 %	0.2 %	15,237	53,044
2012	30.6 %	0.2 %	18,790	61,419
2010	31.0 %	0.2 %	22,630	72,933
2008	31.9 %	0.2 %	18,948	59,354

Legends:

Indicator has a denominator <50 or a relative standard error ≥30% and is not reportable

Indicator has a confidence interval width >20% and should be interpreted with caution

Data Source: Youth Risk Behavior Surveillance System (YRBSS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2015	25.6 %	1.2 %	71,671	280,483
2013	23.4 %	1.6 %	66,669	284,716
2011	24.8 %	1.3 %	64,056	258,791
2009	27.1 %	1.4 %	78,879	291,495
2007	25.6 %	1.9 %	70,244	274,096
2005	25.4 %	1.2 %	58,931	232,232

Legends:

Indicator has an unweighted denominator <100 and is not reportable

Indicator has a confidence interval width >20% and should be interpreted with caution

NOM 20 - Notes:

None

Data Alerts: None

NOM 21 - Percent of children without health insurance

Data Source: American Community Survey (ACS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
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 that is inestimable or >20% and should be interpreted with caution

NOM 21 - Notes:

None

Data Alerts: None

NOM 22.1 - Percent of children ages 19 through 35 months, who completed the combined 7-vaccine series (4:3:1:3*:3:1:4)

Data Source: National Immunization Survey (NIS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2015	72.3 %	3.4 %	90,510	125,139
2014	66.1 %	4.1 %	82,513	124,832
2013	65.1 %	4.0 %	80,405	123,594
2012	67.5 %	3.8 %	86,015	127,388
2011	60.4 %	4.6 %	82,027	135,912
2010	56.0 %	3.4 %	82,550	147,433
2009	36.7 %	3.3 %	56,832	155,016

Legends:

Estimate not reported because unweighted sample size for the denominator < 30 or 95% confidence interval half-width/estimate > 0.6

Estimates with 95% confidence interval half-widths > 10 might not be reliable

NOM 22.1 - Notes:

None

Data Alerts: None

NOM 22.2 - Percent of children 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
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 95% confidence interval half-width/estimate > 0.6

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 (Female)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2015	68.3 %	3.8 %	153,479	224,583
2014	58.2 %	4.8 %	129,404	222,221
2013	64.1 %	4.5 %	141,754	221,198
2012	54.3 %	4.9 %	119,159	219,600
2011	55.3 %	5.3 %	121,579	219,995
2010	52.8 %	4.8 %	108,559	205,747
2009	52.8 %	4.7 %	115,608	219,127

Legends:

Estimate not reported because unweighted sample size for the denominator < 30 or 95% confidence interval half-width/estimate > 0.6

Estimates with 95% confidence interval half-widths > 10 might not be reliable

Data Source: National Immunization Survey (NIS) - Teen (Male)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2015	51.3 %	4.2 %	119,294	232,607
2014	40.7 %	4.2 %	94,141	231,597
2013	44.4 %	4.5 %	102,551	230,790
2012	19.7 %	3.6 %	45,363	230,034
2011	8.5 %	2.3 %	19,490	230,738

Legends:

Estimate not reported because unweighted sample size for the denominator < 30 or 95% confidence interval half-width/estimate > 0.6

Estimates with 95% confidence interval half-widths > 10 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
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 half-width/estimate > 0.6

Estimates with 95% confidence interval half-widths > 10 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
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 half-width/estimate > 0.6

Estimates with 95% confidence interval half-widths > 10 might not be reliable

NOM 22.5 - Notes:

None

Data Alerts: None

Form 10a
National Performance Measures (NPMs)

State: Arizona

NPM 1 - Percent of women with a past year preventive medical visit

Federally Available Data	
Data Source: Behavioral Risk Factor Surveillance System (BRFSS)	
	2016
Annual Objective	61.9
Annual Indicator	61.8
Numerator	714,968
Denominator	1,156,088
Data Source	BRFSS
Data Source Year	2015

Annual Objectives						
	2017	**2018**	**2019**	**2020**	**2021**	**2022**
Annual Objective	62.5	63.1	63.7	64.4	65.0	65.7

Field Level Notes for Form 10a NPMs:

None

NPM 4 - A) Percent of infants who are ever breastfed

Federally Available Data	
Data Source: National Immunization Survey (NIS)	
	2016
Annual Objective	81.9
Annual Indicator	85.0
Numerator	70,477
Denominator	82,887
Data Source	NIS
Data Source Year	2013

Annual Objectives						
	2017	**2018**	**2019**	**2020**	**2021**	**2022**
Annual Objective	81.9	81.9	81.9	81.9	81.9	81.9

Field Level Notes for Form 10a NPMs:

None

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

Federally Available Data	
Data Source: National Immunization Survey (NIS)	
	2016
Annual Objective	19.5
Annual Indicator	23.8
Numerator	19,300
Denominator	81,000
Data Source	NIS
Data Source Year	2013

Annual Objectives						
	2017	**2018**	**2019**	**2020**	**2021**	**2022**
Annual Objective	21.0	22.5	24.0	25.5	25.5	26.0

Field Level Notes for Form 10a NPMs:

None

NPM 6 - Percent of children, ages 10 through 71 months, receiving a developmental screening using a parent-completed screening tool

Federally Available Data	
Data Source: National Survey of Children's Health (NSCH)	
	2016
Annual Objective	22.4
Annual Indicator	21.8
Numerator	94,127
Denominator	432,829
Data Source	NSCH
Data Source Year	2011_2012

Annual Objectives						
	2017	**2018**	**2019**	**2020**	**2021**	**2022**
Annual Objective	23.1	23.7	24.4	24.9	25.4	25.9

Field Level Notes for Form 10a NPMs:

None

NPM 7 - Rate of hospitalization for non-fatal injury per 100,000 children ages 0 through 9 and adolescents 10 through 19 (Child Health)

Federally Available Data	
Data Source: HCUP - State Inpatient Databases (SID) - CHILD	
	2016
Annual Objective	215.1
Annual Indicator	160.8
Numerator	1,432
Denominator	890,422
Data Source	SID-CHILD
Data Source Year	2014

Annual Objectives						
	2017	**2018**	**2019**	**2020**	**2021**	**2022**
Annual Objective	160.5	158.3	156.1	153.9	151.7	149.5

Field Level Notes for Form 10a NPMs:

None

NPM 9 - Percent of adolescents, ages 12 through 17, who are bullied or who bully others

Federally Available Data	
Data Source: National Survey of Children's Health (NSCH)	
	2016
Annual Objective	18.6
Annual Indicator	18.8
Numerator	105,025
Denominator	558,172
Data Source	NSCH
Data Source Year	2011_2012

Annual Objectives						
	2017	**2018**	**2019**	**2020**	**2021**	**2022**
Annual Objective	18.4	18.2	18.0	17.9	17.7	17.5

Field Level Notes for Form 10a NPMs:

None

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)	
	2016
Annual Objective	75.8
Annual Indicator	75.8
Numerator	422,996
Denominator	557,956
Data Source	NSCH
Data Source Year	2011_2012

Annual Objectives						
	2017	**2018**	**2019**	**2020**	**2021**	**2022**
Annual Objective	76.0	76.5	77.0	77.5	78.0	78.5

Field Level Notes for Form 10a NPMs:

None

NPM 12 - Percent of adolescents with and without special health care needs who received services necessary to make transitions to adult health care

Federally Available Data	
Data Source: National Survey of Children with Special Health Care Needs (NS-CSHCN)	
	2016
Annual Objective	36
Annual Indicator	35.6
Numerator	30,347
Denominator	85,151
Data Source	NS-CSHCN
Data Source Year	2009_2010

Annual Objectives						
	2017	**2018**	**2019**	**2020**	**2021**	**2022**
Annual Objective	36.4	36.7	37.1	37.4	37.8	38.2

Field Level Notes for Form 10a NPMs:

None

NPM 14 - A) Percent of women who smoke during pregnancy

Federally Available Data	
Data Source: National Vital Statistics System (NVSS)	
	2016
Annual Objective	4.3
Annual Indicator	5.3
Numerator	4,484
Denominator	85,262
Data Source	NVSS
Data Source Year	2015

Annual Objectives						
	2017	**2018**	**2019**	**2020**	**2021**	**2022**
Annual Objective	4.3	4.2	4.1	4.0	3.9	3.8

Field Level Notes for Form 10a NPMs:

None

NPM 14 - B) Percent of children who live in households where someone smokes

Federally Available Data	
Data Source: National Survey of Children's Health (NSCH)	
	2016
Annual Objective	19.8
Annual Indicator	20.0
Numerator	319,332
Denominator	1,598,348
Data Source	NSCH
Data Source Year	2011_2012

Annual Objectives						
	2017	**2018**	**2019**	**2020**	**2021**	**2022**
Annual Objective	19.6	19.4	19.2	19.0	18.8	18.6

Field Level Notes for Form 10a NPMs:

None

Form 10a
State Performance Measures (SPMs)

State: Arizona

SPM 1 - Percent of third-graders with dental sealants on their permanent molar teeth

Measure Status:	Inactive - Replaced

Annual Objectives						
	2017	2018	2019	2020	2021	2022
Annual Objective	76.0	77.0	78.0	79.0	80.0	

Field Level Notes for Form 10a SPMs:

None

SPM 2 - Number of home visitors trained to promote physical activity among women.

Measure Status:	Active

State Provided Data	
	2016
Annual Objective	
Annual Indicator	20
Numerator	
Denominator	
Data Source	Strong Families AZ Conference Registration
Data Source Year	2016
Provisional or Final ?	Final

Annual Objectives						
	2017	2018	2019	2020	2021	2022
Annual Objective	5.0	5.0	5.0	5.0	5.0	5.0

Field Level Notes for Form 10a SPMs:

None

SPM 3 - Number of providers supported to better educate families about the importance of immunization.

Measure Status:	Active

State Provided Data	
	2016
Annual Objective	
Annual Indicator	3,100
Numerator	
Denominator	
Data Source	Internal program data
Data Source Year	2016
Provisional or Final ?	Final

Annual Objectives						
	2017	2018	2019	2020	2021	2022
Annual Objective	1,000.0	1,000.0	1,000.0	1,000.0	1,000.0	1,000.0

Field Level Notes for Form 10a SPMs:

None

SPM 4 - Increase the number of school-based sealant programs in rural communities across Arizona.

Measure Status:	Active

Annual Objectives						
	2017	2018	2019	2020	2021	2022
Annual Objective	38.0	42.0	46.0	50.0	50.0	50.0

Field Level Notes for Form 10a SPMs:

None

Form 10a
Evidence-Based or –Informed Strategy Measures (ESMs)

State: Arizona

ESM 1.1 - Development of preconception health survey questions.

Measure Status:	Inactive - Replaced

State Provided Data	
	2016
Annual Objective	
Annual Indicator	Yes
Numerator	
Denominator	
Data Source	In house data from Office of Womens Health
Data Source Year	2016
Provisional or Final ?	Final

Annual Objectives						
	2017	2018	2019	2020	2021	2022
Annual Objective	Yes	Yes	Yes	Yes	Yes	Yes

Field Level Notes for Form 10a ESMs:

1.	**Field Name:**	**2016**
	Column Name:	**State Provided Data**

Field Note:
Survey questions were developed but the survey was not administered to physicians as planned due to competing priorities with limiting epidemiological support.

ESM 1.2 - Proportion of providers who are assessed as prepared by BWCH to include preconception health items in a well visit.

Measure Status:	Active

Annual Objectives						
	2017	2018	2019	2020	2021	2022
Annual Objective	0.0	6.0	8.0	10.0	15.0	25.0

Field Level Notes for Form 10a ESMs:

1.	**Field Name:**	**2017**
	Column Name:	**Annual Objective**

Field Note:
Survey was not administered in Fiscal Year 2017.

ESM 4.1 - Number of home visitors trained to become ICBLC certified over the next 5 years.

Measure Status:	Active

State Provided Data	
	2016
Annual Objective	
Annual Indicator	8
Numerator	
Denominator	
Data Source	MIECHV Program Data
Data Source Year	2016
Provisional or Final ?	Final

Annual Objectives						
	2017	2018	2019	2020	2021	2022
Annual Objective	5.0	5.0	5.0	5.0	5.0	5.0

Field Level Notes for Form 10a ESMs:

None

ESM 6.1 - Number of home visitors trained to provide ASQ over the next 5 years.

Measure Status:	Active

State Provided Data	
	2016
Annual Objective	
Annual Indicator	27
Numerator	
Denominator	
Data Source	In house data from training registration forms (HS
Data Source Year	2016
Provisional or Final ?	Final

Annual Objectives						
	2017	2018	2019	2020	2021	2022
Annual Objective	10.0	10.0	10.0	10.0	10.0	10.0

Field Level Notes for Form 10a ESMs:

None

ESM 7.1 - Standardized home safety checklists for home visitors posted on BWCH webpage.

Measure Status:	Inactive - Completed

State Provided Data	
	2016
Annual Objective	
Annual Indicator	Yes
Numerator	
Denominator	
Data Source	ADHS Website/Health Start Program
Data Source Year	2016
Provisional or Final ?	Final

Annual Objectives						
	2017	2018	2019	2020	2021	2022
Annual Objective	Yes	Yes	Yes	Yes	Yes	Yes

Field Level Notes for Form 10a ESMs:

None

ESM 7.2 - Number of ADHS-facilitated injury-related trainings provided to community partners including home visitors through stakeholder engagement.

Measure Status:	Active

Annual Objectives						
	2017	2018	2019	2020	2021	2022
Annual Objective	1.0	2.0	3.0	4.0	5.0	6.0

Field Level Notes for Form 10a ESMs:

None

ESM 9.1 - Environmental scan of current anti-bullying efforts conducted.

Measure Status:	Inactive - Completed

State Provided Data	
	2016
Annual Objective	
Annual Indicator	Yes
Numerator	
Denominator	
Data Source	In house data from Office of Womens Health
Data Source Year	2016
Provisional or Final ?	Final

Annual Objectives						
	2017	2018	2019	2020	2021	2022
Annual Objective	Yes	Yes	Yes	Yes	Yes	Yes

Field Level Notes for Form 10a ESMs:

None

ESM 9.2 - Number of hits on the bullying prevention campaign website titled, 'Must STOP Bullying.'

Measure Status:	Active

Annual Objectives						
	2017	2018	2019	2020	2021	2022
Annual Objective	0.0	300.0	400.0	500.0	600.0	700.0

Field Level Notes for Form 10a ESMs:

1.	**Field Name:**	**2017**
	Column Name:	**Annual Objective**

Field Note:
Website campaign will be launched on October 2017 (Fiscal Year 2018).

ESM 10.1 - Formal collaborations with at least 5 partners to promote preventive medical visits for adolescents established.

Measure Status:	Inactive - Completed

State Provided Data	
	2016
Annual Objective	
Annual Indicator	Yes
Numerator	
Denominator	
Data Source	In house data from Office of Womens Health
Data Source Year	2016
Provisional or Final ?	Final

Annual Objectives						
	2017	2018	2019	2020	2021	2022
Annual Objective	Yes	Yes	Yes	Yes	Yes	Yes

Field Level Notes for Form 10a ESMs:

1.	**Field Name:**	**2016**
	Column Name:	**State Provided Data**

Field Note:
These collaborations were initiated in June and September 2016 and will continue in the years to come. The ESM will be changed as a new strategy has been identified to achieve the designed goal. The new strategy will read: Recruit a minimum of 4 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 - Number of healthcare clinics implementing University of Michigan's Adolescent Champion Model at their sites.

Measure Status:	Active

Annual Objectives						
	2017	2018	2019	2020	2021	2022
Annual Objective	0.0	2.0	4.0	6.0	8.0	10.0

Field Level Notes for Form 10a ESMs:

1.	**Field Name:**	**2017**
	Column Name:	**Annual Objective**

Field Note:
Implementation of the model will take place in fiscal year 2018.

ESM 12.1 - Development of baseline survey of pediatricians and other providers concerning transition practices

Measure Status:	Inactive - Replaced

State Provided Data	
	2016
Annual Objective	
Annual Indicator	No
Numerator	
Denominator	
Data Source	In house data from OCSHCN
Data Source Year	2016
Provisional or Final ?	Final

Annual Objectives						
	2017	2018	2019	2020	2021	2022
Annual Objective	Yes	Yes	Yes	Yes	Yes	Yes

Field Level Notes for Form 10a ESMs:

1.	**Field Name:**	**2016**
	Column Name:	**State Provided Data**

Field Note:
The University of Arizona has been contracted to develop and implement the survey for the incoming years. A formal evaluation plan and contract has been developed, signed, and waiting for procurement approval. The expected design of the survey is expected to occur in the fall of 2017.

ESM 12.2 - Number of professional organizations that facilitate the dissemination of evidence-informed transition resources to families with children with special healthcare needs and healthcare providers.

Measure Status:	Active

Annual Objectives						
	2017	2018	2019	2020	2021	2022
Annual Objective	2.0	3.0	4.0	5.0	6.0	7.0

Field Level Notes for Form 10a ESMs:

None

ESM 14.1 - Number of home visitors trained on the effects of second hand smoke

Measure Status:	Active

State Provided Data	
	2016
Annual Objective	
Annual Indicator	20
Numerator	
Denominator	
Data Source	Strong Families AZ Conference Registration
Data Source Year	2016
Provisional or Final ?	Final

Annual Objectives						
	2017	2018	2019	2020	2021	2022
Annual Objective	20.0	20.0	20.0	20.0	20.0	20.0

Field Level Notes for Form 10a ESMs:

None

Form 10b
State Performance Measure (SPM) Detail Sheets

State: Arizona

SPM 1 - Percent of third-graders with dental sealants on their permanent molar teeth
Population Domain(s) – Cross-Cutting/Life Course

Measure Status:	Inactive - Replaced
Goal:	By 2020, increase the percentage of third-graders with dental sealants on their permanent molar teeth by 10%.
Definition:	**Numerator:** Number of third-graders with dental sealants on their permanent molar teeth **Denominator:** Total number of third-graders in Arizona **Unit Type:** Percentage **Unit Number:** 100
Healthy People 2020 Objective:	N/A
Data Sources and Data Issues:	Healthy Smiles Healthy Bodies survey
Significance:	School-based dental sealant programs seek to ensure that children receive an evidence-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 schools. The data will inform this measure by showing us the increase in the percentage of third-graders with dental sealants on their permanent molar teeth from year to year and allow Arizona to track whether it is achieving its goal.

SPM 2 - Number of home visitors trained to promote physical activity among women.
Population Domain(s) – Cross-Cutting/Life Course

Measure Status:	Active
Goal:	By 2020, maintain levels of physical activity among women ages 18-44 years at 80%.
Definition:	**Numerator:** Home visitors trained **Denominator:** N/A **Unit Type:** Count **Unit Number:** 25
Healthy People 2020 Objective:	N/A
Data Sources and Data Issues:	In house data
Significance:	Physical activity is an important strategy in the prevention of overweight and obesity. During Arizona's needs assessment, community members consistently identified increasing physical activity and reducing overweight and obesity as a priority issues for many populations--children, adolescents and women. In an effort to address this priority, BWCH will be working with its home visiting programs to provide education to home visitors so that they can in turn support clients in achieving their physical activity and healthy weight goals.

SPM 3 - Number of providers supported to better educate families about the importance of immunization.
Population Domain(s) – Cross-Cutting/Life Course

Measure Status:	Active
Goal:	Support providers with tools and resources to allow them to better educate families about the importance of immunizations over the next 5 years.
Definition:	**Numerator:** Number of providers offered professional development and education surrounding the importance of immunizations at statewide trainings. **Denominator:** N/A **Unit Type:** Count **Unit Number:** 10,000
Healthy People 2020 Objective:	Maintain an effective vaccination coverage level of 4 doses of the diphtheria-tetanus-acellular pertussis (DTaP) vaccine among children by age 19 to 35 months--90% Achieve and maintain an effective vaccination coverage level of 3 or 4 doses of Haemophilus influenzae type b (Hib) vaccine among children by age 19 to 35 months--90% Maintain an effective vaccination coverage level of 3 doses of hepatitis B (hep B) vaccine among children by age 19 to 35 months--90% Maintain an effective coverage level of 1 dose of measles-mumps-rubella (MMR) vaccine among children by age 19 to 35 months--90% Maintain an effective coverage level of 3 doses of polio vaccine among children by age 19 to 35 months--90%
Data Sources and Data Issues:	National Immunization Survey
Significance:	Immunizations are one of the best tools available in the prevention of disease and are crucial for maintaining and improving the health of a population. In preventing disease, immunizations reduce morbidity and mortality and save billions of dollars in health care costs. While vaccines are very common and are recommended to be part of routine care for most people, many continue to suffer from completely preventable diseases. To this end, it is important for Arizona to continue to promote and educate about immunization. By focusing on increasing levels of immunization and promoting provider education and standardized messaging, BWCH is working to improve the health of children and families in our state. Source: https://www.healthypeople.gov/2020/topics-objectives/topic/immunization-and-infectious-diseases

SPM 4 - Increase the number of school-based sealant programs in rural communities across Arizona.
Population Domain(s) – Cross-Cutting/Life Course

Measure Status:	Active
Goal:	By 2020, increase the number of school-based sealant programs in rural communities across Arizona by 30% (~50 schools).
Definition:	**Numerator:** The total number of school-based sealant programs in rural communities. **Denominator:** The number of school-based sealant programs in rural communities at baseline year (FY 2016). **Unit Type:** Count **Unit Number:** 100
Data Sources and Data Issues:	Internal program data from the Office of Oral Health. This measure is tracked throughout the program's implementation.
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 schools. The data will inform this measure by showing us the increase in the percentage of thirdgraders with dental sealants on their permanent molar teeth from year to year and allow Arizona to track whether it is achieving its goal.

Form 10b
State Outcome Measure (SOM) Detail Sheets

State: Arizona

No State Outcome Measures were created by the State.

Form 10c
Evidence-Based or –Informed Strategy Measures (ESM) Detail Sheets

State: Arizona

ESM 1.1 - Development of preconception health survey questions.
NPM 1 – Percent of women with a past year preventive medical visit

Measure Status:	Inactive - Replaced
Goal:	By 2020, increase the number of providers who feel prepared to include preconception in a well visit by 5%.
Definition:	**Numerator:** Survey questions developed. **Denominator:** N/A **Unit Type:** Text **Unit Number:** Yes/No
Data Sources and Data Issues:	In-house data from Office of Women's Health
Significance:	In 2014, BWCH conducted a survey assessing provider attitudes and opinions about preconception care (PCC) in Arizona. Responses indicated that 86.5% of OB/GYNs and 71.4% of practitioners felt they had appropriate training to provide PCC. Preconception health is such an important component of overall health so it is crucial that providers feel prepared to give this information for the health and well-being of Arizona's reproductive-aged population, as well as for future generations. This measure is important to address the ESM goal because the first step in assessing provider preparedness is to develop a survey. BWCH plans to administer the survey every two years to monitor any improvements or other changes in provider opinions.

ESM 1.2 - Proportion of providers who are assessed as prepared by BWCH to include preconception health items in a well visit.
NPM 1 – Percent of women with a past year preventive medical visit

Measure Status:	Active
Goal:	By 2020, increase the proportion of providers who are assessed prepared to include preconception health items in a well visit by 10%.
Definition:	**Numerator:** Number of providers who are assess as prepared by the Program to include preconception health items in a well visit as captured in the pre-conception health survey in the measurement year. **Denominator:** Number of providers who participate in the pre-conception health survey for the measurement year. **Unit Type:** Ratio **Unit Number:** 1
Data Sources and Data Issues:	In-house data from Office of Women's Health within the Program.
Significance:	In 2014, BWCH conducted a survey assessing provider attitudes and opinions about preconception care (PCC) in Arizona. Responses indicated that 86.5% of OB/GYNs and 71.4% of practitioners felt they had appropriate training to provide PCC; a combined percentage of 79.0%. Preconception health is such an important component of overall health so it is crucial that providers feel prepared to give this information for the health and well-being of Arizona's reproductive-aged population, as well as for future generations.

ESM 4.1 - Number of home visitors trained to become ICBLC certified over the next 5 years.
NPM 4 – A) Percent of infants who are ever breastfed and 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 25 over the next five years.
Definition:	**Numerator:** Number of home visitors supported to earn ICBLC certification **Denominator:** N/A **Unit Type:** Count **Unit Number:** 25
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 6.1 - Number of home visitors trained to provide ASQ over the next 5 years.
NPM 6 – Percent of children, ages 10 through 71 months, receiving a developmental screening using a parent-completed screening tool

Measure Status:	Active
Goal:	Increase the number of home visitors trained on ASQ each year by 10.
Definition:	**Numerator:** Number of home visitors trained on ASQ **Denominator:** N/A **Unit Type:** Count **Unit Number:** 50
Data Sources and Data Issues:	In-house program data
Significance:	Home visitors build a trusting relationship with families and, therefore, are well equipped to help families complete an ASQ developmental screening. Studies show that the earlier a delay is recognized and intervention is begun, the better the child's chance of substantial improvement. Developmental screening is one of the best things you can do to ensure a child's success in school and life. Home visitors need to receive training so they use the ASQ correctly, including how it is communicated to families and, if needed, how to make an appropriate referral. By tracking the number of home visitors trained on how to use the ASQ correctly, Arizona can measure if its goal is being achieved.

ESM 7.1 - Standardized home safety checklists for home visitors posted on BWCH webpage.
NPM 7 – Rate of hospitalization for non-fatal injury per 100,000 children ages 0 through 9 and adolescents 10 through 19

Measure Status:	Inactive - Completed
Goal:	Increase the number of home visitors using a standardized home safety checklist 2020.
Definition:	**Numerator:** Checklists posted **Denominator:** N/A **Unit Type:** Text **Unit Number:** Yes/No
Data Sources and Data Issues:	In-house program data
Significance:	Home safety checklists provide a tool for families and home visitors to identify potential sources of injury and disease at home and at play in an effort to prevent unintentional child injury or death. In 2014, 832 children under the age of 18 died in Arizona, of which, 36% were determined to be preventable. Of the preventable deaths, 180 were due to accidents, 82 were due to unsafe sleep environments, 75 were due to maltreatment, 57 died in motor vehicle crashes and 31 died due to drowning. Injuries are the leading cause of death in children ages 19 and younger. Home safety checklists encourage families and home visitors to be aware of hazards and take proper safety precautions in homes and communities to reduce and eliminate the risks of unintentional injuries. Tracking this measure will allow Arizona to determine if the goal of home safety checklists being posted is achieved.

ESM 7.2 - Number of ADHS-facilitated injury-related trainings provided to community partners including home visitors through stakeholder engagement.
NPM 7 – Rate of hospitalization for non-fatal injury per 100,000 children ages 0 through 9 and adolescents 10 through 19

Measure Status:	Active
Goal:	By 2020, increase four-fold the number of professional development opportunities to community partners including home visitors on the burden of injury thru stakeholder engagement.
Definition:	**Numerator:** Number of professional development opportunities provided for the measurement year. **Denominator:** None **Unit Type:** Count **Unit Number:** 50
Data Sources and Data Issues:	Internal programmatic data from the Program's Office of Women's Health; Office of Children's Health; and Office of Injury Prevention.
Significance:	This new measure will allow BWCH to further push the needle on injury prevention efforts by increasing collaboration amongst 3 distinct offices in holistic initiatives to prevent injuries at the home thru developing our strong network of home visitors throughout the state.

ESM 9.1 - Environmental scan of current anti-bullying efforts conducted.
NPM 9 – Percent of adolescents, ages 12 through 17, who are bullied or who bully others

Measure Status:	Inactive - Completed
Goal:	Over the next five years, reduce the percentage of youth who report being bullied at school by 5%.
Definition:	**Numerator:** Scan conducted. **Denominator:** N/A **Unit Type:** Text **Unit Number:** Yes/No
Data Sources and Data Issues:	In-house program data
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. The first step towards working on programs and strategies is assessing what is already available, so that resources can be directed efficiently and prudently and Arizona's goal of reducing bullying can be achieved.

ESM 9.2 - Number of hits on the bullying prevention campaign website titled, 'Must STOP Bullying.'
NPM 9 – Percent of adolescents, ages 12 through 17, who are bullied or who bully others

Measure Status:	Active
Goal:	By 2020, increase awareness of bullying prevention among the Arizona public as measured by a minimum of 500 website hits to the 'Must Stop Bullying' site.
Definition:	**Numerator:** Total number of website hits on the bullying prevention website for the measured fiscal year. **Denominator:** None **Unit Type:** Count **Unit Number:** 1,000
Data Sources and Data Issues:	Internal programmatic data from the Office of Women's Health (fiscal year)
Significance:	This measure will allow BWCH to assess whether promotional efforts from the Bureau and the Anti-Bullying Task force are driving the public to access the 'Must Stop Bullying' website for knowledge and resources to be launched on October 2017. This measure is part of the overall evaluation for the campaign; a multi-prong approach to bullying control and prevention in schools.

ESM 10.1 - Formal collaborations with at least 5 partners to promote preventive medical visits for adolescents established.
NPM 10 – Percent of adolescents, ages 12 through 17, with a preventive medical visit in the past year.

Measure Status:	Inactive - Completed
Goal:	By 2020, increase the percentage of youth receiving a preventive health visit.
Definition:	**Numerator:** Collaboration formed **Denominator:** N/A **Unit Type:** Text **Unit Number:** Yes/No
Data Sources and Data Issues:	In-house data
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 forming a collaborative, BWCH and partner organizations can develop strategies to increase and facilitate access for adolescent preventive visits. Tracking the number of organizations/partners participating in the state's adolescent health collaborative enables Arizona to measure whether the goal was achieved. Source: Park, M. J., Macdonald, T. M., Ozer, E. M., Burg, S. J., Millstein, S. G., Brindis, C. D., & Irwin, C. E., Jr. (2001). Investing in Clinical Preventive Health Services for Adolescents. San Francisco, CA: University of California, San Francisco, Policy Information and Analysis Center for Middle Childhood and Adolescence, & National Adolescent Health Information Center.

ESM 10.2 - 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 2020, recruit a minimum of six (6) healthcare clinics in implementing University of Michigan's Adolescent Champion Model at their sites.
Definition:	**Numerator:** Number of healthcare clinics implementing the University of Michigan's Adolescent Champion Model. **Denominator:** None **Unit Type:** Count **Unit Number:** 50
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 12.1 - Development of baseline survey of pediatricians and other providers concerning transition practices
NPM 12 – Percent of adolescents with and without special health care needs who received services necessary to make transitions to adult health care

Measure Status:	Inactive - Replaced
Goal:	Increase the percentage of pediatric primary and specialty care practices who report that they have a written health care transition policy.
Definition:	**Numerator:** Survey developed **Denominator:** N/A **Unit Type:** Text **Unit Number:** Yes/No
Data Sources and Data Issues:	In-house data
Significance:	Medical advances and improved quality of care has enabled the majority of children born with special health care needs (CSHCN) to attain adulthood. The transition of CSHCN to adulthood requires coordinated services and additional resources to facilitate the transition as the CSHCN population is more vulnerable to gaps or instability in the healthcare delivery systems. One way to help facilitate transition is for pediatric primary and specialty care practices to develop and maintain a written health care transition policy. In order to assess the percentage of practices with a written health care transition policy and track improvements or other changes, a survey must be developed.

ESM 12.2 - Number of professional organizations that facilitate the dissemination of evidence-informed transition resources to families with children with special healthcare needs and healthcare providers.
NPM 12 – Percent of adolescents with and without special health care needs who received services necessary to make transitions to adult health care

Measure Status:	Active
Goal:	By 2020, partner with at least five (5) professional organizations to disseminate evidence-informed transition resources to families with children with special healthcare needs, healthcare providers, and organizational members.
Definition:	**Numerator:** Number of professional organizations for which partnerships have been established to facilitate the dissemination of transitions resources. **Denominator:** None **Unit Type:** Count **Unit Number:** 100
Data Sources and Data Issues:	In-house data from the Office of Children with Special Health Care Needs/Survey to providers (being developed).
Significance:	Medical advances and improved quality of care has enabled the majority of children born with special health care needs (CSHCN) to attain adulthood. The transition of CSHCN to adulthood requires coordinated services and additional resources to facilitate the transition as the CSHCN population is more vulnerable to gaps or instability in the healthcare delivery systems. One way to help facilitate transition is for pediatric primary and specialty care practices to develop and maintain a written health care transition policy.

ESM 14.1 - Number of home visitors trained on the effects of second hand smoke
NPM 14 – A) Percent of women who smoke during pregnancy and B) Percent of children who live in households where someone smokes

Measure Status:	Active
Goal:	By 2020, provide training on the effects of secondhand smoke on children to 100 home visitors.
Definition:	**Numerator:** Number of Home Visitors trained. **Denominator:** N/A **Unit Type:** Count **Unit Number:** 20
Data Sources and Data Issues:	In-house program data
Significance:	Arizona's home visiting programs provide new families with the support and resources they need to care for and attend to their newborn and developing child's needs. Training home visitors on the negative effects of secondhand smokes is knowledge that is in turn relayed to home visiting clients. It is BWCH's hope that by educating families to the dangers of secondhand smoking, there will be a decrease in the percentage of children living in households where someone smokes. Tracking the number of home visitors trained will allow Arizona to directly measure whether the goal is being achieved.

Form 11
Other State Data

State: Arizona

The Form 11 data are available for review via the link below.

Form 11 Data

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

Abbreviated State Action Plan Table

State: Arizona

Women/Maternal Health

State Priority Needs	NPMs	ESMs	SPMs
Improve the health of women before and between pregnancies.	NPM 1 - Well-Woman Visit	ESM 1.1 *Inactive* ESM 1.2	

Perinatal/Infant Health

State Priority Needs	NPMs	ESMs	SPMs
Reduce Infant Mortality and Morbidity	NPM 4 - Breastfeeding	ESM 4.1	

Child Health

State Priority Needs	NPMs	ESMs	SPMs
Decrease the incidence of childhood injury.	NPM 7 - Injury Hospitalization	ESM 7.1 *Inactive* ESM 7.2	
Increase early identification and treatment of developmental delays.	NPM 6 - Developmental Screening	ESM 6.1	

Adolescent Health

State Priority Needs	NPMs	ESMs	SPMs
Support adolescents to make healthy decisions as they transition to adulthood.	NPM 9 - Bullying	ESM 9.1 *Inactive* ESM 9.2	
Support adolescents to make healthy decisions as they transition to adulthood.	NPM 10 - Adolescent Well-Visit	ESM 10.1 *Inactive* ESM 10.2	

Children with Special Health Care Needs

State Priority Needs	NPMs	ESMs	SPMs
Promote smooth transition through the life course for CYSHCN.	NPM 12 - Transition	ESM 12.1 *Inactive* ESM 12.2	

Cross-Cutting/Life Course

State Priority Needs	NPMs	ESMs	SPMs
Reduce the use of tobacco and other substances across the lifespan.	NPM 14 - Smoking	ESM 14.1	
Improve the oral health of Arizona's women and children.			SPM 4
Increase the percentage of women and children who are physically active.			SPM 2
Strengthen the ability of Arizona families to raise emotionally and physically healthy children.			SPM 3