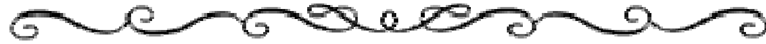

Maternal and Child Health Services Title V Block Grant

State Narrative for Arizona

Application for 2012
Annual Report for 2010

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I. General Requirements

A. Letter of Transmittal

The Letter of Transmittal is to be provided as an attachment to this section.
An attachment is included in this section. IA - Letter of Transmittal

B. Face Sheet

The Face Sheet (Form SF424) is submitted when it is submitted electronically in HRSA EHB. No hard copy is sent.

C. Assurances and Certifications

Certifications and assurances will be kept on file at the Arizona Department of Health Services.

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 March 2009; expires March 31, 2012.

E. Public Input

Several avenues were pursued to seek input from stakeholders and the public, both to help identify and understand emerging issues and to help set priorities. Information was posted to the Women's and Children's Health and the Children with Special Health Care Needs websites, and other forms of electronic communications such as emails and newsletters were used to disseminate information about the needs assessment process, issues, and findings, and to seek input. Surveys were also used to solicit input from stakeholders, community partners, and the public. Program managers and staff who directly work with the public, contractors, and community also brought their perspectives to the needs assessment process.

Formal public input sessions were held around the state in Tucson, Flagstaff, Phoenix, and Mesa in April 2010. In addition, presentations were made to the Arizona Medical Association Maternal Child Health Committee, the March of Dimes, AHCCCS Health Plan maternal child-health coordinators, and local public health officers. Community partners helped to extend invitations to interested families, and two special sessions were held, one focusing on children with special health care needs, and a tribal consultation session focusing on American Indians. Each session was structured to present information on health trends and issues, and gather input on community concerns, priorities, and preferred strategies.

During the public input sessions, information was presented on health issues and trends in Arizona before attendees participated in facilitated group discussion about concerns in their communities, priorities, and strategies. In identifying priorities, public-input participants were asked to consider the size and seriousness of problems, as well as the availability and effectiveness of interventions and resources to carry them out. In addition to the facilitated group discussion, comment sheets were made available for later review. The top priorities presented in this document reflect those needs that participants believed were most important in terms of size and seriousness, and which the Title V maternal-child health program has the capacity to influence.
Meetings of key stakeholders were held through an Integrated Services Grant, over a four-year period from 2005 through 2009. Stakeholders included all of Arizona's child-serving agencies, the state Medicaid agency, Arizona Early Intervention Program, Indian Health Services, Arizona Medical Association, American Academy of Pediatrics, hospitals and other health care providers,

educators, community colleges, universities, families, youth, and self advocates. Committees focused on transportation, healthcare, education, family and youth involvement, youth to adult transition, adolescent health, telemedicine, cultural competence, and screening for special health care needs. The recommendations from the ISG Taskforce were an important source of public input.

Key informant interviews were also conducted from September 2008 through March 2009 to facilitate public input. Participants included agency leaders and physicians working with C/YSHCN. Informants provided suggestions for improving the service delivery system and addressing its gaps.

In 2010, OCSHCN began to solicit public input for the needs assessment through its website. Families and providers were sent email invitations to visit the website, where they could find links to slide presentations focusing on:

- An overview of the needs assessment process,
- Arizona data on MCH Bureau Core Indicators for CYSHCN at two points in time, and
- Data showing how CSHCN compared to other children in Arizona on key indicators.

Website visitors could then respond with questions or comments to an email address, or could call OCSHCN staff directly. In addition, two survey monkey tools were posted to the website, one for providers, and one for families. The surveys were conducted to compare the perceived needs of the families of C/YSHCN with those of the provider community.

The Bureau of Women's and Children's Health conducted a web-based survey of lay health workers and community members throughout Arizona in 2010. Participants (n=878) were asked about the health and needs of women and children living in their communities, and about the ability of their communities to meet these needs. An additional survey was conducted of key partner agencies that serve women and children to assess partners' perceptions of priorities, critical health issues, service gaps, and workforce development issues. The 64 organizations responding to the survey included county health departments, community health centers, Indian Health Services and tribal health departments, and non-profit agencies. The surveys were used to gather input on community perception of needs and assets and results were considered during the priority-setting process.

/2012/ New Title V priorities were announced on the agency website and disseminated through the BWCH newsletter, with an invitation for further input on implementation of the priorities. The Bureau of Women's & Children's Health targeted public input this past year to new funding opportunities. Special community public meetings were held to dscuss the new federal funding for Abstinence Education, Personal Responsibility and Education Program, and Maternal, Infant, and Early Childhood Home Visiting. Community input was critical in the development of these programs. The draft 2012 Title V application and annual report for 2010 was posted on the ADHS website. Twitter was used as one mechanism to notify the public about the draft and ask for comments. A family advisor also reviewed the application and provided comments. //2012//

II. Needs Assessment

In application year 2012, Section IIC will be used to provide updates to the Needs Assessment if any updates occurred.

C. Needs Assessment Summary

Arizona's 2010 Needs Assessment provides an overview of the state, partnership efforts, capacity to address MCH needs, and health status of MCH populations. Especially noteworthy at this time in Arizona are the economic factors that impact so many areas of capacity within the state. Arizona has experienced high rates of home foreclosures, poverty, and households on food stamps. Unemployment rates climbed to 9.5% in February 2010, not long after achieving a historic low of 3.7% in July of 2007.

At the same time, Arizona has experienced substantial declines in state revenue. In state fiscal year 2009, Arizona had the largest decrease (42.5%) in income tax revenue in the nation. The result of these economic forces is a budget deficit projection in Arizona for 2010 of $5 billion dollars, representing 52% of the total general fund budget. This is the second largest proportional state budget deficit in the nation. In the past three years, nearly all state funded maternal and child health programs have been completely eliminated due to state budget cuts. The one remaining state funded MCH program was substantially reduced.

Population trends are also of interest. While the Arizona population overall has continued to grow since the last needs assessment, the number of births in the state began to decline in 2008. By 2009, the total number of births decreased by 10% compared to 2007, which was when the highest number of births occurred in the state. The number and proportion of Hispanic births also decreased in 2008 and 2009.
A brief look at the state priority needs follows.

Teen pregnancy rates in Arizona's have been declining over the past decade, but Arizona still ranks within the top five highest teen birth rates in the nation. Community concern about teen pregnancy was evidenced during the public input process.

Obesity and overweight has been increasing in Arizona. Arizona's percentage of children who are overweight or obese has increased at higher rates than any other state. For youth 10 to 17 years of age, there was a 45.9 percent increase in the prevalence of obesity from 2003 to 2007, which was the greatest increase in the nation. Nearly half of all reproductive age women in Arizona are either overweight or obese. Public input sessions further confirmed the need to continue to maintain addressing obesity and overweight as a priority.

Birth outcomes, such as low birth weight and infant mortality, have remained relatively stable over the past five years. The percentage of Arizonan women accessing prenatal care in the first trimester increased since the last needs assessment, particularly among women receiving Medicaid. Since 2006 when the CDC issued its recommendations on how to improve the health of women prior to pregnancy, known as preconception health, Arizona has shifted more attention to this strategy in order to improve birth outcomes, including infant mortality. Participants of public input sessions and stakeholders identified preconception health as a priority area.

Injuries are the leading causes of death for Arizonans ages 1-44. Homicides and suicides remain a significant issue for teens and young adults, and dating violence among Arizona high school students increased significantly between 2003 and 2007.

Improving preventive health services for children has been selected as a new priority by the group of stakeholders and ADHS staff charged with setting general MCH priorities. This new

priority ranked highest of any other priority during this session.

The oral health of children residing in Arizona is significantly worse than for their national peers. Arizona's Healthy Smiles, Healthy Bodies survey reported that 31 percent of children ages 2-5 years in Arizona had untreated tooth delay, compared to only 16 percent of their peers nationally. Public input sessions and the Bureau of Women's & Children's Health (BWCH) partner and community surveys all confirmed oral health as a critical need in Arizona.

One measure of mental health is how frequently mental distress occurs. In Arizona, nearly one-in-five women ages 18-44 reported problems dealing with depression, stress, and/or emotions during the past month. Women with frequent mental distress were significantly more likely to be obese than women without frequently mental distress. BWCH survey results and comments provided during public input sessions indicated that mental health and substance use/abuse (including alcohol as well as illegal drug use) are critical issues that need to be addressed.

The needs assessment data shows a relatively high proportion of unmet need related to hearing, with one in four children with special health care needs (CSHCN) with an identified need for hearing aids or hearing care failing to have those needs met. While every newborn in Arizona is screened for hearing loss, approximately one third of those who fail initial screening do not receive appropriate follow up services. Reducing unmet need for hearing services has been selected as a new priority.

Although adolescents represent a relatively small proportion of all CSHCN, most CSHCN will eventually become adults and will require transition services. Whether a child will grow to live independently or require some kind of assistance, every family must address how health care needs will be met as well as all of the requirements of everyday living. All avenues of public input emphasized the importance of transition. Preparing CYSHCN for transition to adulthood is a new state priority.

Inclusion of CSHCN in childcare, school, sports, work, and even in ADHS wellness activities, such as nutrition and physical activity, and injury prevention, presented many opportunities for improvement. During public input, families often spoke about the lack of accommodations for CSHCN to participate in all aspects of life, and how important these were to address. Promoting inclusion of CSHCN in all aspects of life has been selected as a new priority.

III. State Overview

A. Overview

This overview of Arizona places the state's Title V program within the context of the overall environment in which it operates, particularly the social determinants of health. As defined by the World Health Organization (WHO), social determinants of health are the conditions in which people are born, grow, live, work and age, including the health system. The conditions in which people live and die are, in turn, shaped by political, social, and economic forces. The challenges of a weak economy, unemployment, state budget deficits, poverty, racial and ethnic disparities, lack of health insurance, and geography impact the state's capacity to address women's and children health.

The challenges, as well as the assets, in the overall environment served as important considerations in priority-setting and selection of future strategies. Arizona's selection of state Title V priorities for 2011-2016 was grounded in review of quantitative and qualitative data, as well as careful consideration of public input and capacity. Arizona's priority areas for the maternal and child health population are: teen pregnancy, obesity/overweight, preconception health, injuries, oral health, preventative health services for children, behavioral health, hearing services, transition of children with special health care needs to adulthood, and inclusion of children with special health care needs in all aspects of life.

This information presented in this section was extracted from the 2010 Title V Needs Assessment. For more information and citation of reference information, please see this document attached or online at www.azdhs.gov/phs/owch/.

Arizona is the sixth largest state in the nation, with a total area of 114,000 square miles -- about 400 miles long and 310 miles wide. Arizona is also one of the youngest states. The end of the Mexican-American War in 1848 resulted in Mexico ceding 55 percent of its territory, including parts of present-day Arizona to the United States. It was not until 1863 that a separate territory was carved out for Arizona. On February 14, 1912, President Taft signed the bill making Arizona the 48th state.

POPULATION TRENDS

Arizona has 59 people per square mile; however, 75 percent of the population lives in urban areas, where the population density is 673 people per square mile. Twenty-three percent of Arizona residents live in rural areas, where the density is 44 people per square mile, and 2 percent lives in areas that are considered to be frontier, in which there are only 3 people per square mile.

From 1999 to 2009, the population of Arizona grew from 5 million to 7 ***/2012/ 6,595,778 //2012//***million people. During that time, Arizona had the second highest growth rate (32 percent) in the nation and came in fifth in terms of the number of new residents. ***/2012/ According to the 2010 Census, the population of Arizona declined to an estimated 6,392,017, or 3.1% lower than the previous year estimate. The decline is likely due to reduced immigration from other states and Latin America as a result of the economic recession in Arizona. //2012//***

US Census data indicates that the largest component of growth in Arizona over the last decade has been domestic migration, or people moving to Arizona from other states (49 percent). The next largest component of the population increase was the net natural increase, or the number of births minus the number of deaths. The net natural increase in Arizona accounted for 32 percent of the population growth during the last decade. The remaining growth (19 percent) was from the net international migration, or people moving here from other countries minus the number of people moving out.

The rapid growth seen in Arizona as a whole has not been evenly distributed throughout the state. During the years between 1999 and 2009, growth rates in Arizona's 15 counties ranged from a low of two percent in Greenlee County (from 8,535 residents to 8,688) to a high of 89 percent in Pinal County (154,335 residents to 327,699). Currently, 75 percent of the state's population resides in either Maricopa or Pima Counties.

Three subpopulations in Arizona that had been increasing for many years, have recently declined. The number of births to Arizona residents peaked in 2007 at 102,687 births, and declined in both 2008 and 2009. In 2009, the number of births declined to 92,616, a 10 percent decrease from the high point in 2007. ***/2012/ In 2010, births declined another 6 percent to 87,053 live deliveries. //2012//***

There was a similar pattern during this same time period in the proportion of Hispanic births, which increased for most of the decade and declined in recent years. In 2003, Hispanic births (n=39,101) exceeded the number of non-Hispanic, White births (n=38,842). Hispanic births continued to outnumber non-Hispanic, White births until 2009 when there were 38,362 Hispanic births compared to 39,781 births to non-Hispanic, Whites. ***/2012/ This pattern continued in 2010 as White non-Hispanic births were 38,777 and Hispanic or Latino births totaled 34,333. The decline ton total births in Arizona is being driven by the reduction in Hispanic or Latino deliveries. //2012//***

The population of immigrants without documentation of American citizenship grew for most of the last decade, but has recently declined. After growing by 70 percent from January 2000 to January 2008, the undocumented population declined from 560,000 in January 2008 to 460,000 in January 2009. In April 2010, Senate Bill 1070 was signed into law making it a crime to be in the state without proper documentation. The expressed intent of the law is ". . . to discourage and deter the unlawful entry and presence of aliens and economic activity by persons unlawfully present in the United States." Effective July 2010, this legislation will require police officers who are enforcing another law to determine, when practicable, the immigration status of the person lawfully detained and verify that status with the federal government. It is likely that this law will affect the demographic composition of Arizona in the future. ***/2012/ Senate Bill 1070 is currently under consideration by the federal courts and major components of the law are not currently in effect in Arizona. //2012//***

Since the last five year maternal and child health needs assessment was written, the Maternal and Child Health (MCH) population in Arizona has increased by 14 percent from 2,797,421 in 2004 to 3,177,999 in 2009. Of these, 1,344,836 are women of childbearing age (15 through 44), and 257,980 are estimated to be children with special health care needs. Figure 3.5 provides a breakdown of the MCH population by age group. ***/2012/ The total number of women of childbearing age in Arizona decreased by 6 percent in 2010 to 1,262,557 //2012//***

RACE/ETHNICITY

The racial and ethnic makeup of the state of Arizona is different than the nation. The proportion of the population which is Hispanic in Arizona is twice that of the nation (30 percent compared to 15 percent nationally). In addition to having a higher proportion of Hispanics, Arizona's population also differs from the nation in that there is a smaller proportion of African Americans (5 percent compared to 14 percent nationally) and a higher proportion of Native Americans (6 percent compared to 2 percent in the nation). ***/2012/ According to the 2010 Census, approximately 30 percent of Arizona's population is Hispanic or Latino of any race. White (73 percent) made up the largest single race group. //2012//***

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. Over 40 percent of those younger than five are Hispanic compared to eight percent of people 75 and older.

Twenty-one federally-recognized American Indian tribes are located in Arizona, each representing a sovereign nation with its own language and culture. Tribal lands span the state and even beyond state borders, with the Navajo Reservation crossing into New Mexico and Utah, and the Tohono O'odham Reservation crossing international boundaries into Mexico. Some counties have high proportions of American Indians. Eighty percent of Apache County, 48 percent of Navajo County, and 30 percent of Coconino County residents are American Indians.

LANGUAGE SPOKEN

Arizona residents are more likely to speak a language other than English at home (28 percent in Arizona compared to 20 percent nationally), and more likely to report speaking English "less than very well" (12 percent in Arizona compared to 9 percent nationally). Among Arizona residents who spoke a language other than English, 78 percent spoke Spanish, while the other 22 percent spoke one of many other languages.

EDUCATION

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 $7,727 per student compared to the nation's average of $10,297 in fiscal year 2008.

During the 2008 -2009 school year, Arizona had 586 school districts, including 349 charter holders. These districts housed 1,975 schools and 1,082,221 students in kindergarten through 12th grade. Over 10 percent of Arizona's K-12 students attend a charter school.

Educational attainment for adults living in Arizona is similar to the United States. Overall, 84 percent of Arizona residents age 25 and older are high school graduates compared to 85 percent nationally. The most recent American Community Survey report shows that seven percent of adults in Arizona did not complete ninth grade and another nine percent have not graduated from high school.

The National Assessment of Educational Progress (NAEP) is an assessment of what America's students know. In 2009, eighth grade students in Arizona public schools ranked 41st in NAEP reading scores. Thirty-two percent of Arizona eighth graders tested below basic skill level for their grade compared to 26 percent nationally. This represents an improvement over the reading levels reported in the previous five-year needs assessment, when 46 percent of Arizona 4th graders read below proficiency, compared to 38 percent in the rest of the nation. NAEP reading achievement varied considerably by race and ethnicity. Higher proportions of Native American, Hispanic, and Black public school students tested below the basic level in reading achievement, while Asian students were more likely to test at proficient or higher.

In fiscal year 2008, 4 percent of students dropped out of public school from grade seven through nine. This represents an improvement over the dropout rates from the 2003-2004 school- year of 6 percent. The dropout rate for boys (4 percent) was somewhat higher than the dropout rate for girls (3 percent). However, the dropout rate among Native America students was twice the statewide rate.

The Arizona Department of Education also tracks cohorts of students and measures the percent who graduate within four years. The graduation rate for the cohort that would be expected to graduate by 2007 was 73 percent. Girls were more likely to graduate within four years (78 percent) than boys (69 percent). However, the graduation rate varied considerably by race and ethnicity. Only 55% of Native Americans completed high school in four years, while 81% of White students graduated in four years.

ECONOMY

Arizona incomes, as measured by average wage, earnings per employee, and per capita income, have always tended to be lower than national averages. In 2007, the average per capita personal income in Arizona was 85 percent of the national average. Per capita income within Arizona varied from a high of 94 percent of the national average in Maricopa County to a low of 53 percent in Navajo County. According to US Census estimates, Arizona's median household income in 2008 was lower than the rest of the nation ($51,009 in Arizona compared to $52,209), ranking 29th.

Over the course of the last decade, the civilian workforce in Arizona has grown 22 percent from 3 million individuals in 2001, to more than 3 million in 2010. During this time, the composition of the jobs has changed. The largest decrease in terms of both number and proportion of jobs lost during this time period was in construction. In 2001, there were 173,600 construction jobs in Arizona compared to just 111,600 in 2010, a decrease of 36 percent. There were also decreases in the number of jobs in manufacturing, information, and state government. The employment sector with the largest increase in the number of jobs was trade, transportation and utilities, which grew from 440,600 jobs in 2001 to 477,500 jobs in 2010 (an 8 percent increase). The health and education services sector grew the most, with a 52 percent increase from 219,900 jobs in 2001 to 334,000 in 2010. This sector grew from representing 10 percent of non-farm jobs in 2001, to representing 14 percent in 2010.

In January of 2010, Arizona ranked 8th out of 51 states and the District of Columbia in regards to economic distress, according to a Kaiser State Health report. The report based this rank on foreclosure rates (Arizona ranks 2nd), unemployment rates (Arizona tied for 31st), and the proportion of the population on food stamps (Arizona tied for 10th). A closer look at the three measures utilized in the Kaiser report shows that certain sectors of the population in Arizona are in more distress than others. In terms of foreclosure rates, 13 of the 15 counties in Arizona had foreclosure rates that were classified as high in March 2010 by the U. S. Bureau of Labor Statistics. The highest foreclosure rate was found in Pinal County, with one out of every 89 households experiencing a foreclosure.***/2012/ In June 2011, the Kaiser State of Health Report showed Arizona ranked 34th in economic distress. Arizona still ranked high in foreclosure rates (2nd), but showed 'improvement' relative to other states in the percent change in annual unemployment (34th) and food stamp participation (34th). It is important to note that the actual unemployment rate in Arizona (9.3 percent, April 2011) remained above the national rate (9.1percent). //2012//***

During the course of the last decade, unemployment in Arizona ranged from a historic low of 4 percent in July of 2007 to a recent high of 10 percent in February 2010. The Flagstaff Metropolitan Statistical Area (MSA) had the lowest unemployment rate at 9 percent, while the Yuma MSA represented the highest rate, at 30 percent in February 2010.

There is also wide variation in the proportion of households on food stamps in Arizona. The most recent American Community Survey data shows that on average, 7 percent of households in Arizona receive food stamps. Maricopa County (6 percent), Yavapai (6 percent), and Coconino County (7 percent) had fewer households receiving food stamps than the state average and two counties (Navajo, 16 percent and Apache 18 percent) had twice the state average.

Arizona also has a higher percentage of residents living in poverty compared to the nation. In 2008, 13 percent of the nation lived in poverty compared to 15 percent of those living in Arizona (ranked 39th). ***/2012/ The 2009 American Community Survey showed 16.5 percent of Arizonans living in poverty. //2012//*** The American Community Survey published average poverty rates for Arizona residents for 2006 through 2008 by county and other demographic characteristics. During that time period, the average poverty rate for Arizona residents was 14 percent; however, the rate varied greatly by race, educational attainment level, gender, and geographic location. Women (16 percent), children (20 percent), African Americans (20 percent), Indian and Alaska Natives (32 percent), and Hispanics (23 percent) have higher poverty rates

than the general population in Arizona. Apache County has the highest poverty rate in the state (34 percent), which is more than twice the state poverty rate. At 13%, Maricopa and Yavapai counties had the lowest poverty rates. ***/2012/ The 2009 American Community Survey showed increases in the rates of poverty among women (17 percent), children under 18 years (23 percent), Black or African Americans (22 percent), American Indian and Alaskan Natives (37 percent), and Hispanic or Latinos (26 percent). //2012//***

THE ARIZONA STATE BUDGET

The majority of the Arizona state general fund is spent on education. Forty-two percent of the general fund goes to elementary and secondary education and another 13 percent is used for higher education. The next largest expenditures are Medicaid (16 percent) and corrections (11 percent).

Rankings of Arizona spending relative to other states prior to the recent recession showed that Arizona spent more per capita on police and fire protection (rank = 11) and corrections (rank = 13), and less on highways (rank = 35), health and hospitals (rank = 37), public welfare (rank = 38), and local public schools (rank = 48). Figure 3.14 shows Arizona's state and local government expenditures as a percent of the national average for state fiscal year 2006-2007.

Arizona's tax base depends heavily on income and sales taxes, which have been affected by the recession. A reduction in revenues generated by income and sales taxes, together with numerous tax cuts over the last 15 years, has resulted in a decline in state general fund revenues. State tax revenues have declined 34 percent in the past three years. Since the recession began in state fiscal year 2007, sales tax revenues have decreased 22 percent, personal income tax revenues have decreased 38 percent, and corporate income tax revenues have decreased 57 percent. In state fiscal year 2009, Arizona had the largest decrease (42.5 percent) in income tax in the nation.

While the general fund used to receive $50 in revenue per $1,000 of personal income in the mid 1990's, it currently receives less than $30. A structural deficit was created as taxes were permanently reduced during years of high revenues without corresponding decreases in the budget. Even when the economy recovers and begins to expand, revenues are projected to only rise to $36 per $1,000 income, which is 28 percent lower than the historical norm.

The result of these economic forces is a budget deficit projection in Arizona for 2010 of $5 billion dollars, representing 52 percent of the total general fund budget. This is the second largest proportional state budget deficit in the nation, exceeded by California, where a $52 billion deficit represents 57 percent of their budget. The average budget deficit nationally is 29 percent.

To balance the fiscal year 2009 budget, every state agency was given a lump sum reduction with discretion of where to cut. Agencies used a combination of program cuts, unpaid furlough days, and reductions in force, among other methods, to reduce their budgets. To help balance the 2011 budget, employees of each state agency will take a combination of pay reductions and furlough days for each of the next two fiscal years, which will result in an overall annual compensation reduction of five percent. All state employees will take the same furlough days, according to a state-mandated schedule, which will shut down state government on those days. In addition, Arizona state buildings including, the state capitol, the state hospital and state prisons have been put up for sale.

Other state agencies serving children experienced significant cuts. The state budgets for both the Arizona Department of Education and Arizona Department of Economic Security were reduced by 20 percent between state fiscal years 2008 and 2011. Examples of program cuts that Arizona has enacted outside of the Department of Health Services that affect the maternal-child population include:

- A cap on KidsCare (which is the state's CHIP program).

- Elimination of temporary health insurance for people with disabilities who are coping with serious medical problems.

- Elimination of general assistance, a program designed to provide time-limited case assistance to adults with physical or mental disabilities.

- Elimination of independent living supports for 450 elderly residents and respite-care funding for 130 caregivers.

- Eliminated preschool for 4,328 children.

- Increased in-state undergraduate tuition between 9 and 20 percent.

- Reduction of TANF cash assistance grants for 38,500 low-income families.

- Elimination of substance abuse services for 1,400 parents and guardians.

- Decreased homeless shelter capacity by 1,100 individuals.

- Stopped accepting new families in its child care assistance program in February, 2009 (denying assistance to more than 10,000 children.)

Over the past three years, ADHS has dramatically reduced spending and staffing levels in an effort to bring spending in line with state revenues. Excluding the money that goes toward the matching funds that are required for Medicaid (AHCCCS), Behavioral Health and Children's Rehabilitative Services, the overall ADHS General Fund budget has been reduced by more than 47 percent during the past 3 years. Seventeen million dollars in operating budgets were cut during that time period, including the entire licensure budget of $10 million.

Fiscal Year 2010 cuts include:

- Suspended enrollment in Children's Rehabilitative Services for more than 4,000 children who are not enrolled in AHCCCS;

- Reduced approximately 8,800 home visits to newborns discharged from neonatal intensive care, and enrolled in the High Risk Perinatal Program;

- Suspended all prenatal block grants to county health departments for services to 19,000 women and children;

- Eliminated the Hepatitis C and Valley Fever public health prevention programs;

- Reduced county contracts for tuberculosis care by more than 50 percent;

- Eliminated all state funding for children's vaccines;

- Suspended remaining HIV surveillance contracts with Maricopa and Pima County;

- Suspended remaining county grants for diabetes prevention;

- Suspended all retinal and podiatry screenings for diabetics;

- Suspended all grants to counties for public health personnel;

- Reduced support for both Arizona Poison Control Centers by more than 50 percent;

- Eliminated all birth defect call center services.

State funding for maternal and child health programs within the Bureau of Women's & Children's Health reached a high of $10 million in state fiscal year 2007 and comprised 44 percent of the bureau's total budget; by state fiscal year 2010, state funding had dropped by 64 percent to a total of $3 million. State appropriated funds now comprise 18 percent of the bureau's budget. State general funding for Health Start, Abstinence Education, County Prenatal Block Grant, and Pregnancy Services was completely eliminated. The budget for the High Risk Perinatal Program has been reduced by nearly 60 percent. State funding for the Children's Rehabilitative Services Program have also been eliminated.

A one percent three-year temporary sales tax known as Proposition 100 was passed in a special election on May 18, 2010, with 64 percent of the vote. A projected $1 billion per year will be raised by the tax. If the initiative had failed, a legislative contingency plan would have cut another $900 million from the 2011 state budget.

/2012/ State budget reductions in FY11 and FY12 primarily occurred in education, the Medicaid Program (AHCCCS), and Behavioral Health. No further cuts were made to state public health programs. The State implemented mandatory furlough days in FY11 and a pay cut. Furlough days were eliminated for state FY12. //2012//

Health Insurance

The health care delivery system and its financing have dramatically changed in the last 30 years, and managed care has played a dominant role in its evolution. Approximately 67 percent of the population in the United States under age 65 currently has private health insurance, the majority of which is managed care based and obtained through the workplace. Under the managed care umbrella, health maintenance organizations (HMO) and preferred provider organizations (PPO) have become major sources of health care for beneficiaries of both employer funded care and publicly funded programs, Medicaid, and Medicare. In 2009, 66 million people had health insurance through an HMO and 53 million people had insurance through a PPO in the United States.

Over the past years, the percentage of employer-sponsored health insurance coverage has gradually decreased while insurance premiums have increased. The average nationwide premium for family health insurance increased 131 percent from 1999 to 2009. The economic recession intensified the loss of health insurance for Arizona residents resulting in an increase in enrollment in public insurance programs. According to 2008 United States Census data, 81 percent of Arizona residents have some type of health insurance. Many people have more than one kind of insurance: 60 percent of people have private insurance, either employment-based (52 percent) or direct purchase (8 percent); and 31 percent had some kind of government-sponsored insurance such as Medicaid (18 percent), Medicare (12 percent), or military health insurance (4 percent).

Seventy percent of all business establishments in Arizona are small businesses with less than 50 employees. There are more than 85,000 small businesses in Arizona, and each year, small businesses add more workers to the workforce than large businesses. One of their top challenges is to offer competitive benefits. Only 35 percent of Arizona small businesses offer employer-sponsored health coverage with cost being cited as the primary barrier to offering coverage. For many Arizonans, healthcare remains unaffordable.

Recognizing the importance of affordable health care, the Healthcare Group (HCG) was created in 1985 by the Arizona State Legislature with the support of the Robert Wood Johnson Foundation. It is a state-sponsored, guaranteed issue health insurance program for small businesses and public servants. The Arizona Health Care Cost Containment System (AHCCCS),

Arizona's Medicaid agency, oversees and administers the program. Since inception, HCG has undergone several substantial changes, the most notable occurring in 2004 when the Arizona State Legislature eliminated the state subsidy that had supported the program since 1999. Beginning in fiscal year 2005, the program has operated entirely from premiums paid by subscribers. Enrollment has continued to grow, more than doubling between 2004 and 2006, with March 2007 enrollment reaching 26,062 medical plan members. HCG also offers a dental and a vision plan, bringing the total enrollment in all plans to 45,521 and making HCG one of the largest state initiatives to provide health insurance for small businesses nationwide.

Arizona Health Care Cost Containment System

Arizona was the last state in the nation to implement a Title XIX Medicaid program. After much debate, the legislature rejected traditional fee-for-service financing arrangements in favor of an innovative plan for Medicaid managed care. The Arizona Health Care Cost Containment System (AHCCCS -- pronounced "access"), is today the state's Medicaid program, representing the single largest source of health insurance for Arizonans, providing coverage to over 1 million people. Currently there are over 52,000 AHCCCS-registered providers throughout the State, including approximately 80 percent of Arizona's physicians.

The acute care program accounts for the greatest percentage (97 percent) of the AHCCCS population, and includes both Title XIX and Title XXI. The vast majority of Acute Care recipients include children and pregnant women who qualify for the federal Medicaid program (Title XIX). American Indians and Alaska Natives may choose to receive services through either the contracted health plans or the American Indian Health Program. The only other population not enrolled in a contracted health plan includes individuals who, because of immigration status, qualify for emergency services only.

In 1998, KidsCare became Arizona's Title XXI Children's Health Insurance Program (CHIP). Eligibility for KidsCare includes children under age 19 whose families' incomes are higher than that allowed for Medicaid eligibility under Title XIX, but lower than 200% of the Federal Poverty Level (FPL). With the exception of American Indians, who are exempt in accordance with federal law, parents pay a monthly premium based on income.

In November 2000, Arizona voters approved Proposition 204, which increased the income limit for Medicaid to 100% of the Federal Poverty Level (FPL) and permitted childless adults and parents to enroll in the Medicaid program. In 2002, the KidsCare program was expanded to cover the parents of children enrolled in KidsCare. The expansion, called KidsCare Parents, was a low-cost health insurance program for working parents whose income is below 200% of the federal poverty level. Parents paid a monthly premium of up to $100 depending on their income.

By July 2009, AHCCCS was providing health care coverage to approximately 19 percent of Arizona's population. At the same time, Arizona's budget deficit was deepening, which necessitated changes to AHCCCS eligibility requirements. On September 30, 2009, the KidsCare Parents program was eliminated, which had served approximately 10,000 adults. On January 1, 2010, Kidscare enrollment was frozen, which meant that no new applications are being processed, but applicants are put on a waiting list. The state budget passed in March of 2010 directed AHCCCS to eliminate the KidsCare program beginning June 15, 2010. Partial funding was also to be cut beginning January 1, 2011 for the population covered by the Proposition 204 expansion.

The law to repeal KidsCare had not taken full effect when the Patient Protection and Affordable Care Act (also known as Health Care Reform) was passed and signed by President Obama on March 23, 2010. This law contained a provision that required a maintenance of effort, which effectively required the State to restore, at a minimum, the KidsCare program with a freeze on new enrollment, and maintain the Medicaid program at the level that was in effect at the time that the Patient Protection and Affordable Care Act was signed. On April 29, 2010, the Arizona

Legislature restored the matching funds for KidsCare with a freeze on new enrollment.

/2012/ KidsCare enrollments totalled 18,646 as of June 1, 2011. Enrollments were over 45,000 in January 2010 when the enrollment freeze took effect. There were over 105,000 applicants on the KidsCare waiting list as of June 15, 2011. //2012//

/2012/ Due to continued budget shortfalls, AHCCCS was required to implement changes to the benefit package for people age 21 and older. Annual well exams and most dental care services were eliminated effective October 2010. Certain transplants that had been eliminated were restored in April 2011. Additional pending changes may result in substantial reductions to the amount of respite care available to families of children with special health care needs. //2012//

/2012/ The Arizona Legislature passed a Medicaid Reform Package that will eliminate AHCCCS coverage for specific categories of people, including childless adults, people on a Medical Spend-Down Program, and parents earning 75% to 100% of federal poverty level. In total, an estimated 130,000 to 160,000 are expected to lose medical coverage during the next 12 months, pending federal approval. //2012//

Children's Rehabilitative Services

Children's Rehabilitative Services (CRS) Program is administered by the Office for Children with Special Health Care Needs at the Arizona Department of Health Services. CRS provides multi-specialty interdisciplinary care to children under age 21 with qualifying chronic and disabling health conditions. There are over 350 conditions covered by CRS, including diagnoses such as cerebral palsy, cleft lip/cleft palate and other cranial-facial disorders, tracheal-esophageal fistula, scoliosis, juvenile arthritis, muscular dystrophy, osteogenesis imperfecta, spina bifida, cystic fibrosis, sickle cell anemia, metabolic and endocrine disorders, neurofibromatosis, heart conditions, Hirschsprungs disease, hydrocephalus, glaucoma, neurosensory disorders, broncho pulmonary dysplasia, and many congenital anomalies.

Members typically have more than one diagnostic condition, and are involved in multiple systems of care across child-serving programs and agencies. CRS members often require multiple specialists and a high level of care coordination. A team approach allows for interdisciplinary, family-centered, culturally-competent care to address the multiple medical needs of members, as well as transition and family-support.

Covered services include surgeries and other inpatient hospital services; pediatric physician specialty care; physical, speech, and occupational therapies, laboratory, radiology and pharmacy services; vision services; durable medical equipment, such as orthotics and wheel chairs; and social services. CRS does not cover basic primary care that is not related to the CRS diagnosis. The ultimate aim of the CRS program is to enhance members' quality of life through the appropriate utilization of services, optimizing their functionality and minimizing their need for emergency care.

The relative scarcity of some specialists poses a challenge for delivering timely services, especially to members who live in remote areas of the state. The CRS program offers statewide management of these specialists and innovative strategies to ensure that services are coordinated and delivered timely throughout the state. In addition to members and providers traveling to clinics, members also receive services through the use of telemedicine and in field/outreach clinics.

Before March of 2009, CRS covered the cost of medical services for children that did not qualify for AHCCCS, but were below certain family income limits. These members were called State-Only members. However in March 2009, due to budget cuts, all State-Only members assumed all responsibility for payment for medical services, regardless of income, but were able to cap

their fees at rates no higher than AHCCCS provider scheduled rates. In December of 2009, further cuts resulted in the suspension of all State-Only services, and approximately 4,000 members were disenrolled from CRS. Consequently, only members who are enrolled in an AHCCCS Health Plan remain enrolled.

/2012/ The CRS program was moved from ADHS to AHCCCS in January 2011. Services for CRS members remain the same. //2012//

General and Special Hospitals

According to the Arizona Department of Health Services Division of Licensing Services, there were 64 general acute care hospitals in the State of Arizona in 2009, with 13,245 beds and 34 specialty hospitals with 2,433 beds. There are two children's hospitals, both of which are located in the Phoenix metropolitan area. In 2007, the state overall had 2 hospital beds per 1,000 population compared to the national average of 3 per 1,000. Arizona ranks 46 in the number of hospital beds per 100,000 population.

Neonatal intensive care units and continuing care units are classified by the level of care they are capable of providing. In Arizona, while hospitals are licensed by the ADHS Office of Licensing, perinatal care facilities are certified by the Arizona Perinatal Trust, a nonprofit organization established in 1980 and dedicated to improving the health of Arizona's mothers and babies. The levels of neonatal care are built on the classification system of the American Academy of Pediatrics with some Arizona specific differences. The Level III facilities are the highest level and are capable of caring for all neonates, while Level I provides services for low-risk obstetrical patients and newborns, including cesarean section at 36 weeks gestation and greater, and In Hospital Birthing Centers, only found within Indian Health Service. In Arizona, there are currently nine Level III, six Level II EQ, fourteen Level II, nine Level I hospitals and two In-Hospital Birthing Centers.

Disproportionate share hospitals (DSH) are hospitals that serve large numbers of Medicaid, low-income, and uninsured patients. In the DSH program, a state makes a separate payment to a hospital in addition to its standard Medicaid reimbursement which is reimbursed by the federal government based upon the state's Medicaid matching rate. The American Recovery and Reinvestment Act of 2009 (ARRA) provided a temporary increase of about $3 million in Arizona's DSH allotment for Fiscal Years 2009 and 2010. However, due to state budget cuts, DSH payments were reduced by over $25 million in Arizona during Fiscal Year 2010.

Professional Health Care Providers
Arizona has 12,436 physicians, 58,441 registered nurses, and 3,633 dentists. The majority of physicians (87 percent), nurses (80 percent), and dentists (82 percent) practice in either Maricopa or Pima County. Federal regulations establish health professional shortage areas (HPSA) based on three criteria: the area must be rational for the delivery of health services, more than 3,500 people per physician or 3,000 people per physician if the area has high need, and healthcare resources in surrounding areas must be unavailable because of distance, over-utilization, or access barriers. As of May 2010, 63 areas in Arizona are federally designated as Primary Care HPSAs, 51 areas are designated as Dental HPSAs, and 6 areas are designated as Mental HPSAs. According to the Arizona Department of Health Services Bureau of Health Systems Development, Arizona has a shortage of 242 FTE primary care physicians.

Federal regulations also establish medically underserved areas/populations (MUA/MUP) based upon four criteria: ratio of primary medical care physicians per 1,000 population, infant mortality rate, percentage of population below the federal poverty level, and percentage of population 65 years and older. As of May 2010, 49 areas in Arizona have federal MUA/MUP designations.

Additionally, Arizona has developed its own designation system for identifying under-served areas. All federally designated HPSAs are automatically designated as Arizona shortage areas.

In addition, Arizona's system involves the application of an index which weights 14 indicators such as providers to population ratios, travel time, percent of population below poverty, and adequacy of prenatal care. As of May 2010, there are five state designated Arizona Medically Under-Served Areas.

According to the American Medical Association Masterfile, there were 57,698 general pediatricians in the United States in 2007, representing about 8 pediatricians per 10,000 children age 0-17. Arizona has 914 general pediatricians, representing 5 pediatricians per 10,000 children age 0-17. The majority of pediatricians practice in Maricopa (68 percent) and Pima (22 percent) Counties. A recent survey of primary care pediatricians raised significant concerns about the adequacy of children's access to pediatric subspecialists, especially in rural communities.

CYSHCN often require services provided by pediatric specialists and sub-specialists. An analysis of data on pediatric subspecialty practices nationwide estimated the size of the pediatric population that would be necessary to sustain a subspecialty practice. Depending upon the kind of subspecialty, estimates ranged from a low of 100,000 children per specialist to 200,000 children per specialist. By this estimate, there are only two areas in Arizona with pediatric populations large enough to support pediatric subspecialty practices: Maricopa and Pima Counties, which is where Phoenix and Tucson are located. There is also a shortage of pediatric physical, speech, and occupational therapists, which results in approximately one in four children with special health care needs in Arizona having an unmet need for these services, according to the 2005/2006 NS-CSHCN.

Community Health Centers
Community health centers were established in the 1960s by federal law to treat and provide primary care to all patients regardless of their ability to pay. The Arizona Association of Community Health Centers represents health centers statewide and provides advocacy, professional education programs, financial services, and programs designed to improve the health status of the medically underserved and uninsured. The Association reports that their membership included 37 community health centers with more than 150 locations statewide in 2009.

Community health centers were affected by Arizona state budget reductions in 2009. Cuts were made to the Primary Care Program which distributed funds to community health centers to assist in supporting the provision of services on a sliding fee scale. Funding for community health centers through the Primary Care Program was reduced from $12 million to $2 million. A one-time appropriation from Arizona's American Recovery and Reinvestment Act funding restored sliding fee scale services in Fiscal Year 2010 for patients between 100 and 200 percent of the federal poverty level. However, the Fiscal Year 2011 state budget will not restore the cuts to community health centers' sliding fee scale program, as the ARRA funds will no longer be available.

As a result of the loss of state funds and ARRA funding ending in June 2010, the Arizona Primary Care Program terminated 19 contracts with 138 service sites throughout the state. Some of the sites are expected to close or scale back the availability of services to Arizona's uninsured population. However, significant increases in funding to Federally Qualified Community Health Centers are expected through the passage of the Patient Protection and Affordable Health Care Act. The legislation authorizes a total of $14 billion over a five year period, and is expected to result in 7,000 -- 10,000 new and expanded community health center sites nationwide.

/2012/ In August 2010, HRSA released the first round of funding from the Affordable Care Act to develop community health centers through new access points. An estimated 20 applications were submitted by Arizona community-based organizations. Awards are expected to be made for 350 new community health centers throughout the country in the fall. In October 2010, HRSA released the first round of funding for expanded services to increase access to care for primary and preventative care. Arizona anticipates benefiting

from these grant opportunities. Arizona currently has 16 federally qualified health centers with over 100 sites. These sites are located in every county except for La Paz and Gila counties. //2012//
An attachment is included in this section. IIIA - Overview

B. Agency Capacity

The Arizona Department of Health Services (ADHS) houses the Title V program. The State Maternal & Child Health (MCH) program resides within the Bureau of Women's & Children's Health, and the Children with Special Health Care Needs program resides within the Office for Children with Special Health Care Needs. This section will highlight statutes relevant to the Title V program; the general capacity of ADHS to promote and protect the health of all mothers and children, including children with special health care needs; and culturally competent approaches.

State Statutes Relevant to Title V Program

Arizona Revised Statute (A.R.S.SS36-691) formally accepts Title V and designates ADHS as the Title V agency:
A. This state accepts 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.
B. The department of health services is designated as the state agency to cooperate with the department of health, education and welfare for the administration of part 1 and part 4 of title V, of the social security act.

Additional state statutes authorize some 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.

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. Statute also requires the program to develop and distribute an Arizona Family Resource Directory to enable parents to obtain information that is critical to the development of their young children.

State statute (A.R.S. 36-899.01) also requires ADHS to administer a program of hearing evaluation services administered to all children as early as possible, but in no event later than the first year of attendance in any public or private education program, or residential facility for handicapped children, and thereafter as circumstances permit until the child has attained the age of sixteen years or is no longer enrolled in a public or private education program. Bureau of Women's & Children's Health administers this program and provides administrative rules and technical assistance to schools to implement required hearing screening.

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. The Team is also required to develop protocols for child fatality investigations including protocols for

law enforcement agencies, prosecutors, medical examiners, health care facilities and social service agencies. The team is required to educate the public regarding the incidence and causes of child fatalities as well as the public's role in preventing these deaths.

State Statute (A.R.S. 36-2291) established the Unexplained Infant Death Council, which is staffed by the Bureau of Women's & Children's Health. The unexplained infant death advisory council is charged with assisting ADHS in developing unexplained infant death training and educational programs, and periodically review and approving the infant death investigation checklist developed by ADHS. The statute also mandates that ADHS submit an annual report of the incidences of stillborn infants and the reported causes of death for the previous year to the Governor and legislative leadership.

In FY07, ADHS was given new statutory responsibility (A.R.S. 36-112) to develop and distribute an umbilical cord blood pamphlet. The pamphlet is available on the Bureau of Women's & Children's Health website.

Children's Rehabilitative Services, administered by the Office for Children with Special Health Care Needs, is authorized in state statute (A.R.S. 36-261). Statute mandates that the program shall provide for:
(a) Development, extension and improvement of services for locating such children.
(b) Furnishing of medical, surgical, corrective and other services and care.
(c) Furnishing of facilities for diagnosis, hospitalization and aftercare.
(d) Supervision of the administration of services in the program which are not administered directly by the department.
(e) The extension and improvement of any services included in the program of services for chronically ill or physically disabled children as required by this section.
(f) Cooperation with medical, health, nursing and welfare groups and organizations and with any agency of the state charged with administration of laws providing for vocational rehabilitation of physically handicapped children.

ADHS is required to issue a request for proposal at least once every four years to contract for the care and treatment of chronically ill or physically disabled children. The scope of the contracted services shall include inpatient treatment services, physician services and other care and treatment services and outpatient treatment services which shall not be mandated at a single location.

Statute also mandates a central statewide information and referral service for chronically ill or physically disabled children. The purposes of the information and referral service for chronically ill or physically disabled children are to:
1. Establish a roster of agencies providing medical, educational, financial, social and transportation services to chronically ill or physically disabled children.
2. Develop or use an existing statewide, computerized information and referral service that provides information on services for chronically ill or physically disabled children.

/2012/ In 2011, the Arizona Legislature revised the state child fatality statute to add authority to review maternal deaths. Maternal mortality review will be implemented through a sub-committee of the State Child Fatality Review Team. //2012//

Capacity of Arizona's Title V Program to Provide Preventive and Primary Care Services for Pregnant Women, Mothers and Infants

Reproductive Health Services
A nation-wide comparison of reproductive health services and family planning indicated that the number of women in need of contraceptive services and supplies grew by 6 percent nationally between 2000 and 2008, and over 28 percent in Arizona.

The Bureau of Women's and Children's Health (BWCH) dedicates Title V funds to support family planning services through twelve county health departments and Maricopa Integrated Health Services, which operates several clinic sites in Maricopa County. About 4,300 low-income people are served each year through Title V funding. BWCH works closely with the Arizona Family Planning Council, the statewide organization that administers federal Title X funds, to coordinate family planning services and address gaps in the state. Title X funding provides services to over 42,000 women, teens and men through 33 family planning health centers throughout the state. In 2009, the Title X network provided care to 16 percent more unduplicated clients from the previous year.

Pregnancy & Breastfeeding/Baby Arizona Hotline
Bureau of Women's & Children's Health operates the Pregnancy & Breastfeeding and Baby Arizona Hotline with two bilingual Certified Lactation Consultants. Baby Arizona is a program to help pregnant women begin the important prenatal care they need while waiting for the AHCCCS eligibility process. The hotline also has an International Board Certified Lactation Counselor available to answer all breastfeeding questions after normal business hours and to answer technical questions 24 hours a day, seven days a week.

High Risk Perinatal /Newborn Intensive Care Program
For nearly 40 years, the BWCH High Risk Perinatal Program/Newborn Intensive Care program has provided maternal and neonatal transports, hospital and inpatient physician services, and community health nursing to families, and served over 5,000 families in FY09. The program provides emergency maternal and neonatal transports, hospital and inpatient physician services, and community health nursing. Follow-up services support the family during transition from the hospital to home; conduct developmental, physical, and environmental assessments; provide education and guidance; and direct families to programs and services. During home visits, community nurses also assess other children in the home to identify children at risk and screen mothers for postpartum wellness. Budget cuts during fiscal year 2010 eliminated approximately 8,800 home visits to newborns who had previously been in newborn intensive care. Eligibility criteria were also changed to require a minimum five day stay (previously three days) in the NICU to be enrolled in the program. Because the program suffered a budget reduction of about 60%, Title V funds are being used to help offset some of the reduction while the program continues to operate at reduced capacity.

Health Start
Health Start applies a community based model that utilizes Community Health Workers or promotoras to identify, screen and enroll at risk pregnant or postpartum women and their families and assists them with obtaining early and consistent prenatal care, provides prenatal and postpartum education, information and referral services, advocacy and emphasizes timely immunizations and developmental assessments for their children. In 2009, the Health Start Program was provided in 100 targeted high risk communities in ten counties and provided services to 2,300 women and their families. Health Start is funded with state lottery dollars.

Domestic Violence and Sexual Violence Services
In state fiscal 2008, Arizona state agencies administered over $26 million in federal and state funding dedicated to domestic violence. In contrast, state agencies administered just over $2 million in the same year for sexual assault. All state agencies involved in domestic and sexual violence services, including Arizona Department of Health Services, meet regularly as the State Agency Coordination Team, to address common issues and ensure services are coordinated throughout the state.

The BWCH administers the federal Family Violence Prevention and Services Act Grant. These funds are used primarily to support shelter and services in rural Arizona, known as the Rural Safe Home Network. Funds also support infrastructure-building activities of the Arizona Coalition Against Domestic Violence. Between October 1, 2008 and September 30, 2009 the Rural Safe Home Network programs provided 14,567 shelter nights to 466 women, 515 children and three

men. Programs provided 1,825 hours of batterers' intervention services to 572 people, as well as 766 domestic violence training and prevention services to 24,741 participants.

BWCH also administers the only funding source dedicated solely to primary prevention of sexual violence. The Arizona's federally funded Sexual Violence Prevention and Education Program reached 25,719 Arizonans with primary prevention education in the last fiscal year. The program worked with multiple stakeholders to develop the first state plan specific to the prevention of sexual violence. In 2009, BWCH accepted its first federal funding for direct services for victims of sexual assault.

Capacity of Arizona's Title V Program to Provide Preventive and Primary Care Services for Children
Medical Services Project

To help improve access to care for children, BWCH provides Title V funding to the Medical Services Project. Administered 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 children from low-income families. The Medical Services Project provides delivery of medical services in participating physicians' offices to children without health insurance and to those who do not qualify (or are in the process of qualifying) for public assistance. School nurses identify children who are eligible to participate in the Medical Services Project and facilitate their enrollment. To be eligible for the Medical Services Project a child must have no health insurance, must not be eligible for AHCCCS, KidsCare, or Indian Health Services; and must have a household income less than 185 percent of the federal poverty level.

A network of physicians (pediatricians, family practice physicians, and specialists) provides 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 addition, prescription medications, diagnostic laboratory services and eyeglasses are provided as necessary to qualifying children. In 2009, the Medical Services Project served 242 individual children.

Hearing and Vision Screening
While the requirement to providing hearing screening is an unfunded state mandate for the schools and ADHS, the Bureau of Women's and Children's Health uses Title V dollars at the state level to support the infrastructure necessary to carry out the statutory duties of ADHS. The Bureau of Women's and Children's Health contracts with the University of Arizona to develop hearing screening curriculum and to train hearing screening trainers. Arizona currently has 128 hearing screening trainers throughout the state that provide the infrastructure to train enough hearing screeners to screen Arizona's school age children. In the school year 2008-2009, 535,001 students were screened and 1,259 were identified for the first time with a hearing disorder. To help support the schools, ADHS makes hearing screening equipment available by loan to Arizona's schools.

Unlike hearing screening, vision screening is not mandated in the state of Arizona. However, many schools voluntarily provide vision screening to school age children. The ADHS Bureau of Women's and Children's Health supports vision screening with Title V dollars by contracting with the University of Arizona to develop vision screening curriculum and to train vision screening trainers. In addition, ADHS has worked with many partner organizations to update Vision Screening Guidelines to serve as a tool for schools and others who provide vision screening to children.

Oral Health
State public health capacity is enhanced through the Office of Oral Health (OOH) in the Arizona Department of Health Services. While the requirement to have an oral health program is an unfunded state mandate, BWCH dedicates Title V dollars to support the program. The Office of

Oral Health contracts with county health departments to provide school-based dental sealants and screenings to over 10,000 children per year. OOH manages the Arizona Fluoride Mouthrinse program, providing approximately 20,000 children in participating schools with fluoride mouthrinse annually. OOH supports the efforts of communities to fluoridate their water systems through providing technical assistance, training, and workshops for community fluoridation campaigns. Office of Oral Health was awarded a HRSA Grant to States to Support Oral Health Workforce Activities in 2006 and a subsequent grant which continues through 2012. These grants funded a program to promote and develop enhanced dental teams utilizing teledentistry practice to improve workforce capacity, diversity and flexibility for providing oral health services to underserved populations. As of June 2010, five dental service delivery sites in Arizona are using teledentistry technology.

The passage of health care reform is expected to bring additional federal funds for oral health. These funds represent a comprehensive systems change approach to oral health with funding specific for building state infrastructure and school-based sealant programs.

/2012/ Funds have not been appropriated yet for any of the oral health initiatives included in the health care reform legislation. //2012//

Injury Prevention
Arizona is one of 30 states that are funded by the Centers for Disease Control and Prevention (CDC) to enhance the injury prevention infrastructure in the state. This infrastructure at the state level includes an injury epidemiologist, a program manager, an Injury Prevention Advisory Council, and a state injury prevention plan. Arizona's Injury Prevention Program resides within the ADHS Bureau of Women's & Children's Health, providing easy integration with maternal and child health programs. The injury prevention network is vast, and includes trauma/children hospitals, county health departments, tribal governments, fire and EMS services, and community based organizations. ADHS provides technical assistance and support upon request, and produces annual county injury reports.

/2012/ Arizona was awarded a competitive grant from the CDC for core injury prevention. This will enable Arizona to continue its injury prevention program for the next five years. //2012//

Arizona Safe Kids is a statewide program dedicated to the prevention of unintentional injury for Arizona's children less than 15 years of age. Arizona Safe Kids is a member of Safe Kids Worldwide. Local Safe Kids Coalitions throughout Arizona receive leadership and technical assistance from Arizona Safe Kids. There are five local Safe Kids Coalitions, one local chapter, and the Arizona State Coalition.

Emergency Medical Services for Children (EMSC) program works to expand and improve capacity to reduce and ameliorate pediatric emergencies. In 2008, the program utilized its Pediatric Advisory Committee for Emergency Services, along with additional stakeholders, to begin working on establishing a voluntary pediatric designation system for hospital emergency departments. This system will identify minimum training and equipment a hospital should have to care for a pediatric patient. The system is scheduled to begin in fall of 2010.

Teen Pregnancy Prevention Services
Arizona currently receives more than $3 million per year in lottery funds to address teen pregnancy prevention. Arizona funds multiple approaches, including abstinence education and comprehensive teen pregnancy prevention. County health departments, tribal agencies, and non-profit organizations implement these approaches across the state. Strategies focus on youth development and parent education. Growing capacity is expected in this area as federal funding becomes available through the Affordable Care Act.

/2012/ Bureau of Women's & Children's Health received $1.2 million in federal Abstinence

Education funding that was reauthorized through the Affordable Care Act, as well as $1 million for the new Personal Responsibility and Education Program. Competitive grants will be awarded to community based projects to begin implementing these programs in 2011. //2012//

/2012/ Home Visiting
Arizona submitted applications and began receiving new federal funding to implement the Maternal, Infant, and Early Childhood Home Visiting Program. ADHS Bureau of Women's & Children's Health worked collaboratively with Department of Economic Security, Department of Education Head Start Office, Behavioral Health, and First Things First to shape the program. Communities with the high risk ranking on several indicators will be targeted for implementation of evidence-based home visiting programs. ADHS will continue to work with partners on development of infrastructure for home visiting in Arizona. //2012//

Capacity of Arizona's Title V Program to Provide Preventive and Primary Care Services for Children with Special Health Care Needs

In Arizona, all SSI recipients are eligible for comprehensive services under Medicaid. Consequently, OCSHCN's main function is to make sure they are aware of their eligibility for Medicaid as well as other services. Letters are sent to all families of SSI applicants to inform them of services, including Medicaid, for which they may be eligible, and provides assistance with the application process. A similar process is followed for infants identified through the Newborn Screening Program, as well as the Birth Defects Registry. OCSHCN Information and Referral services assist families in navigating the system of care, helping them to understand eligibility requirements for different programs, application processes, and rights. OCSHCN offers training to health plans, school nurses, educators, and other child-serving agencies on strategies to support CYSHCN to participate in school, recreational, and child care settings in the least restrictive and most inclusive environment.

Children's Rehabilitative Services
Children's Rehabilitative Services (CRS) Program is administered by OCSHCN. CRS provides multi-specialty interdisciplinary care to children under age 21 with qualifying chronic and disabling health conditions. There are over 350 conditions covered by CRS, including diagnoses such as cerebral palsy, cleft lip/cleft palate and other cranial-facial disorders, tracheal-esophageal fistula, scoliosis, juvenile arthritis, muscular dystrophy, osteogenesis imperfecta, spina bifida, cystic fibrosis, sickle cell anemia, metabolic and endocrine disorders, neurofibromatosis, heart conditions, Hirschsprungs disease, hydrocephalus, glaucoma, neurosensory disorders, broncho pulmonary dysplasia, and many congenital anomalies.

/2012/ As of January 1, 2011, Arizona's Medicaid Agency, AHCCCS, assumed responsibility for administration of Children's Rehabilitative Services (CRS). All services to families enrolled in CRS remain the same. //2012//

Members typically have more than one diagnostic condition, and are involved in multiple systems of care across child-serving programs and agencies. CRS members often require multiple specialists and a high level of care coordination. A team approach allows for interdisciplinary, family-centered, culturally-competent care to address the multiple medical needs of members, as well as transition and family-support.

Covered services include surgeries and other inpatient hospital services; pediatric physician specialty care; physical, speech, and occupational therapies, laboratory, radiology and pharmacy services; vision services; durable medical equipment, such as orthotics and wheel chairs; and social services. CRS does not cover basic primary care that is not related to the CRS diagnosis. The ultimate aim of the CRS program is to enhance members' quality of life through the appropriate utilization of services, optimizing their functionality and minimizing their need for

emergency care.

The relative scarcity of some specialists poses a challenge for delivering timely services, especially to members who live in remote areas of the state. The CRS program offers statewide management of these specialists and innovative strategies to ensure that services are coordinated and delivered timely throughout the state. In addition to members and providers traveling to clinics, members also receive services through the use of telemedicine and in field/outreach clinics.

Before March of 2009, CRS covered the cost of medical services for children that did not qualify for AHCCCS, but were below certain family income limits. These members were called State-Only members. However in March 2009, due to budget cuts, all State-Only members assumed all responsibility for payment for medical services, regardless of income, but were able to cap their fees at rates no higher than AHCCCS provider scheduled rates. In December of 2009, further cuts resulted in the suspension of all State-Only services, and approximately 4,000 members were disenrolled from CRS. Consequently, only members who are enrolled in an AHCCCS Health Plan remain enrolled.

Cultural Competent Approaches

Culture is defined as a shared, learned, symbolic system of values, beliefs and attitudes that shapes and influences perception and behavior. People typically think of culture as the foods, music, folk costumes, holidays, and religious beliefs associated with different countries and ethnic groups. But culture influences all aspects of everyday life. It is learned and maintained through social interaction.

One's own culture seems natural and normal, and is taken for granted. John Culkin (as quoted in Edmund Carpenter's "They Became What They Beheld") said "We don't know who discovered water, but we're certain it wasn't a fish." In fact, people often believe that their own culture is superior to that of others. Other's views can be experienced as wrong, or as a distortion. It can be difficult to realize that what works so well for you, may not work in another's cultural context.

OCSHCN has a strong focus on cultural competence. There are many competing definitions of culture. OCSHCN's working definition of culture goes beyond a focus on language and interpretation, and embraces the idea of special health care needs and how it requires a reinterpretation of one's traditional culture.

Culture is frequently only observable when there is a clash in expectations. Identifying that a child has a special health care need can represent a challenge to one's cultural expectations. Every family has expectations about what life will be like when their baby is born. Assumptions are made about parents' job participation, daycare, healthcare, school, and the child's integration into everyday family life and ultimately transition to adult life and independence. Different cultures have different ideas about what the special healthcare means and what a family should do or not do. But families also must now renegotiate their every day expectations in ways that their culture did not prepare them.

Institutions, such as healthcare, education, and work, are all designed with certain assumptions and rules for what is acceptable and how to participate. These assumptions and rules may present barriers to a person with special healthcare needs, who must constantly find ways to negotiate expectations. Sometimes personal adaptations are needed, but often full participation requires institutional change in terms of policies and practices.

In order to ameliorate the harmful effects of failing to appreciate another's everyday reality, OCSHCN promotes cultural relativism. Activities are designed to promote an understanding that your experience of the world is only one of many possibilities, and you cannot judge a culture using the standards of your own culture. Activities are not so much oriented towards trying to

understand the intricacies of every other potential cultural belief system, which can have the unintended consequence of stereotyping (which is an over-generalization about a group) but to sensitize staff towards listening for what others may be thinking and remaining open to hearing their points of view and adapting to it.

Nowhere is it more critical to appreciate one's taken for granted assumptions than when a health care provider and a family must together decide on an appropriate course of treatment. The provider brings his or her own assumptions of what is necessary and good, which are influenced by their cultural expectations and training. They may have their own feelings about the child, and may be oriented towards a cure or amelioration of disability. The family's priorities could be different, but they are dependent upon the provider to help them to understand risks and possibilities of different treatment options.

OCSHCN embeds cultural competence concepts into contract language and training, which go beyond requirements for reading level, interpretation, translation, and alternative formats, and include best practices for family-centered care, including people-first language and disability etiquette. Satisfaction surveys are conducted and analyzed to identify areas of strengths and opportunities for improvement. OCSHCN involves families and youth with special health care needs in policy and resource development, and makes translation and interpretation services available to other community partners. OCSHCN's cultural competence committee brings in regular speakers to address the unique perspectives of culturally diverse groups.

The following are just a few examples of how services are linguistically and culturally appropriate, and family centered in Arizona.

Arizona Department of Health Services houses the Arizona Health Disparities Center within the Bureau of Health Systems Development. The Arizona Health Disparities Center organizes frequent brown bag speakers that highlight the many cultures present in Arizona. The Arizona Health Disparities Center provides regular updates through email and through its website on news, funding opportunities, publications and events related to health disparities. Subscribers receive links/attachments to the latest resources identified by AHDC on their selected topic by email.

The Arizona Health Disparities Center worked closely with the Arizona WIC program to produce online courses and CD-ROMs on orientation to Culturally and Linguistically Appropriate Services (CLAS) standards. Additional courses on CLAS standards are in the process of development. ADHS is working on integrating CLAS standards into the orientation process required of all new employees.

Health Start is designed on the principle that workers reflecting the neighborhoods in which they serve will be effective in identifying women in their community who need services. Health Start hires and trains lay health workers from targeted neighborhoods to provide outreach and services to pregnant women and new moms in their community.

Project LAUNCH, provides evidence-based services for children ages 0-8 years and their families in neighborhoods in South Phoenix, which has a significant minority population. The program has as one of its guiding principles investing in the community to ensure cultural competence and sustainability by encouraging hiring staff and contracting with organizations from within those neighborhoods.

The Office of Women's Health has implemented a social marketing campaign targeting African Americans around a message of preconception health. The campaign consists of radio spots, billboards, brochures, mood piece, website and E-blasts, and educational presentations in African American churches and other appropriate venues in Maricopa County and other areas of the state. The Phoenix Chapter of the Black Nurses Association conducts presentations and trains barbers and beauticians on preconception health so they can educate their clients. The graduate

chapters of Black fraternities and sororities at Arizona State University staff exhibit tables and provide education at large gatherings.

In the Bureau of Women's & Children's Health, the many Title V funded contracts with community-based organizations include in the scope of work language requiring services to be culturally competent.

C. Organizational Structure

Janice K. Brewer became the 22nd person to take the oath of office as Governor of Arizona on January 21, 2009. She is Arizona's fifth Secretary of State to succeed to Governor in mid-term. Jan Brewer has lived in Arizona for 39 years, and she has spent the past 27 of them serving the people and upholding the public trust. There are few, if any, elected officials in Arizona with a broader range of productive experience in public service. Prior to her succession to Governor, she served as Arizona Secretary of State, as Maricopa County Supervisor, and as a highly respected member of both houses of the Arizona Legislature, where she rose to leadership of the State Senate.

The Arizona Department of Health Services (ADHS) is one of the executive agencies that report to the Governor. ADHS was established as the state public health agency in 1973 under A.R.S. Title 36 and is designated as Arizona's Title V MCH Block Grant administrator. The agency has 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. An ADHS organization chart can be viewed at www.azdhs.gov/diro/documents/w_orgchart.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, Nutrition & Physical Activity (includes WIC), Tobacco & Chronic Disease, and Health Systems Development (includes Center for Health Disparities). Bureau of Health Statistics is also part of the Division of Public Health Services. The Division of Behavioral Health Services includes the Office for Children with Special Health Care Needs, as well as the State Hospital.

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.

Structure of Bureau of Women's & Children's Health

The organizational structure of the Bureau of Women's & Children's Health is comprised of four offices and two sections: Office of Women's Health, Office of Children's Health, Office of Oral Health, Office of Assessment & Evaluation, Injury Prevention & Child Fatality Section, and Business & Finance Section. An organization chart is attached.

The Office of Women's Health provides leadership for planning, program development, and program management of initiatives and programs related to women. Programs include: teen pregnancy prevention, reproductive health services, sexual violence prevention and education, sexual assault services, family violence prevention and services/Rural Safe Home Network, Health Start, and First Time Motherhood. The office lead's the bureau's preconception health initiative and the Department's Women's Health Week activities.

The Office of Children's Health provides leadership for planning, program development, and management of initiatives and programs related to children. Programs administered by this office include the Title V Community Health Grants, Pregnancy & Breastfeeding/Baby Arizona/WIC

Hotline, Children's Information Center, High Risk Perinatal Program, Sensory Program, Medical Services Project for uninsured children, Project LAUNCH, and early childhood initiatives.

The Office of Oral Health (OOH) provides leadership for planning, program development, and management of oral health initiatives. The office administers the school-based sealant program, fluoride mouthrinse program, and first dental visit by age one campaign. OOH provides technical assistance, training, and workshops for community fluoridation campaigns, and works to develop the current dental workforce by creating linkages with the Bureau of Health Systems Development scholarship and loan forgiveness programs. OOH administers a HRSA Oral Health Workforce grant which is developing teledentristry sites to provide oral health services to underserved populations.

Injury Prevention & Child Fatality Review Section leads the Department's assessment of injuries and child fatality, as well as planning and program development for injury prevention. This section includes overseeing the state injury prevention plan, injury prevention advisory council, injury epidemiology, Child Fatality Review Program, Unexplained Infant Death Council, Emergency Medical Services for Children Program, and the Pediatric Advisory Council for Emergency Services.

The Office of Assessment and Evaluation Section leads the Bureau's research, evaluation, epidemiology, and data management functions. The office provides technical assistance to Bureau programs on evaluation, data analysis, and outcomes measures. The office supports data collection, management, and reporting for BWCH programs. Current Assessment and Evaluation programs/projects include Title V MCH Block Grant Application and Five-Year Maternal-Child Health Needs Assessment, State Systems Development Initiative, home visiting assessment, and program evaluation for Project LAUNCH, Fetal Alcohol Spectrum Disorders grant, and First Time Motherhood grant.

Structure of Office for Children with Special Health Care Needs

The Office for Children with Special Health Care Needs has five divisions, plus a medical director and chief financial officer. The medical director is responsible for medical direction of the quality and utilization management functions of the Office, and gives expert opinions on medical necessity determinations. The chief financial officer oversees all financial functions, including encounter submissions, financial statement reporting and reinsurance, and capitation rate development for Children's Rehabilitative Services.

The Division of Member and Provider Services, Advocacy and Education assists families in accessing appropriate care and services for children and youth with special health care needs, and provides information and referral services. The Division oversees the telemedicine program, e-learning, social service funds, family involvement, member materials and correspondence, websites and compliance with Americans with Disabilities Act. They also lead the office in the development of best practices for CSHCN among providers, school nurses, community partners and other child serving agencies through training and education. Best practices are focused on family-centered care, cultural competence, medical home, and pediatric to adult transition.

The Division of Consumer Rights is responsible for the development, monitoring and oversight of the Notice, Appeal, Claims Dispute and Administrative Hearing processes for CRS members, providers, and applicants for CRS eligibility and enrollment to ensure compliance with all state and federal requirements related to these processes.

The Division of Quality, Utilization, and Medical Management assures appropriate utilization of services through monitoring authorization and denial processes, and overseeing compliance with service plans. Timeliness and quality of services is improved through investigating member complaints, auditing credentialing and medical records, monitoring of performance improvement projects and compliance with clinical practice guidelines.

The Compliance and Policy Division's responsibilities include developing contracts and overseeing performance audits for contracted providers, tracking AHCCCS deliverables, policy development and the HIPAA Compliance Program. The Compliance Division notifies contractors of areas of non-compliance and evaluates corrective action responses.

The Assessment and Evaluation Division is responsible for analysis and reporting that support every other function in the Office, including development of management reports, statistical analysis, data validation, study design and interpretation, performance measure development, surveys, predictive modeling, and needs assessment.

/2012/ The Office for Children with Special Health Care Needs was merged with and became an office within the Bureau of Women's and Children's Health in January 2011. The Children's with Rehabilitative Services Program was moved to AHCCCS, Arizona's Medicaid agency, on January 1, 2011. OCSHCN maintains its critical Title V role by assisting families in accessing appropriate care and services for children and youth with special health care needs (CYSHCN), providing information and referral services including SSI applicants under age 21 informing them of potential resources for which they may be eligible, training to families and professionals on best practices related to medical home, cultural competence, pediatric to adult transition and family centered care, technical assistance in the development of best practices for CYSHCN among providers, school nurses, community partners and other child serving agencies through education and training and supports telemedicine to provide services in remote areas of the state. OCSHCN oversees contracts for social services funds, respite and palliative care, 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. OCSHCN currently includes an Office Chief, and Education & Advocacy Manager, a Title V Outreach Manager, a Program & Project Specialist, and Administrative Assistant and an on-site Family Advocate. //2012//
An attachment is included in this section. IIIC - Organizational Structure

D. Other MCH Capacity

Executive leadership for maternal and child health is provided by Director of ADHS and Assistant Director for Public Health Prevention Services and Dr. Laura Nelson, ADHS Chief Medical Officer and Deputy Director for Behavioral Health Services.

Will Humble was named Interim Director of the Arizona Department of Health Services on January 21, 2009, and was formally confirmed as Director in February 2010. Mr. Humble was most recently the Deputy Director of the Division of Public Health Services, and has been with ADHS since 1992. Mr. Humble holds a Masters Degree in Public Health with an emphasis in environmental science. He has served as chief of the Office of Environmental Health and was the Assistant Director of Public Health Preparedness in ADHS.

Jeanette Shea is the Assistant Director of Public Health Prevention Services in the Division of Public Health. Ms. Shea has served in many public health leadership positions, and was formerly the Title V and MCH Director. A Master's Degree in Social Work with specialization in planning, administration, and community development, combined with professional experience in case management and as a Medicaid policy specialist brought Ms. Shea to public health in 1990 as manager of the Teen Prenatal Express Program.

Laura Nelson, MD, joined ADHS in September 2005 and currently serves as the Deputy Director for Behavioral Health Services. She was also recently appointed as ADHS Chief Medical Officer, and will be leading the agency in developing and implementing medical policy. Dr. Nelson previously served as the Associate Medical Director at the Arizona Department of Economic Security/Division of Developmental Disabilities.

The state MCH workforce is primarily housed within the Bureau of Women's and Children's Health and Office for Children with Special Health Care Needs. While most of the staff is funded by sources other than Title V, all contribute to the Title V mission and MCH priorities. For example, a substantial number of MCH staff work within the Bureau of Nutrition & Physical Activity carrying out the implementation of the state's WIC program.

The state MCH workforce has been challenged and capacity lessened as a result of severe budget deficits. A hiring freeze has been in place since February 2008. Exceptions for hiring can be made by the Department of Administration if the position is considered "mission-critical." In many cases, when a position becomes vacant, it will remain vacant and the work will be divided up among existing staff. As a result, most current staff and managers are doing two or more jobs. Starting in July 2010, state mandated furlough days will shut down nearly all state services on designated furlough days. A pay cut also goes into effect in July 2010.

Bureau of Women's and Children's Health

The Bureau of Women's and Children's Health has approximately 40 fulltime staff . All staff are located together in Phoenix. The following are brief biographies of senior level management and key staff involved in the Title V needs assessment and application processes.

Sheila Sjolander has been the MCH Director and Bureau Chief of Women's & Children's Health since October 2005. 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. Ms. Sjolander previously held strategic planning positions with the Wisconsin Department of Health Services and a workforce development agency in Oregon. She holds a Master's Degree in Social Work with an emphasis on planning and policy.

Syed (Khaleel) Hussaini has led the Office of Assessment and Evaluation since January 2009. Dr. Hussaini has been an international consultant previously and has conducted several research and evaluation studies, including a 2007 evaluation of the Health Start Program which was published in a peer-reviewed journal. He received his Ph.D. in Sociology from Arizona State University.

Doug Ritenour has served as the Bureau's MCH epidemiologist since January 2008. Mr. Ritenour has taken a lead role in producing data for the five-year needs assessment and Title V application, and presented data to the public at public input sessions. He holds a Masters in Public Health from Oregon State University.

Toni Means serves as the Office Chief of Women's Health. Ms. Means has 18 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.

Mary Ellen Cunningham is the Chief of the Office of Children's Health. Ms. Cunningham has led the Bureau's High Risk Perinatal Program since 2005. Formerly with the U.S. Navy, Ms. Cunningham is a registered nurse with a Masters in Public Administration.
Julia Wacloff joined the Office of Oral Health as Office Chief on July 6, 2009. Ms. Wacloff previously worked with Office of Oral Health as a consultant for 13 years. 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.

Tomi St. Mars serves as the manager of the Injury Prevention & Child Fatality Section, and has lead the Department's injury prevention initiatives since August 2005. Ms. St. Mars is Arizona's representative to the State and Territorial Injury Prevention Directors Association, 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 Manager 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.

Office for Children with Special Health Care Needs

The Office for Children with Special Health Care Needs has approximately 30 full time staff, and also shares resources with BHS. Some positions are dedicated to the administration of the CRS Program, and are funded by Title XIX; however, all contribute to the Title V mission of serving children with special health care needs.

Joan Agostinelli joined ADHS in 2004, and became the administrator of the Office for Children with Special Health Care Needs in 2006. Ms. Agostinelli has over twenty-five years experience in health care, including ten years as the principal in a consulting practice, which provided services to both public and private organizations related to program evaluation, strategic planning, needs assessment, reimbursement design, and community outreach. In addition to serving as the CSHCN director for title V, she is the administrator of the Children's Rehabilitative Services Program.

Michael S. Clement, MD, serves as the medical director for Children's Rehabilitative Services. Dr. Clement received his medical degree from the University of Utah in 1963. He holds a current medical license in Arizona, and is a board certified pediatrician. Dr. Clement has previously served as an assistant director at ADHS, the director of a county health department, the director of Ambulatory Services at Phoenix Children's Hospital, and as a consultant to the Arizona Perinatal Trust. He is a fellow of the American Academy of Pediatrics

Cynthia Layne has served as the chief financial officer for OCSHCN since 2002. She is a certified public accountant, and has held positions as a financial consultant at AHCCCS and in the Auditor General's Office and in private industry before coming to ADHS.

Jennifer Vehonsky is the division chief for policy and contract compliance. She has extensive experience with Medicaid program administration and policy development, and was formerly the Bureau Chief of Policy at ADHS/BHS and assistant to the legislative liaison at AHCCCS before joining OCSHCN.
Stephen Burroughs is the division chief for Medical, Utilization, and Quality Management. Mr. Burroughs is a registered nurse with a Bachelor of Science in Nursing. He formerly held positions as quality director, quality manager, and risk manager for hospitals and managed care organizations.

Margery Ault is the division chief of Consumer Rights for both OCSHCN and BHS. Ms. Ault holds a Juris Doctor, and has been the division chief of Consumer Rights since October of 2000. Ms. Ault brings to OCSHCN over 15 years of experience in managed health care operations for persons who have special health care needs.

Judith Walker joined OCSHCN in 2002, and leads the Division of Member and Provider Services, Education and Advocacy. She has over 24 years as an educator on best practices regarding including children and youth with special needs in all aspects of life throughout the lifespan, and is a recognized leader in medical home, transition to adulthood, and community development. Ms. Walker led nationwide technical assistance on early intervention to parent training and information centers. She has testified on behalf of CSHCN at state and federal hearings on health care, early intervention, special education, and inclusion. She is also the parent of an adult with special health care needs.

Lisa Anne Schamus leads the Division of Assessment and Evaluation. She holds a Master of Public Health with an emphasis in Epidemiology, and a B. A. in Spanish Literature. Ms. Schamus

formerly served as the office chief for Assessment and Evaluation for the Bureau of Women's and Children's Health, and as a manager at the Arizona Family Planning Council. Ms. Schamus has over 15 years experience guiding program development and improvement through in research and survey design, data analysis, needs assessment and program evaluation.

Jennifer Jung is the Research Manager in OCSHCN. She has worked at ADHS for five years and has a Master of Science degree in Public Health. She has experience in epidemiological and health services research related to Women's and Children's Health as well as Children with Special Health Care Needs. She is skilled in designing reports and conducting data analyses using SAS. She maintains databases, performs data validation to ensure data quality, and establishes methodologies for analysis.

Thara Maclaren manages special projects for OCSHCN, including overseeing survey activities. She holds a Bachelor of Science in Mathematics and a Master of Science in Economic Systems and Operations Research. Ms. Maclaren has worked in several industries including defense, utilities, education, and public health. She joined OCSHCN in June 2006, and her expertise in mathematical modeling, decision analysis, and experimental design supports program decisions and operations within OCSHCN. She contributed statistical support for the needs assessment process.

Role of parents of CSHCN on staff:

OCSHCN has a long history of involving parents of CSHCN and youth with special health care needs in program development and decision making. This is accomplished primarily by using families of CSHCN and YSHCN in paid consultant roles. There are several full time staff who are parents of CSHCN, including two of the division chiefs described above, and a few others, who did not choose to share their family information in this application. However, the following two people who play key professional roles in OCSHCN shared the following information.

Marta Urbina serves as the Clinical Programs Executive Coordinator, chairs the cultural competency committee, and is responsible for information and referral. Ms. Urbina first learned the importance of understanding the multiple, complex systems of care when she became a parent in 1982. Her experience began with the neonatal intensive care unit and continued to community based supports and services that included early intervention, transition to preschool, navigating the special education system and transitioning to adult life. She immersed herself in her daughter's medical and educational needs and sought out training, workshops and conferences to learn to better advocate on her daughter's behalf until she could do so for herself. Ms. Urbina has worked at Raising Special Kids and the Division of Developmental Disabilities, with families of CYSHCN, adults living independently in their community, and with professionals that support them.

Rita Aitken serves as a Title V outreach coordinator for OCSHCN. Ms. Aitken has two adult children with special health care needs, and has many years experience working with families and providers, including trainings on best practices for healthcare professionals. Rita is a board member of Canine Companions for Independence, an organization that provides service dogs to people with disabilities, and is a member of the Consumer Advisory Workgroup with Mountain States Genetics Regional Collaborative Council and co-founder of Lactic Acidosis Family Resource Group in Denver, CO.

/2012/ Marta Urbina was appointed Office Chief for Children with Special Health Care Needs in January 2011. Rita Aitken has served as Education & Advocacy Manager since April 2011. Ralph Figueroa was hired as the Title V Outreach Manager in April 2011. Mr. Figueroa is a parent of a young adult with learning disabilities. He has worked as an administrator for the Division of Developmental Disabilities and for Arizona's Parent to Parent Center, Raising Special Kids. Mr. Figueroa has extensive expertise in the educational system, social services, and community-based organizations. //2012//

E. State Agency Coordination

The Arizona Department of Health Services Maternal and Child Health Program, consisting of Bureau of Women's and Children's Health and Office for Children with Special Health Care Needs (OCSHCN), has many partnerships with a variety of public, private, and government agencies. Partnerships are built and enhanced through multiple formal and informal methods. A summary of key collaborations follow, and is not intended to cover the full spectrum of partnerships occurring.

Maternal and Child Health staff and leadership participate on committees or groups of many partner agencies, including March of Dimes, Arizona Family Planning Council, Arizona Coalition Against Domestic Violence, South Phoenix Healthy Start, the Early Childhood Development and Health Board (First Things First), Arizona Perinatal Trust, School Based Health Care Council, and Children's Action Alliance. Staff participates on committees or workgroups and collaborate on projects with many child-serving community organizations including, Raising Special Kids -- Arizona's Family to Family Health Information Center, Special Olympics Arizona, United Cerebral Palsy of Central Arizona, Arizona Chapter of Academy of Pediatrics, and Ronald McDonald House among others.

Participation in coalitions, networks, and associations has been a critical strategy in partnership development. Staff actively participates in groups such as the Arizona Public Health Association, Arizona Rural Women's Health Network, Arizona Asthma Coalition, Taskforce on Alcohol and Drug-Exposed Infants, Arizona School Nurse Consortium, Rocky Mountain Public Health Education Consortium, the Arizona Association of Community Health Centers, the Arizona Developmental Disabilities Network (consisting of the Institute for Human Development University Center of Excellence for Developmental Disabilities (UCEDD), Sonoran UCEDD, Arizona Developmental Disabilities Planning Council, Arizona Center for Disability Law, local oral health coalitions, and the Arizona chapters of the Dental Association and Dental Hygiene Association.

ADHS also leads collaborative efforts to address specific public health issues. For example, ADHS coordinates an Injury Prevention Advisory Council that works on development and implementation of the state injury prevention plan. ADHS also coordinates the Pediatric Advisory Committee for Emergency Services, which helps facilitate accomplishment of performance objectives of the HRSA Emergency Medical Services for Children Program. The Unexplained Infant Death Council and State Child Fatality Review Teams address deaths of children and strategize around areas of preventability. The Office of Oral Health has established regional oral health workgroups to facilitate strategic planning for the state oral health workforce plan.

Staff works with University of Arizona to develop services for children with neuro-developmental and related disabilities. In addition, ADHS has multiple partnerships in place with higher institutes of learning that provide education for the health professions. For example, staff participates on advisory boards, provide technical assistance and consultation on public health curricula, and mentor students.

Most ADHS maternal child health programs contract with local organizations to carry out the mission of the programs. These organizations are primarily county health departments, non-profit human services agencies, and community health centers. Programs coordinate regular contractor meetings to provide educational opportunities, technical assistance, and opportunities for networking.

Collaboration with other state agencies occurs on a regular basis. The Governor's Office for Children, Youth, and Families facilitates monthly meetings of the State Agency Coordination Team, which is comprised of all state agencies providing any kind of services related to domestic violence and sexual violence. The State Interagency Coordinating Council for Infants and Toddlers, which includes Department of Economic Security(DES)/Arizona Early Intervention

Program (AzEIP), AHCCCS, Division of Developmental Disabilities (DDD), Arizona Schools for the Deaf and Blind, families of young children and ADHS, meets regularly to advise and assist with the development and implementation of the statewide system of early intervention services. Maternal and child health staff also participate in meetings of Governor's commissions or councils, such as Council on Spinal and Head Injuries, the Arizona Traumatic Brain Injury Project, Council on Aging, and the Commission to Prevent Violence Against Women.

BWCH and OCSHCN collaborate with the Division of Behavioral Health Services (BHS) on the Arizona Children's Executive Committee which includes partners from Department of Economic Security, Department of Juvenile Corrections, Department of Education and the Administration of the Courts to ensure that behavioral health services are being provided to children and families. Staff collaborates on the Building Partnerships for Quality Care contract that funds two community organizations to involve family and youth partners in agency decision-making.

ADHS works particularly closely with the state's Medicaid agency, AHCCCS, participating in many AHCCCS Health Plan meetings. Health Start, Community Nursing, and Hotline staff all facilitate families enrollment in both Medicaid and SCHIP programs. OCSHCN staff assists families in understanding eligibility requirements and help with application processes for various programs that serve CSHCN. Baby Arizona is a program to help pregnant women begin prenatal care while waiting for AHCCCS eligibility. Baby Arizona providers help women apply for AHCCCS and pre-enroll her into a health plan, and women begin prenatal care at no cost while their eligibility is processed. If a woman is determined to be ineligible for AHCCCS, she and her Baby Arizona doctor work out a reasonable payment plan and continue care. The Bureau of Women's & Children operates the Baby Arizona hotline and assists callers in how to apply for AHCCCS and helps them locate a prenatal care provider.

ADHS works with the Social Security Administration to review Social Security Income applications, and informing families of potential services. Interagency Services Agreements are in place with AHCCCS to operate the Baby Arizona Hotline, and the Children's Rehabilitative Services Program as a carve out for Medicaid-eligible children with special health care needs. BWCH and OCSHCN staff work closely with Newborn Screening, Genetics Services Advisory Committee, the Arizona Chapter of the AAP, Community Health Centers, Community Health Nurses, and AzEIP to identify resources to ensure that children and youth receive Early and Periodic Diagnosis and Treatment (EPSDT) services for children and youth.

The Arizona Community of Practice on Transition (AzCoPT) offers additional opportunities for cooperation among Department of Education (ADE), Vocational Rehabilitation, Southwest Institute for Families and Children with Special Health Care Needs, DDD, BHS, and young adults. This partnership of stakeholders promotes collaboration and coordination for transition planning, professional development and youth involvement. At the annual ADE Transition conference, partners will co-present "Partnering for Transition," describing the role of each agency in coordinating transition for young adults with disabilities and special health care needs. This presentation will be available online to Vocational Rehabilitation, Behavioral Health, and DDD case managers, as well as special educators, reinforcing collaboration across agencies, inclusive of health care, for successful transition. ADHS also works with DES Family Assistance Administration which provides families with nutrition assistance, cash assistance, emergency food assistance and applications for AHCCCS health insurance. The agencies strategize ways to include the nutritional needs of children with special health care needs in FAA policy and programs allowing for better planning and access to resources to meet the needs of all children and families who require nutrition assistance.

ADHS staff participates in a monthly Genetics Services Advisory Committee with the Arizona Schools for the Deaf and Blind, EAR Foundation of Arizona, and pediatric genetics services providers to discuss emerging practice around newborn screening, diagnosis and provision of care to children with heritable disorders. Additionally, ADHS staff takes part in Mountain States Genetics Regional Collaborative Center's (MSRGCC) annual meeting which includes

professionals and consumers from Texas, New Mexico, Arizona, Utah, Colorado, Wyoming, Nevada and Montana. Staff participate in the Arizona Telemedicine Council to explore innovative ways to expand the reach of heath care providers to underserved areas of the state.

Within ADHS, there is substantial collaboration among program areas. Children with Special Health Care Needs and Women's and Children's Health work in tandem to assess needs of the maternal and child health population, provide a Children's Information Center hotline, and provide community nursing visits to infants through the High Risk Perinatal Program. Both offices work closely with Newborn Screening, participating in the monthly Newborn Screening Partners Meetings that include the Early Hearing Detection Coordinator, Arizona Chapter of the Academy of Pediatrics representative for hearing and pediatric sub-specialists in genetics, endocrinology and pulmonology. BWCH and OCSHCN collaborate with Bureau of Nutrition and Physical Activity to coordinate services on an ongoing basis, and have worked with child care licensure to develop new rules for licensed centers as well as educational materials and videos for childcare providers.

ADHS has internal workgroups for early childhood, as well as injury prevention made up of staff from throughout the department. Leadership from all of the public health bureaus (primary care, nutrition/physical activity/WIC, tobacco/chronic disease, women's & children's health, disease control, EMS, emergency preparedness, health statistics) meets regularly to enhance integration of programs. WIC and OCSHCN have worked together to provide metabolic formula for children 0 -- 5 years, who have certain disorders and no insurance coverage.

Methods for partnering with tribal and Native American organizations are also in place. ADHS leadership has quarterly meetings with the Indian Health Services directors located in Arizona. Maternal and child health program have agreements in place with Indian Health Services for sharing of injury data as well as delivery of oral health services. ADHS also has in place a tribal consultation policy that was utilized as part of the public input process for this year's Title V needs assessment and application when a special session was held specific to the Native American population. The ADHS teen pregnancy prevention program has an intergovernmental agreement in place with the Navajo Nation and a contract with the Inter-Tribal Council of Arizona. ADHS staff participates in planning the annual Native American Disability Summit.

ADHS maternal and child health programs work with primary care providers in multiple ways. Programs make referrals to primary care providers, and assist individuals and families in accessing Medicaid and/or private providers that serve uninsured or underinsured individuals. The MCH program works closely with the Bureau of Health Systems Development, which serves as the ADHS primary care office. Programs share data about medically underserved areas and MCH programs work with HSD when a provider shortage issue arises. The programs also collaborate on workforce development programs.

The state MCH role with primary care providers also includes sharing information on new public resources available, such as screening tools or patient education materials. The state MCH program develops materials specifically for use among primary care providers, such as the new preconception health Every Woman Arizona materials and materials on enhancing care for children with special health care needs.

ADHS MCH program has partnerships with community health centers as well as school-based health care. Community health centers are often partners in implementation of state administered and or federally funded maternal and child programs. For example, community health centers have been recipients of MCH Community Health Grants for reducing obesity, and currently are partners in implementation of Project Connect integrating domestic violence screening into primary care and family planning sites. With the implementation of health care reform, the state MCH program will look for opportunities to assist primary care providers in implementation of new preventive health requirements, as well as to inform the public and partners about impacts on access to primary care services.

/2012/ Additional partnering with tribal and Native American organizations occurred in 2011. The Office of Oral Health assisted with development and implementation of an Arizona Native American Oral Health Summit in April 2011. The Office for Children with Special Health Care Needs will join the planning process for the next oral health summit. BWCH developed a partnership with the White Mountain Apache Tribe to implement a promising practice as part of the federal home visiting program. OCSHCN engaged the Salt River Pima-Maricopa Community around youth leadership for youth with special health care needs. //2012//

/2012/ The Association of Community Health Centers is an active participate in the BWCH Preconception Health Taskforce and the Women's & Girls' Health Conference Planning Committee. BWCH also engaged city housing and employment agencies in planning of the women's health conference. //2012//

F. Health Systems Capacity Indicators

Introduction

/2012/ Asthma admissions per 10,000 youth under 5 years of age increased significantly in 2010. The increase may be caused by an actual increase in the incidence of asthma and/or an increase in the proportion of repeat admissions by the most at-risk children. Eligibility levels for enrollment in Arizona Medicaid (AHCCCS) remained the same across all population groups in 2010. //2012// However, AHCCCS received permission to increase the premiums for children and households/parents for FY 2010. In addition, a lack of state funding caused AHCCCS to place an indefinite freeze on new enrollment in SCHIP (KidsCare) as of January 1, 2010. Therefore, no infants under one year of age will be served by the KidsCare program by 2011, and total enrollment will decline as the population of continuing enrollees ages out of the program. ***/2012/ The Arizona Legislature passed a Medicaid Reform Package that will eliminate AHCCCS coverage for specific categories of people, including childless adults, people on a Medical Spend-Down Program, and parents earning 75% to 100% of federal poverty level. In total, an estimated 130,000 to 160,000 are expected to lose medical coverage during the next 12 months, pending federal approval. //2012//***

Health Systems Capacity Indicator 01: *The rate of children hospitalized for asthma (ICD-9 Codes: 493.0 -493.9) per 10,000 children less than five years of age.*

Health Systems Capacity Indicators Forms for HSCI 01 through 04, 07 & 08 - Multi-Year Data

Annual Objective and Performance Data	2006	2007	2008	2009	2010
Annual Indicator	27.4	28.1	28.9	26.9	31.2
Numerator	1323	1400	1447	1342	1424
Denominator	482344	499045	501481	498464	455715
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Final

Notes - 2010

The rate for 2010 was significantly greater than the rate for 2009 ($p<0.0001$). However, it is important to note that the 2009 Census Bureau population estimates for Arizona were likely over-estimated. This means the 2009 rate of asthma admissions was likely an underestimate.

Notes - 2009

Data for 2009 are not yet available. The estimate for 2008 is provisionally set at the 2008 rate until data become available in the Fall of 2010.

Notes - 2008
Problems with hospital discharge data prevented reporting on this measure for 2002. Data for 2008 are not yet available. The estimate for 2008 is provisionally set at the 2007 rate until data become available in the Fall of 2009.

Narrative:
The Bureau of Women's and Children's Health has direct access to Hospital Discharge data to report on this measure. However, the Hospital Discharge data does not include Federal or Native American facilities; therefore, the asthma estimate is incomplete because American Indian/Alaskan Native children are underrepresented in the hospital discharge data.

/2012/ The rate of hospitalization for asthma among this age cohort increased in 2010. When compared with 2009 (26.9 per 10,000 children) the 2010 rate (31.2 per10,000 children) was significantly greater Chi-square=15.406 (1), $p<0.00008$. Although it is yet to be determined, the increase may be the result of a true increase in the incidence of asthma and/or an increase in repeat admissions for asthma by an at-risk cohort of children. An analysis of 2009 Arizona emergency room data showed that 11% of visits by children were repeat visits in the same calendar year.

In 2009-2010 the Office of Oral collected information on asthma prevalence among third grade school children across Arizona. Results from the 2009 Arizona Healthy Smiles, Healthy Bodies Survey estimated current asthma among pre-school and third grade students at 4.5 percent. //2012//

Health Systems Capacity Indicator 02: *The percent Medicaid enrollees whose age is less than one year during the reporting year who received at least one initial periodic screen.*

Health Systems Capacity Indicators Forms for HSCI 01 through 04, 07 & 08 - Multi-Year Data

Annual Objective and Performance Data	**2006**	**2007**	**2008**	**2009**	**2010**
Annual Indicator	97.6	96.4	99.1	100.0	100.0
Numerator	56520	58301	58861	57283	39546
Denominator	57884	60473	59373	57283	39546
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Final

Narrative:
The health plans that contract with AHCCCS (Arizona's Medicaid program) conduct various interventions during the course of each year to increase EPSDT participation. Interventions include outreach to members and providers related to well visits, dental, TB and lead screening, immunizations and other preventive health services. The health plans monitor and evaluate the effectiveness of interventions and report to AHCCCS quarterly.

/2012/ According to 2010 data provided Arizona Medicaid (Arizona Health Care Cost Containment System) 100 percent of infants enrolled in health plans that contract with

AHCCCS received at least one initial periodic screen. However, the number of enrollees declined by 31 percent in 2010 compared to 2009. //2012// AHCCCS continues to provide Early and Periodic Screening Diagnosis and Treatment (EPSDT) services for Medicaid eligible children under age 21. AHCCCS data has not been linked to other MCH data sources beyond payer fields within the AZ Birth Certificates and Hospital Discharge Data system. ***/2012/ The state MCH Program (Bureau of Women's and Children's Health) and SSDI have no access to client level Medicaid data for analysis purposes. //2012//***

Health Systems Capacity Indicator 03: *The percent State Childrens Health Insurance Program (SCHIP) enrollees whose age is less than one year during the reporting year who received at least one periodic screen.*

Health Systems Capacity Indicators Forms for HSCI 01 through 04, 07 & 08 - Multi-Year Data

Annual Objective and Performance Data	**2006**	**2007**	**2008**	**2009**	**2010**
Annual Indicator	78.4	82.5	84.0	82.1	100.0
Numerator	580	721	646	320	21
Denominator	740	874	769	390	21
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Final

Notes - 2010
Enrollement in Arizona's SCHIP (KidsCare) was indefinitely frozen in 2010 per legislative action.

Narrative:
/2012/ The total number of enrollees in KidsCare (SCHIP) declined nearly 93 percent. As of January 1, 2010 due to a lack of funding for KidsCare, no further children were enrolled in the program. Unless the cap is removed by future legislative action, Arizona will not have any infants enrolled in this program in 2011 and will not have any data to report on this measure beyond 2010. //2012//

Health Systems Capacity Indicator 04: *The percent of women (15 through 44) with a live birth during the reporting year whose observed to expected prenatal visits are greater than or equal to 80 percent on the Kotelchuck Index.*

Health Systems Capacity Indicators Forms for HSCI 01 through 04, 07 & 08 - Multi-Year Data

Annual Objective and Performance Data	**2006**	**2007**	**2008**	**2009**	**2010**
Annual Indicator	69.8	70.3	71.7	72.5	73.7
Numerator	70976	71865	70965	66838	63900
Denominator	101749	102246	98971	92162	86664
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Final

Notes - 2008
Data for 2008 became available after all program narratives and data analyses were completed.

Narrative:
All data for analyzing prenatal care was obtained through the Arizona Birth Certificate database. BWCH utilized 2009 birth certificate data to report on the Kotelchuck index. The fields used to perform a Kotelchuck analysis include month prenatal care began and number of prenatal visits. Both of these fields are self reported and as such may have reliability issues. Kotelchuck index results appear to be similar in Arizona to national figures. The Healthy People 2010 goal for women entering prenatal care during the first trimester is 90 percent. ***/2012/ The percentage of Arizonan women aged 15 through 44 who entered prenatal care during the first trimester increased in 2010 to 82 percent. //2012//***

The BWCH Health Start program continues to strive to find women early in their pregnancies and ensure they receive adequate prenatal care. Health Start Community Health Workers follow-up with enrolled pregnant women regarding their prenatal visits and sometimes secure transportation for participants to the appointments. Health Start is expected to continue to be funded through lottery dollars that are not appropriated by the state ***/2012/ legislature. //2012//***

Arizona's illegal immigration laws may impact the number of women receiving adequate prenatal care as undocumented pregnant women are more likely to avoid systems of care and support available in the state, such as WIC.

Health Systems Capacity Indicator 07A: *Percent of potentially Medicaid-eligible children who have received a service paid by the Medicaid Program.*

Health Systems Capacity Indicators Forms for HSCI 01 through 04, 07 & 08 - Multi-Year Data

Annual Objective and Performance Data	2006	2007	2008	2009	2010
Annual Indicator	74.5	74.7	76.8	78.5	82.0
Numerator	432605	434205	468812	529527	603750
Denominator	580568	581632	610091	674385	736529
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Final

Notes - 2010
Arizona Medicaid (AHCCCS) provides the estimate for this measures. The ADHS Bureau of Women's and Children's Health does not have access to Medicaid data and, therefore, is unable to analyze the data to verify the accuracy of the estimate.

Narrative:
The percent of children enrolled in Medicaid (AHCCCS) who have received a service paid by AHCCCS increased over each year from 2006 (74.5 percent) to 2010 (82.0 percent). ***/2012/ This is particularly impressive considering the growth in the total number of children eligible for AHCCCS (27% increase over five years). //2012//***The Bureau of Women's and Children's Health receives this estimate from AHCCCS. The Bureau is not able to determine the number of potentially AHCCCS-eligible children (the denominator) and AHCCCS does not include this figure when it shares data with the Bureau. The measure reported is the total number of Medicaid members age 1-20 with at least one paid service during the reporting year divided by the total

number of members age 1-20 eligible for Medicaid at any time during the reporting year.

Health Systems Capacity Indicator 07B: *The percent of EPSDT eligible children aged 6 through 9 years who have received any dental services during the year.*

Health Systems Capacity Indicators Forms for HSCI 01 through 04, 07 & 08 - Multi-Year Data

Annual Objective and Performance Data	**2006**	**2007**	**2008**	**2009**	**2010**
Annual Indicator	54.1	56.6	59.6	62.9	66.5
Numerator	66522	71063	80349	96768	109672
Denominator	122975	125470	134811	153910	164910
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Final

Notes - 2009
The numerator for 2009 has been corrected to reflect the true number of of EPSDT eligible children aged 6 through 9 years who have received any dental services during the year.

Narrative:
/2012/ The estimate for 2009 was revised up to 62.9 percent. The estimate for percent of EPSDT eligible children ages 6 to 9 who received any dental service rose to 66.5% in 2010. Compared to 2009, the percent increased significantly (Chi sq.=459.875(1), p<0.0001) in 2010. //2012//The Office of Oral Health provides referrals to high-risk children to ensure they receive dental services. ***/2012/ In 2009-2010 the ADHS school-based sealant program placed sealants on 2,592 EPSDT eligible children; this is a 60 percent increase from the 2008-2009 school year. During the 2009-2010 school year the program served four of Arizona's fifteen counties. According to the 2009 oral health survey of third grade children, tooth decay is still a significant health problem for Arizona children: 75 percent of them have experienced tooth decay with 42% having untreated decay. These rates are significantly higher than the Healthy People 2010 targets of 42 percent and 21 percent respectively. //2012//*** For-profit mobile dental companies continue to provide limited dental services to Medicaid eligible children but do not address the needs of uninsured or privately insured children.

/2012/ The Office of Oral Health administers a school-based fluoride mouth rinse program which serves 24,553 children throughout Arizona. //2012//

The Office of Oral Health continues to monitor AHCCCS Health Plans on policies for dental care and case management, collaborates with counties to implement school-based sealant programs to ensure success and partners with counties, private organizations and foundations to enhance prevention activities. Through the HRSA Workforce Grant, the Office is continuing to promote the development of enhanced dental teams using teledentistry to increase workforce activities in underserved locations. The Office continues to work with the Arizona Dental Association and Arizona Dental Hygiene Association in an effort to improve the number of providers in underserved communities. The dental sealant program continues to provide services to underserved children. The Office of Oral Health will continue promoting a dental home by age one and provide training for those who provide services to young children in childcare, learning and health care environments.

While the Patient Protection and Affordable Care Act of 2010 included language about improving oral health infrastructure, including school based dental sealant programs, these initiatives have not yet been funded.

Health Systems Capacity Indicator 08: *The percent of State SSI beneficiaries less than 16 years old receiving rehabilitative services from the State Children with Special Health Care Needs (CSHCN) Program.*

Health Systems Capacity Indicators Forms for HSCI 01 through 04, 07 & 08 - Multi-Year Data

Annual Objective and Performance Data	**2006**	**2007**	**2008**	**2009**	**2010**
Annual Indicator	43.1	47.4	46.4	100.0	100.0
Numerator	6627	7540	7630	17327	17886
Denominator	15392	15891	16443	17327	17886
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Final

Notes - 2010
All SSI beneficiaries less than 16 years old are automatically eligible for Arizona's Medicaid Program, which provides comprehensive rehabilitative services. Title V's role is focused on assuring families are aware of and enroll in SSI. The Social Security Administration provides OCSHCN with the names and adresses of SSI applicants and OCSHCN mails information to families of every applicant under age 21 to ensure that they know what potential services are available. They are also given contact information for OCSHCN staff who is prepared to give guidance on eligibility requirements and application processes for other services.

Notes - 2009
All SSI beneficiaries less than 16 years old are automatically eligible for Arizona's Medicaid Program, which provides comprehensive rehabilitative services. Title V's role is focused on assuring families are aware of and enroll in SSI. The Social Security Administration provides OCSHCN with the names and adresses of SSI applicants and OCSHCN mails information to families of every applicant under age 21 to ensure that they know what potential services are available. They are also given contact information for OCSHCN staff who is prepared to give guidance on eligibility requirements and application processes for other services.

Notes - 2008
The measures for 2004 and 2005 contained duplicate members. The 2006, 2007, and 2008 measures are unduplicated. The 2006 measure looked at the SSI status at the end of the year. Newer measures count a member as SSI eligible if they had any SSI eligibility at any time during the year.

Narrative:
Previous to 2009, only SSI beneficiaries who were enrolled in CRS were counted as served by the Title V program. However, consistent with other states who have universal Medicaid coverage for these services, all ***/2012/ 17,886 //2012//*** SSI beneficiaries who are identified by the Social Security Administration as applying for SSI services ***/2012/ in 2010 //2012//*** are reported in both the numerator and the denominator for this measure.

All SSI beneficiaries less than 16 years old are automatically eligible for Arizona's Medicaid Program, which provides comprehensive rehabilitative services. Title V's role is focused on assuring families are aware of and enroll in SSI. The Social Security Administration provides OCSHCN with the names and adresses of SSI applicants and OCSHCN mails information to families of every applicant under age 21 to ensure that they know what potential services are available. They are also given contact information for OCSHCN staff who is prepared to give guidance on eligibility requirements and application processes for other services. OCSHCN also offers information about community resources and connect them with family support services.

Health Systems Capacity Indicator 05A: *Percent of low birth weight (< 2,500 grams)*

INDICATOR #05 ***Comparison of health system capacity indicators for Medicaid, non-Medicaid, and all MCH populations in the State***	**YEAR**	**DATA SOURCE**	**POPULATION**		
			MEDICAID	**NON-MEDICAID**	**ALL**
Percent of low birth weight (< 2,500 grams)	2010	payment source from birth certificate	7.5	6.6	7.1

Narrative:
The percent of low birth weight in Arizona remained at 7.1 percent in ***/2012/ 2010. //2012//*** Although the percent of low birth weight infants born to mothers on Medicaid (AHCCS) increased ***/2012/ from 7.3 percent in 2009 to 7.5 percent in 2010 //2012//***, the increase was not significant.

The Bureau of Women's & Children's Health (BWCH) enhanced efforts directed toward preconception health in ***/2012/ recent years //2012//***. Through a HRSA First Time Motherhood grant, BWCH produced the "Live it Change it" campaign targeting preconception health of African Americans in Arizona. In addition, "Every Woman Arizona" preconception health materials were produced and posted on the Department's website. In 2010, Arizona held its first preconception health summit in conjunction with the March of Dimes. BWCH has established a Preconception Health Taskforce and developed a statewide preconception health plan. BWCH and its partners selected preconception health as a new state MCH priority for the next five years. ***/2012/ Starting in 2011, Title V funding has been provided to six county health departments to implement preconception health strategies. BWCH programs have also continued integration of //2012//***preconception health concepts and activities, especially in the home visiting programs -- Health Start and High Risk Perinatal Program (HRPP) Community Nursing. Increased focus and funding on preconception health is intended to improve multiple birth outcomes, include low birth weight.

The Arizona Chapter of the March of Dimes continues to promote awareness of prematurity and has funded community-based projects to improve preconception health. The Maricopa Integrated Health System has implemented an internatal project with women experiencing poor birth outcomes at the county hospital. The Arizona Family Planning Council has trained all Title X family planning providers on preconception health and reproductive life plans.

The ADHS Bureaus of Physical Activity & Nutrition, Tobacco and Chronic Disease, Health Systems Development, and Women's & Children's Health have chosen tobacco prevention & cessation, physical activity, and nutrition as special areas of focus for integration of programming and messaging. With multiple programs and bureaus promoting these healthy behaviors among Arizonans, it is hoped that this will also have a positive impact on birth outcomes in the future.

The capacity of Arizona's public health system to impact low birthweight and other birth outcomes

may be increasing as a result of enhanced funding of home visiting programs through First Things First and the new federal Maternal, Infant, and Early Childhood Home Visiting Program.

Health Systems Capacity Indicator 05B: *Infant deaths per 1,000 live births*

INDICATOR #05 ***Comparison of health system capacity indicators for Medicaid, non-Medicaid, and all MCH populations in the State***	**YEAR**	**DATA SOURCE**	**POPULATION**		
			MEDICAID	**NON-MEDICAID**	**ALL**
Infant deaths per 1,000 live births	2010	other	0	0	6

Notes - 2012
The Arizona Death Certificate does not contain information on the insurance status of the infant at the time of death.

Narrative:
/2012/ The total infant mortality rate per 1,000 live births saw a non-significant increase in 2010. Arizona is meeting the current HP 2020 Goal for infant mortality. Infant death statistics in Arizona are not available by payer. //2012//

The Bureau of Women's & Children's Health (BWCH) has taken action to reduce infant mortality for at-risk populations of infants. BWCH received a 1st Time Motherhood Grant from HRSA. The focus is on reducing infant mortality among African Americans through social marketing of preconception health, promotion of existing programs, and community development. BWCH produced the "Live it Change it" campaign. In addition, "Every Woman Arizona" preconception health materials were produced and posted on the Department's website. In 2010, Arizona held its first preconception health summit in conjunction with the March of Dimes. BWCH has established a Preconception Health Taskforce and developed a statewide preconception health plan. BWCH and its partners selected preconception health as a new state MCH priority. ***/2012/ Starting in 2011, Title V funding has been provided to six county health departments to implement preconception health strategies. //2012//*** Increased focus and funding on preconception health is intended to improve multiple birth outcomes, including infant death.

/2012/ In 2010 //2012//, Child Fatality Review teams reviewed deaths for all children in Arizona, including infant deaths. Recommendations regarding prevention of infant deaths included implementation of an infant safe sleep message, evaluation of safe sleep education programs for parents at Arizona Perinatal Trust site visits of birthing hospitals, ***/2012/ improving funding to the Arizona Poison Center's Pregnancy Riskline to provide information about risks associated with drug and medication exposures, and improving reporting of suspected child abuse or neglect. //2012//***

/2012/ While state budget cuts to Medicaid could potentially impact the rate of infant death, some areas of Arizona's public health system are increasing in their capacity to potentially impact infant death. //2012// Arizona has experienced enhanced funding of home visiting programs through First Things First and has received new funding through the federal Maternal, Infant, and Early Childhood Home Visiting Program. In addition, First Things First Regional Councils have funded some injury prevention strategies, including Cribs for Kids.

Health Systems Capacity Indicator 05C: *Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester*

INDICATOR #05 ***Comparison of health system capacity indicators for Medicaid, non-Medicaid, and all MCH populations in the State***	**YEAR**	**DATA SOURCE**	**POPULATION**		
			MEDICAID	**NON-MEDICAID**	**ALL**
Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester	2010	payment source from birth certificate	75.6	89.2	81.9

Narrative:
The percentage of Arizonan women aged 15 through 44 who entered prenatal care during the first trimester increased insignificantly from ***/2012/ 80 percent in 2009 to 81.9 percent in 2010 //2012//***. Medicaid (AHCCCS) enrollees also increased prenatal care at first trimester from ***/2012/ 71.4 percent in 2009 to 75.6 percent in 2010. //2012//*** However, a significant disparity in the percent of women initiating first trimester care ***/2012/ (Chi-square=2710.136 (1), p<0.0001) //2012//***continued to exist between the AHCCCS and non-Medicaid population. Traditionally Medicaid populations in Arizona have higher percentages of low birth weight infants, lower percentages of women entering prenatal care in the first trimester, and lower percentages of women receiving adequate prenatal care. ***/2012/ The AHCCCS data is not available and, therefore, has not been linked to other MCH data sources by SSDI. //2012//***The Bureau of Women's and Children's Health requests all Medicaid and SCHIP data pertinent to the Title V Grant directly from AHCCCS.

The Pregnancy and Breastfeeding Hotline is a Title V funded statewide, bilingual service that has been sponsored by the Arizona Department of Health Services (ADHS) since April 1988. One of the many services that the Hotline provides is to assist Arizona's Medicaid program, the Arizona Health Care Cost Containment System (AHCCCS), with pre-screening for the Baby Arizona Program. Baby Arizona is a program that helps pregnant women begin the important prenatal care they need by providing a simple, faster way to get health care before the application process for AHCCCS health insurance is complete. If a pregnant woman is determined ineligible she can still continue her visits with the provider but she and the provider will need to work out a reasonable payment plan. If during the pre-screening process the woman appears ineligible, the Hotline representative will provide information on low cost care available in the woman's community.

Arizona's illegal immigration laws may impact the number of women accessing prenatal care in the first trimester. Undocumented pregnant women are more likely to avoid systems of care and support available in the state, such as WIC.

Health Systems Capacity Indicator 05D: *Percent of pregnant women with adequate prenatal care(observed to expected prenatal visits is greater than or equal to 80% [Kotelchuck Index])*

INDICATOR #05 ***Comparison of health system capacity indicators for Medicaid,***	**YEAR**	**DATA SOURCE**	**POPULATION**		
			MEDICAID	**NON-MEDICAID**	**ALL**

non-Medicaid, and all MCH populations in the State					
Percent of pregnant women with adequate prenatal care(observed to expected prenatal visits is greater than or equal to 80% [Kotelchuck Index])	2010	payment source from birth certificate	67.6	80.8	73.7

Narrative:
There was a slight, but insignificant increase in the percentage of pregnant women with adequate prenatal care according to the Kotelchuck Index. However, a significant disparity exists between the Medicaid (AHCCCS) and non-Medicaid populations. ***/2012/ Only 67.6 percent of women on AHCCCS had at least adequate prenatal care, while 80.8 percent of the non-AHCCCS population had adequate care according to the Kotelchuck Index (13.2 percent difference). //2012//***Traditionally Medicaid populations in Arizona have higher percentages of low birth weight infants, lower percentages of women entering prenatal care in the first trimester, and lower percentages of women receiving adequate prenatal care. The AHCCCS data has not been linked to other MCH data sources by SSDI.

The Pregnancy and Breastfeeding Hotline and the Health Start Program continue to encourage women to access prenatal care.

Arizona's illegal immigration laws may impact the number of women receiving adequate prenatal care. Undocumented pregnant women are more likely to avoid systems of care and support available in the state, such as WIC.

Health Systems Capacity Indicator 06A: *The percent of poverty level for eligibility in the State's Medicaid and SCHIP programs. - Infants (0 to 1)*

INDICATOR #06 The percent of poverty level for eligibility in the State's Medicaid programs for infants (0 to 1), children, Medicaid and pregnant women.	**YEAR**	**PERCENT OF POVERTY LEVEL Medicaid**
Infants (0 to 1)	2010	140
INDICATOR #06 The percent of poverty level for eligibility in the State's SCHIP programs for infants (0 to 1), children, Medicaid and pregnant women.	**YEAR**	**PERCENT OF POVERTY LEVEL SCHIP**
Infants (0 to 1)	2010	200

Narrative:
The percent of poverty for eligibility in the state Medicaid (AHCCCS) program and state CHIP (KidsCare) for infants remained unchanged in ***/2012/ 2010. //2012//*** However, enrollment in KidsCare was frozen as of January 1, 2010 because of a lack of funding from the state legislature. By 2011 no infants will be enrolled in KidsCare unless the cap is lifted and funding restored for new enrollment.

In FY 2010, AHCCCS increased KidsCare premiums for children and households/parents. Premiums for children in households with incomes between 150-175% FPL increased: (a) for one child, from $20 to $40; (b) for more than one child, from $30 to $60. Premiums for children in households with incomes between 176-200% FPL increased: (a) for one child, from $25 to $50; (b) for more than one child, from $35 to $70. Premiums for parents between 150-175% FPL

increased from 4% of household income to 5% of household income. ***/2012/ No information was available in FY2011 on KidsCare premium changes. //2012//***

Health Systems Capacity Indicator 06B: *The percent of poverty level for eligibility in the State's Medicaid and SCHIP programs. - Medicaid Children*

INDICATOR #06 The percent of poverty level for eligibility in the State's Medicaid programs for infants (0 to 1), children, Medicaid and pregnant women.	**YEAR**	**PERCENT OF POVERTY LEVEL Medicaid**
Medicaid Children (Age range 1 to 5) (Age range 6 to 18) (Age range to)	2010	 133 100
INDICATOR #06 The percent of poverty level for eligibility in the State's SCHIP programs for infants (0 to 1), children, Medicaid and pregnant women.	**YEAR**	**PERCENT OF POVERTY LEVEL SCHIP**
Medicaid Children (Age range 1 to 18) (Age range to) (Age range to)	2010	 200

Narrative:
The percent of poverty level for Medicaid programs for infants, children, and pregnant women, and Arizona SCHIP (KidsCare) remained the same in ***/2012/ 2010 //2012//***. However, KidsCare enrollment was frozen due to llack of funding and legislative decision. Consequently enrollment in KidsCare declined 35 percent from April 2009 to April 2010. If the cap on new enrollment is not lifted in 2011, no infants under the age of one year will remain in KidsCare and overall enrollment will continue to decline as children age out ot the program. ***/2012/ Arizona may be the only state in the U.S. without SCHIP coverage for infants born in 2011. //2012//***

Health Systems Capacity Indicator 06C: *The percent of poverty level for eligibility in the State's Medicaid and SCHIP programs. - Pregnant Women*

INDICATOR #06 The percent of poverty level for eligibility in the State's Medicaid programs for infants (0 to 1), children, Medicaid and pregnant women.	**YEAR**	**PERCENT OF POVERTY LEVEL Medicaid**
Pregnant Women	2010	150
INDICATOR #06 The percent of poverty level for eligibility in the State's SCHIP programs for infants (0 to 1), children, Medicaid and pregnant women.	**YEAR**	**PERCENT OF POVERTY LEVEL SCHIP**
Pregnant Women	2010	200

Narrative:
The percent of poverty level for pregnant women in the state Medicaid program and state CHIP (KidsCare) remained the same in ***/2012/ 2010 //2012//***. However, KidsCare began a waiting list for all new qualified enrolles as of January 1, 2010 for both pregnant women and children. Unless the freeze on new enrollments is lifted, the number of pregnant women enrolled in KidsCare will decline to zero by 2011. ***/2012/ Arizona may be the only state in the U.S. without SCHIP coverage for infants born in 2011. //2012//***

Health Systems Capacity Indicator 09A: *The ability of States to assure Maternal and Child Health (MCH) program access to policy and program relevant information.*

DATABASES OR SURVEYS	**Does your MCH program have the ability to obtain data for program planning or policy purposes in a timely manner? (Select 1 - 3)**	**Does your MCH program have Direct access to the electronic database for analysis? (Select Y/N)**
ANNUAL DATA LINKAGES Annual linkage of infant birth and infant death certificates	3	Yes
Annual linkage of birth certificates and Medicaid Eligibility or Paid Claims Files	1	No
Annual linkage of birth certificates and WIC eligibility files	1	No
Annual linkage of birth certificates and newborn screening files	1	No
REGISTRIES AND SURVEYS Hospital discharge survey for at least 90% of in-State discharges	3	Yes
Annual birth defects surveillance system	2	No
Survey of recent mothers at least every two years (like PRAMS)	1	No

Notes - 2012

Narrative:
The Arizona H72 Death Certificate System was replaced by the new VSIMS (Vital Statistics Information Management System) on July 1, 2008. The Transax data is merged with VSIMS daily allowing for more timely mortality surveillance.

/2012/ The SSDI position was filled by a Technical IT Consultant in April 2011. Prior to this date, all SSDI grant funded data linkages were completed by the MCH Epidemiologist and Chief of the Office of Assessment and Evaluation for the Bureau of Women's and Children's Health.

The SSDI allowed for the link of infant birth and death certificates to conduct a retrospective cohort study on the role of interpregnancy interval (see State Performance Measure) in neonatal infant death.

The SSDI allowed for the link of birth, death, hospital discharge, and fetal death certificates as part of a Maternal Mortality brief that became the basis of our new Maternal

Mortality Review Program. Details about the use of SSDI to support Maternal Mortality Review may be found in the SSDI Grant Performance Report.

The Bureau of Women's and Children's Health has a data sharing agreement with the Bureau of Nutrition and Physical Activity (BNP) . The SSDI will work with BNP to link WIC data to AZ Birth Certificates. Initiating this project has been made more important by the decision of the CDC to discontinue PedNSS/PNSS data analysis. //2012//

Health Systems Capacity Indicator 09B: *The Percent of Adolescents in Grades 9 through 12 who Reported Using Tobacco Product in the Past Month.*

DATA SOURCES	**Does your state participate in the YRBS survey? (Select 1 - 3)**	**Does your MCH program have direct access to the state YRBS database for analysis? (Select Y/N)**
Youth Risk Behavior Survey (YRBS)	3	No
Arizona Youth Survey	3	No

Notes - 2012

Narrative:

/2012/ The ADHS Bureau of Women's and Children's Health does not have access to raw YRBS or Arizona Youth Survey data. However, the proprietors of these data provide either query systems or annual reports from which estimates for indicators are drawn. //2012//

The ADHS Bureau of Tobacco and Chronic Disease (BTCD) coordinated with the Arizona Department of Education for the 2009 YRBS administration to eliminate the Youth Tobacco Survey in high schools and decrease the burden on school districts. According to the 2009 YRBS, 19.7 percent of youth in grades nine through twelve reported smoking cigarettes in the past 30 days. The average age of initiation among Arizona's youth is about 12 years old, and adults report an average age of 19 for becoming a regular smoker. Tobacco companies know that youth, specifically ages 12-17, are extremely impressionable and tobacco companies use specific marketing tactics to target this demographic.

BTCD has implemented a counter-marketing campaign aimed at youth to increase their knowledge and reduce the initiation of tobacco use. This campaign utilizes traditional means (e.g. television, radio) and innovative media and technologies favored by youth such as text messaging, music and social networking sites like Facebook, MySpace and Twitter. This counter-marketing campaign is referred to as "Venomocity: Brought to you by addiction". The campaign demonstrates the idea that tobacco addiction embeds itself within the smoker and they ultimately must surrender to the control of tobacco addiction. An integral part of the campaign is to incorporate grassroots outreach that will engage and empower youth to directly attack the manipulative efforts of tobacco companies, as well as improve policies around tobacco control, change social norms and reduce smoking consumption and age of initiation. BTCD is developing a statewide network of youth through a comprehensive coalition. The development of this network allows the counter-marketing message to reach youth in and out of school, and they will work to change the social norms to make tobacco less desirable, acceptable and accessible. The launch of the statewide coalition networkwas the 2010 Arizona Youth Tobacco Coalition Conference in June 2010.

IV. Priorities, Performance and Program Activities
A. Background and Overview
Priorities

Arizona's selection of state Title V priorities for 2011-2016 was grounded in review of quantitative and qualitative data, as well as careful consideration of capacity and public input. Input was gathered through multiple means -- surveys, focus groups, and special public sessions.

Process for Priority-Setting -- General Maternal & Child Health

In selecting the general maternal and child health priorities, the Bureau of Women's & Children's Health conducted a priority-setting session on May 7 that involved multiple stakeholders and partners. Participants in the session not only included the BWCH leadership, epidemiologists and program managers, and Children with Special Health Care Needs, but also included key partners from county health departments, community health centers, March of Dimes, county hospital system, and Academy of Pediatrics; and leadership from other parts of ADHS (Behavioral Health Services, Local Health, Tobacco & Chronic Disease, Health Systems Development, Nutrition & Physical Activity, Immunizations, and Epidemiology & Disease Control.)

In order to help prioritize the group considered the following decision criteria: 1) the need is supported by the data (disparity, magnitude, severity, trend); 2) interventions are available and effective/action will have an impact on the target population (within five years); 3) the issue is feasible to address/ADHS has the ability to address it; and 4) the issue is complementary (action on this issue can be leveraged by or leverage action on other issues). Participants reviewed the list of current MCH priorities, which are: 1) teen pregnancy and access to reproductive health services; 2) obesity/overweight among women and children; 3) preventable infant mortality; 4) injuries, unintentional and intentional; 5) prenatal care among the underserved; 6) oral health; and 7) mental health (integration with general health care). To this list, they added: 8) preconception health/internatal; 9) substance abuse (alcohol and other drugs); 10) preventive health for children; 11) post-partum depression; and 12) breastfeeding. Participants then utilized the scoring criteria and rated the issues ‘low,' ‘medium,' and ‘high'. The issues that ranked the highest were: i) preventive health for children; ii)obesity/overweight among children; iii) preconception health/internatal, and injuries; and iv)unintentional and intentional injuries

The group also discussed the different ways in which some of the issues could be combined with one another, but final determination was left to Bureau of Women's & Children's Health with the understanding that all issues would be addressed even if not specifically identified as a priority. For example, there are national performance measures related to breastfeeding and prenatal care, so those issues are certain of being addressed in the annual application. The Bureau also considered any national or federal priorities that may support and contribute to the state's capacity to address the issues.

The following priorities will be continued: teen pregnancy, oral health, injury prevention, and obesity/overweight. The previous priority of integration with mental health was broadened to encompass behavioral health to include substance abuse as well as post-partum depression and mental health. The two new priorities are preventive health for children and preconception health. Two previous priority areas will be addressed as part of preconception health: access to reproductive health services will be a primary strategy under preconception health, and preventable infant mortality is expected to be an outcome of improved preconception health.

PROCESS FOR PRIORITY-SETTING -- CHILDREN WITH SPECIAL HEALTH CARE NEEDS

The OCSHCN needs assessment team compiled suggested priorities from community partners into an evaluation tool. The needs assessment team plus key staff and community partners convened a meeting in which each of the suggested priorities was rated. A list of priorities was compiled and evaluated, with numerical ratings of 0 through 3 for each dimension: numbers affected, severity or importance, known interventions, resources to implement intervention, interest of partners, likelihood of impact, and annually measurable.

Potential topics included early identification of special needs, hearing, access to follow up services, health insurance that adequately covers special health care needs, mental health services, therapies, childcare, inclusion, fragmentation of the system of care for CSHCN, the need for care coordination, genetics testing, and transition. After all topics were rated, scores were summarized, and the topics with the highest scores across all areas evaluated were hearing, inclusion, and transition. Three priorities were selected as the top priorities for CSHCN, which are newly defined priorities since the last needs assessment. In general, OCSHCN's community partners are more likely to perform enabling services around each of these priorities, while OCSHCN's role for each can best be described as infrastructure building. OCSHCN efforts for each priority are centered around analysis, policy and guideline development, and developing resources and training.

B. State Priorities

The following is a description of State Title V priorities for 2011 -- 2016 for Arizona's maternal and child health population, including children with special health care needs. Priorities not presented in any particular order; each is of equal importance.

PRIORITY 1: REDUCE THE RATE OF TEEN PREGNANCY AMONG YOUTH LESS THAN 19 YEARS OF AGE.

While Arizona's rates of teen pregnancy and teen births have been declining over the past decade, Arizona still ranks within the top five highest teen birth rates in the nation. Support for continuation of teen pregnancy as a state priority was evidenced during the public input process. Along with public support, Arizona also has capacity to address this priority through state lottery dollars that total over $3 million annually. Additional funding for comprehensive teen pregnancy and abstinence education is expected through the Affordable Care Act. Addressing teen pregnancy is primarily a population-based strategy through education and youth development services, with infrastructure support to local providers through provider training and technical assistance. Arizona will measure and report on progress through national performance measure #8, which measures the rate of birth for teens ages 15 -- 17 years.

PRIORITY 2: IMPROVE THE PERCENTAGE OF CHILDREN AND FAMILIES WHO ARE AT A HEALTHY WEIGHT.

Arizona's percentage of children who are overweight or obese has increased at higher rates than any other state. For youth 10 to 17 years of age, there was a 45.9 percent increase in the prevalence of obesity from 2003 to 2007, which was the greatest increase in the nation. Nearly half of all reproductive age women in Arizona are either overweight or obese. Public input sessions further confirmed the need to continue to maintain addressing obesity and overweight as a priority. Public support, as well as national and state momentum to address this priority has clearly been increasing. Arizona is working on policy initiatives to address obesity through federal funding as well as state actions such as the Empower Program. There is little funding to address strategies to improve the percentage of children and families at a healthy weight, especially on a local level. Title V funds can be used to help support critical infrastructure and population-based strategies to implement this priority. Progress will be measured through the national priority measure on percentage of children, ages 2 to 5 years, receiving WIC services with a Body Mass

Index (BMI) at or above the 85th percentile, and the state performance measure on the percent of high school students who are overweight or obese.

PRIORITY 3: IMPROVE THE HEALTH OF WOMEN PRIOR TO PREGNANCY.

Since 2006 when the Centers for Disease Control issued its recommendations on how to improve the health of women prior to pregnancy -- known as preconception health -- there has been growing attention both nationally and in Arizona about the critical nature of preconception health. Participants of public input sessions identified this as a priority area, and stakeholders recommended preconception health be added as a state priority area during the May 7 priority-setting session. Preconception health comprehensively addresses multiple areas of women's health, including reproductive health, nutrition, physical activity, tobacco use, substance abuse and mental health. Because it is so comprehensive, Arizona has great potential and opportunities to improve preconception health. However, the state lacks resources dedicated specifically to preconception health. ADHS is leading development of a statewide preconception health action plan, which will provide direction on future strategies. Strategies are likely to be population-based and infrastructure-building. Progress on preconception health will be measured through multiple performance measures, including the national performance measure on smoking during pregnancy, and the state performance measure on percent of high school students who are overweight or obese. In addition, a new state performance measure has been developed to help measure the important strategy of birth spacing; Arizona will measure the percent of women having a subsequent pregnancy during the inter-pregnancy interval of 18-59 months. Lastly, health status indicators related to low birth weights will also serve as indicators of preconception health.

PRIORITY 4: REDUCE THE RATE OF INJURIES, BOTH INTENTIONAL AND UNINTENTIONAL, AMONG ARIZONANS.

Injuries are the leading causes of death for Arizonans ages 1 -- 44. Homicides and suicides remain a significant issue for teens and young adults, and dating violence among Arizona high school students increased significantly between 2003 and 2007. Arizona has strong infrastructure at the state level to implement injury prevention through the state's injury prevention program, domestic violence programs in ADHS and other state agencies, and sexual violence prevention programs. Capacity at the local level, especially for unintentional injury, could be strengthened. Capacity for violence prevention is weakened by lack of funding. Strategies to prevent intentional and unintentional injuries are population-based and infrastructure-building, and all maternal and child health population groups will be addressed. Multiple performance measures will be used to assess progress on this priority area, including the national measures of the rate of deaths of children ages 14 years and younger caused by motor vehicle crashes and the rate of suicide deaths among youths aged 15-19. Arizona will continue to use state measure on emergency department visits for unintentional injuries among children 1-14. In order to monitor progress and report on violence prevention efforts to reduce unintentional injuries, Arizona will be using a new state measure on dating violence among high school students.

PRIORITY 5: IMPROVE ACCESS TO AND QUALITY OF PREVENTIVE HEALTH SERVICES FOR CHILDREN.

The new priority of preventive health services for children was identified by the group of stakeholders and ADHS staff was charged with setting general MCH priorities. This new priority ranked highest of any other priority during this session. Arizona has some increasing capacity to provide preventive health services for children ages 0 -- 5 through funding from the Early Education and Health Development Board (First Things First), and potential funding for home visiting programs through the Affordable Care Act. At the same time, Arizona is experiencing decreased capacity due to cuts in the state Medicaid program and a waiting list for children to access the state SCHIP program, Kids Care. Strategies for implementing this new priority will primarily be enabling services, as the state strives to assist children with accessing available

services and establish new resources to the extent possible. Several national performance measures will be used to help measure progress in various areas of preventive health services for children. These include: percent of newborns who received timely follow-up by the newborn screening program; percent of 19 to 35 months olds who received full schedule of age appropriate immunizations; percent of third grade children who received protective sealants on at least one permanent tooth; percent of children without health insurance; and percent of very low-birth weight infants delivered at facilities for high-risk deliveries and neonates. The state performance measure on Medicaid enrollees ages 1-18 who received at least one preventive dental service within the last year will also be utilized.

PRIORITY 6: IMPROVE THE ORAL HEALTH OF ARIZONANS.

The oral health of children residing in Arizona is significantly worse than for their national peers. Arizona's Healthy Smiles, Healthy Bodies survey reported that 31 percent of children ages 2-5 years in Arizona had untreated tooth delay, compared to only 16 percent of their peers nationally. Public input sessions and the BWCH partner and community surveys all confirmed oral health as a critical need in Arizona. Capacity to improve oral health may be increasing through HRSA oral health workforce grant that is helping to implement teledentristry sites, through additional funding from First Things First for local organizations to address oral health needs of young children, and through possible future funding through the Affordable Care Act that will strengthen the state infrastructure and school-based sealant program. Strategies for improving oral health fall in all levels of the pyramid. For example, teledentristry builds infrastructure in the state but will also provide children with direct dental care. All maternal and child health populations are addressed by this priority area. Progress on this priority area will be measured by the national performance measure of third graders who have dental sealants on at least one permanent tooth, and the state performance measure on percent of Medicaid enrollees ages 1-18 who received at least one preventive dental service within the past year.

PRIORITY 7: IMPROVE THE BEHAVIORAL HEALTH OF WOMEN AND CHILDREN.

While quantitative data is lacking to fully assess the behavioral health status of women and children, both the BWCH partner survey and community survey, and input provided by stakeholders, indicated that mental health and substance use/abuse (including alcohol as well as illegal drug use) are critical issues that need to be addressed. Areas of particular concern identified during public input sessions included post-partum depression, substance abuse among adolescents, substance abuse among pregnant women, depression among women, and mental health of children. The capacity of Arizona to address behavioral health is a bit uncertain as budget cuts have begun to impact access to behavioral health services, particularly to those who are not eligible for Medicaid. However, women and children remain a priority for treatment within the behavioral health system. The Title V program has opportunities to promote overall mental wellness, prevention of substance abuse, and further integration of perinatal depression screening. Strategies to address this critical need will be a combination of enabling services, population-based, and infrastructure-building. Improvement in behavioral health will be monitored through the national performance measure on suicide deaths among 15 -- 19 year olds, and a new state performance measure on percent of women ages 18 and older who suffer from frequent mental distress will also be utilized.

PRIORITY 8: REDUCE UNMET NEED FOR HEARING SERVICES.

While every newborn in Arizona is screened for hearing loss, approximately one third of those who fail the initial screening do not receive appropriate follow up services. The needs assessment data shows a relatively high proportion of unmet need related to hearing, with one in four of the CSHCN with an identified need for hearing aids or hearing care failing to have those needs met. Early Hearing Detection and Intervention Program and the EAR Foundation are very interested in collaborating with OCSHCN to ensure that all children in Arizona receive appropriate follow up services for hearing-related problems. These partners are well prepared with known

effective interventions, and through collaborating with OCSHCN will have an opportunity to extend their reach. While the EAR Foundation is effective at raising funds for specific needed services, they have not been able to develop their analytic capabilities to support strategic planning. OCSHCN will support this aspect of their strategies, as well as extend their reach through making the e-Learning platform available for training, and through the use of the telemedicine system. Training and technical assistance will be provided through community health centers, physician offices, and Early Head Start. OCSHCN will also work with First Things First, who will assist with ensuring that children receive needed second screenings and audiology services. OCSHCN will monitor progress on this priority by creating a state performance measure, which will track the percent of newborns who fail their initial hearing screening who receive appropriate follow up services. The baseline for this measure in 2008 is 72%. The five-year goal for this measure is to reach 90% by 2013.

PRIORITY 9: PREPARE CYSHCN FOR TRANSITION TO ADULTHOOD.

Although adolescents represent a relatively small proportion of all CSHCN, most CSHCN will eventually become adults and will require transition services. In addition, the transition process begins long before adolescence. Whether a child will grow to live independently or require some kind of assistance, every family must address how health care needs will be met as well as all of the requirements of everyday living. All avenues of public input emphasized the importance of transition, and several community partners have some kind of programmatic activity directed towards it. OCSHCN has long had an emphasis on developing resources and training on transition, and will continue to collaborate with community partners on all aspects of transition. The most appropriate measure for tracking progress on transition over the long term is through the MCH National Performance Measure #6: Percent of youth with special health care needs who received services necessary to make transition to all aspects of adult life, including health services, work, and independence.

PRIORITY 10: PROMOTE INCLUSION OF CSHCN IN ALL ASPECTS OF LIFE.

Inclusion of CSHCN in childcare, school, sports, work, and even in Department of Health Services wellness activities, such as nutrition and physical activity, and injury prevention, presented many opportunities for improvement. During public input, families often spoke about the lack of accommodations for CSHCN to participate in all aspects of life, and how important these were to address. Interventions sometimes were as simple as including OCSHCN staff in larger prevention initiatives, such as participation in the State Injury Prevention Plan, or adapting wellness messages to accommodate special needs. These activities present opportunities to leverage others' resources on behalf of CSHCN. OCSHCN will continue to participate in policy development to include CSHCN, as well as collaborate with partners, such as school nurses, to ensure that the needs of CSHCN and barriers to their participation are understood and addressed. The most appropriate measure for tracking progress on inclusion over the long term is through the MCH National Performance Measure #5: Percent of CSHCN age 0-18 whose families report the community-based service systems are organized so they can use them easily.

/2012/ The new Title V priorities were presented to a variety of audiences at multiple venues, and published and disseminated through the BWCH newsletter. BWCH staff, including OCSHCN, developed a strategic plan for the Title V priorities. The draft plan was disseminated for public comment, and final version is posted on BWCH website. New federal funding from Affordable Care Act will address three priorities: teen pregnancy, children's preventive health services (through home visiting), and healthy weight. Title V funds are allocated to support priorities of preconception health, injury prevention, healthy weight, oral health, and children with special health care needs. Title V also helps to fund the children's preventive health services of immunization outreach and education, newborn hearing screening follow-up, High-Risk Perinatal Community Nursing, and Children's Information Center. BWCH Strategic Plan is attached.//2012//

An attachment is included in this section. IVB - State Priorities

C. National Performance Measures

Performance Measure 01: *The percent of screen positive newborns who received timely follow up to definitive diagnosis and clinical management for condition(s) mandated by their State-sponsored newborn screening programs.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	**2006**	**2007**	**2008**	**2009**	**2010**
Annual Performance Objective	100	100	100	100	100
Annual Indicator	100.0	100.0	100.0	100.0	100.0
Numerator	79	85	93	115	113
Denominator	79	85	93	115	113
Data Source			AZ Office of Newborn Screening	AZ Office of Newborn Screening	AZ Office of Newborn Screening
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Final
	2011	**2012**	**2013**	**2014**	**2015**
Annual Performance Objective	100	100	100	100	100

a. Last Year's Accomplishments

The Newborn Screening Program (NBS) reported 83,809 initial bloodspot screens. Of those screened, 113 infants were diagnosed with clinically significant disorders, including 59 cases of primary congenital hypothyroidism; 14 cases of congenital adrenal hyperplasia; 1 case of classic galactosemia; 14 cases of sickle cell anemia and 2 cases of hemoglobin SC--both hemoglobinopathies; 1 case of carnitine uptake deficiency; 2 cases of homocystinuria; 2 cases of classic Phenylketonuria; 6 cases of medium-chain acyl-CoA dehydrogenase deficiency; 1 case of propionic acidemia, and 11 cases of cystic fibrosis (CF). In all, 113 primary target disorders were confirmed. Secondary findings include an additional 849 disorders or traits including 139 CF carriers and 683 hemoglobinopathy traits. In 2010 there were 86 presumptive positive cases closed without confirmation. Of them, 67 expired, 12 moved out of state and 7 parents declined services. The NBS program located 100% of affected infants that had screen results suggestive of target diseases, provided case management services through to definitive diagnosis, and ensured the availability of services for clinical management.

Monthly subspecialty meetings with pediatric hematologists, endocrinologists, pulmonologists, metabolic geneticists, and audiologists occurred. The NBS program completed the NBS Provider Guidelines, a comprehensive guide to newborn screening in Arizona. The new guidelines reflect a more current standard of care emphasizing early collection, timely receipt of specimens and unsatisfactory specimens. Hits to the web site were down markedly from 20,000 hits in 2009 to 4481 unique visitors in 2010, 48 % of whom found us through a search engine.

NBS implemented Microsoft Sharepoint as a secure means of collaborating with the state CF

centers to share patient data, test results, and outcomes. For the Phoenix CF Center this resulted in an increase to their case closure rate from 70% to > 95 %. Days to diagnosis went from 54 to 21 as a result of this shared model. Similar disorder groups were developed with the Phoenix Children's hospital endocrinology department with similar outcomes.

OCSHCN and NBS developed notification letters and fact sheets for families of newborns identified with sickle cell disease, other hemoglobin traits and abnormal Cystic Fibrosis test results. The letters and fact sheets provided resource and education information and instructed families to call OCSHCN for additional resources or help with applying for services. OCSHCN staff and parent partners reviewed the letters and fact sheets for readability, family centeredness, and also provided translation services.

Uninsured and underinsured families received information about health care coverage, prescription medication resources, testing available at community health centers, and resources for metabolic formula. OCSHCN collaborated with Arizona Physicians IPA-CRS and the WIC Program on a contract that provided metabolic formula to 8 uninsured and underinsured children.

The High Risk Perinatal Program Community Health Nurses (CHN) educated families of newborns about the importance of newborn screening. There were provisions in the CHN contracts for the CHNs to find children with positive screens who were lost to follow up to ensure repeat screening. Utilizing the CHNs has been instrumental to timely notification for those families difficult to reach through traditional methods. By extension, our partnership with Arizona Perinatal Trust (APT) has provided an effective mechanism to reach hospital administrators with quality improvement initiatives.

The midwife licensing program provides information on the importance of screening. If a parent chooses not to have the screening completed, the midwives inform the parents about their rights and what the screening covers for their babies. There were 616 reported home deliveries from January 1 through December 31, 2010. For the women who chose no screening for their infants, the midwife must document provision of informed consent so the parents have knowledge to make a good decision about the screenings. If a pattern of refusals of the screening is seen with a specific licensed midwife, an investigation is conducted to determine the quality of information that is shared with parents about testing for their newborn.

Table 4a, National Performance Measures Summary Sheet

Activities	**Pyramid Level of Service**			
	DHC	**ES**	**PBS**	**IB**
1. OCSHCN directs families identified through the NBS Program to healthcare, services, and family support.		X		
2. Newborn screening has expanded collaboration with key stakeholders.				X
3. Newborn screening protocols have been revised by the NBS Advisory Committee.				X
4. Newborn Screening educates parents about the need for second screens.			X	
5. Newborn Screening continues to offer cystic fibrosis screening.			X	
6. Midwife Licensing Program provides information to all midwifes about NBS.			X	
7. The Community Health Nurses & Health Start workers educate families about the importance of a second newborn screen.			X	
8. OCSHCN supports family partners to assist in the		X		X

development and review of NBS materials, funds translation of family materials and letters, works with NBS partners to identify system barriers for newly diagnosed newborns.				
9.				
10.				

b. Current Activities
A team comprised of NBS staff and consultants are visiting hospitals, clinical labs, and ENT offices, targeting the sites with the most critical need for quality improvement first. Most sites are not aware of current guidelines for collection or shipping of specimens, resulting in unnecessary delays in testing. The bloodspot collection kit has been revised to collect data more in line with current best practice recommendations and includes information on neonatologists, is easier to read, and highlights kit expiration dates. This should result in the collection of fewer unsatisfactory specimens that cannot be analyzed.

NBS submits yearly laboratory totals and confirmed bloodspot cases to the National Newborn Screening and Genetic Resource Center for national review. Although the opportunity exists to partner with Mayo Clinic to analyze and evaluate all tandem mass spectrometry data, we have been unable to do so due to limitations associated with the budget shortfall. Consequently, cutoffs need to be evaluated and adjusted, positive predictive values for disorders are unknown, and the sensitivity and specificity of tests remain unevaluated. With two years of decreasing births, NBS has experienced decreased fee revenues which, combined with fund sweeps from a previous year, created a chronic budget shortfall. ADHS made one-time funding transfers, utilized Title V funding, and reduced operating costs to maintain the program.

c. Plan for the Coming Year
Many decisions for the coming year are guided by factors such as limited resources, hiring freezes, and the budget shortfall. These factors serve as the impetus for a review of streamlining services with pediatric specialists to save money and minimize delays in notification and treatment of affected babies. As the data indicates, there may be up to 5% of newborns who are not receiving the critical first bloodspot screen within 5 days. Working with licensed midwives we hope to develop and implement regional trainings to ensure proper provider education among this community. Developing a coordinated outreach effort is the goal. Included in that is provider education, utilizing our AZ American Academy of Pediatrics (AAP) Chapter Champion and the AAP listserv to disseminate programmatic updates and information. As the Secretary's Advisory Committee has recommended that all sick/preterm newborns receive three bloodspot screens, 1) upon admission to the neonatal intensive care unit, 2) another screen at 48-72 hours, and 3) at 28 days of life or at discharge, NBS is evaluating the adoption of this protocol by developing state specific guidelines in partnership with neonatologists throughout the state. Recommendations from this committee are being prepared for the NBS Advisory Committee.

Newborn screening goals focus on reducing the numbers of unsatisfactory and batched specimens received, and to refine the positive and negative predictive values of analytes. Using culturally sensitive materials, the NBS continues to educate parents about the need for a second screen, timely referrals to specialists, and access to Children's Rehabilitative Services, OCSHCN, Arizona Early Intervention Program and other resources. Performance measures will be reviewed to ensure laboratory standards are met. As new disorders are added or analyte cut off values changed, educational materials will be revised. Internal employee training manuals will be updated, and continuous education on evidence based laboratory and case management services will be explored.

Community Health Nurses (CHNs) and Health Start workers will continue to find families that cannot be reached by conventional means. They will educate families about the need for a second newborn screen and facilitate referral to a medical home for those screens. BWCH will

work with hospitals during Arizona Perinatal Trust site visits to resolve issues with NBS processes.

Infrastructure building, including developing data exchange between vital records and the bloodspot database, is currently being tested with the hearing screening database. We are evaluating alternatives to allow the bloodspot database to accommodate web-based technologies, provide real time results, and improve reporting capabilities.

NBS, BWCH, Immunization Program, and Midwife Licensing will together develop training opportunities for midwives on newborn screening. Midwife Licensing will provide better web resources to midwives.

Form 6, Number and Percentage of Newborns and Others Screened, Cases Confirmed, and Treated

The newborn screening data reported on Form 6 is provided to assist the reviewer analyze NPM01.

Total Births by Occurrence:	**88603**					
Reporting Year:	**2010**					
Type of Screening Tests:	**(A) Receiving at least one Screen (1)**		**(B) No. of Presumptive Positive Screens**	**(C) No. Confirmed Cases (2)**	**(D) Needing Treatment that Received Treatment (3)**	
	No.	%	No.	No.	No.	%
Phenylketonuria (Classical)	83881	94.7	126	2	2	100.0
Congenital Hypothyroidism (Classical)	83881	94.7	528	59	59	100.0
Galactosemia (Classical)	83881	94.7	239	1	1	100.0
Sickle Cell Disease	83881	94.7	3	2	2	100.0
Cystic Fibrosis	83881	94.7	169	11	11	100.0
Homocystinuria	83881	94.7	321	2	2	100.0
Maple Syrup Urine Disease	83881	94.7	182	0	0	
Other	83881	94.7	141	14	14	100.0
beta-ketothiolase deficiency	83881	94.7	0	0	0	
Tyrosinemia Type I	83881	94.7	145	0	0	
Very Long-Chain Acyl-CoA Dehydrogenase Deficiency	83881	94.7	7	0	0	

Argininosuccinic Acidemia	83881	94.7	2	0	0	
Citrullinemia	83881	94.7	2	0	0	
Isovaleric Acidemia	83881	94.7	33	0	0	
Propionic Acidemia	83881	94.7	7	1	1	100.0
Carnitine Uptake Defect	83881	94.7	3	1	1	100.0
3-Methylcrotonyl-CoA Carboxylase Deficiency	83881	94.7	12	0	0	
Methylmalonic acidemia (Cbl A,B)	83881	94.7	7	0	0	
Multiple Carboxylase Deficiency	83881	94.7	7	0	0	
Trifunctional Protein Deficiency	83881	94.7	0	0	0	
Glutaric Acidemia Type I	83881	94.7	11	0	0	
Sickle Cell Anemia (SS-Disease)	83881	94.7	14	14	14	100.0
Medium-Chain Acyl-CoA Dehydrogenase Deficiency	83881	94.7	14	6	6	100.0
Long-Chain L-3-Hydroxy Acyl-CoA Dehydrogenase Deficiency	83881	94.7	0	0	0	
3-Hydroxy 3-Methyl Glutaric Aciduria	83881	94.7	12	0	0	
Methylmalonic Acidemia (Mutase Deficiency)	83881	94.7	7	0	0	
S-Beta Thalassemia	83881	94.7	4	0	0	
Pregnancy Tests	15679		4736	0	0	
Pap tests	4749		0	0	0	
Hearing	480071		11156	1398	1398	100.0

Performance Measure 02: *The percent of children with special health care needs age 0 to 18 years whose families partner in decision making at all levels and are satisfied with the services they receive. (CSHCN survey)*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	**2006**	**2007**	**2008**	**2009**	**2010**
Annual Performance Objective	55	56	54	55	54
Annual Indicator	51.4	53.6	53.6	53.6	53.6
Numerator					
Denominator					
Data Source			SLAITS	SLAITS	SLAITS
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Final
	2011	**2012**	**2013**	**2014**	**2015**
Annual Performance Objective	57.4	57.4	57.4	57.4	57.4

Notes - 2010
Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. The same questions were used to generate the NPM02 indicator for both the 2001 and the 2005-2006 CSHCN survey.

Notes - 2009
Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. The same questions were used to generate the NPM02 indicator for both the 2001 and the 2005-2006 CSHCN survey. No new data has been released for this measure since last year's application.

Notes - 2008
Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. The same questions were used to generate the NPM02 indicator for both the 2001 and the 2005-2006 CSHCN survey. No new data has been released for this measure since last year's application.

a. Last Year's Accomplishments
OCSHCN used a variety of methods to promote family participation in decision-making. OCSHCN took the lead with managing the ADHS Building Partnerships for Quality Care (BPQC) contract, which provided for family, consumer, and youth to participate in policy development and decision-making with ADHS. Through this contract, families were developed as leaders and trained on agency processes so that they were prepared to participate in decision-making. BPQC contractors recruited, trained, and compensated families, consumers and youth who reflected the diversity of Arizona's population to partner as decision-makers in ADHS specific activities. Participation extended beyond ADHS as families were made available to other agencies so that family participation can be incorporated into their activities. OCSHCN worked with the Medicaid agency by providing training to AHCCCS health plans on incorporating family-centered practices for CSHCN.

OCSHCN incorporated family involvement in its day-to-day management, including participation in committees (e.g., management team, cultural competence, quality management, proposal evaluation), development of contracts, grants, policies, curriculum and other materials. Sixteen families and youth reviewed the OCSHCN and contractor's websites for family-centeredness, cultural competence and ease of use, including ADA compliance. Family feedback mechanisms were built into all programmatic activities, which were regularly analyzed for opportunities to improve systems of care.

OCSHCN provided education and technical assistance on family involvement to other offices within ADHS, AHCCCS health plans, NICU staff and families, Division of Developmental Disabilities, community agencies and organizations. Raising Special Kids' Family to Family Health Information Center (RSK F2F-HIC) contract provided family centered care training to 120 medical and dental students and coordinated resident-in-training home visits with 48 host families and 6 youth focused on learning about the daily lives of families with CSHCN.

OCSHCN sponsored resident and physician training, which takes place in the homes of families of CSHCN to better acquaint them on day-to-day life issues related to special health care needs, as well as to learn how to make decisions with families as partners in decision-making. Consumer and family input was incorporated into the online training, "Navigating the Systems" created for families. OCSHCN kept a log of all calls from families and provided 320 families with information, support or training on navigating the system of care.

OCSHCN encouraged other agencies, organizations and ADHS offices to include family and youth participation in contract language. Technical assistance was provided on how to develop mechanisms to support parents and youth, recognizing their time, leadership, travel and accommodations.

Table 4a, National Performance Measures Summary Sheet

Activities	**Pyramid Level of Service**			
	DHC	**ES**	**PBS**	**IB**
1. Families and youth develop and review contracts, policies, curriculum, training, OCSHCN website and resources				X
2. Building Partnership for Quality Care contractors recruit, train, compensate and support the development of family, consumer and youth leaders to partner in all levels of decision making.				X
3. The OCSHCN webpage includes an email address that encourages comments and input.				X
4. Family and youth leadership curriculum and training supports the development of family, consumer and youth involvement in decision making.				X
5. Contracts include a requirement to include families, consumers and youth in all levels of decision making.				X
6. Technical assistance is provided on how to develop mechanisms to support parents and youth, recognizing their time, leadership, travel and accommodations				X
7. Families, consumers and youth evaluate curriculum, materials and OCSHCN website for ease of use, family friendliness and accessibility.				X
8. OCSHCN sponsors resident and physician training so they can learn how to make decisions with families as partners.				X
9.				
10.				

b. Current Activities

The administration of the Children's Rehabilitative Services Program transferred from ADHS to the Arizona Health Care Cost Containment System (AHCCCS) on January 1, 2011 and OCSHCN moved to the Bureau of Women's and Children's Health. An intergovernmental agreement with AHCCCS supports education, training, technical assistance and resources to AHCCCS staff, AHCCCS Health Plans and providers related to best practices. OCSHCN supports family and youth involvement in policies, program and practices that affect the CRS delivery system,

telemedicine services and administration of social service funds.

OCSHCN's new RFGA, Building Family and Youth Leadership, promotes families and youth as decision-makers. The BPQC contract funds families and youth to participate in planning of Arizona's 20th Anniversary celebration of the Americans with Disabilities Act, the Arizona Department of Education annual transition conference, focus groups around the state regarding proposed changes to the AHCCCS system and Family Advisor available on-site to ADHS offices.

OCSHCN works with Arizona's Special Olympics Program to increase participation of children and youth in the Special Olympics Steps to Better Health Program. OCSHCN develops curriculum and training to support development of family, youth, and consumer involvement in decision-making, promotes families as decision-makers in other child-serving agencies, including education and early intervention and by sharing resources.

c. Plan for the Coming Year

OCSHCN will continue to incorporate family participation in all of its day-to-day management through the ADHS Building Partnerships for Quality Care (BPQC) contract that recruits, trains and compensates families, consumers and youth who reflect the diversity of Arizona's population. Participation will continue to be extended beyond AHDS as families, consumers and youth are made available to other agencies so that participation can be incorporated into their activities. OCSHCN's new Request for Grant Application (RFGA), Building Family and Youth Leadership, will result in new Title V funded community-based projects that promote family, consumer and youth as decision-makers. OCSHCN will also continue to support family and youth involvement through the APIPA-CRS contract amendment.

OCSHCN will continue to develop curriculum and training to support the development of family, youth, and consumer involvement in decision-making, as well as promote families as decision-makers in other child-serving agencies, including Medicaid, education, and early intervention by providing technical assistance and training, and sharing resources. OCSHCN will continue to involve consumers and families in development of online trainings. OCSHCN also will continue to sponsor resident and physician training, which takes place in the homes of families of CSHCN to better acquaint them on day-to-day life issues related to special health care needs, as well as to learn how to make decisions with families as partners.

OCSHCN will continue to provide education, training, technical assistance and resources to AHCCCS staff, AHCCCS Health Plans and providers on cultural competence as it relates to chronic health conditions, families as decision-makers, medical home and care coordination for CSHCN, pediatric to adult transition for YSHCN and navigating the system of care. OCSHCN will provide articles on best practices for CSHCN for member and provider newsletters for inclusion in AHCCCS Health Plans communication.

OCSHCN will explore new ways to get input from families and youth, including social networking technologies, such as Facebook and Twitter, in partnership with families, youth and consumers.

Performance Measure 03: *The percent of children with special health care needs age 0 to 18 who receive coordinated, ongoing, comprehensive care within a medical home. (CSHCN Survey)*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2006	2007	2008	2009	2010
Annual Performance Objective	52	52.5	41	41	40
Annual Indicator	50.5	40.4	40.4	40.4	40.4

Numerator					
Denominator					
Data Source			SLAITS	SLAITS	SLAITS
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Final
	2011	**2012**	**2013**	**2014**	**2015**
Annual Performance Objective	47.1	47.1	47.1	47.1	47.1

Notes - 2010
Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. Compared to the 2001 CSHCN survey, there were wording changes, skip pattern revisions and additions to the questions used to generate the NPM03 indicator for the 2005-2006 CSHCN survey. The data for the two surveys are not comparable for PM #03.

Notes - 2009
Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. Compared to the 2001 CSHCN survey, there were wording changes, skip pattern revisions and additions to the questions used to generate the NPM03 indicator for the 2005-2006 CSHCN survey. The data for the two surveys are not comparable for PM #03. No new data has been released for this measure since last year's application.

Notes - 2008
Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. Compared to the 2001 CSHCN survey, there were wording changes, skip pattern revisions and additions to the questions used to generate the NPM03 indicator for the 2005-2006 CSHCN survey. The data for the two surveys are not comparable for PM #03. No new data has been released for this measure since last year's application.

a. Last Year's Accomplishments
Medical home is a key component of all outreach activities. OCSHCN staff worked with other ADHS programs, state agencies and community partners to educate on best practices for CSHCN, including medical home. The medical home concept was integrated into contracts, training, presentations, published materials and new staff orientation.

Through a contract with Raising Special Kids (RSK), 120 physicians, dental students, therapists and nurses received training on the medical home model of care. Arizona's Medical Home Care Coordination Manual was converted to a CD that included information on eligibility requirements of various state programs and information on how to apply for them. Information was revised to reflect changes due to statewide budget cuts. 318 manuals were distributed to physicians, providers, families, school nurses, therapist and others. Manuals provided sample questions on what to ask providers and templates for letters that families and providers could use.

OCSHCN participated in the Arizona School Nurse Consortium annual conference and provided information on the medical home model of care to 121 RNs, LPNs and other health professionals. OCSHCN regularly communicated this same information to its community partners through regular email communications. OCSHCN staff met weekly with therapists and Department of Economic Security-Division of Developmental Disabilities care coordinators at various state agencies to coordinate services.

OCSHCN staff provided information and referral to families on understanding their rights and

responsibilities regarding their health insurance, importance of partnering with a primary care provider, how to identify aspects of a medical home, and how to communicate needs and preferences to their primary care providers.

The Children's Rehabilitative Services (CRS) Program managed a network of pediatric sub-specialists who provided multi-specialty interdisciplinary care to Medicaid recipients with special health care needs. Electronic infrastructure development merged existing health information on CRS members into a new electronic health record, which will incorporate an electronic medical record into the existing service plan data available at the four regional clinics, and at other points of service. Two hundred and sixty seven CRS members used telemedicine services during the year for the specialty clinics of orthopedics, neurology and neurosurgery. Telemedicine events are evaluated through reports filled out by telemedicine providers, telemedicine coordinators and families. Families reported saving an average of 10 work hours by attending telemedicine events instead of an in-person visit.

Table 4a, National Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. OCSHCN's information and referral helps families identify aspects of a medical home and communicate their needs, preferences and expectations to providers.		X		
2. The medical home concept is integrated into all training, presentations, published materials, resources, contract language and new employee orientation				X
3. The Arizona Medical Home Care Coordination Manual is adapted yearly to reflect changing systems of care and distributed to other ADHS offices, state agencies, providers, community partners and family organizations.				X
4. OCSHCN offers technical assistance and training to physicians, dental students, therapists, nurses, health plans, and educators, and family support organizations on how to integrate and implement best practices for CSHCN, including medical home.		X		X
5. OCSHCN funds translation services for written materials and videos to community partners on behalf of CSHCN.		X		
6. OCSHCN funds the Arizona Telemedicine Program membership fees that provides a statewide system to conduct clinical and follow up services for CYSHCN at geographically separate sites to members living in remote areas without access to specialists.				X
7.				
8.				
9.				
10.				

b. Current Activities

The administration of the Children's Rehabilitative Services Program transferred from ADHS to the Arizona Health Care Cost Containment System (AHCCCS) on January 1, 2011 and OCSHCN moved to the Bureau of Women's and Children's Health. An IGA with AHCCCS supports education, training, technical assistance and resources to AHCCCS staff, AHCCCS Health Plans and providers related to best practices.

The medical home model is integrated into contracts, published materials, trainings,

presentations to other ADHS offices, school nurses, therapists, and others such as the Arizona Children's Association quarterly CSHCN trainings for foster parents, Arizona Therapy Association and Coordinated School Health Conference. OCSHCN presented to AHCCCS MCH Health Plan Coordinators on the technical assistance and resources OCSHCN can provide. OCSHCN connects families with resources and supports medical home activities that empower families to develop individual service plans and act as their own advocates. OCSHCN funds resident and physician training through a contract with RSK on medical home concepts.

OCSHCN works with refugee resettlement programs to develop programs and resources for families of CSHCN who are new to the US on cultural brokering, understanding Arizona's complex system of care, how to be a self-advocate, and what questions to ask their health care providers. OCSHCN also funds translation services for both written materials and videos to community partners on behalf of CSHCN.

c. Plan for the Coming Year

OCSHCN will continue to offer education, trainings, technical assistance and resources on best practices for CSHCN to AHCCCS health plans, school nurses, therapists and providers on cultural competence as it relates to chronic health conditions, families as decision-makers, medical home and care coordination for CSHCN, pediatric to adult transition for YSHCN and navigating the system of care.

OCSHCN will continue to partner with Raising Special Kids, Arizona's Family Voices Chapter and Family to Family Health Information Center to incorporate the integration of physical health and mental health in the physician residency training curriculum. An evaluation workgroup will be comprised of family members, health care plans, medical and behavioral health professionals. OCSHCN will continue collaborating with BHS-Family Involvement Subcommittee and use the BPQC contract to involve families in physician training evaluation.

In a new partnership with AzEIP, DDD, Southwest Human Development, RSK and private therapists on a Feeding Workgroup to address transition home of newborns in the NICU, OCSHCN will engage in additional opportunities to promote the medical home model of best practice.

OCSHCN will be converting its Breaking the Diagnosis training to video format focusing on how families and physicians experience being confronted with a diagnosis, and how information is processed and communicated. The Navigating the Systems of Care online training has been translated to Spanish and will be made available on the OCSHCN webpage.

OCSHCN will explore partnering opportunities with BWCH oral health program to introduce and promote the medical home model with dental health providers to improve service delivery for CSHCN.

OCSHCN will update and further develop their Medical Home webpage, with information and resources for professionals and families that reflect best practices for CSHCN. OCSHCN will solicit input from school nurses, social workers and other professionals on improving the content of the Medical Home Care Coordination Manual and make it available on the OCSHCN webpage.

OCSHCN will continue to work with refugee resettlement programs to develop programs and resources for families of CSHCN who are new to the US. Technical assistance will be provided on cultural brokering and understanding Arizona's complex system of care, how to be a self-advocate, and what questions to ask their health care providers. OCSHCN will also fund translation services for both written materials and videos to community partners on behalf of CSHCN.

Performance Measure 04: *The percent of children with special health care needs age 0 to 18 whose families have adequate private and/or public insurance to pay for the services they need. (CSHCN Survey)*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	**2006**	**2007**	**2008**	**2009**	**2010**
Annual Performance Objective	61	61	59	59	58
Annual Indicator	60.8	58.1	58.1	58.1	58.1
Numerator					
Denominator					
Data Source			SLAITS	SLAITS	SLAITS
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Final
	2011	**2012**	**2013**	**2014**	**2015**
Annual Performance Objective	62	62	62	62	62

Notes - 2010
Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. The same questions were used to generate the NPM04 indicator for both the 2001 and the 2005-2006 CSHCN survey.

Notes - 2009
Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. The same questions were used to generate the NPM04 indicator for both the 2001 and the 2005-2006 CSHCN survey. No new data has been released for this measure since last year's application.

Notes - 2008
Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. The same questions were used to generate the NPM04 indicator for both the 2001 and the 2005-2006 CSHCN survey. No new data has been released for this measure since last year's application.

a. Last Year's Accomplishments
OCSHCN administered the Children's Rehabilitative Services (CRS) Program for over 23,000 Medicaid recipients under age 21 with special health care needs as a service carve out, managing a statewide network of pediatric physician sub-specialists to provide access to needed specialty services throughout.

320 callers received information on how to use public or private health plan member and provider services, member handbooks, and offer guidance on negotiating rates with doctors. OCSHCN assisted families who were uninsured and underinsured to identify potential resources for needed services. A therapy, drug discount and drug study resource list was developed to share with families who lacked resources to get needed care. Families were informed about applications for Supplemental Security Income (SSI), AHCCCS and early intervention services. Families, providers, community organizations and advocacy groups were educated about eligibility requirements, how to apply for services, appeal rights, filing grievances and requesting state fair

hearings when denied services to which they thought they were entitled.

1,384 letters were sent to SSI applicants under age 21 informing them of potential resources for which they might be eligible, and giving them family resource contact information that includes and OCSHCN's contact information. These letters frequently generated follow up calls from families who received further assistance with applying for services and identifying resources for such things as prescription medication and metabolic formula. OCSHCN and the ADHS Birth Defects Registry (ABDR) sent 25 letters to families of newborns with spina bifida and cleft lip/cleft palate to provide information about resources and health care.

OCSHCN worked with the Children's Information Center (CIC) Hotline, Community Health Nursing (CHN) Program, school nurses, and other ADHS programs, to educate families about potential sources of health care coverage. OCSHCN funds supported the Community Health Nursing Program, which served over 300 families of CSHCN. OCSHCN converted the online training on navigating Arizona's health care systems to an online interactive class to reflect changes to enrollment and eligibility requirements caused by budget cuts.

OCSHCN followed up with community health centers on behalf of uninsured and underinsured families, when they were identified by the Newborn Screening Program as requiring a second screening. OCSHCN referred CSHCN to the EAR Foundation for hearing aids, cochlear implant batteries, repairs and audiology testing for children identified by the Newborn Screening Program and for others who did not qualify for AHCCCS or CRS.

OCSHCN educated community partners and providers about state budget cuts and their impact on CSHCN, and shared information about program cuts with advocacy groups so they could prepare for requests for assistance.

Table 4a, National Performance Measures Summary Sheet

Activities	**Pyramid Level of Service**			
	DHC	**ES**	**PBS**	**IB**
1. OCSHCN develops resources and training materials, offers training and education to providers, community partners, family support organizations, families and youth about working with private and public health plans.				X
2. OCSHCN assists and encourages families and youth to apply for the AHCCCS programs.		X		
3. Systems are in place with other state agencies and ADHS offices, community partners, family organizations and the Social Security Administration to help link families to services and resources for CYSHCN.		X		
4. OCSHCN provides information and technical assistance to help families understand eligibility requirements, learn how to apply for services and understand their rights and responsibilities.		X		
5. OCSHCN refers CSHCN to the EAR Foundation for hearing aids, cochlear implant batteries, repairs and ‘audiology testing.		X		
6. OCSHCN works with the CIC Hotline, CHN Program, school nurses and others to educate families on potential sources of health care coverage.				X
7.				
8.				
9.				
10.				

b. Current Activities
The administration of the Children's Rehabilitative Services Program transferred from ADHS to the Arizona Health Care Cost Containment System (AHCCCS) on January 1, 2011 and OCSHCN moved to the Bureau of Women's and Children's Health.

OCSHCN works with families and providers to find coverage for medical care and services. Families are educated to use their private or public health plan's member and provider services, member handbook, negotiate with their doctor about rates for services and navigate the system of care. Families receive information about SSI, AHCCCS, and early intervention services. Letters are mailed to families identified by NBS, ABDR and SSI to inform them about medical coverage and programs for which they may be eligible.

OCSHCN educates school nurses, providers, and other community partners on eligibility requirements and services available to CSHCN. OCSHCN supports the CIC Hotline and CHN through funding and training about public and private health insurance options, services and programs for CYSHCN. OCSHCN identifies charitable funds, such as the UnitedHealthcare Children's Foundation, to help families offset medical costs. Telephone call log data tracks barriers identified by families in accessing services and health insurance.

OCSHCN converted its training on navigating Arizona's system of care into an online interactive class with updated information on changing enrollment and eligibility requirements caused by budget cuts.

c. Plan for the Coming Year
OCSHCN will continue to work with families and providers to find coverage for medical care and services. Families will be educated to use their health plan's member and provider services, member handbook, negotiate with their doctor about rates for services and navigate the system of care. Families will continue to receive information about SSI, AHCCCS programs, and early intervention services. Letters will be mailed to families identified by the Newborn Screening Program, the Arizona Birth Defects Registry and SSI to inform them about medical coverage and programs for which they might be eligible. Telephone call log data will track barriers identified by families in gaining access to services and health insurance. This information will be shared with responsible agencies.

OCSHCN will educate school nurses, providers, and other community partners on eligibility requirements and services available to CSHCN. OCSHCN will continue to support the CIC Hotline and the Community Health Nursing Programs through funding and training about public and private health insurance options, services and programs for CYSHCN. OCSHCN will continue to identify charitable funds, such as the UnitedHealthcare Children's Foundation, to help families offset for medical costs.

OCSHCN will explore options available through federal health reform initiatives for opportunities to serve CSHCN, including the development of risk pools and new requirements to prevent insurance companies from excluding children with pre-existing conditions from coverage, as well as requirements to allow parents to include children up to age 26 on their health care plans. OCSHCN will continue to research options and communicate them to its partners. OCSHCN will explore developing, educating and recruiting businesses to participate in a pilot project to provide education to families on evaluating health care plans for care and services for CYSHCN.

Performance Measure 05: *Percent of children with special health care needs age 0 to 18 whose families report the community-based service systems are organized so they can use them easily. (CSHCN Survey)*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	**2006**	**2007**	**2008**	**2009**	**2010**
Annual Performance Objective	74	75	87	87	86
Annual Indicator	70.9	86.5	86.5	86.5	86.5
Numerator					
Denominator					
Data Source			SLAITS	SLAITS	SLAITS
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Final
	2011	**2012**	**2013**	**2014**	**2015**
Annual Performance Objective	89.1	89.1	89.1	89.1	89.1

Notes - 2010
Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. Compared to the 2001 CSHCN survey, there were revisions to the wording, ordering and the number of the questions used to generate the NPM05 indicator for the 2005-2006 CSHCN survey. The data for the two surveys are not comparable for PM #05.

Notes - 2009
Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. Compared to the 2001 CSHCN survey, there were revisions to the wording, ordering and the number of the questions used to generate the NPM05 indicator for the 2005-2006 CSHCN survey. The data for the two surveys are not comparable for PM #05. No new data has been released for this measure since last year's application.

Notes - 2008
Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. Compared to the 2001 CSHCN survey, there were revisions to the wording, ordering and the number of the questions used to generate the NPM05 indicator for the 2005-2006 CSHCN survey. The data for the two surveys are not comparable for PM #05. No new data has been released for this measure since last year's application.

a. Last Year's Accomplishments
OCSHCN staff responded to over 300 family calls for information and referral that identified services for which CSHCN may be eligible, and guided families on application processes, and helped them understand their rights in school, healthcare and community settings including grievance procedures and appeal rights. 1,384 letters were sent to families of SSI applicants informing them of services for which they might be eligible in their community. The Newborn Screening (NBS) Program directed families to OCSHCN for assistance in its follow up correspondence to families.

Training was provided to 120 medical and dental students on family centered care practices and promoted family home visits with 48 faculty families and 6 youth that hosted the residents. Staff trained school nurses on supporting children so that they can stay in school and participate in the least restrictive and most inclusive school environment. Training focused on strategies for

communicating with physicians, school IEP teams, child-serving agencies, families, and their role in helping students become self advocates. Nurses were trained on how to assist and support families in navigating the systems of care included information on eligibility rules and application processes and available community resources as well as an overview of public and private insurance.

OCSHCN funded Ronald McDonald House (RMH) Charities, Phoenix that enabled families to stay near their hospitalized CSHCN. OCSHCN's partnership with RMH provided 98 visits averaging 12-15 days.

The Arizona Telemedicine program made specialty services available to 266 CYSHCN in remote areas of the state and works to expand both the number of locations for specialty clinics in orthopedics, neurology and neurosurgery. Two hundred and sixty seven CRS members used telemedicine services during the year for the specialty clinics of orthopedics, neurology and neurosurgery. Telemedicine events are evaluated through reports filled out by telemedicine providers, telemedicine coordinators and families. Families reported saving an average of 10 work hours by attending telemedicine events instead of an in-person visit.

OCSHCN took advantage of an another opportunity to work with ADHS Child Care Licensing to craft rules that were more inclusive of CSHCN because of the need to modify Administrative Rules on child care group homes. New Rules were crafted recognizing CSHCN concerns regarding transportation, physical environment, and nutrition. Training materials were posted on the ADHS website that included a series of videos that specifically addressed CSHCN in childcare settings and routines.

OCSHCN staff represented ADHS on the AzEIP Interagency Coordinating Council (ICC), and kept them informed on changing aspects of the system of care for CSHCN. OCSHCN also participated in the Pediatric Advisory Council for Emergency Services, ensuring that issues related to CSHCN were addressed including car seat safety, TBI/SCI, and training for first responders on CSHCN.

OCSHCN worked with other ADHS programs to influence that policies be inclusive of CSHCN in areas that focused on wellness, injury prevention, and childcare; and with First Things First, Arizona Department of Education, Arizona Developmental Disabilities Planning Council, Department of Economic Security- Division of Developmental Disabilities, and Vocational Rehabilitation. OCSHCN staff serves on the AzEIP ICC keeping participants informed on changing aspects of the system of care for CSHCN. OCSHCN supported Community Health Nursing (CHN) Programs and the Children's Information Center (CIC) Hotline and trained staff to help callers access systems of care for CYSHCN.

Table 4a, National Performance Measures Summary Sheet

Activities	**Pyramid Level of Service**			
	DHC	**ES**	**PBS**	**IB**
1. OCSHCN staff identifies services for which CYSHCN may be eligible, guide families on application processes and help them understand their rights in school, healthcare and community settings.		X		
2. OCSHCN offers training to school nurses and child care providers on strategies to support CYSHCN to participate in school and child care settings in the least restrictive and most inclusive environment.				X
3. OCSHCN represents ADHS on the AzEIP ICC, and keeps them informed on changing aspects of the system of care for CSHCN.				X

4. OCSHCN funds Ronald McDonald House to enable families to stay near their hospitalized CSHCN.		X		
5. OCSHCN partners with Arizona Special Olympics (SOAZ) and others to promote inclusion of CSHCN of all ages in wellness activities such as nutrition, physical activity and injury prevention.		X		
6. OCSHCN funds the Arizona Telemedicine Program membership fees that provides a statewide system to conduct clinical and follow up services for CYSHCN at geographically separate sites to members living in remote areas without access to specialists.				X
7. Resources and technical assistance is provided to the Building Partnerships for Quality Care contractors regarding the changing requirements and services offered through the state's systems of care.		X		X
8. OCSHCN funds the Ryan House to provide respite and pediatric palliative care in a home-like setting for CYSHCN and their families.		X		
9. OCSHCN supports Community Health Nursing Program and Children's Information Center Hotline and trains staff to help callers access systems of care for CYSHCN.				X
10.				

b. Current Activities
Responsibility for the oversight of the CRS Program transferred from ADHS to AHCCCS on January 1, 2011 and OCSHCN moved to the Bureau of Women's and Children's Health.

OCSHCN offers information and referral services to identify services, provide guidance on application processes, and assist with understanding CSHCN rights in school, healthcare and community settings. SSI letters are mailed to applicants to inform them of community services. OCSHCN works with NBS to develop resources for families and providers that lists OCSHCN as a resource in the letters mailed.

OCSHCN trains medical and dental students on family centered care practices and promotes family home visits. School nurses receive training so that CSHCN can stay in school and participate in the most inclusive school environment. Training focuses on strategies for communicating with physicians, school IEP teams, child-serving agencies, families, and nurses' roles in helping students become self advocates, navigating the changing systems of care, information on eligibility rules application processes, available community resources and an overview of public and private insurance.

OCSHCN works with other ADHS programs to influence that policies be inclusive of CSHCN in areas focused on wellness, injury prevention, and childcare.

OCSHCN partners with SOAZ to promote wellness for CSHCN of all ages and encourages inclusion of CSHCN in wellness activities, childcare, behavioral health services, and injury prevention.

c. Plan for the Coming Year
OCSHCN will continue to offer information and referral services to identify services, provide guidance on application processes, and assist with understanding CSHCN rights in school, healthcare and community settings. OCSHCN will continue to send letters to SSI applicants to inform them of services in their community, and will continue to work with the NBS on developing processes and resources for families and providers, and the NBS will continue to direct families to OCSHCN for assistance.

OCSHCN will continue to train medical and dental students on family centered care practices and promote family home visits. School nurses will be trained on supporting children so that they can stay in school and participate in the least restrictive and most inclusive school environment. Training will focus on strategies for communicating with physicians, school IEP teams, child-serving agencies, and families, and nurses' roles in helping students become self advocates, and supporting families in navigating the changing systems of care, including information on eligibility rules and application processes and available community resources as well as an overview of public and private insurance. Training plans will continue to include therapists and OCSHCN will educate its partners on the benefits of using telehealth videoconferencing capabilities for training.

OCSHCN will also continue to fund the Ryan House to provide inpatient respite and pediatric palliative care in a home-like setting and RMH as well as explore expanding to more locations that will enable more families to stay near their hospitalized CSHCN. OCSHCN will collaborate with partners to ensure that the needs of CYSHCN and barriers to their participation are understood and addressed.

OCSHCN will continue to partner with Special Olympics of Arizona and others to promote wellness for CSHCN of all ages, share resources and data. OCSHCN will continue to identify opportunities to encourage inclusion of CSHCN in wellness activities, childcare, behavioral health services, and injury prevention. OCSHCN is planning to work with Arizona's two University Centers of Excellence on Developmental Disabilities and Arizona's Developmental Disabilities Planning Council to increase opportunities and services for CSHCN. OCSHCN will continue to represent ADHS on the AzEIP ICC, and keep them informed on changing aspects of the system of care for CSHCN. OCSHCN will continue to participate in the Pediatric Advisory Council for Emergency Services, ensuring that issues related to CSHCN are addressed including car seat safety, TBI/SCI, and training first responders on CSHCN.

Performance Measure 06: *The percentage of youth with special health care needs who received the services necessary to make transitions to all aspects of adult life, including adult health care, work, and independence.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	**2006**	**2007**	**2008**	**2009**	**2010**
Annual Performance Objective	6	6	39	40	39
Annual Indicator	5.8	39.4	39.4	39.4	39.4
Numerator					
Denominator					
Data Source			SLAITS	SLAITS	SLAITS
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Final
	2011	**2012**	**2013**	**2014**	**2015**
Annual Performance Objective	41.2	41.2	41.2	41.2	41.2

Notes - 2010
Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. Compared to the 2001 CSHCN survey, there were wording changes, skip pattern revisions, and additions to the questions used to generate the NPM06 indicator for the 2005-2006

CSHCN survey. There were also issues around the reliability of the 2001 data because of the sample size. The data for the two surveys are not comparable for PM #06 and the 2005-2006 may be considered baseline data.

Notes - 2009
Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. Compared to the 2001 CSHCN survey, there were wording changes, skip pattern revisions, and additions to the questions used to generate the NPM06 indicator for the 2005-2006 CSHCN survey. There were also issues around the reliability of the 2001 data because of the sample size. The data for the two surveys are not comparable for PM #06 and the 2005-2006 may be considered baseline data. No new data has been released for this measure since last year's application.

Notes - 2008
Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. Compared to the 2001 CSHCN survey, there were wording changes, skip pattern revisions, and additions to the questions used to generate the NPM06 indicator for the 2005-2006 CSHCN survey. There were also issues around the reliability of the 2001 data because of the sample size. The data for the two surveys are not comparable for PM #06 and the 2005-2006 may be considered baseline data. No new data has been released for this measure since last year's application.

a. Last Year's Accomplishments
OCSHCN participated as an Arizona Community of Practice on Transition (AzCoPT) member. AzCoPT is a partnership of state agencies promoting collaboration and coordination for transition planning, professional development and youth and family involvement to improve school and post-school outcomes for youth. Members include the Departments of Education, Economic Security, and Health Services. AzCoPT provided guidance to parents, students, educators and state agency staff working with transitioning youth. Transition resources were provided at community fairs and conferences.

Contractors were monitored to ensure that appropriate transition services were provided. The Building Partnerships for Quality Care (BPQC) contract included the youth component. CRS contractors began transition plans for members before they reach age 15. Plans were age appropriate, addressed member needs, identified an adult health care provider. Youth participated on the OCSCHN Family Centered Cultural Competency Committee and the CRS Quality Management Committee.

OCSHCN and the Governor's Council on Spinal and Head Injuries partnered on the Arizona TBI Transitions Project helping youth transition to adult health care and support systems. OCSHCN and Behavioral Health Services explored ways to provide information, resources and services to youth with TBI. OCSHCN shared information and transition resources with behavioral health contractors at the Behavioral Health Services, Arizona's Children's Executive Committee meetings and with the Catholic Charities Refugee Relocation Program.

Best practices on transition were promoted through sharing resources that included the Arizona Developmental Disabilities Planning Council, Department of Education, school nurses, Special Olympics, the CRS contractor, Division of Developmental Disability, AHCCCS Health Plans, families and providers. CRS contractors initiated transition plans by a member's 15th birthday and documented the plans in members' medical records. CRS contractors identified adult care providers for youth aging out of the program.

Over 120 school nurses received training that promoted best practice information related to health care transitions, what the role of the school nurse can be in ensuring that CYSHCN are healthy enough to participate in inclusive activities, to ensure that CYSHCN learn to be as responsible and knowledgeable about managing their own health care to the greatest extent

possible and that CYSHCN are prepared to direct their own healthcare as adults. Health care is stressed as an important aspect of self determination.

Table 4a, National Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	**ES**	**PBS**	**IB**
1. Young adults with SHCN review contracts, policies, curriculum, training, resources and OCSHCN website and are members of the cultural competence committee.				X
2. Health care is stressed as an important aspect of self-determination.	X	X		
3. OCSHCN and the Governor's Council on Spinal and Head Injuries partner on the Arizona TBI Transitions Project helping youth transition to adult health care, understand their rights and responsibilities, and learn how to access community support system		X		X
4. OCSHCN participates in community health and transition fairs, community partner meetings and conferences to offer resources, technical assistance and workshops on the importance of understanding healthcare for transitioning young adults.				X
5. OCSHCN offers transition resources and training to other ADHS programs and state agencies, including AHCCCS programs.				X
6. OCSHCN is a member of the AzCoPT team and offers training to inform students, parents, educators, and others about state agency processes.				X
7.				
8.				
9.				
10.				

b. Current Activities

Responsibility for the oversight of the CRS Program transferred from ADHS to AHCCCS on January 1, 2011 and OCSHCN moved to the Bureau of Women's and Children's Health. An IGA with AHCCCS was developed that supports education, training, technical assistance related to best practices on transition to adulthood and resources to AHCCCS staff, AHCCCS Health Plans and providers.

OCSHCN completed a Request for Grant Application, Building Family and Youth Leadership, to fund practices, activities and projects to address Title V priorities including transition to adulthood statewide. The BPQC contract recruits, trains, and supports leadership development of youth, and compensates them to participate with OCSHCN and other ADHS programs.

OCSHCN partners with the Governor's Council on Spinal and Head Injuries on the Arizona TBI Transitions Project providing best practice information on transition for CYSHCN. OCSHCN is partnering with staff and Youth Leader with SWI to fund the youth strand ADE annual transition conference packets and other youth oriented resources. As an AzCoPT member, OCSHCN is presenting at the annual ADE Transition Conference and funding scholarships for youth and families to attend. OCSHCN is translating the AzCoPT training to Spanish that is used to inform students, parents, educators and others about state agency transition processes.

c. Plan for the Coming Year
OCSHCN will use the new Building Family and Youth Leadership contractor(s) to provide leadership development of YSCHCN and their families. OCSHCN will continue to use the BPQC contract to recruit, support, train, and provide leadership development for youth, and develop an OCSHCN youth council to participate in management.

OCSHCN will partner with Southwest Autism Resource and Research Center on resources and training materials for a transition project that educates hospital staff and physicians about youth with autism and places youth with autism to work in a large metropolitan hospital.

OCSHCN will continue as an AzCoPT member to ensure that the health care needs of YSHCN are considered in school and post school transition plans, and will continue to exhibit at transition fairs and conferences. OCSHCN will work with SWI and ADE on exploring a standalone Youth Summit directed by youth for youth.

OCSHCN will continue partnering with the Governor's Council on Spinal and Head Injuries on providing best practice information on transition for CYSHCN, presenting at their annual conference and developing new family and youth events for the TBI transition grant.

OCSHCN will also explore ways to incorporate youth transition practices into Medicaid health plan training. OCSHCN will make available the learning management system for educational trainings and materials.

OCSHCN and Bureau of Nutrition & Physical Activity will be working on the development of a training video promoting an employment opportunity for youth and adults with developmental disabilities and/or intellectual disabilities.

Performance Measure 07: *Percent of 19 to 35 month olds who have received full schedule of age appropriate immunizations against Measles, Mumps, Rubella, Polio, Diphtheria, Tetanus, Pertussis, Haemophilus Influenza, and Hepatitis B.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2006	2007	2008	2009	2010
Annual Performance Objective	79	79.5	80	80	80
Annual Indicator	79.2	76.2	76.7	76	71.9
Numerator					
Denominator					
Data Source			National Immunization Survey	National Immunization Survey	National Immunization Survey
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving					

average cannot be applied.					
Is the Data Provisional or Final?				Final	Final
	2011	**2012**	**2013**	**2014**	**2015**
Annual Performance Objective	80	80	80	80	80

Notes - 2010
Data source is http://www.cdc.gov/vaccines/stats-surv/nis/data/tables_2009.htm The confidence interval is + or - 5.9%. Although the point estimate for 2009 is lower than 2008, the estimates are not significantly different.

Notes - 2009
The source of immunization data is the CDC National Immunization Survey (http://www.cdc.gov/vaccines/stats-surv/nis/tables/0607/tab03_antigen_state.xls). Previously, the reported rate represented the coverage level for 4DPT, 3OPV and 1 MMR only, because data were not reliably available for the full series recommended by the CDC, which also includes 3 doses of Hep B and 3 doses of Hib. No data were available for this measure for 1998, but the data points for 1999 forward have been changed to reflect the full 4:3:1:3:3 series. Performance objectives were also changed to reflect the change in the measure. Estimates for data points are based on reports for the following date ranges:
1999 = July 1998 through Jun 1999
2000 = "2000"
2001 = Jan 01 through Dec 01
2002 = Jul 01 through Jun 02
2003 = Jul 02 through Jun 03
2004= Jul 03 through Jun 04
2005= Jan 04 through Dec 04
2006=Jan 05 through Dec 05
2007= Jul 06 through Jun 07
2008= Jul 07 through Jun 08
2009=Jul 08 through Jun 09
The 2009 estimate reflects the immunization status of children by age two for children who were 19-35 months of age, born between July 2005 and December 2008. The estimate tolerates 5.9 error at a 95% confidence level. There was no significant decrease in this immunization measure in 2009

Notes - 2008
The source of immunization data is the CDC National Immunization Survey (http://www.cdc.gov/vaccines/stats-surv/nis/tables/0607/tab03_antigen_state.xls). Previously, the reported rate represented the coverage level for 4DPT, 3OPV and 1 MMR only, because data were not reliably available for the full series recommended by the CDC, which also includes 3 doses of Hep B and 3 doses of Hib. No data were available for this measure for 1998, but the data points for 1999 forward have been changed to reflect the full 4:3:1:3:3 series. Performance objectives were also changed to reflect the change in the measure. Estimates for data points are based on reports for the following date ranges:
1999 = July 1998 through Jun 1999
2000 = "2000"
2001 = Jan 01 through Dec 01
2002 = Jul 01 through Jun 02
2003 = Jul 02 through Jun 03
2004= Jul 03 through Jun 04
2005= Jan 04 through Dec 04
2006=Jan 05 through Dec 05
2007= Jul 06 through Jun 07
2008= Jul 07 through Jun 2008

The 2008 estimate reflects the immunization status of children by age two for children who were 19-35 months of age, born between July 2004 and December 2007. The estimate tolerates 7.5 error at a 95% confidence level.

a. Last Year's Accomplishments
The Bureau of Women's & Children's Health provided Title V funding to support The Arizona Partnership for Immunizations (TAPI). TAPI activities reported in this application include programs funded by Title V as well as programs supported by other community programs. The TAPI home web page, www.whyimmunize.org allows parents to ask medical experts questions about vaccines and immunizations was completely updated to reflect the needs of the community and to include a comprehensive provider education page. English and Spanish parent education flyers, "Is Your Child Protected?" and vaccine safety concern flyers were revised and distributed. Reminder/recall postcards were printed and widely distributed to immunization providers throughout the state. Additional materials updated and distributed in 2010 included: 1) A parent education flyer to help overcome parent immunization concerns; 2) "Cloud Award" brochures nomination form given to providers who have achieved a 90%+ immunization coverage level of their two year old patients; 3) posters and flyers on Pertussis vaccine information for parents and caregivers; 4) flyers for childcare centers on the importance of tracking immunization records using ASIIS; and 5) teen parent education flyers and post cards. Over 75,000 educational pieces were distributed to schools, child care facilities, private providers, county health departments, community health centers, managed care organizations and WIC sites in 2010.

TAPI conducted nine regional immunization programs with the Vaccines for Children Program and the Arizona State Immunization Information System for providers statewide. Five hundred individuals from provider offices and health departments participated in the trainings. The programs emphasized the importance of using resources such as reminder/recall cards and parent education flyers. TAPI also partnered with ADHS and the Arizona Immunization Program Office (AIPO) to educate healthcare providers on immunization educational tools at 9 professional conferences.

TAPI partnered with the ASU School of Nursing in a training seminar for graduate level community nursing students to instill the value of community partnerships in immunization, and fostered continued hands on learning through several internships. TAPI with ADHS and ASU created a web based training program for provider offices on common immunization questions and best practices for outstanding immunization delivery.

In cooperation with AIPO, TAPI designed and mailed a Vaccines for Children user satisfaction survey to 840 provider sites. Thirty six percent (36%) of the surveys were completed and returned by the December 31, 2010. Survey data indicated 90% of respondents are overwhelmingly very satisfied/satisfied with the program; 98% strongly agreed/agreed VFC representatives are knowledgeable and helpful.

TAPI developed a curriculum for pediatric offices that have fallen below the national average for immunization coverage of their patient population. This year TAPI partnered with county immunization clinics on recouping the admin fee for Medicaid patients and worked with a large Medicaid plan to increase childhood immunization rates by developing outreach and training.
The Health Start Program educated pregnant and postpartum women about immunizations and many other health and behavioral health topics during and between pregnancies. The Community Health Workers provided visits with the clients to verify that they and their children up to age two are attending medical appointments and receiving needed immunizations. Referrals are made to immunization clinics and social and behavioral health programs as needed. Approximately 92% of Health Start children were fully immunized and 8% were not fully immunized.

The High Risk Perinatal Program (HRPP) Community Health Nurses monitored the immunization status of the children enrolled in their program and continued to promote and facilitate immunizations. In order to communicate with all clients the importance of maintaining the

immunization schedule many of the HRPP utilized bilingual Community Health Nurses and, if necessary, translation services.

Table 4a, National Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	**ES**	**PBS**	**IB**
1. TAPI is designing, printing and distributing immunization materials for parents and providers.			X	
2. TAPI works with managed health care plans to promote on-time immunizations for enrolled children/adolescents				X
3. TAPI conducts educational/training programs to improve immunization practices.				X
4. TAPI continues programs and partnerships that promote childhood immunizations.			X	X
5. Health Start Community Health Workers educate pregnant and postpartum women about the importance of immunization.			X	
6. High Risk Perinatal Program Community Health Nurses monitor the immunization status of enrolled infants.		X		
7. Arizona WIC participants are screened and referred for proper timing of the DtaP.		X		
8.				
9.				
10.				

b. Current Activities

TAPI is continuing to print and distribute immunization materials to public and private providers throughout the state, and updating web site and print materials to keep current with established immunization recommendations and practices. TAPI is planning and conducting at least ten immunization workshops for staff of public and private clinics, medical offices, medics, schools and other VFC enrolled sites. TAPI is developing an educational program for childcare centers on the importance of immunizations. They are also meeting with managed care plans to promote and institute methods to ensure local health departments are reimbursed vaccine administration costs for AHCCCS enrolled children. TAPI is working with immunization service providers to ensure immunization services are available in underserved areas ("pockets of need") - locations where children lack access to immunization services. TAPI is developing educational materials for new parents on the importance of adult pertussis vaccines in protecting babies.

Other MCH programs continue to promote and monitor immunization status. Health Start Community Health Workers and HRPP Community Health Nurses continue to monitor the immunization status of the children enrolled in their programs and continue to promote and facilitate immunizations. Bureau of Nutrition & Physical Activity coordinates statewide immunization record screening and referral by WIC staff to ensure proper timing of shots in WIC children.

c. Plan for the Coming Year

TAPI will continue to print and distribute immunization materials to public and private providers throughout the state. TAPI will conduct additional trainings to certify Medics in immunization delivery. TAPI will plan and conduct at least ten immunization workshops for staff of public and private clinics, medical offices, schools and other VFC enrolled sites. TAPI will meet and confer with managed care plans to promote and institute methods to ensure local health departments are reimbursed vaccine administration costs for AHCCCS enrolled children. TAPI will work with immunization service providers to ensure immunization services are available in underserved

areas ("pockets of need") - areas/locations identified where children lack access to immunization services. TAPI will revise and update website and print materials as needed to keep current with established Immunization recommendations and practices. TAPI will assist fire departments in developing new clinics in underserved areas, and develop materials for new parents in hospitals and childcare centers.

Health Start Program will continue to distribute the most current immunization schedule to contractors. The immunization checklist is now required as part of the child's information in the client chart. Program will continue to review each immunization record of each woman and child up to age two to ensure immunizations are up to date. The Community Health Workers will continue to provide education on the importance of immunizations for the whole family and will direct them to immunization providers and other resources within their community.
The HRPP Community Health Nurses will continue to monitor the immunization status of the children enrolled in their program and continue to promote and facilitate immunizations. In order to communicate with all clients the importance of maintaining the immunization schedule, many of the HRPP Community Health Nurse are bilingual and if they are not bilingual they will continue to utilize appropriate translation services.

Bureau of Women's & Children's Health will work with TAPI and ADHS Immunization Program to help disseminate educational materials for new parents and caregivers on the importance of adult pertussis vaccines in protecting babies. The Office for Children with Special Health Care Needs will work with TAPI and the ADHS Immunization Program on disseminating educational materials that are specific to children with special health care needs.

The ADHS Office of Immunization will work with midwife licensing to tailor educational materials for home deliveries. The Immunization Program will work with other ADHS programs to highlight importance of immunizations for caregivers of small children, and will reach out to OB/GYNs and other providers to educate about cocooning effect.

Performance Measure 08: *The rate of birth (per 1,000) for teenagers aged 15 through 17 years.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	**2006**	**2007**	**2008**	**2009**	**2010**
Annual Performance Objective	35	34	33	32	23.5
Annual Indicator	34.0	32.3	30.3	25.3	24.4
Numerator	4450	4361	4151	3501	3374
Denominator	130905	134897	137022	138280	138280
Data Source			AZ Birth Certificates	AZ Birth Certificates	AZ Birth Certificates
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Provisional
	2011	**2012**	**2013**	**2014**	**2015**

Annual Performance Objective	23	22.5	22	21.5	20

Notes - 2010
The 2010 estimate is provisional until the 2010 Census releases total counts of 15-17 year old females in Arizona.

Notes - 2008
The 2008 data was not available prior to completion of the narrative sections in this grant.

a. Last Year's Accomplishments
In 2010, the Bureau of Women's and Children's Health Teen Pregnancy Prevention Program funded 13 of the 15 Arizona county health departments with lottery revenue to provide Teen Pregnancy Prevention programming to youth and parents. The program also provided funding to the Navajo Nation directly while four other tribes (Tohono O'odham San Lucy District, Fort McDowell, and Colorado River Indian Tribe, Hopi) were funded through a contract with the Inter-Tribal Council of Arizona. A total of 12,943 youth and 1,510 parents received services in 2010.

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. Programs reached high risk youth by developing successful partnerships with county juvenile probation offices in order to encourage participation among youth on probation. Some programs provided classes in juvenile detention centers and to youth on probation through the juvenile court system.

Seven abstinence programs were providing services with funding from Arizona lottery dollars. Projects focused on youth development/service learning and peer leadership as well as classroom instruction. From July 2009 through June 2010, 14,902 young people and 747 parents received services.

ADHS provided technical assistance to community organizations that applied for federal comprehensive teen pregnancy prevention grants (Tier I - Replication of Evidence-Based Program and Tier II - Promising Practices. ADHS coordinated with all funded agencies to best maximize our funding.

Table 4a, National Performance Measures Summary Sheet

Activities	**Pyramid Level of Service**			
	DHC	**ES**	**PBS**	**IB**
1. The Teen Pregnancy Prevention Program provides a youth development/service learning program to Juvenile Probation Youth and other high risk youth.			X	
2. The Teen Pregnancy Prevention Program provides parent education on how to talk to teens about responsible sexual behavior.			X	
3. The Teen Pregnancy Prevention Program provides technical assistance to providers of teen pregnancy prevention services.				X
4. The Teen Pregnancy Prevention Program provides abstinence education programming.			X	
5.				
6.				
7.				
8.				
9.				

10.				

b. Current Activities
In 2011, the Patient Protection and Affordable Care Act authorized funding for a new comprehensive sex education initiative titled, the Personal Responsibility Program (PREP) and renewed funding for the Title V State Abstinence Program. Arizona's award is approximately $1 million for PREP and $1.2 million for Abstinence.

ADHS will target high risk populations such as youth in foster care, Latinos, and African Americans using PREP funds. ADHS has issued Request for Grant Applicants and will have new contracts established by July 1, 2011. The Program continues to use lottery dollars to fund the 13 county health department projects and four tribal projects as described above, as well as the seven abstinence programs. The Program is working on adding one more tribal program through the Inter-Tribal Council of Arizona to provide comprehensive education. ADHS continues to coordinate with all federally funded Tier I and II agencies to best maximize our funding and explore establishment of a statewide coalition. Teen Pregnancy Prevention program continues to work with the Office of HIV, STD, and Hepatitis Services to integrate STD prevention in programming and the Arizona Department of Education for coordination of teen pregnancy prevention curricula trainings.

c. Plan for the Coming Year
Lottery revenue is expected to continue and ADHS will continue to fund the existing county health departments and tribal programs. Lottery funds will also continue to be used to fund the seven abstinence programs, and serves as match for the federal Abstinence Education Program. ADHS will begin programs utilizing the federal Abstinence Education funding made available through health care reform, as well as the new Personal Responsibility Education Program (PREP). ADHS will target high risk populations such as youth in foster care, Latinos, and African Americans using PREP funds. To ensure fidelity of programs, ADHS will be providing curricula trainings for program health educators, incorporating a fidelity scale to provide indications that curricula are being implemented as intended, and adding another program manager to assist with the monitoring of programs.

The Teen Pregnancy Prevention Program will work with Office for Children with Special Health Care Needs to identify how to best address sexual health issues among this population. Existing curricula will be reviewed to assess appropriateness for youth with special health care needs, and curricula will be modified or developed.

Performance Measure 09: *Percent of third grade children who have received protective sealants on at least one permanent molar tooth.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	**2006**	**2007**	**2008**	**2009**	**2010**
Annual Performance Objective	36.5	36.5	36.5	36.5	47.1
Annual Indicator	36.2	36.2	36.2	47.1	47.1
Numerator					
Denominator					
Data Source			AZ Office of Oral Health survey	AZ Office of Oral Health survey	AZ Office of Oral Health
Check this box if you cannot report the					

numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Final
	2011	**2012**	**2013**	**2014**	**2015**
Annual Performance Objective	47.1	47.1	47.1	47.1	47.1

Notes - 2010
The Healthy Smiles Healthy Bodies survey was conducted for a random sample of 3rd Grade students in 2009. It is important to note that some differential misclassification bias may have occurred during the visual examination for sealants. The ADHS Office of Oral Health received some reports of oral health examiners having difficulty telling the difference between a sealant and resins on molars. This threat to the validity of the estimate will be corrected prior to the next survey in 2015.

Notes - 2009
The Healthy Smiles Healthy Bodies survey was conducted for a random sample of 3rd Grade students in 2009. It is important to note that some differential misclassification bias may have occurred during the visual examination for sealants. The ADHS Office of Oral Health received some reports of oral health examiners having difficulty telling the difference between a sealant and resins on molars. This threat to the validity of the estimate will be corrected prior to the next survey in 2015.

Notes - 2008
The figure for 2008 is from a statewide oral health survey of over 80 communities, for 1999-2003. This survey will be re-done for each needs assessment year, with the next survey scheduled for 2010.

a. Last Year's Accomplishments
The Arizona Dental Sealant Program provided dental screenings and referrals to 8,830 children attending eligible public schools; 6,479 children received 23,997 dental sealants. Two counties have had difficulties locating dental providers to participate in program activities due to lack of dental providers and contracting difficulties. Lack of dental providers in rural areas is a barrier to expansion for underserved populations. In an effort to increase school and student participation, the Office of Oral Health engaged the Arizona Department of Education and the school nurse associations for participation in program implementation. In an effort to increase the proportion of public schools served by the program, the previous school eligibility requirement of 65% National School Meal Program enrollment was reduced to 50% beginning in the 2010-11 school year, this helped to expand the program to schools not previously qualified to participate. Students, who attend eligible schools, are in 2nd or 6th grade and have informed parental consent received oral health screenings and referrals for treatment needs. Uninsured children, Medicaid and SCHIP beneficiaries, those covered by Indian Health Services or by state-funded tobacco tax health care programs were eligible to receive sealants. After 20 years of fairly steady growth, the program had seen a plateau and there is evidence that there has been a decrease in the number of children served by the sealant program. This may be attributed to several factors including the increasing presence of "for profit" dental vans, and the reluctance of parents/guardians to sign consent forms.

The Office of Oral Health completed a statewide oral health, BMI and asthma survey of over 3,100 third grade children in 2010, the Healthy Smiles Healthy Bodies Survey and has begun sharing findings with partners. Findings from the Healthy Smiles Healthy Bodies Survey indicated that 47% of Arizona third-graders had dental sealants on at least one permanent molar,

nearly reaching the Healthy People 2010 target of 50%. Oral health findings were submitted to the Centers for Disease Control and Prevention and are available on the National Oral Health Surveillance System: http://www.cdc.gov/nohss/.

Table 4a, National Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	**ES**	**PBS**	**IB**
1. Office of Oral Health provides dental sealants to high-risk children.	X			
2. Office of Oral Health evaluates the dental sealant program.				X
3. Office of Oral Health collaborates with key stakeholders to expand services.				X
4.				
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

The Office of Oral Health continues to provide a school-based sealant program in five Arizona counties. New teledentistry sites being established through the HRSA grant have expanded throughout the state with increased interest from other state agencies, the Inter Tribal Council of Arizona and the Indian Health Services. These teledentistry sites will be instrumental in increasing outreach to rural populations currently underserved by the Arizona School-based Sealant Program. The Office of Oral Health has expanded its capacity in supporting the development of regional oral health coalitions. The Office is currently working with five regional coalitions to provide information and support development of evidenced based preventive methods including school-based sealant programs.

c. Plan for the Coming Year

The Arizona Dental Sealant Program will continue to provide school-based dental sealant programs to high risk children in eligible public schools throughout Arizona. The focus is to identify those children who are at highest risk of decay and increase the number and proportion of children served. Collaborations and outreach to expand the program to new service areas will continue. The program is seeking to increase expansion to an additional county for the 2011-2012 school year. In an effort to increase the proportion of public schools served by the program, the current school eligibility requirement of 50% National School Meal Program enrollment will remain in effect for the 2011-2012 school year. The Office of Oral Health will review the efficiency of the dental sealant program by engaging partners and stakeholders in recommendations for improvement. New teledentistry sites being established through the HRSA grant will increase to four active sites in 2011. The teledentistry models will develop education materials for the training of healthcare providers and administrators.

The Office for Children with Special Health Care Needs will work with the Office of Oral Health to identify opportunities to provide dental sealants to children with special health care needs.

Performance Measure 10: *The rate of deaths to children aged 14 years and younger caused by motor vehicle crashes per 100,000 children.*

Tracking Performance Measures

[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2006	2007	2008	2009	2010
Annual Performance Objective	4.2	4	4	3.8	3.5
Annual Indicator	4.0	4.0	2.7	3.5	2.7
Numerator	55	57	39	50	36
Denominator	1390127	1412725	1429459	1434985	1358059
Data Source			AZ Death Certificates	AZ Death Certificates	AZ Death Certificate
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Final
	2011	**2012**	**2013**	**2014**	**2015**
Annual Performance Objective	2.5	2.5	2.5	2.5	2.5

Notes - 2010

Census 2010 population estimates show a significant decline (5.3%) in the total number of children 14 years or younger living in Arizona between 2009 and 2010. This decline influenced the estimated rate of MVC mortality in 2010.

Notes - 2009

The rate increased 29.6 percent from 2008, but this was not a significant increase as the total counts for mortality are low (p=0.25). The 2008 rate may have been a historical anomaly because of the effect of the economic recession and spike in summer gas prices on total per capita miles driven.

Notes - 2008

Data for 2008 were not available when the descriptive analyses and program narratives were completed. Estimates for 2001 on reflect motor vehicle death rates for all children ages 0-14. Prior to 2001, estimates were based on ages 1-14.

a. Last Year's Accomplishments

The rate of motor vehicle fatalities declined from 9.9 deaths per 100,000 children in 2006 to 4.7 deaths per 100,000 children in 2009, but the rate remained stable between 2008 and 2009. Motor vehicle crashes claimed 82 children's lives in 2009, the same number of deaths as in 2008. Six children died in off-highway vehicle (OHV) crashes in 2009. Ninety-three percent of motor vehicle-related deaths were determined to have been preventable (n=76). Lack of vehicle restraints was identified as a preventable factor for 41 percent of motor vehicle crash fatalities (n=34).

Through Title V funding, Navajo County Public Health reached both Apache and Navajo counties providing car seat and seat belt education. Navajo County targeted Native American Women to complete the car seat safety program, and subcontracted with the Navajo Nation to conduct car seat safety check events and car seat safety courses including alcohol awareness. During 2010,

152 Native Americans completed a course on alcohol awareness and not operating a motor vehicle while under the influence. Navajo County conducted safety events and provided education on driving under the influence, CPR, and water safety to 1,771 adolescents. Navajo County also partnered with Arizona Game and Fish to educate 984 people about helmet use while operating an ATV. One hundred seventy two Native Americans received car seats including a car seat safety course consisting of checking current seats and installations, video discussion and seat overview, having them properly install and adjust the seat for their child.

Apache County provided 198 car seats for children. Classes on car seats and seat belt restraint use were attended by 202 individuals. Assessments for booster seat use was conducted on 354 preschool and kindergarten; a total of 330 fourth and sixth graders received injury prevention classes related to seat belts, skateboards, bus, bike, sports and gun safety; 789 high school students received classes on seat belt safety, crash dynamics, and dangers from alcohol and drug use while operating a motor vehicle.

Through Title V funding, Maricopa County Department of Public Health educated 4,379 individuals about transportation injuries and child passenger safety. In addition, 1,223 car seats were distributed along with coaching and observation of correct installation techniques. Eleven NHTSA certification classes, four CEU classes, and two renewal classes were instructed by, staffed by or lead by Maricopa County Department of Public Health. Sixty seven medical residents completed a child passenger safety education module during clinical rotations to educate families in the emergency room and at birth. Four hundred seventy two youth received wheeled sports safety education and were fitted for helmets. Three hundred twenty four students under the age of 18 were educated on the importance of seat belt use.

Through Title V funding, Coconino County Public Health Services District provided education and distributed 425 car seats. They sponsored two Child Passenger Safety training courses, resulting in 31 newly certified NHTSA certified technicians and 10 renewed technicians. In 2010, over 4,000 elementary students attended presentations on seat belt use, distracted driving, fire prevention, helmet use, and calling 911. Coconino County partnered to conduct five presentations through various agencies to reach 3,050 teens on the dangers of drinking and driving.

The Injury Prevention Program continued to build capacity for child passenger safety through providing certified car seat training, particularly in tribal communities. The program worked with Indian Health Services by providing car seat check up events, training, and offered a CEU training on using car seats for Arizona's Child Passenger Safety Technicians. The Injury Prevention Program also collaborated on a Road Safety Audit with Az Dept of Transportation to improve safety in a tribal community. The Arizona Game and Fish Department increased enforcement of existing laws regarding children riding or driving all terrain/off-highway vehicles including helmet use, double riding, and licensing.

The Arizona Injury Prevention Advisory Council in partnership with the Arizona Game and Fish Department convened two statewide stakeholders' meetings to raise awareness of the various entities promoting safe all terrain/off-highway vehicle use among Arizona residents.

Table 4a, National Performance Measures Summary Sheet

Activities	**Pyramid Level of Service**			
	DHC	**ES**	**PBS**	**IB**
1. Child Fatality Review Program reports on motor vehicle crashes among children.				X
2. Title V County Health Prevention contracts build local infrastructure on injury prevention.				X
3. Injury Prevention Program provides car seat safety technician				X

training.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

In 2011, The Bureau of Women's and Children's Health issued new Interagency Service Agreements with five county health departments to support local injury prevention infrastructure. The new contracts will increase activities around building coalitions, changing organizational practices, and developing policies. Apache and Navajo Counties are partnering to provide NHTSA child passenger certification and recertification classes. Apache and Navajo County are also partnering with Arizona Game and Fish to educate people about helmet use while operating an ATV. Apache and Navajo Counties are developing a Safe Kids chapter. Coconino County is sponsoring NHTSA Child Passenger Safety training courses. Coconino County is collaborating with various agencies to conduct presentations on the dangers of drinking and driving and distracted driving.

The Injury Prevention Program builds capacity for child passenger safety through providing certified training and continuing education for recertification. Courses will add 40-50 more technicians throughout Arizona. The Injury Prevention Program collaborates with AZ Dept of Transportation in conducting Road Safety Audits.

BWCH is using Title V funds to purchase car seats and to establish a new special needs car seat program for the state. The Injury Prevention Program is also collaborating with OCSHCN to ensure Children's Rehabilitative Clinics are connected to car seat safety technicians trained in special needs child safety seats.

c. Plan for the Coming Year

The Child Fatality Review Program will continue to review the deaths of all children in Arizona to identify preventable factors and to conduct surveillance of the causes and circumstances surrounding these deaths. The 18th annual report will be produced in 2011 and will include information on the deaths that occurred in Arizona during 2010. The Child Fatality Review Program will continue to analyze trends observed due to the enactment of graduated driving license restrictions for teen drivers (enacted July 1, 2008).

Health Start will continue to fund Car Seat Safety Technician and recertification training for Community Health Workers.

HRPP Community Health Nurses will continue to monitor car seat usage with every home visit and continue to educate the families on the importance of car seat usage.

The Injury Prevention Program will continue to build capacity in the state by training new car seat safety technicians.

The Injury Prevention Advisory Council and Injury Prevention Program will be updating the state injury prevention plan. The Bureau of Women's & Children's Health will consider which strategies the bureau's programs can help implement, and whether any strategies would benefit from Title V funding.

The Title V County Health Prevention contracts will continue to grow through the levels of the Spectrum of Prevention. These contracts will increase activities around building coalitions, changing organizational practices, and developing policies. The Injury Prevention Program will provide technical assistance to county injury prevention staff, and provide collaborative learning opportunities.

Performance Measure 11: *The percent of mothers who breastfeed their infants at 6 months of age.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2006	2007	2008	2009	2010
Annual Performance Objective	38	38	50	50	53
Annual Indicator	46.5	43.7	48.2	45.3	49.6
Numerator					
Denominator					
Data Source			CDC National Immunization Survey	CDC National Immunization Program	CDC National Immunization Program
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Final
	2011	**2012**	**2013**	**2014**	**2015**
Annual Performance Objective	51	53	55	57	60

Notes - 2010
The CDC National Immunization Survey data for 2010 (2007 birth cohort) uses a small sample size, thus the confidience intervals for the 2009 estimate are wide (+/- 6.9) . The estimate is not a statisitcally significant difference from 2008, nor is it significantly different from the U.S. rate of 43.0. The HP 2020 Goal is 60.6%.

Notes - 2009
The CDC National Immunization Survey data for 2009 (2006 birth cohort) uses a small sample size, thus the confidience intervals for the 2009 estimate are wide (+/- 7.4) . The estimate is not a statisitcally significant difference from 2007, nor is it significantly different from the U.S. rate of 43.4.

Notes - 2008
The CDC National Immunization Survey data for 2008 (2005 birth cohort) became available after all program narratives and data analyses were completed.The survey used a smaller sample size

than was used in previous years, thus the confidience intervals for the 2008 estimate are wide (+/- 6.1) and the estimate is not a statisitcally significant difference from 2007. In addition the survey had fewer than 100 respondents from Maricopa County--Arizona's largest county.

Prior to 2006 the source of this performance measure was the "Mother's Survey", Ross Products Division, Abbott Laboratories, Inc.

a. Last Year's Accomplishments
The Health Start Program educated pregnant and postpartum women about prenatal care, nutrition, and the benefits of breastfeeding. Community Health Workers received training on breastfeeding and many other topics. Five Community Health Workers became Certified Lactation Educators and one became a Certified Lactation Specialist. The program increased outreach to the most vulnerable populations, Native Americans and African Americans, in targeted communities to focus on new prenatal enrollments. Approximately 73% of the prenatal clients committed to breastfeeding their baby in 2010.

The High Risk Perinatal Program (HRPP) contracted with every Newborn Intensive Care Unit (NICU) in the state. Each NICU had a lactation consultant available to help encourage and support breastfeeding. The hospitals also facilitated the use of a breast pump for mothers of infants unable to breastfeed at that time. When mothers were discharged they were able to either contact the NICU with concerns about breastfeeding or discussed the concern with the HRPP Community Health Nurse during a home visit. Many of the Community Health Nurses are Certified Lactation Consultants.

The Title V and WIC funded Pregnancy & Breastfeeding & WIC Hotlines were staffed by two bilingual Certified Lactation Consultants who answered 632 calls from around the state regarding concerns about breastfeeding. BWCH and WIC worked together to ensure the Arizona Breastfeeding Hotline continues to provide access to International Board Certified Lactation Consultants for lactation help 24 hours a day, seven days a week. Approximately 320 mothers per month have reached out during evening, weekend, and holiday hours to the Hotline for answers about positioning and latch, medications, managing work and school, and infant behavior. The after-hours aspect of the hotline is especially useful for mothers unable to reach their health care providers.

The Arizona WIC program had a breastfeeding rate of 65.5% for ‘ever breastfed' (CDC PedNSS 2009) and a target rate of 69.5% as a result of expanded breastfeeding outreach activities, training, and access to services. In October, 2010, six Arizona WIC staff earned certification as new International Board Certified Lactation Consultants (IBCLCs). This raises the total number of WIC IBCLCs to 32 in Arizona.

Evergreen Perinatal Education delivered their "Certified Lactation Educator" training course to WIC staff and community partners, including physicians, nurses, midwives, lactation consultants, and lay health workers. Additionally, 16 State and Local Agency staff attended Arizona State University's 45-hour Certified Lactation Educator course.

Arizona continued to offer professional education in breastfeeding at LATCH-AZ (LActation support To Collaborate for Health - AZ) meetings. These meetings are open to the public at no charge. They provide an opportunity for WIC staff to network with community partners interested in lactation.

The Arizona WIC Program expanded its Peer Counselor Program to 12 of its Local Agencies, including Cochise, Coconino, Gila, Marana, Maricopa, Mariposa, Mohave, Mountain Park, Pima, Pinal, Yavapai, and Yuma. Each month, the program helps over 6,000 pregnant and breastfeeding mothers overcome their personal barriers to breastfeeding through the use of mother-to-mother support.

A television commercial about the importance of family support in the success of breastfeeding initiation and duration was produced and aired throughout the state. It will continue to be included in healthcare sites and clinic waiting rooms as well as in the WIC Local Agency sites.

As part of Arizona's Communities Putting Prevention to Work (CPPW) grant, 5,000 nurses were trained on how changes in maternity care practices and policies have a direct relationship to both the initiation and duration of breastfeeding. This training also included WIC staff presenting on how the WIC program and the WIC Peer Counselor program support the breastfeeding dyad before and after delivery.

Also, as part of the Communities Putting Prevention to Work (CPPW) grant, workplace accommodation postcards were distributed to worksites and to pregnant and breastfeeding employees regarding the new Patient Protection and Affordable Care Act breastfeeding accommodation laws. The postcards served as "conversation starters" for participants to approach their worksites with upon returning to work.

Table 4a, National Performance Measures Summary Sheet

Activities	**Pyramid Level of Service**			
	DHC	**ES**	**PBS**	**IB**
1. Health Start Community Health Workers educate pregnant and postpartum women about breastfeeding.		X		
2. Baby Steps Program educates hospitals on evidence-based maternity care practices that support breastfeeding.				X
3. HRPP Community Health Nurses assisted with breastfeeding.		X		
4. Bilingual Certified Lactation Consultants answer Pregnancy and Breastfeeding Hotlines.			X	
5. WIC conducts free lactation education and networking events and provided scholarships for training.				X
6.				
7.				
8.				
9.				
10.				

b. Current Activities

The Hotlines are staffed by two bilingual Certified Lactation Consultants who answer calls regarding breastfeeding. A bilingual International Board Certified Lactation Counselor is available to answer all breastfeeding questions after normal business hours and to answer technical questions 24 hours a day, seven days a week.

Through the Communities Putting Prevention to Work Grant, the Bureau of Nutrition and Physical Activity (BNPA) is in year two of implementation of the Arizona Baby Steps to Breastfeeding Success initiative. BNPA is completing policy trainings with 30 hospitals impacting 90% of the births in Arizona with the implementation of five of the ten Baby Friendly Hospital Initiative (BFHI) maternity care practices that have the greatest impact on breastfeeding duration. Arizona Baby Steps for Breastfeeding Success is inclusive of both a policy, environmental, and social marketing initiative that focuses on maternity policies, peer support, professional support, and maternal education.

The breastfeeding physician toolkit is in distribution and includes information for breastfeeding-friendly physician's offices. A physicians' conference around the Baby Steps initiative will take place the summer of 2011 and include both an OB and pediatric component.

Free, quarterly lactation education continues to be provided to urban and rural health professionals and paraprofessionals through LATCH-AZ.

c. Plan for the Coming Year

The Health Start Program will continue to provide access to breastfeeding education classes so that Community Health Workers have the knowledge and training to promote and encourage all clients to commit to breastfeeding. The Program will increase the number of Community Health Workers that are certified breastfeeding counselors, certified lactation counselors, certified breastfeeding educators and specialists.

HRPP will continue to contract with every NICU in the state. Each NICU has a lactation consultant available to help encourage and support breastfeeding. The hospitals will also continue to facilitate the use of a breast pump for mothers of infants who are still too ill to breastfeed. When mothers are discharged they will be able to either contact the NICU with concerns about breastfeeding or discuss the concern with the HRPP Community Health Nurse during a home visit.

The Title V and WIC Hotlines will continue to be staffed by two bilingual Certified Lactation Consultants who will answer calls from around the state regarding concerns about breastfeeding. An International Board Certified Lactation Counselor will be available to answer all breastfeeding questions after normal business hours and to answer technical questions 24 hours a day, seven days a week.

The new Maternal, Infant and Early Childhood Home Visiting Program will fund the implementation of evidence based early childhood home visiting. The models selected, Nurse Family Partnership, Healthy Families and Family Spirit will encourage and support breastfeeding among their clients.

The breast pump loan program will continue to be a service through WIC local agencies. Peer counseling services will be provided through selected local WIC agencies and expanded to serve all counties. WIC staff from local agencies will perform outreach efforts through the "Adopt a Doctor" program. This involves having staff visit clinics and to inform providers about WIC breastfeeding support. The state will support this initiative by tracking visits and providing materials for local agencies to use in this effort.

Bureau of Nutrition & Physical Activity will provide training to hospitals for the Baby Steps Initiative. They will also provide Train the Trainer to interested partners, such as Indian Health Services. The Bureau of Women's and Children's Health will continue to support this program by asking for information about how a hospital is implementing the program during Arizona Perinatal Trust site visits to the hospitals.

Bureau of Nutrition & Physical Activity and Office for Children with Special Health Care Needs are working together to produce a training video that promotes an employment opportunity for youth and adults with developmental disabilities.

Pending adoption of final rules revisions for licensed child care centers, as of November 1, centers will have enhanced accommodations for breastfeeding mothers and children with special health care needs.

Performance Measure 12: *Percentage of newborns who have been screened for hearing before hospital discharge.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	**2006**	**2007**	**2008**	**2009**	**2010**
Annual Performance Objective	98.8	97	97	98	100
Annual Indicator	96.3	95.4	98.3	98.4	97.5
Numerator	98363	97986	97496	91824	86424
Denominator	102095	102687	99215	93314	88603
Data Source			AZ Early Hearing Detection and Intervention Prog.	AZ Early Hearing Detection and Intervention Prog.	AZ Early Hearing Detection and Intervention Progra
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Final
	2011	**2012**	**2013**	**2014**	**2015**
Annual Performance Objective	100	100	100	100	100

Notes - 2008
All 49 birthing hospitals in Arizona continue to voluntarily screen for hearing and follow the mandate to report initial and subsequent screens. Of the infants not screened prior to hospital discharge, 44 % returned for outpatient screens, most within 30 days.

a. Last Year's Accomplishments
Arizona is surpassing the Healthy People 2010, Object 28-11 goal of screening 90% of all infants by one month of age, as 97.7 % (86,424) of babies born in Arizona in 2010 received a hearing screen prior to discharge. All 47 birthing hospitals, plus one children's hospital, continue to voluntarily screen for hearing and follow the mandate to report initial and subsequent screens. Of the infants not screened prior to hospital discharge, 58% returned for outpatient screens, most within 30 days.

One of the biggest accomplishments last year was the development and implementation of a hospital scorecard. Distributed quarterly, this quality indicator measurement tool reports numbers of infants screened before discharge, pass and refer rates, outpatient return rates, and completeness of demographic data on the mother. Included in the scorecard is a statewide average of each indicator as well as an overall score, allowing the hospitals to compare their score to the state's overall average. Outcomes include an overall improvement from 71.6% to 88.7% compliance with the quality indicators.

Three important components of the MCHB grant awarded in 2009 were important to this performance measure. First, Arizona participated with several other state EHDI programs to develop an 8 minute video and public service announcements in English and Spanish targeted to

encourage parents to obtain the follow-up needed after the initial fail of the newborn hearing screen. More than 200 copies have been distributed throughout Arizona including hospital screening programs, parent groups, inter-agency partners and others. The second was the introduction of the Arizona Hands & Voices, Guide By Your Side (GBYS) Follow-Through program. The program coordinator works closely with the NBS program, sharing information on the status of infants who failed the initial screen. In addition to site visits with the High Risk Coordinator, GBYS visited four birthing hospitals in western AZ, and two in northeastern AZ. Bilingual brochures describing GBYS Follow-Through services for families are distributed at participating hospitals. The program pairs a trained Parent Guide with a hospital screening program. Each hospital customizes at what point they have the guides interact with their screening program.

The third component is a follow-up coordinator dedicated to tracking of high-risk infants (NICU stay for greater than 5 days and failing the hearing screen) in order to reduce the loss to follow up to 10% or less. The role of the coordinator is to foster communications between hospital discharge managers and the NBS program. The high-risk coordinator accomplished the following in the first year:

Identified 12 hospitals to implement high-risk follow up, determine the loss to follow-up rate between inpatient and outpatient screenings and between outpatient and diagnostic evaluation;

Implemented program at 5 of the target hospitals and worked with GBYS to implement program at 6 hospitals;

Established site through SharePoint where hospitals can submit NICU census information and identify families needing GBYS parent guide;

Determined baseline rate for target hospitals for NICU infants failing inpatient screen;

Established liaison with discharge coordinator/case manager to track high-risk infants;

Initiated follow-up with providers and parents of high-risk infants who fail the hearing screening;

Updated brochures and resource lists provided to families at the time of screening (in English and Spanish);

Worked with EAR Foundation of Arizona and GBYS to educate audiologists and encourage parents to schedule follow up appointments.

Given that there were approximately 600 infants lost to follow-up between screening and diagnosis in 2009, the goals of this coordinated effort is to significantly reduce that number.

ADHS reviewed with licensed midwifes regarding who is completing the hearing screening following the infant's birth. One midwife is completing the hearing screening tests. Midwives have been provided information regarding where to obtain the newborn hearing testing and they are referring the families to a pediatrician or hospital facilities for review of the newborns ability to hear.

Table 4a, National Performance Measures Summary Sheet

Activities	**Pyramid Level of Service**			
	DHC	**ES**	**PBS**	**IB**
1. OCSHCN directs families identified through the NBS Program to healthcare, services, and family support.		X		
2. Newborn screening has expanded collaboration with key				X

stakeholders.				
3. Newborn screening protocols have been revised by the NBS Advisory Committee.				X
4. Newborn Screening educates parents about the need for second screens.			X	
5. Newborn Screening continues to offer cystic fibrosis screening.			X	
6. Midwife Licensing Program provides information to all midwifes about NBS.				X
7. The Community Health Nurses & Health Start workers educate families about the importance of a second newborn screen.			X	
8. OCSHCN supports family partners to assist in the development and review of NBS materials, funds translation of family materials and letters, works with NBS partners to identify system barriers for newly diagnosed newborns.		X		X
9.				
10.				

b. Current Activities

The Newborn Screening team continues work to determine how to impact the number of families who meet the 1-3-6 goals. Changes in the program that have been found effective include: close contact with hospital screening programs to ensure that state follow-up efforts are focused on those infants who are not already in the screening or diagnostic process; on-site technical assistance to screening programs incorporating strategies to ensure that screeners more accurately record the disposition of infants including transfers, deceased, parental refusals; scheduled rescreens and inpatient versus outpatient screening results; and optimizing the timing of calls to hospitals versus parents or medical home providers. Increased focus of follow-up efforts on those who are considered at greater risk will be assessed, including those who have failed a two stage screen and those who referred on an inpatient screen and had a neonatal intensive care unit stay of greater than 5 days.

The parent hearing screening brochure was updated to include Joint Committee on Infant Hearing best practice recommendations. A new provider pocket guide was distributed to all care providers and includes a workflow for patients who are navigating the system of care.

OCSHCN and AzEHDI are offering online training for hospital-based hearing screeners. Ear Foundation of Arizona has developed a new screening training module that incorporates the ECHO training into the state system of Train the Trainer (T3).

c. Plan for the Coming Year

Following State Priority 8, and alongside OCSHCN, NBS plans to expand coordination efforts to reach the families of infants, 0-3 who are lost to follow-up. Stakeholders involved in these efforts include Early Head Start, Head Start, First Things First, T3, medical home providers and others. Activities will include data integration, parent outreach efforts and surveys, ensuring that families have family-centered and culturally sensitive access to information about where to get screened, including mechanisms to reach those underserved in the current EHDI system. Included in this partnership will be technology enhancements, such as data sharing and infrastructure building, data exchange, and training to include broader use of the eLearning platform.

The hearing screening database has been upgraded and will be expanded to include access by all hospitals, audiologists and other providers in a two-way role based secure environment. This expansion, paid for under the CDC Data integration grant, will result is a significant reduction in

loss to documentation. Ongoing on-site training to audiologists and ENT practices, including rules for reporting data, will be expanded to include best practices as well as technology education.

The Sensory Program will continue to utilize Title V funding to train hearing and vision screening trainers, post newsletters on the Sensory Program web page, and continue to provide technical assistance to school health offices. The Sensory Program will work with stakeholders to develop vision and hearing resources and continue implementation of recommendations to improve vision screening in Arizona. The Sensory Program will work with Midwife Licensing to make hearing screening equipment and training available to midwives.

NBS, BWCH, Immunization Program, and Midwife Licensing will together develop training opportunities for midwives on newborn screening. Midwife Licensing will provide better web resources to midwives.

OCSHCN will continue to work with hospitals, the AZ EHDI program, and providers to establish a telemedicine connection for hearing screening follow-up. OCSHCN will partner with NBS on hearing results from screening sites participating in the T3 OAE programs.

OCSHCN directs families to the Ear Foundation for hearing aids, cochlear implant batteries, repairs and audiology testing for children. OCSHCN and AzEHDI will partner with North Dakota to use the North Dakota hearing telemedicine protocol developed under a HRSA grant.

Community Health Nurses and Health Start workers will review hearing screening results with parents. BWCH will work with home visiting programs to determine how programs can enhance review of hearing screening. BWCH will continue to work on getting midwives the Arizona Parent Kit to provide to parents who do home birth.

Performance Measure 13: *Percent of children without health insurance.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	**2006**	**2007**	**2008**	**2009**	**2010**
Annual Performance Objective	14.5	16.5	16.3	16	15.8
Annual Indicator	17	17	13.8	16	13.4
Numerator					
Denominator					
Data Source			US Census	US Census	U.S. Census
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Final
	2011	**2012**	**2013**	**2014**	**2015**
Annual Performance Objective	13.1	12.8	12.5	12.2	12

Notes - 2010
The estimate is available at http://www.census.gov/hhes/www/hlthins/data/historical/index.html (Table HIA-5)

Notes - 2009

Because of ongoing budget shortfalls, Arizona has frozen enrollement in the state S-CHIP (KidsCare). The freeze and continuing recession may result in a greater proportion of children without health insurance during future reporting periods.

Notes - 2008
Estimates were revised based adjustments made by the US Census (http://www.census.gov/hhes/www/hlthins/historic/hihistt5.xls). The point estimate has a standard error of 1.50. The final data estimate for 2008 not yet available.

a. Last Year's Accomplishments
Bureau of Women's & Children's Health provided Title V funding to the Medical Services Project. Administered through the Arizona chapter of the American Academy of Pediatrics, the Medical Services Project was designed to increase access to and utilization of primary care services for Arizona's uninsured children from low-income families. The Medical Services Project provides delivery of medical services in participating physicians' offices to children without health insurance and to those who do not qualify (or are in the process of qualifying) for public assistance. In addition, prescription medications, diagnostic laboratory services, eyeglasses, and dental services are provided as necessary to qualifying children. The Medical Services Project creates a system of linkages between medical providers and school nurses to assist with health care provision to the target population. School nurses identify children who are eligible to participate in the Medical Services Project and facilitate their enrollment. To be eligible for the Medical Services Project a child must have no health insurance, must not be eligible for AHCCCS, KidsCare, or Indian Health Services; and must have a household income less than 185 percent of the federal poverty level. For children who appear to be eligible for AHCCCS or KidsCare, the school nurse is encouraged to identify resources to assist families with the application process. A child with an acute illness may be seen through the Medical Services Project while in the qualifying process. The child is provided with a referral form to a participating health care provider and the school nurse makes the appointment. In 2010, the Medical Services Project served 165 individual children.

In 2010, the Medical Services Project developed collaborative partnerships with the following organizations: Kidzzaam Dentistry in Prescott Valley, Westside Headstart which serves Glendale and Avondale, Patient 1st, Magic Smiles Dental, and North Valley Native Health. By developing collaborative partnership with these organizations, we are better able to assist Medical Services Project (MSP) participants. Children who are not eligible for MSP are often referred to these organizations for assistance.

The High Risk Perinatal Program (HRPP) Community Health Nurses assessed the health insurance status of each client throughout program enrollment. Families were educated about the importance of establishing and maintaining a medical home and assisted in overcoming the barriers to accessing health care. With every home visit the Community Health Nurses assessed the insurance status of the family and assisted the family to access insurance.

The Health Start Program Community Health Workers reviewed and assessed the health insurance status of every client throughout enrollment in the program. Families were provided assistance in applying for coverage and finding prenatal care providers in their community. Approximately 26% of Health Start clients are without insurance.

Pregnancy & Breastfeeding/Children's Information Center Hotline assisted 16,352 callers with accessing Arizona's Medicaid health plan and linked them to needed services including Baby Arizona, oral health, pregnancy, breastfeeding, family planning, traumatic brain injury, WIC, pregnancy testing, immunizations, farmers market, and car seats.

Table 4a, National Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Medical Services Project provides uninsured children with health care services.		X		
2. Medical Services Project screen children for AHCCCS eligibility and refer as appropriate.		X		
3. HRPP Community Health Nurses educate the family on the importance of maintaining a medical home.		X		
4. High Risk Perinatal Program & Health Start assists families in accessing health insurance.		X		
5. Hotline help families seeking health care to apply for AHCCCS or find community services.		X		
6.				
7.				
8.				
9.				
10.				

b. Current Activities

Medical Services Project continues to provide a network of physicians for uninsured children. The project is currently operating in seven Arizona counties with 83 referring schools. The primary care provider network consists of 28 active primary care providers, 17 active specialty care providers (e.g. cardiology, dermatology, ears nose throat, orthopedics, pulmonology, and dental). The Medical Services Project has coordinated mapping of all health care clinics that provide services to low income children and is targeting those areas with the fewest services.

The HRPP Community Health Nurses continue to assess the health insurance status of each client. Families are educated about the importance of establishing and maintaining a medical home and assisted in overcoming the barriers to accessing health care. The program works closely with AHCCCS, Arizona's Medicaid agency, to ensure families receive coverage as quickly as possible. Health Start Program also reviews and assesses the health insurance status of clients. Families are linked to medical resources available in their community and encouraged to establish a medical home.

The Pregnancy & Breastfeeding/Children's Information Center Hotline staff assists callers with accessing Arizona's Medicaid health plan and links them to needed services.

c. Plan for the Coming Year

The Medical Services Project will continue to foster collaborative partnerships and link acute care services to uninsured children.

The HRPP Community Health Nurses will continue to assess the health insurance status of each client throughout program enrollment. Families will continue to be educated about the importance of establishing and maintaining a medical home and assisted in overcoming the barriers to accessing health care. With every home visit the Community Health Nurses will continue to assess the insurance status of the family and assist the family to access insurance.

The bilingual Pregnancy & Breastfeeding/Children's Information Center Hotline staff will continue to assist callers with accessing Arizona's Medicaid health plan as well as providers that serve the uninsured, and will link them to needed health and social services.

The Health Start Program and Family Planning Programs will continue to ensure all eligible

clients apply for insurance coverage through AHCCCS, the state's Medicaid agency.

Performance Measure 14: *Percentage of children, ages 2 to 5 years, receiving WIC services with a Body Mass Index (BMI) at or above the 85th percentile.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	**2006**	**2007**	**2008**	**2009**	**2010**
Annual Performance Objective	35	35	34.5	34.5	34.5
Annual Indicator	35.6	36.9	37.3	36.6	35.8
Numerator	31537	34535	38670	41859	42255
Denominator	88620	93555	103755	114507	117927
Data Source			AZ WIC Program database	AZ WIC Program	AZ WIC Program
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Final
	2011	**2012**	**2013**	**2014**	**2015**
Annual Performance Objective	34	33.5	33	32.5	32

a. Last Year's Accomplishments
ADHS implemented the new Empower Program with licensed child care providers. Title V, tobacco tax, and WIC lottery dollars are being used to incentivize licensed child care providers to adopt 10 standards promoting physical activity, healthy eating, and tobacco prevention in exchange for reduced licensing fees. ADHS child care surveyors monitor whether providers are implementing the standards. ADHS also revised its administrative rules for child care centers to incorporate many of the standards. Bureau of Nutrition and Physical Activity developed and posted on the website special training videos for child care providers related to the nutrition and physical activity Empower standards. One video highlighted children with special health care needs.

In 2010, all Bureau of Nutrition and Physical Activity programs have expanded use of common nutrition messages using the theme of "Champions for Change" to empower mothers in making healthy choices for their families. Based on the Health Belief Model, "Champions for Change" has been introduced in Arizona Nutrition Network efforts and has been expanded to programs and initiatives through ADHS. In FY2011, Arizona WIC branded its Participant Centered Services (PCS) initiative. The branding campaign was initiated in response to the pilot study finding that terminology was confusing and not relatable to WIC staff and families. ‘Together We Can' was chosen to brand the PCS initiative. Together We Can symbolizes that WIC is a partnership in all areas and that only by listening to and supporting one another and by working together can the Arizona WIC Program accomplish its goals in reducing obesity and improving health in Arizona. As part of Together We Can, taglines were created to describe the various elements of PCS that Arizona has been implementing. For all PCS activities related to staff training, nutrition promotion, and clinic environment, the tagline is: Together We Can: Influence Change.

The WIC Farmers' Market Nutrition Program (FMNP) has fully incorporated the WIC Cash Value

Voucher into all authorized farmers markets throughout the state. Every grower authorized to participate in the FMNP is able to accept WIC FMNP checks, Senior FMNP checks, and WIC Cash Value Vouchers. FMNP and CVV's provide WIC families with access to fresh fruits and vegetables throughout the state. A new coordinated effort between Arizona FMNP, a local Community Health Agency, and United Health Care has resulted in a bi-weekly market event at one of Arizona's FMNP Approved Markets. Activities include a physical activity station for WIC children, cooking demonstrations, health information booths, and stipends for local growers who redeem vouchers for fresh, locally grown fruits and vegetables. The partnership will expand to a second market in October 2011.

The Bureau of Nutrition and Physical Activity Community Programs Team continued to work closely with AHCCCS (Arizona Health Care Cost Containment System--Medicaid) in promoting early intervention in childhood obesity and appropriate referrals for WIC children.

Table 4a, National Performance Measures Summary Sheet

Activities	**Pyramid Level of Service**			
	DHC	**ES**	**PBS**	**IB**
1. Empower Program sets standards related to obesity prevention for child care providers.				X
2. WIC outreach focuses on promoting healthy lifestyles.			X	
3. ADHS programs are working together to implement integrated approaches to addressing childhood obesity.			X	
4.				
5.				
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b. Current Activities

ADHS is implementing the Empower Program with licensed child care providers. Title V, tobacco tax, and WIC lottery dollars are being used to incentivize licensed child care providers to adopt 10 standards promoting physical activity, healthy eating, and tobacco prevention in exchange for reduced licensing fees. ADHS child care surveyors monitor whether providers are implementing the standards, and ADHS is evaluating the results. ADHS leadership and staff are working to disseminate information about Empower nationally. The ADHS nutrition and physical activity video series is featured on the Let's Move Childcare webpage at http://www.healthykidshealthyfuture.org/nutrition.html under tools and resources, helpful videos.

First Things First Child Care Health Consultants are incorporating Empower into their curriculum. Pima County child care health consultants continue providing technical assistance to child care centers.

Arizona WIC continues to work closely with Arizona Nutrition Network (AZNN) and the "Grow a Healthy Child" and Champions for Change campaign in providing consistent nutrition and physical activity messaging to WIC families. The integrated marketing campaign includes AZNN, Arizona WIC, and Nutrition and Physical Activity Program (NUPA). Other campaigns include "Fruits and Veggies -- More Matters", Physical Activity, and "Go Low".

Arizona WIC is continuing the distribution of the emotion-based education materials for obesity prevention for WIC families.

c. Plan for the Coming Year
ADHS will evaluate new Empower Program and disseminate results nationwide. As new child care rules take effect that incorporate current Empower standards, ADHS will work with partners to determine how to build upon the current standards with additional developmental standards appropriate for child care centers.

The Bureau of Nutrition & Physical Activity will continue to assist Health Care Providers in Arizona in counseling and referring children to overweight prevention programs. Common statewide prevention messages will be developed and distributed. Nutrition curriculum will be developed for the management of overweight and obesity in children with special healthcare needs with emphasis of coordinated efforts in the management of energy needs in WIC children on tube feeds or supplemental nutrition products.

Bureau of Women's & Children's Health, Bureau of Nutrition & Physical Activity, and Bureau of Tobacco and Chronic Disease will collaborate to devise a Worksite Wellness program for Community Health Workers and Community Nutrition Workers to implement in WIC and Health Start sites in 2012.

ADHS will be working on department-wide strategies to reduce and prevent obesity throughout Arizona. Promoting physical activity and nutrition has been selected as a department-wide priority. Bureau of Women's and Children's Health will work in partnership with rest of Department in achieving strategic actions that are in process of being identified.

ADHS Nutrition & Physical Activity Program will be working on revision of state plan with stakeholders. Intent is to make state plan consistent with Let's Move Initiative and White House Report on Prevention of Childhood Obesity.

Bureau of Nutrition & Physical Activity will provide Hotline staff enhanced education to talk to callers about childhood nutrition.

The Office of Oral Health will continue to facilitate training additional "master trainers," to provide materials and expand the training on appropriate feeding practices to additional counties through the regional Oral Health Coordinators and First Things First.

Performance Measure 15: *Percentage of women who smoke in the last three months of pregnancy.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	**2006**	**2007**	**2008**	**2009**	**2010**
Annual Performance Objective	5	5	4.5	4.2	4
Annual Indicator	5.1	4.7	4.9	4.8	4.7
Numerator	5225	4826	4859	4461	4063
Denominator	102042	102687	99215	92616	87053
Data Source			AZ Birth Certificates	AZ Birth Certificates	AZ Birth Certificates
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of					

events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Final
	2011	**2012**	**2013**	**2014**	**2015**
Annual Performance Objective	4	3.4	2.8	2.1	1.4

Notes - 2010
The State of Arizona does not have a survey like PRAMS that would collect data related to smoking during the last 3 months of pregnancy. The only data available is from the birth certificate, which records wether or not the mother smoked during the pregnancy, but is not specific to the last 3 months of the pregnancy. Therefore, the percent reported is the percent of women giving birth in 2009 who smoked at any time during pregnancy.

The HP 2020 Goal for abstaining from cigarettes during pregnancy is 98.6% (1.4% using tobacco during pregnancy).

Notes - 2009
The State of Arizona does not have a survey like PRAMS that would collect data related to smoking during the last 3 months of pregnancy. The only data available is from the birth certificate, which records wether or not the mother smoked during the pregnancy, but is not specific to the last 3 months of the pregnancy. Therefore, the percent reported is the percent of women giving birth in 2009 who smoked at any time during pregnancy.

Notes - 2008
The State of Arizona does not have a survey like PRAMS that would collect data related to smoking during the last 3 months of pregnancy. The only data available is from the birth certificate, which records wether or not the mother smoked during the pregnancy, but is not specific to the last 3 months of the pregnancy. Therefore, the percent reported is the percent of women giving birth in 2008 who smoked at any time during pregnancy.

a. Last Year's Accomplishments
For calendar year 2010, 6,792 women utilized Arizona Smokers' Helpline (ASHLine) services. Of these, 121 (or 1.7% of women using ASHLine) reported being pregnant and using tobacco. According to Campaign for Tobacco-Free Kids, Arizona has the 7th lowest smoking during pregnancy rate in the Nation at 6.3%.

According to the Behavioral Risk Factor Surveillance System, Arizona's smoking rates remained relatively constant from 2008 (15.6%) to 2009 (16.1%). Some of the reasons for this include; 1) 2008 was the first complete year of the Smoke Free Arizona Act, which contributed to a 21% drop from 2007 to 2008. 2) ASHline's capacity has increased, and 3) nicotine replacement therapies are covered for Arizona residents who are insured by AHCCCS and who enroll in quit line services.

The Licensed Midwife Program provided informational materials to all midwives about the negative health outcomes associated with smoking during pregnancy and state smoking cessation resources for pregnant women.

The BWCH bilingual Hotline staff referred pregnant women who called requesting smoking cessation information to the Arizona Smokers' Helpline (ASHline) for cessation services.

The Women Together for Health (WTFH) program in Maricopa County was funded through a Title V Community Health Grant. The WTFH program provides women of childbearing age with limited education, family income, and employment opportunities with education and support on tobacco use and stress management. Seven hundred and seventy one women participated in the WTFH

program. Eighty three percent of these women were from minority populations. Mariposa Community Health Center in Nogales Arizona provided culturally appropriate and linguistically relevant interventions tobacco cessation among Hispanic women and adolescents. Approximately 150 women participated in this program.

The Health Start Program continued to provide the Every Woman Arizona Preconception Health Education materials to contractors which are being utilized during family follow-up visits with the postpartum clients. The topics address risk factors related to smoking, a smoking survey and techniques to help women quit or cut down on smoking during and between pregnancies. Community Health Workers refer any pregnant or postpartum woman who is using tobacco to local cessation programs and to the Ashline to provide education on the health risks and steps to stop smoking.

The Health Start Program partnered with the ADHS Bureau of Tobacco and Chronic Disease to integrate Basic Tobacco Intervention Skills Certification training on tobacco cessation strategies for pregnant and postpartum women and their families in February 2010. The training was attended by 15 community health workers and coordinators representing 6 contractors. The training included practice on providing a brief intervention to clients who disclosed smoking during pregnancy as well as the resources available on the Arizona Smokers Helpline at the www.ashline.org.

The Title V Family Planning/Reproductive Health Program collaborates with the county level Tobacco Education and Prevention Program to provide brief interventions and referrals for clients who are using tobacco. If a patient identifies herself as someone who uses tobacco during an exam or a pregnancy test, clinic staff provides information on smoking cessation and a referral to the county Tobacco Education and Prevention Program.

Table 4a, National Performance Measures Summary Sheet

Activities	**Pyramid Level of Service**			
	DHC	**ES**	**PBS**	**IB**
1. The Midwife Licensing Program provided materials to the midwifery community regarding tobacco prevention programs.				X
2. BWCH bilingual Hotline staff refer pregnant women to ADHS tobacco education and cessation programs.			X	
3. Health Start and Family Planning Programs provided training to contractors on tobacco cessation.				X
4. Breastfeeding program and tobacco prevention/cessation program are implementing methodology for referring new moms to the Arizona Smokers Helpline.			X	
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities
Bilingual Pregnancy & Breastfeeding Hotline staff continue to refer at-risk pregnant women to Arizona Smokers' Helpline (ASHline) for cessation services.

Public Health Prevention Services bureaus are collaborating on better integration of tobacco prevention and cessation strategies into existing programs. ASHLine participated in two trainings for Community Lactation Consultants (CLC's) which were organized by the ADHS Bureau of

Nutrition & Physical Activity. The training held in Phoenix was attended by approximately 100 CLC's and the meeting in Tucson was attended by approximately 80 CLC's. The Tucson meeting was also available for video-streaming to CLC's statewide. The ASHLine portion of the training covered the Ask, Advise, Refer model for brief tobacco interventions as well as an introduction to ASHLine services.

ASHLine developed and piloted a brief tobacco intervention training program especially for Women, Infants, and Children (WIC) program staff. This program was piloted in Pima County in October 2010 and was made available to all other county WIC programs into 2011. To date, twenty-seven WIC clinics have been trained.

Community nurses provide interconception education to moms who have had a baby in the Newborn Intensive Care Unit for 5 days or more. Health Start provides training on tobacco cessation strategies as described above.

c. Plan for the Coming Year

Bilingual Pregnancy & Breastfeeding Hotline staff will continue to refer at-risk pregnant women to smoking cessation information provided by the Tobacco Education and Prevention Program.

The Health Start Program will conduct another training workshop on Tobacco Education and Cessation Strategies with Pregnant and Postpartum Women for the Community Health Workers and Coordinators for all contractors in 2012. The Program will use the Basic Tobacco Intervention Skills for Maternal and Child Health Guidebook developed by the University of Arizona Health Care Partnership. Community nursing and other home visiting programs will integrate tobacco prevention & cessation information, particularly regarding second hand smoke in the home. The Midwife Licensing Program will work with BWCH and the ADHS Bureau of Tobacco and Chronic Disease (BTCD) to implement tobacco education and cessation training with the midwives.

The Title V Family Planning/Reproductive Health Program will continue to work with the Tobacco Education and Prevention Program to provide smoking cessation interventions and referrals as needed.

Public Health Prevention Services bureaus will continue to collaborate on better integration of tobacco prevention and cessation strategies into existing programs. The Arizona Smoker's Helpline is increasing outreach efforts to priority populations, like pregnant women, by partnering with WIC and other programs. The funding for this effort is provided through CDC ARRA stimulus funds through the Communities Putting Prevention to Work grant. Utilizing these funds, ASHline in collaboration with BTCD plans to target the 21,000 seriously mentally ill population within the behavioral health system in Arizona. Rather than providing direct services to the clients, ASHline and BTCD are working to create a systemic change within the behavioral health system. The systemic change is a sustainable referral system created within two of the four overarching Regional Behavioral Health Associations (RBHAs).

Performance Measure 16: *The rate (per 100,000) of suicide deaths among youths aged 15 through 19.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2006	2007	2008	2009	2010
Annual Performance Objective	11.5	13.5	13	12	10

Annual Indicator	13.0	8.5	12.4	10.7	8.4
Numerator	57	38	56	49	39
Denominator	439190	444825	451910	456079	461582
Data Source			AZ Health Status and Vital Statistics	AZ Health Status and Vital Statistics	AZ Health Status
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Final
	2011	**2012**	**2013**	**2014**	**2015**
Annual Performance Objective	8.2	8	7.8	7.7	7.5

Notes - 2008
The 2008 data was not available prior to completion of the narrative sections in this grant.

a. Last Year's Accomplishments
In 2010, the 16th Annual Child Fatality Report was produced, summarizing reviews of child deaths that occurred in Arizona during 2009. This marks the fifth year that the Child Fatality Review Program has reviewed 100 percent of child deaths that occurred in Arizona. During 2010, Child Fatality Review Teams reviewed the circumstances surrounding the suicides of 27 children that occurred during 2009. Twenty-four (89 percent) of the suicides were among children 15 through 17 years, and three children (11 percent) were 14 years and younger. The most common methods of suicide were hangings and gunshot wounds. The most commonly identified contributing factors to child suicides were access to firearms, drug and/or alcohol use, and lack of mental health treatment.

The Injury Prevention Program collaborated with the Division of Behavioral Health Services in developing web based training for emergency departments that would include depression screening in emergency departments.

The Division of Behavioral Health Services provided information to BWCH program managers regarding behavioral health resources for women and children.

Table 4a, National Performance Measures Summary Sheet

Activities	**Pyramid Level of Service**			
	DHC	**ES**	**PBS**	**IB**
1. Child Fatality Review Program produces an annual report on the causes of child suicide.				X
2. Division of Behavioral Health Services works closely with Injury Prevention, Child Fatality Review, and other maternal and child health programs.				X
3. Title V County Health Prevention projects address injury prevention.			X	X
4.				
5.				

6.				
7.				
8.				
9.				
10.				

b. Current Activities
For 2009, recommendations in the annual Child Fatality Review Report related to child suicides is focused on outreach to hospitals and emergency departments across the state in efforts to incorporate screening and brief intervention into policy and protocols and educate on availability of the Substance Abuse Prevention and Treatment Block Grant funds, under which women and children are priority populations for treatment.

Prescription drug drop-off event details and how-to develop a Prescription drop off community program tool-kit was developed and is available on the ADHS website.

The Title V County Health Prevention contracts are growing through the levels of the Spectrum of Prevention. Their suicide prevention activities include community education and building coalitions. Two out of six counties are addressing teenage suicide prevention.

c. Plan for the Coming Year
The Child Fatality Review Program will continue to review the deaths of all children to identify preventable factors and will continue to conduct surveillance of causes and circumstances surrounding child suicides in Arizona. The Child Fatality Review Program staff will continue to provide technical assistance to the local child fatality teams in the development and implementation of local, culturally sensitive teams and will identify and promote campaigns to educate the public on preventing suicide among children. The Annual Child Fatality Report will be produced in November and will include data on suicides and recommendations to prevent suicides among children.

The Division of Behavioral Health Services will continue to participate in the ADHS Injury Prevention Advisory Council and the ADHS Internal Injury Prevention Workgroup. Programs in the Bureau of Women's & Children's Health will continue to collaborate with the Division of Behavioral Health Services to help partners understand existing resources and the service system.

Bureau of Women's & Children's Health will work on promoting mental wellness messaging in existing maternal and child health programs in collaboration with Division of Behavioral Health Services.

The Title V County Health Prevention contracts will continue to grow through the levels of the Spectrum of Prevention. Their injury prevention activities will include community education and building coalitions to address teenage suicide prevention.

Performance Measure 17: *Percent of very low birth weight infants delivered at facilities for high-risk deliveries and neonates.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2006	2007	2008	2009	2010
Annual Performance Objective	82	82	82.5	83	91

Annual Indicator	77.5	78.8	76.4	90.0	88.9
Numerator	960	971	890	995	842
Denominator	1238	1232	1165	1106	947
Data Source			AZ Birth Certificates	AZ Birth Certificates	AZ Birth Certificates
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Final
	2011	**2012**	**2013**	**2014**	**2015**
Annual Performance Objective	91.5	92	92.5	93	93.5

Notes - 2010
The 2010 estimate is based on the inclusion of Level II EQ hosptials. The Arizona Perinatal Trust certifies a Level II EQ to care for neonates at 28 weeks gestation or greater. The American Academy of Pediatrics expanded their classification system for neonatal care in 2004. The new classification system describes a neonatal intensive care Level IIIA as one that can provide care for infants born at more than 28 weeks gestation. Prior to 2009 only Level III hospitals were included in the analysis.

Notes - 2009
The 2009 estimate is based on the inclusion of Level II EQ hosptials. The Arizona Perinatal Trust certifies a Level II EQ to care for neonates at 28 weeks gestation or greater. The American Academy of Pediatrics expanded their classification system for neonatal care in 2004. The new classification system describes a neonatal intensive care Level IIIA as one that can provide care for infants born at more than 28 weeks gestation. Prior to 2009 only Level III hospitals were included in the analysis.

Notes - 2008
The 2008 data was not available prior to completion of the narrative sections in this grant.

a. Last Year's Accomplishments
The maternal transport component of the High Risk Perinatal program (HRPP) continued funding for a centralized Information and Referral Service. This 1-800 telephone line offered toll free 24/7 consultation services by board certified Maternal Fetal Medicine (MFM) specialists throughout Arizona to providers caring for pregnant women who presented with high risk factors. Providers made one telephone call to be connected with this service. If a transport was deemed necessary, the board certified Maternal Fetal Specialists determined the availability of the appropriate level of perinatal bed and authorized and provided medical direction for the transport regardless of the woman's ability to pay. The MFM was able to utilize the perinatal screen of the EMSystem, a web-based program with real time information of perinatal bed availability in Arizona, including high-risk labor and delivery and Newborn Intensive Care Unit (NICU) beds. The program continued to fund all uncompensated care associated with the transport itself of pregnant women to Level II Enhanced Qualification or Level III perinatal centers. During CY 2010, 900 women received maternal transport to the appropriate level of perinatal care. The HRPP continued to visit hospitals and providers to educate them about the availability of the transport system. During APT site visits to birthing hospitals, maternal transports were reviewed for appropriateness and technical assistance is provided to the hospital.

The Licensed Midwife Program reviewed quarterly reports from licensed midwives for any infants

that were below 3000 grams. If the infant was below that weight the Program contacted the midwife who delivered the infant to determine if there were problems with either the delivery or the pregnancy.

The Health Start program integrated community nursing visits to families in the contractors' services areas who have had a baby in the Newborn Intensive Care Unit but are not receiving community nursing visiting under the High Risk Perinatal Program in two counties where there is currently no NICP contractor.

Table 4a, National Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	**ES**	**PBS**	**IB**
1. High Risk Perinatal Program transported high risk pregnant women to appropriate level of care regardless of ability to pay.	X			
2. High Risk Perinatal Program promoted public awareness of availability of transport.	X			
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

The maternal transport component of the High Risk Perinatal Program (HRPP) continues funding for a centralized Information and Referral Service. This 1-800 telephone line offers toll free 24/7 consultation services by board certified Maternal Fetal Medicine (MFM) specialists throughout Arizona to providers caring for pregnant women who presented with high risk factors. If a transport is deemed necessary, the board certified Maternal Fetal Specialists determines the availability of the appropriate level of perinatal bed and authorizes and provides medical direction for the transport regardless of the woman's ability to pay. The MFM is able to utilize the perinatal screen of the EMSystem, a web based program with real time information of perinatal bed availability in Arizona, including high risk labor and delivery and NICU beds. The program continues to fund all uncompensated care associated with the transport itself of pregnant women to Level II Enhanced Qualification or Level III perinatal centers.

c. Plan for the Coming Year

The maternal transport component of the High Risk Perinatal program (HRPP) will continue funding for a centralized Information and Referral Service. This 1-800 telephone line will continue to offer toll free 24/7 consultation services by board certified Maternal Fetal Medicine (MFM) specialists throughout Arizona to providers caring for pregnant women who presented with high risk factors. Providers will be able to continue to make one telephone call to be connected with this service. If a transport is deemed necessary, the board certified Maternal Fetal Specialists will determine the availability of the appropriate level of perinatal bed and authorize and provide medical direction for the transport regardless of the woman's ability to pay. The MFM will continue to utilize the perinatal screen of the EMSystem, a web based program with real time information of perinatal bed availability in Arizona, including high risk labor and delivery and NICU beds. The program plans to continue to fund all uncompensated care associated with the transport itself of pregnant women to Level II Enhanced Qualification or Level III perinatal centers. The HRPP will continue to visit hospitals and providers to educate them about the availability of the transport

system.

Due to significantly reduced state funding, Title V funds will be used to help support continued community nursing visits to enrolled families after the infant returns home. In addition, the Health Start program will continue to provide community nursing visits to families in the contractors' services areas who have had a baby in the Newborn Intensive Care Unit but are not receiving community nursing visiting under the High Risk Perinatal Program in two counties where there is currently no NICP contractor.

Performance Measure 18: *Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2006	2007	2008	2009	2010
Annual Performance Objective	78	79	79	80	81
Annual Indicator	77.7	77.6	79.4	80.3	81.9
Numerator	79299	79683	78738	74331	71331
Denominator	102042	102687	99215	92616	87053
Data Source			AZ Birth Certificates	AZ Birth Certificates	AZ Birth Certificates
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Final
	2011	**2012**	**2013**	**2014**	**2015**
Annual Performance Objective	83	84	85	86	87

Notes - 2010
The HP 2020 Goal is 77.9%.

Notes - 2008
Data for 2008 are not yet available. The estimate for 2008 is provisionally set at the 2007 rate until data become available in the Fall of 2009.

a. Last Year's Accomplishments
The Health Start Program is a preventative health program that provides case management in high- risk communities with a focus on early access to prenatal care and improving birth outcomes. The Health Start Program educated pregnant and postpartum women about prenatal care, nutrition, the benefits of breastfeeding, danger signs of pregnancy, home safety, immunizations, insurance and many other health and behavioral health topics during and between pregnancies. The Program utilized Community Health Workers to identify pregnant and/or parenting women within their community and facilitate early entry into prenatal care. The Community Health Workers provided home and/or office visits and follow-up visits with the clients to verify that they and their children up to age two are attending medical appointments and receiving needed services. In 2010, Health Start provided educational services to 2,358 unduplicated enrolled clients. The program provided a total of 12,484 home and/or office visits.

The program increased outreach to the most vulnerable populations, Native Americans and African Americans, in targeted communities to focus on new prenatal enrollments. Approximately 36% of Health Start clients entered the program in their first trimester of pregnancy.

A 2008 Health Start Evaluation concluded that babies of Health Start mothers had higher gestational ages and/or full term when compared to non-Health Start mothers. Babies of Health Start mothers also had higher birth weights when compared to babies whose mothers were not in the program. The proportion of very low birth weight infants born to Health Start clients was approximately 1%.

The Office of Oral Health (OOH) provided information and materials to educate medical and dental health professionals on the importance of oral health before, during and after pregnancy and to increase access to oral care during pregnancy to improve birth outcomes. OOH provides technical assistance and educational materials on oral health and premature, low-birth weight infants for external partners and organizations.

The ADHS Midwife Licensing Program reviewed data from 616 quarterly reports turned into the Department by midwifes with notation of any who began care after the first trimester to determine what the reasons were and why the mother had delayed care. The program reviewed this with the licensee to see if this is a pattern and review potential corrective action needed.

The BWCH Hotlines screened pregnant women for eligibility into Baby Arizona. Baby Arizona is a presumptive eligibility program consisting of perinatal providers who agree to see pregnant women while their eligibility into AHCCCS, Arizona's Medicaid, is being determined. These providers agree to provide a payment plan if the woman does not qualify for AHCCCS. If prescreening showed a woman was not eligible for AHCCCS, the Hotlines were able to refer them to other providers in their area who offer prenatal care for a sliding scale fee. The Hotline found 657 callers to have presumptive eligibility for Baby Arizona in 2010.

The Arizona WIC program continued to screen pregnant women and refer them to prenatal services.

Table 4a, National Performance Measures Summary Sheet

Activities	**Pyramid Level of Service**			
	DHC	**ES**	**PBS**	**IB**
1. Office of Oral Health educated health professionals on the relationship of oral health and pregnancy risks.				X
2. Health Start Community Health Workers educated pregnant and postpartum women.		X		
3. Health Start Community Health Workers ensured clients and children attended medical appointments.		X		
4. Bilingual Hotline staff prescreened callers for Baby Arizona.		X		
5. Bilingual Hotline staff referred to providers offering sliding scale rates for prenatal care for pregnant women who would not quality for Medicaid.		X		
6.				
7.				
8.				
9.				
10.				

b. Current Activities

The Office of Oral Health (OOH) is available to provide education and technical assistance to dentists on treatment protocols during pregnancy and provides information to health care workers and pregnant women on the importance of oral health during pregnancy.

The Health Start Program educates pregnant and postpartum women about prenatal care, nutrition, the benefits of breastfeeding, danger signs of pregnancy, and home safety. The program utilizes Community Health Workers to identify pregnant and/or parenting women within their community and facilitate early entry into prenatal care. Health Start continues outreach to higher risk populations.

The BWCH Pregnancy and Breastfeeding Hotlines continue to screen pregnant women for eligibility into Baby Arizona, and to refer women not eligible for Medicaid to prenatal care providers that serve the uninsured.

Bureau of Nutrition & Physical Activity promotes the benefits of early entry into prenatal care. WIC participants are referred and tracked, and WIC staff are trained to refer pregnant women for early prenatal care.

c. Plan for the Coming Year

Office of Oral Health will continue to enhance dental provider knowledge on women's oral health and pregnancy issues, to increase referrals for dental care and offer technical assistance regarding dental care during pregnancy. OOH will continue to print and distribute information for pregnant women on the relationship between periodontal disease and birth outcomes. The OOH will collaborate with Baby Arizona and Health Start to enhance oral health education in those programs. The OOH will promote incorporation of dental exams as a routine part of prenatal care.

The Health Start Community Health Workers will continue to provide education and assist clients in obtaining prenatal care. The Community Health Workers will continue to follow-up with the clients to verify that they are attending prenatal care medical appointments and are complying with the physician's instructions. They will make referrals to community resources as appropriate, such as smoking cessation programs and alcohol/ substance abuse prevention and treatment programs in their community. They will continue to distribute the Arizona Resource Guides in English and Spanish to enrolled clients.

The BWCH Pregnancy and Breastfeeding Hotlines will continue to screen pregnant women for eligibility into Baby Arizona. The Hotline will continue to maintain and update a database of participating providers and providers offering reduced rates and sliding scale rates. BWCH staff will continue to disseminate hotline information to the public.

Arizona WIC participants will continue to be referred and tracked for access to prenatal services, and new WIC staff will be trained to refer pregnant women for early prenatal care. WIC staff will continue to regularly meet with AHCCCS coordinators.

BWCH will monitor rates of prenatal care and explore potential impact of changes in Medicaid coverage.

D. State Performance Measures

State Performance Measure 1: *The percent of high school students who report having experienced physical violence by a dating partner during the past 12 months.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2006	2007	2008	2009	2010
Annual Performance Objective					
Annual Indicator					11.8
Numerator					302
Denominator					2557
Data Source					Youth Risk Behavior Survey
Is the Data Provisional or Final?					Final
	2011	**2012**	**2013**	**2014**	**2015**
Annual Performance Objective	10.6	10.6	10.6	10.6	10.6

Notes - 2010
The estimate represents the percent of high school students that reported being hit, slapped, or physically hurt on purpose by their boyfriend or girlfriend (CI: 9.9-14.0%)

a. Last Year's Accomplishments
Bureau of Women's & Children's Health staff agreed upon this new state performance measure as a proxy for measuring violence as part of the Title V priority on reducing intentional injury.

The Title V funded Yavapai County project provided education about healthy and abusive dating relationships to 675 twelve to eighteen year olds using a Safe Dates course. Four hundred and eighty eight students completed this course. This course included education about the causes and consequences of relationship violence; self esteem; positive communication; anger management; and conflict resolution.

The Rural Domestic Violence Services Network (RDVSN) program includes six domestic violence shelters in Arizona. This program is funded by federal Family Violence Prevention and Services Act funding. The six shelters provided 230 healthy relationship presentations and/or workshops to a total of 5,532 youth and teens in rural communities. Topics included domestic violence 101, how to break up safely, warning signs of teen dating violence, self esteem, how to help a friend, dating bill of rights, cycle of violence, power and control, bullying and cyber stalking. Twenty-two youth ages 12-17 self reported abuse.

The CDC-funded Sexual Violence Prevention and Education Program provided sexual violence prevention multi-sessions across three counties. From July 1, 2010 until April 30, 2011 we have reached a total of 17,898 elementary, high school, college and professional groups. Subjects in the workshops include: Bullying & Sexual Violence, Consent, Dating Violence, Drug Facilitated Rape, Gender Roles, Healthy Relationships, Masculinity & Sexual Violence, Media Advocacy, Oppression, Primary Prevention of Sexual Violence, Role of Bystanders and Sexual Harassment; Arizona laws on sexual assault. Arizona delivers this message in a variety of ways; we incorporate the Nine Principles of Prevention, the social-ecological model and the Spectrum of Prevention.

Arizona received a Project Connect grant from the Family Violence Prevention Fund that will result in improved screening for domestic violence in Title V and Title X family planning clinics through training and technical support. The Arizona Coalition Against Domestic Violence (AzCADV) is the lead agency and in partnership with BWCH and the Arizona Family Planning Council has piloted clinic sites to implement grant activities.

Table 4b, State Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Sexual Violence Prevention and Education Program provides education in key areas of preventing sexual violence.			X	
2. The Rural Domestic Violence Services Network provides violence prevention education activities to youth in rural Arizona.			X	
3. Yavapai County provides education about healthy and abusive dating relationships using a Safe Dates course.			X	
4.				
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

RDVSN agencies provided 53 presentations, events, and/or workshops to 2,464 youth the first quarter of 2011. Two of the events entitled "Teen Maze" were held in separate rural communities both educating over 650 youth in this one day event. Teen Maze is a fun interactive event with the goal of educating teens on topics of safe dating, tobacco and drug effects, alternatives to violence, abstinence, sexually transmitted diseases and safe choices. Both events were a coordinated effort of local agencies including domestic violence shelters, police and fire departments, health and fitness educators, boys and girls clubs, and coalitions and community groups committed to providing education and support services for communities.

Sexual Violence Prevention and Education Program will continue to provide education in key areas of preventing sexual violence: Bullying & Sexual Violence, Consent, Dating Violence, Drug Facilitated Rape, Gender Roles, Healthy Relationships, Masculinity & Sexual Violence, Media Advocacy, Oppression, Primary Prevention of Sexual Violence, Role of Bystanders and Sexual Harassment; Arizona laws on sexual assault. Collaboration is being planned among two contractors whose focus is peer-to-peer education to create a video exploring the prevention of dating violence.

Yavapai County is providing education about healthy and abusive dating relationships using a Safe Dates course.

c. Plan for the Coming Year

The Title V funded Yavapai County project will continue to provide education about healthy and abusive dating relationships using a Safe Dates course. This course includes education about the causes and consequences of relationship violence; self esteem; positive communication; anger management; and conflict resolution.

Contingent on continued funding, all six Rural Domestic Violence Service Network agencies plan to continue providing domestic violence prevention programs in their respective communities.

Sexual Violence Prevention and Education will continue to provide education in key areas of preventing sexual violence, using the multi-session / social-ecological approach.

Sexual Violence Prevention and Education Program will begin to pilot evaluation tools which will cover key messages of primary prevention of sexual violence.

Health Start will revise the policy and procedure manual and the community health worker

training manual to incorporate the information provided during the Project Connect training. During annual site visits, the Health Start Program Manager will monitor to ensure that each client is screened for domestic/dating violence and that appropriate referrals are provided as needed.

Health Start contract staff will attend a mandatory training as an expansion of AzCADV's Project Connect and will learn how to effectively screen Health Start clients for domestic/dating violence. Approximately twenty five percent of Health Start clients are under twenty years of age. First Things First home visitation projects have also been invited to attend the domestic/dating violence screening training as well. AzCADV also provides a list of resources to everyone who receives Project Connect training so clients can receive appropriate referrals.

The BWCH is conducting a scan/inventory of existing prevention programs for adolescents that will include efforts related to promoting healthy relationships and violence prevention. BWCH staff is collaborating with the ADHS Division of Behavioral Health and the Governor's Office for Children, Youth and Families on the development of the survey tools. At a minimum, the final product will allow schools and other agencies/individuals working with youth to refer teens to needed services, identify gaps and coordinate training opportunities.

Bureau of Women's & Children's Health will work with other programs throughout ADHS and external partners to identify opportunities to further integrate violence prevention into existing programs.

State Performance Measure 2: *The percent of high school students who are overweight or obese.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	**2006**	**2007**	**2008**	**2009**	**2010**
Annual Performance Objective					
Annual Indicator				27.7	27.7
Numerator				652	652
Denominator				2354	2354
Data Source				Youth Risk Behavior Survey (2009)	Youth Risk Behavior Survey (2009)
Is the Data Provisional or Final?				Final	Final
	2011	**2012**	**2013**	**2014**	**2015**
Annual Performance Objective	27	26.5	26	25.5	24.9

Notes - 2010
Arizona overweight=14.6% and obese=13.1%. U.S. overweight=15.8% and obese=12.0%. YRBS asks high school students to report height, weight, age and gender. Overweight is students who were >= 85th percentile but < 95th percentile for body mass index, by age and sex, based on reference data. Students who were >= 95th percentile are obese. The HP 2020 Goal for adolescent obesity is 16.1%

a. Last Year's Accomplishments
Title V funds continued to fund Community Health Grantees across the state to address obesity prevention. One of these grantees, Mountain Park Community Health Center (South Phoenix Healthy Kids Partnership), took a comprehensive approach to reducing childhood obesity and overweight. Part of their approach was to develop a local speakers' bureau comprised of

interested community partners. Speakers conducted 3 presentations on childhood obesity and how community organizations can contribute to behavior and policy change to various local organizations. During 2010, their website had 5,408 hits and a total of 4,484 visitors. Sixty four community courses focusing on healthy eating and physical activity were given to children and their mothers. Their coalition of community partners was expanded, and has worked to promote healthy policy changes within the community and local organizations. The contractor is a community health center whose physicians are now utilizing the Care Model, a structured approach to weight management. Physicians are placing overweight or at risk of overweight children ages 4 -- 18 in a self management program that includes a plan for diet and physical activity. The project enrolled 368 children in the pediatric weight management program for children who are overweight or at risk for overweight. Surveys were implemented to assess their pediatric management program, followed by strategies to increase the health care providers' perception of efficacy.

The Nurse Family Partnership program in Yavapai County was partly funded through a Title V Community Health Grant. The Nurse Family Partnership program is an evidence-based national program that provides education and support for first time mothers through regular home visits from a public health nurse. In 2010, 139 women and 109 babies were served. Each participant received education and support related to breastfeeding, nutrition, and physical activity.

The Women Together for Health (WTFH) program in Maricopa County was funded through a Title V Community Health Grant. The WTFH program provides women of childbearing age with limited education, family income, and employment opportunities with education and support on physical activity, healthy weight, dietary quality, stress management. Seven hundred and seventy one women participated in the WTFH program. Eighty three percent of these women were from minority populations. Approximately 60% of the women who completed the program either maintained or reduced their BMI during participation.

Mariposa Community Health Center in Nogales Arizona provided culturally appropriate and linguistically relevant interventions to reduce overweight and obesity among Hispanic women and adolescents by promoting healthy weight, positive dietary habits, increased physical activity and stress reduction. Approximately 150 women participated in the Salud Si program. At the end of the eight week programs, 74% of the women had decreased their BMI.

Table 4b, State Performance Measures Summary Sheet

Activities	**Pyramid Level of Service**			
	DHC	**ES**	**PBS**	**IB**
1. Title V Community Grant address obesity prevention.			X	
2. ADHS is working on integrated messaging and programming for obesity prevention.			X	
3. ADHS Communities Putting Prevention Grant improves school wellness policies.				X
4.				
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

Beginning 2011, the Title V funded County Health Prevention contracts are addressing preconception health, which includes focus on obesity prevention, nutrition and physical activity.

ADHS Bureau of Nutrition & Physical Activity is working with Arizona Department of Education to implement the federal Coordinated School Health Grant and Communities Putting Prevention to Work Grant. Activities are targeting school age population, providing technical assistance to school districts to help them implement their school wellness policies and create model policies. ADHS and ADE will provide training on completion of the School Health Index followed by technical assistance on implementing evidence-based nutrition and physical activity policies. ADHS and ADE will develop interactive video on creation of School Health Advisory Councils that will guide the development of nutrition and physical activity policies. ADHS is also working with the Safe Routes of School Program to incorporate an Active School Neighborhood Checklist that includes health assessment questions as part of the Safe Routes to School application.

ADHS Bureaus of Women's & Children's Health, Nutrition & Physical Activity, Tobacco & Chronic Disease, and Health Systems Development and other ADHS programs are working together to integrate obesity prevention messaging and programming.

c. Plan for the Coming Year

ADHS will be working on department-wide strategies to reduce and prevent obesity throughout Arizona. Promoting physical activity and nutrition has been selected as a department-wide priority. Bureau of Women's and Children's Health will work in partnership with rest of Department in achieving strategic actions yet to be determined.

Bureau of Women's & Children's Health is working with the Bureau of Nutrition & Physical Activity to develop a wellness program for WIC and Community Health Workers, including special focus on obesity prevention. The program is expected to be launched in 2012.

ADHS Bureau of Nutrition & Physical Activity will continue providing assistance to schools to implement evidence-base nutrition and physical policies, and will continue to work with the Department of Transportation's Safe Routes to School Program to incorporate the Active School Neighborhood Checklist as part of the Safe Routes to School application.

Arizona's application for the federal Community Transformation Grant submitted in July 2011 includes several activities that would improve environment of schools to be more supportive of healthy eating and physical activity. If funded, ADHS would work with 13 rural county health departments to implement a variety of policy and environmental interventions in the next four years.

State Performance Measure 3: *The percent of preventable fetal and infant deaths out of all fetal and infant deaths.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	**2006**	**2007**	**2008**	**2009**	**2010**
Annual Performance Objective	33	32.5	32	31.5	31
Annual Indicator	25.8	25.0	29.0	31.5	32.0
Numerator	191	188	238	256	262
Denominator	739	753	821	813	818
Data Source			AZ Vital Records data	AZ Vital Records data	AZ Vital Records

Is the Data Provisional or Final?				Final	Final
	2011	**2012**	**2013**	**2014**	**2015**
Annual Performance Objective	31	30.5	30	29.5	29

Notes - 2010
The 2008 birth cohort was used in this analysis.

Notes - 2009
The 2007 birth cohort was used in this analysis.

Notes - 2008
Data provided is for the 2006 birth cohort, which is the most recent data available.

a. Last Year's Accomplishments
In 2010, Child Fatality Review teams reviewed 100% of deaths for all children in Arizona, including infant deaths. Recommendations regarding prevention of infant deaths included implementation of an infant safe sleep message, which was posted on the BWCH website.

The Office of Assessment and Evaluation produced the 5th annual report on the incidence and reported causes of stillbirths. The Unexplained Infant Death Council recommended the statewide adoption of the revised 2003 U.S. Standard Fetal Death Certificate, which includes data fields for BMI, pre-pregnancy weight, and trimester/frequency of cigarette use. It is anticipated that Arizona will begin using this in 2012; the revised fetal death certificate would bolster future analyses of the risks for stillbirth.

ADHS continued to promote the use of folic acid through www.takemultivitamins.com, particularly targeting young Latinas in Arizona. The ADHS Folic Acid Education and Distribution Program provided a year's supply of multivitamins to low-income women of childbearing age utilizing $320,000 in state funding. This program has served approximately 14,000 women in FY2010. In FY2011 services were revised to target high risk populations within specific regions of the state. Contracts were awarded to Mohave County and Campesinos Sin Fronteras, serving the Yuma border area. Services are inclusive of strategic social marketing campaigns around knowledge and awareness of the importance of taking folic acid. The program has served approximately 12,000 women in FY2011 and has received over 200,000 media impressions.

The Bureau of Women's & Children's Health used Title V funding to help fund the Nurse Family Partnership Program in Yavapai County. The project served 139 low-income new moms with 109 babies under the age of two, pregnant women, and pregnant teens. Ninety-five percent of the babies born to the Nurse Family Partnership had birth weights greater than 2500 grams. Apache and Navajo County Public Health Services Districts, through Title V funding, distributed educational material on preconception health

The BWCH Office of Women's Health implemented the Liveitchangeit.com campaign through funding by HRSA's First Time Motherhood grant. The campaign targeted African American men and women ages 18-30 to increase awareness about preconception health and the life course perspective. It consisted of radio spots, posters, billboards, a website, monthly e-blasts, a mood piece, a spoken word piece, promotional items and community based presentations. The BWCH partnered with Tanner Community Development Corporation and the Phoenix Chapter of the Black Nurses Association (BNA) to conduct presentations in Black churches and other service organizations and teach barbers and beauticians about preconception health. BWCH also partnered with the graduate chapters of Black fraternities and sororities of the local university to staff exhibits and provide education at public events. The March of Dimes provided Grand Round presentations at Level III hospitals.

The BWCH and the March of Dimes hosted a Preconception Health Summit in April 2010, which included presentations from national and local experts on preconception health. The objectives of the summit were to increase the knowledge of preconception health, identify the salient clinical characteristics of preconception care, identify ways of increasing access to it, and strengthen health systems to include it. Attendees reported that their views on and knowledge about preconception health and health care improved and of those who provided direct care, the majority indicated their willingness to change the way preconception health care was being provided. DVDs of the summit were produced and distributed to partners throughout the state.

BWCH convened a task force to develop a statewide preconception health strategic plan. The strategic plan is intended to serve as a roadmap for stakeholders in the public and private sectors who are interested in advancing preconception/interconception health and health care. The task force consisted of representatives from hospitals, county health departments, community health centers, ADHS staff and health plans. The three strategic plan goals focus on 1) Public Awareness 2) Healthy Behaviors and 3) Access and Quality of Preconception Healthcare.

Table 4b, State Performance Measures Summary Sheet

Activities	**Pyramid Level of Service**			
	DHC	**ES**	**PBS**	**IB**
1. Child Fatality Review Program promotes use of the Infant Death Investigation checklist.		X		
2. Unexplained Infant Death Council and Bureau of Women's & Children's Health produces annual report on stillbirth.				X
3. Child Fatality Review Program produces annual report on infant and child deaths, including recommendations for prevention.				X
4. ADHS programs promote use of folic acid and multivitamins.			X	
5. Title V County Health projects are implementing preconception health strategies at multiple levels of spectrum of prevention.			X	
6. BWCH promotes preconception health materials and strategies.			X	
7.				
8.				
9.				
10.				

b. Current Activities

The Black Nurses Association continues to provide community based presentations and trainings for the LiveitChangeit campaign. The campaign will continue to have a presence at venues frequented by African Americans.

The Title V County Health Prevention contracts are continuing to grow through the levels of the Spectrum of Prevention. Their preconception health activities include community education, building coalitions, changing organizational practices, and developing policies.

The final version of Arizona's Preconception Health Strategic Plan was completed and distributed to MCH stakeholders in April 2011. The task force will continue to meet to focus on implementation of the strategic plan .

The BWCH is participating on the CDC's Preconception Health Consumer Workgroup, which allows Arizona to be an active partner in national efforts to promote preconception health and health care. Arizona will be able to disseminate and utilize current marketing strategies for

increasing public awareness of preconception health.

The results and implementation of the LiveitChangeit.com campaign were presented during the June 2011 National Preconception Health Summit.

ADHS continues to support the folic acid education and distribution program for low-income women of childbearing age through county health and community health centers.

c. Plan for the Coming Year

Child Fatality Review Program will issue annual report in November 2011, with recommendations for prevention of infant deaths. The Child Fatality Review Program and Arizona Unexplained Infant Death Council will continue to promote use of updated Infant Death Investigation Checklist.

Bureau of Women's & Children's Health will focus future activities for prevention of infant deaths based on the results of the data analysis. Bureau programs will continue to promote infant safe sleeping strategies.

The Title V County Health Prevention contracts will continue to grow through the levels of the Spectrum of Prevention. Their preconception health activities will include community education, building coalitions, changing organizational practices, and developing policies. Navajo County Public Health District is offering courses in preconception health in high schools, gynecologists offices, pediatrician offices, and public agencies. Women are being screened related to preconception care and referred to appropriate programs. Coconino County Public Health District is developing a resource directory of preconception health care providers in Coconino County.

Apache County Public Health Services District is providing "Take Two" presentations to medical service providers regarding preconception health. Apache County Public Health Services District is also working with high school nurses to provide education on preconception health. Yavapai County Community Health Services is developing a preconception health toolkit to distribute to providers and community partners. Yavapai County Community Health Services is also developing a wellness survey to assess preconception health in the workplace and in schools. Gila County is partnering with schools and other youth organizations to address the importance of healthy lifestyles in teens.

A preconception health toolkit will be developed to assist with training community health workers, home visiting staff and other health care and social service providers on how to educate their clients/patients about preconception health.

BWCH, the Preconception Health Task Force members and other stakeholders will continue to work on identifying and implementing strategies designed to increase awareness about the importance of preconception health and enhance access to preconception health care.

Folic Acid Education and Distribution Program activities will include statewide vitamin distribution and emphasis of social marketing outreach to increase knowledge, attitude, and beliefs around folic acid consumption.

State Performance Measure 4: *Emergency department visits for unintentional injuries per 100,000 children age 1-14.*

Tracking Performance Measures

[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective	2006	2007	2008	2009	2010

and Performance Data					
Annual Performance Objective	7478	7477	7477	7476	7000
Annual Indicator	6,902.9	6,681.6	6,835.2	7,077.9	7,558.6
Numerator	89255	92588	90940	95037	96070
Denominator	1293014	1385725	1330464	1342722	1271006
Data Source			AZ Hospital Discharge data	AZ Hospital Discharge data	AZ Hospital Discharge Data
Is the Data Provisional or Final?				Final	Final
	2011	**2012**	**2013**	**2014**	**2015**
Annual Performance Objective	7400	7250	7100	6950	6800

Notes - 2010
If the 2010 rate of emergency department visits for unintentional injuries had met the preformance objective of 7000 per 100,000 children age 1-14 years, approximately 7,100 visits would have been prevented.

Notes - 2008
The 2008 data was not available prior to completion of the narrative sections in this grant.

a. Last Year's Accomplishments
The Safe Kids program manager provided certification child passenger safety training to two communities in Arizona.. The program provided support materials to the 30 Child Passenger Safety Instructors in Arizona. The program hosted a continuing educational program for child passenger safety technicians. The program provides a data needs assessment to for each coalition.

In 2008, Arizona's Emergency Medical Services for Children Program began work on establishing a pediatric designation system for hospital emergency departments. This system will identify minimum training and equipment a hospital should have to care for a pediatric patient. In addition, the program is updating treatment guidelines for the paraprofessional caregiver in schools. A three tiered criteria has been developed and approved by stakeholders with implementation planned for summer 2011. The program has contracted with the American Academy of Pediatrics, Arizona Chapter to be the certifying body.

In 2010, the Injury Prevention program provided county specific injury fact sheets and county child fatality fact sheets for county health departments. The program also conducted a second survey on the use of helmets during skiing and snowboarding by children, as injuries from these sports present a measureable caseload for hospitals in Arizona's colder climates.

Child Care Licensing updated their rules for both day care centers and home care facilities. With input from the Injury Prevention Program, all infants must be placed on their backs to sleep in cribs that are devoid of toys, blankets and other potential suffocation objects. Children who are transported by the facility must be in approved restraint as outlined by state law and are prohibited from sitting in front of an active airbag. Wheelchairs that are used for transportation purpose will need to be labeled for approved use in a motor vehicle.

The High Risk Perinatal Program (HRPP) Community Health Nurses and the Health Start Community Health Workers conducted environmental risk assessments on every home visit. These assessments helped to identify potentially hazardous situations in the home. Once identified, the Community Health Nurse or the Community Health Worker worked with the family

to correct the situation, thereby reducing risk and the potential for preventable emergency room visits.

The Title V Community Health Grants program funded "Safe Dates", a co-educational injury prevention course for adolescents 12 to 18 years of age. The project provided 675 participants with information about healthy and abusive dating relationships. During 2010, 675 adolescents participated in at least one class with 488 students completing the entire curriculum.

Through Yavapai County's Title V funded Nurse Family Partnership, 55 low income first time mothers which were new to the program in 2010, received education and support related to safety, injury prevention, feeding position, and sleep position.

The Title V funded Early Childhood Education/Child Care Health Consultant in Pima County provided 187 encounters in preschools which include assessment, consultation, and recommendations regarding playground safety.

The 17th Annual Arizona Child Fatality Review Report highlighted specific areas of concern related to unintentional injuries. These included poisonings from prescription medications, injuries among children who were not properly restrained in motor vehicles, and injury deaths involving all terrain vehicles. The recommendations in the report included enactment of booster seat legislation, enactment of primary seat belt laws, and strengthening current legislation regarding pool fencing to require four-sided fencing with appropriate gates for all backyard pools where children live or play.

Table 4b, State Performance Measures Summary Sheet

Activities	**Pyramid Level of Service**			
	DHC	**ES**	**PBS**	**IB**
1. HRPP Community Health Nurses and Health Start workers conduct home safety assessments.			X	
2. Safe Kids provides certified child passenger safety training.				X
3. EMSC is establishing and implementing pediatric designation criteria.				X
4. Injury Prevention Program provides data analysis and technical assistance on various injury issues				X
5. State Child Fatality Review Team makes recommendations for prevention of unintentional injuries.				X
6. County Health projects address injury prevention through education, coalitions, organizational practices, and policy development.				X
7.				
8.				
9.				
10.				

b. Current Activities

For 2011, the Emergency Medical Services for Children is developing model pediatric specific inter-facility transfer agreements for hospitals and continues working toward the creation of a pediatric designation system for emergency departments.

The Title V County Health Prevention contracts are continuing to grow through the levels of the Spectrum of Prevention. These contracts will increase activities around community education, building coalitions, changing organizational practices, and developing policies. Projects address a variety of injury issues, including poison prevention, safe sleep, motor vehicle safety, and falls.

Health Start Community Health Workers and Community Health Nurses conduct the Safe Home/Safe Child home environmental assessments for every postpartum client. They work with the family to correct the situation, thereby reducing risk and the potential for injuries. They work with the family to educate clients and their families on how to avoid and reduce home related risks such as fire hazards, drownings and poisonings.

c. Plan for the Coming Year
The HRSA funded EMS Children program will begin implementation of a voluntary pediatric designation process for hospital emergency departments using the American Academy of Pediatrics Arizona Chapter as the designating body.

The Injury Prevention Program, in partnership with Indian Health Services, will be conducting Indian Health Service's Level I and II Injury Prevention Training and updating the Ride Safe Curriculum.

The Injury Prevention Program and Advisory Council will update state injury prevention plan, and provide further direction on future actions the Bureau of Women's & Children's Health can take to prevent childhood injury.
ADHS will implement new child care rules that better support injury prevention.

The Title V County Health Prevention contracts will continue to grow through the levels of the Spectrum of Prevention. These contracts will increase activities around community education, building coalitions, changing organizational practices, and developing policies.

The High Risk Perinatal Program, Community Health Nurses will continue to conduct environmental risk assessments on every home visit. These assessments help to identify potentially hazardous situations in the home. The Community Health Nurse will work with the family to correct the situation, thereby reducing risk and the potential for preventable ER visits. Health Start Community Health Workers will continue to conduct environmental risk assessments and educate parents on eliminating potential injury risks. A training on Safe Home/Safe Child assessment will be held for all Community Health Workers.

BWCH will be implementing the federal Maternal, Infant, Early Childhood Home Visiting Program. Healthy Families will be implemented in Pinal County, Nurse Family Partnership will be implemented in Tucson, and Family Spirit will be implemented with White Mountain Apache Tribe.

Project LAUNCH will continue to provide training for staff and community providers in evidence-base parenting programs, and a variety of parenting programs to families with children under the age of nine in south Phoenix. Programs aim to reduce drug/alcohol abuse, teen suicide, juvenile delinquency, gang involvement, child abuse and domestic violence, as well as to increase parent knowledge of early childhood development, improve parenting practices, and to help families enhance relationships and decrease conflict through behavioral management and support.

State Performance Measure 5: *The percent of women having a subsequent pregnancy during the inter-pregnancy interval of 18-59 months.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	**2006**	**2007**	**2008**	**2009**	**2010**
Annual Performance					

Objective					
Annual Indicator				41.7	43.8
Numerator				24748	24330
Denominator				59309	55589
Data Source				AZ Birth and Fetal Death Certificates	AZ Birth and Fetal Death Certificates
Is the Data Provisional or Final?				Final	Provisional
	2011	**2012**	**2013**	**2014**	**2015**
Annual Performance Objective	45	45.5	46	46.5	48

a. Last Year's Accomplishments
BWCH staff chose to use a measure of inter-pregnancy intervals as an indicator of progress on the new Title V preconception health priority of improving women's health prior to pregnancy. Stakeholders and staff recognized how critical planned pregnancies and birth spacing is to preconception health and improving birth outcomes. Office of Assessment & Evaluation conducted research and obtained input from local experts to develop an appropriate measure.

Through the Reproductive Health/Family Planning Program (RHFP), 11 out of the 15 County Health Departments and Maricopa Integrated Health Services received intergovernmental agreements (IGA's) funded with Title V dollars to provide reproductive health/family planning services that focused on women at or below 150% of the federal poverty level. Of the 4,866 women who received an initial or annual exam in 2009, 99% were at or below 150% of the federal poverty level and received services at no charge. The Reproductive Health/Family Planning Program focused on making services available to sexually active teens in an effort to reduce teen pregnancy rates. In 2009, 48% of clients served were under 24 years old. The RHFP collaborated with the Title X and Arizona Family Planning Council (AFPC) to share data and coordinate services.

The Reproductive Health/Family Planning Program worked with contractors to improve access for low income clients to preconception care within family planning. Maricopa Integrated Health Services utilized the Title V family planning dollars to serve women in their Internatal Care Project. This project provides interconception health care to women whose babies were admitted to Maricopa Medical Center's Newborn Intensive Care Unit.

Arizona received a Project Connect grant from the Family Violence Prevention Fund that will result in improved screening for domestic violence in Title V and Title X family planning clinics through training and technical support. The Arizona Coalition Against Domestic Violence is the lead agency and in partnership with BWCH and the Arizona Family Planning Council has piloted clinic sites to implement grant activities.

The Arizona Family Planning Council received a grant from the local March of Dimes to provide preconception health care training to Title X and Title V family planning contractors and promote the provision of these services in their clinics. The training focused on how to develop a reproductive life plan with their clients.

The final version of Arizona's Preconception Health Strategic Plan was completed and distributed to MCH stakeholders in April 2010. The task force will continue to meet, however the focus will now be on implementation of the strategic plan which may result in revised stakeholder representation on the task force. Each meeting this year will include an update on progress made with respect to the strategies and action steps contained in the plan.

The BWCH was invited to participate on the CDC's Preconception Health Consumer Workgroup and this will allow Arizona to be an active partner in national efforts to promote preconception

health and health care. In addition, Arizona will be able to disseminate and utilize current marketing strategies for increasing public awareness of preconception health.

Table 4b, State Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. The Reproductive Health/Family Planning Program (RHFP) funds IGA's to sustain and increase the number of low income women receiving reproductive health services.	X			
2. The RHFP program works with other agencies to integrate various women’s health issues such as domestic violence, preconception health, tobacco cessation and prevention, and STDs .				X
3. Office of Women’s Health is leading preconception health initiatives.				X
4. Title V County Health projects are implementing preconception health strategies at multiple levels of spectrum of prevention.			X	X
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

The Reproductive Health/Family Planning contractors continue to receive level Title V funding via a unit reimbursement process for providing program required services. The Reproductive Health/Family Planning Program works with contractors to improve access for low income clients to preconception care within family planning.

BWCH Office of Assessment & Evaluation is conducting detailed analysis of birth outcomes and characteristics of inter-pregnancy intervals among births in Arizona. The data is being used to provide a baseline for this measure as well as to inform MCH program managers and interested partners.

Children's Rehabilitative Services member handbook includes resources for family planning and STD and HIV testing.

BWCH Office of Women's Health continues to lead preconception health initiatives, including the work of the statewide taskforce and implementation of statewide preconception health plan. Office of Women's Health is participating on CDC's Preconception Health Consumer Workgroup.

BWCH is using Title V to fund six county health departments to implement preconception health activities across the spectrum of prevention, with emphasis on coalition-building, organizational practices, and policy development.

c. Plan for the Coming Year

The Reproductive Health/Family Planning Program (RHFP) will continue to provide Title V funding to county health departments and Maricopa Integrated Health Systems to offer services to underserved populations. The program will continue to focus on women at or below 150% of

the federal poverty level. The program will continue to seek out locations where underserved clients can be reached.

In coordination with the Arizona Coalition Against Domestic Violence, ADHS will assist in the training of family planning providers to screen women for domestic violence in the clinic setting. Health Start Program will be trained by the Arizona Coalition Against Domestic Violence to provide screening of women for domestic violence in the home setting.

BWCH will continue to promote the integration of preconception care into family planning services and other appropriate venues. BWCH will continue to work in partnership with the Arizona Family Planning Council and the March of Dimes to identify opportunities to expand preconception care training of clinical care staff across the state. BWCH will explore opportunities to enhance interconception education, particularly regarding appropriate birth spacing, among home visiting programs and WIC program.

The Title V County Health Prevention contracts will continue to grow through the levels of the Spectrum of Prevention. Their preconception health activities will include community education, building coalitions, changing organizational practices, and developing policies.
BWCH, the Preconception Health Task Force members and other stakeholders will continue to work on identifying and implementing strategies designed to increase awareness about the importance of preconception health and enhance access to preconception health care.

State Performance Measure 6: *Percent of Medicaid enrollees age 1-14 who received at least one preventive dental service within the last year.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2006	2007	2008	2009	2010
Annual Performance Objective					
Annual Indicator				42.9	47.3
Numerator				240529	281134
Denominator				560823	594701
Data Source				AZ Medicaid	AZ Medicaid
Is the Data Provisional or Final?				Final	Final
	2011	**2012**	**2013**	**2014**	**2015**
Annual Performance Objective	48	49	50	51	52

a. Last Year's Accomplishments
Continued support for our partners in addressing access to care issues has been a strategy to improve oral health. The Office of Oral Health worked closely with the Arizona Health Care Cost Containment System in identifying opportunities to increase access to preventive services for eligible enrollees. The Office of Oral Health continued the dental trailer loan program for communities and non-profit organizations in underserved areas. Dental care is provided while the organizations seek funding and establish permanent dental clinics. Typically, communities lease the trailers for a period of five years. Dental students are involved in two of the current sites, providing them with experience in delivering services to underserved and low income populations. Through this program, nine dental clinics for underserved populations have been established throughout the state. The Office of Oral Health provided technical assistance and training to 65 providers and administrators on Early Childhood Caries and treatment programs.

The Office of Oral Health maintained Intergovernmental Agreements with counties to provide school-based dental screenings, referrals and sealants to children in low-income schools. The Office of Oral Health collaborates with First Things First to promote and implement prevention

programs for children age 0-5 including support for establishing a dental home by age 1 and providing technical assistance for oral health initiatives. Through a HRSA Workforce grant, the Office of Oral Health established five pilot teledental sites in Arizona including Northern Arizona University (NAU) School of Dental Hygiene, one tribal site and one site targeted at Head Start children in rural areas.

Bureau of Women's & Children's Health provided Title V funding to the Medical Services Project. Administered through the Arizona chapter of the American Academy of Pediatrics, the Medical Services Project was designed to increase access to and utilization of primary care services for Arizona's uninsured children from low-income families. The Medical Services Project provides delivery of medical services in participating physicians' and dentists offices to children without health insurance and to those who do not qualify (or are in the process of qualifying) for public assistance. The Medical Services Project creates a system of linkages between dental providers and school nurses to assist with the provision of dental services to the target population. School nurses identify children who are eligible to participate in the Medical Services Project and facilitate their enrollment. To be eligible for the Medical Services Project a child must have no health insurance, must not be eligible for AHCCCS, KidsCare, or Indian Health Services; and must have a household income less than 185 percent of the federal poverty level. For children who appear to be eligible for AHCCCS or KidsCare, the school nurse is encouraged to identify resources to assist families with the application process. The child is provided with a referral form to a participating health care provider and the school nurse makes the appointment. In 2010, the Medical Services Project provided dental services to 25 individual children. In 2010, the Medical Services Project developed new collaborative partnerships with the following organizations: Kidzzaam Dentistry in Prescott Valley, Magic Smiles Dental, By developing collaborative partnership with these organizations, we are better able to assist Medical Services Project (MSP) participants.

The Office of Oral Health participated in planning and implementation of the American Indian Oral Health Summit. The summit reviewed tribal needs; identified potential strategies to address regional oral health workforce shortages; and developed objectives and broad action steps.

Table 4b, State Performance Measures Summary Sheet

Activities	**Pyramid Level of Service**			
	DHC	**ES**	**PBS**	**IB**
1. The Office of Oral Health provides support to communities in addressing access to care issues.				X
2. The Office of Oral Health provides training for childcare providers and early childhood teachers.				X
3. The Office of Oral Health provides education to health care providers.				X
4.				
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

Through a HRSA Workforce Grant, the Office is developing and implementing teledentistry demonstration models and collaborating with the established teledentistry sites providing services to rural areas and training and education to dental providers. The goal is to promote and develop enhanced dental teams (utilizing teledentistry practice, affiliated practice and other strategies) to

improve workforce capacity, diversity and flexibility for providing oral health services to underserved populations and areas. Major activities include (1) building local infrastructure, (2) developing enhanced dental team practice models to increase dental care access to the underserved preschool/school age children and promote early prevention to pregnant women/parents/caregivers, and (3) providing communication to build linkages, develop web-based information and share successes. Grant activities have established four Regional Oral Health Coordinators to serve 10 of Arizona's 15 counties; developed 4 new or expanded Regional Oral Health Coalitions; completed 4 regional needs assessments; and aimed to complete 4 regional oral health improvement plans. Partnerships have been built that implement 5 enhanced dental team practice models with plans to develop 9 additional practice models. The Grant has integrated enhanced dental team strategies into 3 health initiatives for increasing access to care and establishing dental homes for children ages 0-5, Head Start children, and tribal population.

c. Plan for the Coming Year

The Office of Oral Health will continue to monitor AHCCCS Health Plans on policies for dental care and case management, collaborate with school-based dental clinics, and partner with private organizations and foundations to enhance prevention activities. The Office will continue to work with the Arizona Dental Association and Arizona Dental Hygiene Association in an effort to improve the number of providers for the underserved. Tracking of AHCCCS utilization for care will continue, as will collaboration with internal state agencies and external partners and organizations to promote oral health education, early intervention by dental professionals and early dental referrals by medical professionals. The Office of Oral Health will continue to promote the dental home by age one by providing training to those who provide services to young children in childcare, learning and health care environments. The dental sealant program will continue the current Intergovernmental Agreements with counties and seek to increase the number of children served.

Through the HRSA Workforce Grant and match support provided by First Things First, teledentistry sites will continue to expand to rural and underserved areas. Additionally regional coalitions will be facilitated to support training for both providers and community stakeholders. The Office of Oral Health will work with other MCH programs in the Bureau of Women's Health to enhance integration of oral health strategies into existing programs, such as Health Start and WIC.

The Title V funded Medical Services Project will continue to provide access to and utilization of dental care, for Arizona's uninsured children from low-income families. The Medical Services Project provides delivery of services in participating dentists' offices to children without health insurance and to those who do not qualify for public assistance. The Medical Services Project creates a system of linkages between dental providers and school nurses to assist with the provision of dental services to the target population. School nurses identify children who are eligible to participate in the Medical Services Project and facilitate their enrollment. The Medical Services Project will continue to increase the number of participating dental care providers.

BWCH Office of Children's Health will explore possible enhancements to home visiting programs in regards to oral health services.

State Performance Measure 7: *Percent of women age 18 years and older who suffer from frequent mental distress.*

Tracking Performance Measures

[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2006	2007	2008	2009	2010
Annual Performance Objective					
Annual Indicator			10.2	11.9	11.9
Numerator			375	385	385
Denominator			3686	3239	3239
Data Source			AZ BRFSS	AZ BRFSS	AZ BRFSS
Is the Data Provisional or Final?				Final	Provisional
	2011	**2012**	**2013**	**2014**	**2015**
Annual Performance Objective	11	10.5	10	9.5	9

Notes - 2010
Frequent mental distress is defined as having 14 or more mentally unhealthy days as measured by the question: "Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?"

a. Last Year's Accomplishments
BWCH selected this as a new state performance measure for the Title V priority of improving the behavioral health of women and children. While Arizona did not select a measure specific to substance abuse, MCH programs also promote substance abuse prevention. The Health Start Program, for example, has institutionalized fetal alcohol spectrum disorders screening, brief intervention, and referral protocol into the program.

The Health Start Program implemented the Edinburgh Postnatal Depression Scale (EPDS) screening as part of the family follow-up visits for all postpartum clients. Community Health Workers were provided training on the EPDS screening tool and instructed on how to score the results. Referral resources were identified and lists of service providers were distributed. Community Health Workers educated all clients on the postpartum warning signs of depression and perinatal mood and anxiety disorders.

HRPP/NICP Community Health Nurses continue to provide the Edinburgh Postnatal Depression Scale (EPDS) screening as part of the home visit made to infants, children and their families after discharge from the Neonatal ICU or Pediatric ICU. Each Community Health Nursing agency contracted with HRPP/NICP has developed a list of referral resource service providers for the community they serve. The community health nurses educate their clients on warning signs of postpartum depression as well as perinatal mood and anxiety disorders

BWCH distributed Every Woman Arizona preconception health materials that included information on mental wellness, depression, and substance abuse.

Table 4b, State Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	**ES**	**PBS**	**IB**
1. Health Start Community Health Workers provide postpartum depression screening and educate clients on signs of depression and perinatal mood disorders.		X		
2. HRPP Community Health Nurses provide postpartum depression screening and educate clients on signs of depression and perinatal mood disorders.		X		
3. BWCH promotes strategies to enhance mental wellness among women.			X	

4. ADHS is working on department-wide integration of behavioral health and physical health.				X
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities
The Health Start Program continues to provide the Edinburgh Postnatal Depression Scale (EPDS) screening as part of the family follow-up visits for all postpartum clients. Community Health Workers were provided continuing education on the EPDS screening tool. Referral resources were updated and lists of service providers were distributed. Community Health Workers educated all clients on the postpartum warning signs of depression and perinatal mood and anxiety disorders.

HRPP/NICP Community Health Nurses continue to provide the Edinburgh Postnatal Depression Scale screening as part of the home visit made to infants, children and their families after discharge from the Neonatal ICU or Pediatric ICU. Each Community Health Nursing agency contracted with HRPP/NICP has developed a list of referral resource service providers for the community they serve. The community health nurses educate their clients on warning signs of postpartum depression as well as perinatal mood and anxiety disorders.

BWCH promotes mental wellness among women through preconception health materials and women's health week activities. The 2011 Women's Health Week events sponsored by ADHS/BWCH included a presentation on Women's Mental Health and Wellness with a guided relaxation exercise. In addition, women attending the events were able to obtain free chair massages and the state contracted health plans provided information about the mental health and wellness services they offer their members.

c. Plan for the Coming Year
ADHS has launched a department-wide effort to better integrate behavioral health and physical health. Division of Behavioral Health is implementing mental health first aide training statewide.

The Health Start Program Manager will continue to attend a Division of Behavioral Health Women's Treatment Workgroup to discuss Health Start services and fetal alcohol screening. The workgroup consists of behavioral health providers. There are ongoing discussions regarding making cross referrals; linking pregnant behavioral health clients with home visitation services and linking Health Start clients with behavioral health services as needed.

The Health Start Program will provide a training workshop for Community Health Workers in this program and other home visitation programs in the state, on the Edinburgh Postnatal Depression Scale (EPDS) to expand screening during family follow-up visits for all postpartum clients. Referral resources and lists of service providers will be updated and distributed. Community Health Workers will continue to educate all clients on the postpartum warning signs of depression and perinatal mood and anxiety disorders.

BWCH staff is participating in the development of a DBHS Adult System of Care Strategic Plan that is focused on the integration of mental health and physical health.

HRPP/NICP Community Health Nurses will continue to provide the Edinburgh Postnatal Depression Scale (EPDS) screening as part of the home visit made to infants, children and their families after discharge from the Neonatal ICU or Pediatric ICU. Each Community Health Nursing

agency contracted with HRPP/NICP will developed an updated list of referral resource service providers for the community they serve. The community health nurses will continue to educate their clients on warning signs of postpartum depression as well as perinatal mood and anxiety disorders.

BWCH will provide education regarding mental wellness and depression as part of women's health week activities. BWCH will continue to work with Division of Behavioral Health Services to identify appropriate mental wellness messaging as well as identify opportunities for integration of mental wellness into existing programs. BWCH will participate in ADHS initiatives to further integrate behavioral health and public health interventions.

BWCH will monitor the impact of the Affordable Care Act as it relates to access and availability of behavioral health services for adult women in urban and rural areas of the state and work with ADHS Health Systems Development and DBHS on coordination of services for the maternal and child health population. Information will be shared with BWCH partners as it becomes available and technical assistance will be provided as needed.

State Performance Measure 8: *Percent of newborns who fail their initial hearing screening who receive appropriate follow up services.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	**2006**	**2007**	**2008**	**2009**	**2010**
Annual Performance Objective					
Annual Indicator			77.7	77.9	77.9
Numerator			2829	2110	2110
Denominator			3643	2710	2710
Data Source			AZ Early Hearing and Detection	AZ Early Hearing and Detection	AZ Early Hearing and Detection
Is the Data Provisional or Final?				Final	Provisional
	2011	**2012**	**2013**	**2014**	**2015**
Annual Performance Objective	79	81	83	85	86

a. Last Year's Accomplishments
The Arizona (AZ) Newborn Screening Program (NBS) instituted three important elements to address this performance measure. First, Arizona participated with several other state EHDI programs to develop an 8 minute video and public service announcements in English and Spanish targeted to encourage parents to obtain the follow-up needed after the initial fail of the newborn hearing screen. More than 200 copies have been distributed throughout Arizona including hospital screening programs, parent groups, inter-agency partners and others. The second was the introduction of the Arizona Hands & Voices, Guide By Your Side (GBYS) Follow-Through program. The program coordinator works closely with NBS, sharing information on the status of infants who failed the initial screen. In addition to site visits with the High Risk Coordinator, GBYS visited four birthing hospitals in western AZ, and two in northeastern AZ. Bilingual brochures describing GBYS Follow-Through services for families are distributed at participating hospitals. The program paired a trained Parent Guide with a hospital screening program. Each hospital customized at what point they have the guides interact with their screening program. The third was a follow-up coordinator that is dedicated to tracking and follow-up of high-risk infants (NICU stay for greater than 5 days and failing the hearing screen) in order

to reduce the loss to follow up to 10% or less. The role of the high-risk coordinator is to foster communications between hospital discharge managers and newborn hearing screening program.

The Arizona Early Hearing Detection and Intervention (AzEHDI) program has made significant progress in several areas over the past year. Most notably are changes in the Arizona Department of Health Services (ADHS) follow-up program, education of audiologists, medical home providers and hospital programs, development of a GBYS program through the Arizona Chapter of Hands and Voices and expansion of the involvement of stakeholders in the EHDI process. Hearing screening is mandated in all private, public, transitional, and charter schools in Arizona.

ADHS reviewed with licensed midwives who are completing the hearing screening following the infant's birth. One licensed midwife was performing the hearing screening tests. The remaining midwives have been provided information regarding where to obtain the test or are referring the families to a pediatrician or hospital facility for review of the newborns ability to hear.

Table 4b, State Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Newborn Screening Program provide on-site technical assistance and training for hearing screening.				X
2. Newborn Screening Program is enhancing education for parents and providers.				X
3. Sensory Program collaborates with the University of Arizona to train hearing screening trainers.				X
4. Sensory Program disseminates information about mandatory school hearing screening and ADHS Rules.				X
5. Sensory Program purchases, repairs and calibrates hearing screening equipment to loan to Arizona’s Schools.				X
6. OCSHCN directs families who lack services or coverage to healthcare, resources and family support.				X
7. OCSHCN supports family partners in development and review of resources and funds translation of family materials.				X
8. OCSHCN supports training and technical assistance to medical providers and early education programs.				X
9.				
10.				

b. Current Activities

The ADHS Newborn Screening follow-up team continues work to determine small tests of change that might impact families. Changes in the program that have been tested and found effective include: close contact with hospital screening programs to ensure that state follow-up efforts are focused on those infants who are not already in the screening or diagnostic process; on-site technical assistance to screening programs incorporating strategies to ensure that screeners more accurately record the disposition of infants including transfers, deceased, parental refusals; scheduled rescreens and inpatient vs. outpatient screening results; and optimizing the timing of calls to hospitals vs. parents or medical home providers.

A new provider pocket guide was recently developed and distributed to all care providers in the state and includes a workflow for patients who are navigating the EHDI system of care. These materials have been evaluated by parents and practitioners; survey results indicate they are useful.

Office for Children with Special Health Care Needs (OCSHCN) is working with the state's Interagency Coordinating Council (AzEIP ICC) to identify who does follow-up hearing screening and what resources exist for families with children ages 0-5. Survey results should be complete by the end of summer. OCSHCN and AzEHDI are offering online training for hospital-based hearing screeners and working on updating training with assessment tools and how to communicate screenings to parents.

c. Plan for the Coming Year

NBS plans to expand coordination efforts to reach the families of infants who are lost to follow-up. This will be accomplished through data integration, parent outreach efforts and surveys, ensuring that families have family-centered and culturally sensitive access to information about where to get screened, including mechanisms to reach those underserved in the current EHDI system. Included in this partnership will be technology enhancements, such as data sharing and infrastructure building, data exchange, and training to include broader use of the eLearning platform for training to hearing screeners, physicians, community health centers, Early Head Start programs and physicians' offices.

The hearing screening database has been upgraded and will be expanded to include access by all hospitals, audiologists and other providers in a two-way role based secure environment. This expansion, paid for under the CDC Data integration grant, will result is a significant reduction in loss to documentation. Ongoing on-site training to audiologists and ENT practices, including rules for reporting data, will be expanded to include best practices as well as technology education.

OCSHCN funds will be used to support the EAR Foundation of Arizona contract with NBS that is funded through state revenues to support ADHS' follow-up efforts. OCSHCN will be working with EAR Foundation of Arizona and other EHDI stakeholders to build infrastructure for screening beyond the newborn period.

Community Health nurses and Health Start workers will review hearing screening results with parents. ADHS Bureau of Women and Children's Health (BWCH) will work with home visiting programs to determine how programs can enhance review of hearing screening. BWCH will work on getting midwives the Arizona Parent Kit to distribute to parents who choose home birth.

OCSHCN and AzEIP ICC survey that identifies who does follow-up hearing screening and resources for families with children ages 0-5 will be disseminated. The ADHS Division of Licensing will provide an updated list of audiologists in the state.

OCSHCN will continue to direct families to the EAR Foundation of Arizona for hearing aids, cochlear implant batteries, repairs and audiology testing for children. OCSHCN and EHDI will partner with North Dakota to use the North Dakota hearing telemedicine protocol developed under a HRSA grant.

E. Health Status Indicators

Introduction

/2012/ With the exception of infants born at very low birth weight, indicators of birth weight for all births and singleton births showed little improvement in 2010. Health Status Indicators for the death rates from motor vehicle injuries continued to decline significantly in 2010. Increases were noted in non-fatal injury for children 14 years and younger during 2010. //2012//Rates of Chlamydia among adult females continued to rise. This in part may be

due to increased access to and promotion of testing for Chlamydia rather than a true rate increase among at-risk populations. Population data is reflecting the effects of the current economic recession. ***/2012/ Total births continued to decline in 2010 (-6.0 percent), //2012//*** with the largest reduction among Hispanic or Latino births. As expected, poverty rates among Arizonans increased in 2010. ***/2012/ The release of complete 2010 Census data will provide final data for some of the provisional measures. //2012//***

Health Status Indicators 01A: *The percent of live births weighing less than 2,500 grams.*

Health Status Indicators Forms for HSI 01 through 05 - Multi-Year Data

Annual Objective and Performance Data	2006	2007	2008	2009	2010
Annual Indicator	7.1	7.1	7.1	7.1	7.1
Numerator	7266	7285	7026	6573	6155
Denominator	102042	102687	99215	92616	87053
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Final

Notes - 2008
The 2008 data was not available prior to completion of the narrative sections in this grant.

Narrative:
/2012/ The data estimate remained unchanged for the previous five years. Arizona had a significantly lower estimate of low birth weight than the HP 2020 Goal of 7.8 percent. Compared to the HP 2020 Goal, Arizona had 635 fewer low weight births than expected. Black and African Americans remain more at risk for low birth weight in Arizona (11.4%) compared to White non-Hispanics (6.7%), Hispanic or Latinos (6.8%), American Indians (7.0%), and Asian or Pacifica Islanders (8.5%). //2012//All data for low birth weight infants were obtained from the Arizona Vital Statistics Birth Certificate Database.

Preconception, prenatal and interconception care are embedded in multiple Arizona Department of Health Services' (ADHS) programs that serve women at-risk for delivering a low birth weight infant. MCH programs refer women to smoking cessation programs within the ADHS Tobacco Prevention and Education Program. According to the Arizona Behavioral Risk Factor Survey (BRFS) the smoking rate among adults improved from 19.7 percent in 2007 to 15.8 percent in 2008. In addition to the positive effect of ADHS smoking cessation programs, legislation banning smoking in most public places and a substantial increase in the tobacco tax also had a positive effect on the prevalence of smoking. The reduction in smoking prevalence may have a long term positive influence on the proportion of low birth weight in Arizona.

The Health Start Program integrated the Alcohol Screening and Brief Intervention Services program in all Health Start sites to identify and support pregnant women at risk of using alcohol. An evaluation of Health Start participants found that those who participated in Health Start were less likely to have a low birth weight delivery or premature birth when compared to similar women not participating in Health Start.

BWCH produced the "Live it Change it" campaign targeting preconception health of African Americans in Arizona. "Every Woman Arizona" preconception health materials were produced and disseminated. In 2010, Arizona held its first preconception health summit in conjunction with

the March of Dimes. BWCH established a Preconception Health Taskforce and developed a statewide preconception health plan. ***/2012/ Starting in 2011, Title V funding has been provided to six county health departments to implement preconception health strategies. //2012//*** The ADHS Bureaus of Physical Activity & Nutrition, Tobacco and Chronic Disease, Health Systems Development, and Women's & Children's Health have chosen tobacco prevention & cessation, physical activity, and nutrition as special areas of focus for integration of programming and messaging. With multiple programs promoting these healthy behaviors, it is hoped that this will also have a positive impact on birth outcomes in the future.

Health Status Indicators 01B: *The percent of live singleton births weighing less than 2,500 grams.*

Health Status Indicators Forms for HSI 01 through 05 - Multi-Year Data

Annual Objective and Performance Data	2006	2007	2008	2009	2010
Annual Indicator	5.7	5.6	5.6	5.7	5.6
Numerator	5632	5599	5392	5123	4736
Denominator	99216	99889	96347	90032	84520
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Final

Notes - 2008
The data for 2008 were not available when descriptive analyses and program narratives were completed.

Narrative:
/2012/ The data estimate has not significantly changed for the previous five years. There is no HP 2020 Goal for singleton birth weight. //2012//All data for very low birth weight infants were obtained from the Arizona Vital Statistics Birth Certificate Database.

Preconception, prenatal and interconception care are embedded in multiple Arizona Department of Health Services' (ADHS) programs that serve women at-risk for delivering a low birth weight infant. MCH programs refer women to smoking cessation programs within the ADHS Tobacco Prevention and Education Program. According to the Arizona Behavioral Risk Factor Survey (BRFS) the smoking rate among adults improved from 19.7 percent in 2007 to 15.8 percent in 2008. In addition to the positive effect of ADHS smoking cessation programs, legislation banning smoking in most public places and a substantial increase in the tobacco tax also had a positive effect on the prevalence of smoking. The reduction in smoking prevalence may have a long term positive influence on the proportion of low birth weight in Arizona.

The Health Start Program integrated the Alcohol Screening and Brief Intervention Services program in all Health Start sites to identify and support pregnant women at risk of using alcohol. An evaluation of Health Start participants found that those who participated in Health Start were less likely to have a low birth weight delivery or premature birth when compared to similar women not participating in Health Start.

BWCH produced the "Live it Change it" campaign targeting preconception health of African Americans in Arizona. "Every Woman Arizona" preconception health materials were produced

and disseminated. In 2010, Arizona held its first preconception health summit in conjunction with the March of Dimes. BWCH established a Preconception Health Taskforce and developed a statewide preconception health plan. ***/2012/ Starting in 2011, Title V funding has been provided to six county health departments to implement preconception health strategies. //2012//*** The ADHS Bureaus of Physical Activity & Nutrition, Tobacco and Chronic Disease, Health Systems Development, and Women's & Children's Health have chosen tobacco prevention & cessation, physical activity, and nutrition as special areas of focus for integration of programming and messaging. With multiple programs promoting these healthy behaviors, it is hoped that this will also have a positive impact on birth outcomes in the future.

Health Status Indicators 02A: *The percent of live births weighing less than 1,500 grams.*

Health Status Indicators Forms for HSI 01 through 05 - Multi-Year Data

Annual Objective and Performance Data	2006	2007	2008	2009	2010
Annual Indicator	1.2	1.2	1.2	1.2	1.1
Numerator	1229	1223	1156	1106	947
Denominator	102042	102687	99215	92616	87053
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Final

Notes - 2008
The data for 2008 were not available when descriptive analyses and program narratives were completed.

Narrative:
/2012/ Although the estimate only declined from 1.2 to 1.1 percent, this was a significant reduction (Chi square=4.492(1), p<0.03) . Arizona also had a significantly lower estimate of very low birth weight than the HP 2020 Goal of 1.4 percent. Compared to the HP 2020 Goal, Arizona had 272 fewer very low weight births than expected. Black or African Americans were more likely to be born at very low birth weight (2.7%) compared to White non-Hispanics (.9%), Hispanic or Latino (1.1%), American Indians (1.2%), and Asian or Pacific Islanders (1.4%). //2012//All data for low birth weight infants were obtained from the Arizona Vital Statistics Birth Certificate Database.

Preconception, prenatal and interconception care are embedded in multiple Arizona Department of Health Services' (ADHS) programs that serve women at-risk for delivering a low birth weight infant. MCH programs refer women to smoking cessation programs within the ADHS Tobacco Prevention and Education Program. According to the Arizona Behavioral Risk Factor Survey (BRFS) the smoking rate among adults improved from 19.7 percent in 2007 to 15.8 percent in 2008. In addition to the positive effect of ADHS smoking cessation programs, legislation banning smoking in most public places and a substantial increase in the tobacco tax also had a positive effect on the prevalence of smoking. The reduction in smoking prevalence may have a long term positive influence on the proportion of low birth weight in Arizona.

The Health Start Program integrated the Alcohol Screening and Brief Intervention Services

program in all Health Start sites to identify and support pregnant women at risk of using alcohol. An evaluation of Health Start participants found that those who participated in Health Start were less likely to have a low birth weight delivery or premature birth when compared to similar women not participating in Health Start.

BWCH produced the "Live it Change it" campaign targeting preconception health of African Americans in Arizona. "Every Woman Arizona" preconception health materials were produced and disseminated. In 2010, Arizona held its first preconception health summit in conjunction with the March of Dimes. BWCH established a Preconception Health Taskforce and developed a statewide preconception health plan. ***/2012/ Starting in 2011, Title V funding has been provided to six county health departments to implement preconception health strategies. //2012//*** The ADHS Bureaus of Physical Activity & Nutrition, Tobacco and Chronic Disease, Health Systems Development, and Women's & Children's Health have chosen tobacco prevention & cessation, physical activity, and nutrition as special areas of focus for integration of programming and messaging. With multiple programs promoting these healthy behaviors, it is hoped that this will also have a positive impact on birth outcomes in the future.

Health Status Indicators 02B: *The percent of live singleton births weighing less than 1,500 grams.*

Health Status Indicators Forms for HSI 01 through 05 - Multi-Year Data

Annual Objective and Performance Data	**2006**	**2007**	**2008**	**2009**	**2010**
Annual Indicator	0.9	0.9	0.9	1.0	0.9
Numerator	882	902	850	856	735
Denominator	99216	99889	96347	90032	84520
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Final

Notes - 2008
Data for 2008 were not available when the descriptive analyses and program narratives were completed.

Narrative:
/2012/ The estimate for singletons has not changed significantly since 2006. There is no Healthy People 2020 Goal for singleton birth weight. Arizona had a significantly lower estimate of very low birth weight for all infants than the HP 2020 Goal of 1.4 percent. Compared to the HP 2020 Goal, Arizona had 272 fewer very low weight births than expected. //2012//
Preconception, prenatal and interconception care are embedded in multiple Arizona Department of Health Services' (ADHS) programs that serve women at-risk for delivering a low birth weight infant. MCH programs refer women to smoking cessation programs within the ADHS Tobacco Prevention and Education Program. According to the Arizona Behavioral Risk Factor Survey (BRFS) the smoking rate among adults improved from 19.7 percent in 2007 to 15.8 percent in 2008. In addition to the positive effect of ADHS smoking cessation programs, legislation banning smoking in most public places and a substantial increase in the tobacco tax also had a positive effect on the prevalence of smoking. The reduction in smoking prevalence may have a long term positive influence on the proportion of low birth weight in Arizona.

The Health Start Program integrated the Alcohol Screening and Brief Intervention Services program in all Health Start sites to identify and support pregnant women at risk of using alcohol. An evaluation of Health Start participants found that those who participated in Health Start were less likely to have a low birth weight delivery or premature birth when compared to similar women not participating in Health Start.

BWCH produced the "Live it Change it" campaign targeting preconception health of African Americans in Arizona. "Every Woman Arizona" preconception health materials were produced and disseminated. In 2010, Arizona held its first preconception health summit in conjunction with the March of Dimes. BWCH established a Preconception Health Taskforce and developed a statewide preconception health plan. ***/2012/ Starting in 2011, Title V funding has been provided to six county health departments to implement preconception health strategies //2012//.*** The ADHS Bureaus of Physical Activity & Nutrition, Tobacco and Chronic Disease, Health Systems Development, and Women's & Children's Health have chosen tobacco prevention & cessation, physical activity, and nutrition as special areas of focus for integration of programming and messaging. With multiple programs promoting these healthy behaviors, it is hoped that this will also have a positive impact on birth outcomes in the future.

Health Status Indicators 03A: *The death rate per 100,000 due to unintentional injuries among children aged 14 years and younger.*

Health Status Indicators Forms for HSI 01 through 05 - Multi-Year Data

Annual Objective and Performance Data	**2006**	**2007**	**2008**	**2009**	**2010**
Annual Indicator	8.6	8.9	7.8	7.6	7.6
Numerator	119	126	108	109	103
Denominator	1390127	1412725	1379172	1434985	1358059
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Final

Notes - 2008
Data for 2008 not yet available. Estimates for 2008 are provisionally set at the 2007 rate until data becomes available in the Fall of 2009.

Narrative:
/2012/ The death rate due to unintentional injuries among children aged 14 years decreased from 8.6 per 100,000 to 7.6 per 100,000, although the decline was not significant. The Healthy People 2020 Goal for death due to unintentional injuries among all persons is 36 per 100,000. //2012//The data for mortality is available from the Arizona Death Certificate.

/2012/ The Injury Prevention Program adopted the 2006-2010 Arizona Injury and Surveillance Plan. The purpose of the Injury Plan is to expand and improve efforts to control injury through coordination, communication, and cooperation among the various

programs in ADHS and outside agencies. Within this Injury Plan, data-based surveillance guides the process for determining which actions and strategies will be most effective in reducing injury. The Child Fatality Review Program collects, analyzes and disseminates data for every child death in Arizona. The State Child Fatality Review Team makes specific recommendations for legislation and education to prevent unintentional injuries among children. //2012//

In 2009, the Arizona Substance Abuse Partnership developed goals, objectives, and action steps to address prescription drug abuse among children and underage drinking. This group, which is part of the Governor's Office of Children, Youth, and Families, is enlisting parents, communities, and pharmaceutical retailers to develop strategies to educate the public about the consequences of prescription drug abuse. The Division for Substance Abuse Policy is working with partner agencies to develop and implement a public awareness campaign regarding the proper disposal of prescription drugs. The Substance Abuse Partnership is also working to build capacity at the state level to enhance enforcement strategies to reduce underage drinking.

During 2009, several communities throughout Arizona have held 'Dump the Drugs' events where residents drop off unneeded medications to be properly destroyed. Among many others, these included the cities of Cottonwood, Prescott, Show Low, Sierra Vista, White River, and Williams.

In 2009, two First Things First Regional Councils offered grants to target injury prevention among children five years of age and younger.

/2012/ Title V funding support injury prevention activities in six county health departments. Lack of funding at local level is a barrier to inplementation of injury prevention statewide.

Safety in the home has been a focus of multiple BWCH programs. As part of Health Start, Community Health Workers receive training in conducting safe home inspections for children of all clients. The High Risk Perinatal Program (HRPP) Community Health Nurses conduct environmental risk assessments during every home visit in order to reduce the risk of infant injury and death. //2012//

Health Status Indicators 03B: *The death rate per 100,000 for unintentional injuries among children aged 14 years and younger due to motor vehicle crashes.*

Health Status Indicators Forms for HSI 01 through 05 - Multi-Year Data

Annual Objective and Performance Data	**2006**	**2007**	**2008**	**2009**	**2010**
Annual Indicator	4.0	4.0	2.7	3.5	2.1
Numerator	56	57	39	50	29
Denominator	1390127	1412725	1429459	1434985	1358059
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Final

Notes - 2008

Estimates for 2001 on reflect motor vehicle death rates for all children ages 0-14. Prior to 2001, estimates were based on ages 1-14. Data for 2006 not yet available.

The 2008 data were not available prior to completion of the descriptive analyses and program narratives.

Narrative:
/2012/ The rate of death for unintentional injuries due to motor vehicle crashes declined significantly since 2006 (Chi sqare=7.959(1), p<0.005) to 2.1 per 100,000 children aged 14 years and younger. The total number of MVC deaths among children has declined by nearly 50 percent since 2006. The Healthy People 2020 goal for persons of all ages is 12.4 deaths per 100,000. //2012//All mortality data were gathered from the Arizona Death Certificate.

The BWCH has multiple programs that attempt to reduce the mortality rate from motor vehicle crashes among children. The Title V Community Health Grants fund contractors to train car and booster seat technicians as well as purchase and distribute those safety seats. In addition, the program funds contractors that conduct education in high schools for teen parents about proper use of restraint seats. These contractors will continue to build infrastructure and influence policy. For premature infants, the High Risk Perinatal Program Community Health Nurses monitored car seat usage with every home visit and continued to educate the families on the importance of car seat usage.

Arizona Safe Kids is a state-wide program dedicated to the prevention of unintentional injury for Arizona's children under 15 years of age. Arizona Safe Kids is a member of Safe Kids Worldwide. Local Safe Kids Coalitions throughout Arizona receive leadership and technical assistance from Arizona Safe Kids. There are five local Safe Kids Coalitions, one local chapter, and the Arizona State Coalition. Educational materials, assistance in creating new coalitions, and other injury prevention strategies for communities are available from the Arizona Safe Kids Coalition. Local Coalition accomplishments include regular car seat testing events, a permanent car seat testing site, child passenger safety (CPS) technician certification and development of resource materials for public education.

/2012/ Emergency Medical Services for Children (EMSC) addresses this measure at the infrastructure level. In 2008, the Emergency Medical Services for Children began working on establishing a pediatric designation system for hospital emergency departments. This system will identify minimum training and equipment a hospital should have to care for a pediatric patient. The system is scheduled to begin in summer of 2011. In addition, the program is developing inter-facility transfer agreements for hospitals.

The Arizona legislature has not passed booster seat or primary seat belt legislation that could safeguard the lives of older children and teens. //2012//

Health Status Indicators 03C: *The death rate per 100,000 from unintentional injuries due to motor vehicle crashes among youth aged 15 through 24 years.*

Health Status Indicators Forms for HSI 01 through 05 - Multi-Year Data

Annual Objective and Performance Data	**2006**	**2007**	**2008**	**2009**	**2010**
Annual Indicator	32.4	26.7	22.1	16.8	12.2
Numerator	287	237	200	153	110
Denominator	885751	889177	903796	912687	904166
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year					

moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Final

Notes - 2008
The 2008 data was not available prior to completion of the narrative sections in this grant.

Narrative:
/2012/ The death rate for unintentional injuries due to motor vehicle crashes among youth aged 15 through 24 years has declined each year during the reporting period. Compared with 2006 (32.4 per 100,000) the rate in 2010 (12.2 per 100,000) was significantly lower in 2010 (Chi square=82.625(1), p<0.00001). //2012//All mortality data were gathered from the Arizona Death Certificate.

The Injury Prevention Program continues to provide technical assistance for the safety belt educational program for Arizona high schools called Battle of the Belt. The schools participated in a year long program to increase safety belt usage among students, thereby saving lives. Students observed seat belt usage and developed appropriate intervention strategies to improve student seat belt use at their schools. The tool kit for implementing a Battle of the Belt program is b made available to high schools throughout Arizona.

The Arizona legislature approved a graduated driver license law that requires teens aged 15 years and 6 months old to have an adult at least 21 years of age seated in the front seat at all times, a driving curfew and supervised training for youth 16 years of age, and limits on the number of passengers under 18 years of age. This is a best-practice infrastructure building model that will positively affect the rate of MVC deaths for youth in Arizona. The Child Fatality Review Program analyzes trends observed due to the enactment of graduated driving license restrictions for teen drivers.

/2012/ The Title V County Health Prevention program funds contractors that implement education in high schools about driving while under the influence of alcohol. //2012//
The Arizona Legislature has not passed legislation to make the use of seatbelts a primary enforcement law. Such a measure would aid in the reduction of incidence in fatal and non-fatal injuries among this age cohort due to motor vehicle crashes.

Health Status Indicators 04A: *The rate per 100,000 of all nonfatal injuries among children aged 14 years and younger.*

Health Status Indicators Forms for HSI 01 through 05 - Multi-Year Data

Annual Objective and Performance Data	**2006**	**2007**	**2008**	**2009**	**2010**
Annual Indicator	190.0	177.2	163.6	235.9	239.4
Numerator	2641	2504	2338	3385	3251
Denominator	1390127	1412725	1429459	1434985	1358059
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Final

Notes - 2008

The 2008 data was not available prior to completion of the narrative sections in this grant.

Narrative:
/2012/ As the rate of death for injuries declines in Arizona, the rate of all non-fatal injuries among children aged 14 years and younger has significantly increased from 190 per 100,000 in 2006 to 239 per 100,000 in 2010 (Chi-sqaure=78.37(1), p<0.00001). Falls remained the largest contributing cause of non-fatal injury among this age cohort. //2012//
The data were obtained through analysis of appropriate e-codes in the Arizona Hospital Discharge Database.

The Injury Prevention Program adopted the 2006-2010 Arizona Injury and Surveillance Plan. The purpose of the Injury Plan is to expand and improve efforts to control injury through coordination, communication, and cooperation among the various programs in ADHS and outside agencies. ***/2012/ Within this Injury Plan, data-based surveillance guides the process for determining which actions and strategies will be most effective in reducing injury. Unintentional falls are the leading cause of non-fatal injury for children ages 0-14 in Arizona //2012//***.

Safety in the home has been a focus of multiple BWCH programs. As part of Health Start, Community Health Workers receive training in conducting safe home inspections for children of all clients. The High Risk Perinatal Program (HRPP) Community Health Nurses also conduct environmental risk assessments during every home visit in order to reduce the risk of infant injury and death.

Proper helmet use during pedal bike riding can reduce injury rates among this cohort. The Title V Community Health Grant program funding has been used to purchase bicycle helmets and implement bicycle riding education programs throughout Arizona. A large Bike Rodeo was held in Navajo County. The rodeo focused on gun safety, sun safety, bicycle and helmet safety, car seat safety, and other safety and health related education.

Arizona Safe Kids is a state-wide program dedicated to the prevention of unintentional injury for Arizona's children under 15 years of age. Arizona Safe Kids is a member of the National Safe Kids Campaign. Local Safe Kids Coalitions throughout Arizona receive leadership and technical assistance from Arizona Safe Kids. There are five local Safe Kids Coalitions, one local chapter, and the Arizona State Coalition. Educational materials, assistance in creating new coalitions, and other injury prevention strategies for communities are available from the Arizona Safe Kids Coalition.

Capacity to address injuries among young children 0 -5 years old has been increasing as a result of funding through the First Things First initiative. Several regional councils have chosen to fund injury prevention strategies at the local level.

Health Status Indicators 04B: *The rate per 100,000 of nonfatal injuries due to motor vehicle crashes among children aged 14 years and younger.*

Health Status Indicators Forms for HSI 01 through 05 - Multi-Year Data

Annual Objective and Performance Data	**2006**	**2007**	**2008**	**2009**	**2010**
Annual Indicator	50.7	45.3	34.3	38.6	36.6
Numerator	705	640	491	554	497
Denominator	1390127	1412725	1429459	1434985	1358059
Check this box if you cannot report the numerator because					

1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Final

Notes - 2008
The 2008 data was not available prior to completion of the narrative sections in this grant.

Narrative:
/2012/ The rate of nonfatal injuries due to motor vehicle crashes among children aged 14 years and younger declined in 2010, but not significantly. Compared to 2006 (50.7 per 100,000) the rate in 2010 (36.6 per 100,000) was significantly lower (Chi-square=31.293, p<0.0001). //2012//The data were obtained through analysis of appropriate e-codes in the Arizona Hospital Discharge Database.

/2012/ The Arizona Safe Kids Coalition. Local Coalition accomplishments include regular car seat check up events, a permanent car seat testing site, child passenger safety (CPS) technician certification and development of resource materials for public education. //2012//

/2012/ In 2010, //2012//the Title V Community Health Grants funded four car seat safety projects throughout the state. Through these programs, car safety seats were installed with accompanying education including self-installation of the child car seat by the caregiver/parent. Also, car seats were checked for proper installation, wear, damage, or product recalls.

For premature infants, the HRPP Community Health Nurses monitored car seat usage with every home visit and continued to educate the families on the importance of car seat usage.

The Child Fatality Review annual report was used to support state legislation introduced in past sessions including a proposed enactment of booster seat legislation for children who are between five and nine years of age and are less than four feet, nine inches in height. However, the Arizona legislature has not passed booster seat legislation. In addition, the legislature has not passed legislation to make the use of seatbelts a primary enforcement law. Both measures would reduce the incidence of fatal and non-fatal injuries among older children due to MVC.

Health Status Indicators 04C: *The rate per 100,000 of nonfatal injuries due to motor vehicle crashes among youth aged 15 through 24 years.*

Health Status Indicators Forms for HSI 01 through 05 - Multi-Year Data

Annual Objective and Performance Data	**2006**	**2007**	**2008**	**2009**	**2010**
Annual Indicator	211.2	206.6	165.2	161.1	137.6
Numerator	1871	1837	1493	1471	1244
Denominator	885751	889177	903796	912887	904166
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					

Is the Data Provisional or Final?				Final	Final

Notes - 2008
The 2008 data was not available prior to completion of the narrative sections in this grant.

Narrative:
/2012/ The rate of nonfatal injuries due to motor vehicle crashes for youth aged 15 through 24 years old continued to decline in 2010. Compared to 2009 (161.1 per 100,000) the rate in 2010 (137.6 per 100,000) was significantly lower (Chi-square=16.889, p<0.00004). //2012//
The data were obtained through analysis of appropriate e-codes in the Arizona Hospital Discharge Database.

The Injury Prevention Program continues to provide technical assistance for the safety belt educational program for Arizona high schools called Battle of the Belt. The schools participated in a year long program to increase safety belt usage among students, thereby saving lives. Students observed seat belt usage and developed appropriate intervention strategies to improve student seat belt use at their schools. The tool kit for implementing a Battle of the Belt program is made available to high schools throughout Arizona.

The Arizona legislature approved a graduated driver license law that requires teens aged 15 years and 6 months old to have an adult at least 21 years of age seated in the front seat at all times, a driving curfew and supervised training for youth 16 years of age, and limits on the number of passengers under 18 years of age. This is a best-practice infrastructure building model that will positively affect the rate of MVC deaths for youth in Arizona. The Child Fatality Review Program analyzes trends observed due to the enactment of graduated driving license restrictions for teen drivers.

/2012/ The Title V Community Health Grant program funds contractors that implement education in high schools about driving while under the influence of alcohol. //2012//
The Arizona Legislature has not passed legislation to make the use of seatbelts a primary enforcement law. Such a measure would reduce the incidence of fatal and non-fatal injuries among this age cohort due to MVC.

Health Status Indicators 05A: *The rate per 1,000 women aged 15 through 19 years with a reported case of chlamydia.*

Health Status Indicators Forms for HSI 01 through 05 - Multi-Year Data

Annual Objective and Performance Data	**2006**	**2007**	**2008**	**2009**	**2010**
Annual Indicator	29.0	30.7	30.2	30.7	28.9
Numerator	6188	6600	6595	6771	6491
Denominator	213698	215079	218545	220555	224302
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Final

Notes - 2008
Data for 2008 were not available when descriptive analyses and program narratives were completed.

Narrative:
/2012/ Although the rate of Chlamydia for 15 through 19 year old women did not decline significantly in 2010 (28.9 per 1,000) compared with 2006 (29.0 per 1,000), the rate in 2010 was significantly lower compared to the rate (30.7 per 1,000) in 2009 (Chi-square=11.926(1), p<0.0006). There is no specific Healthy People 2020 Goal for Chlamydia rates, but HP 2020 does have a 'developmental goal' of reducing Chlamydia incidence among 15-44 year old females. Sexually transmitted disease data come from the Arizona Department of Health Services (ADHS) Sexually Transmitted Disease Control Program. //2012//

/2012/ The Arizona Department of Health Services (ADHS) Sexually Transmitted Disease Control Program (STDCP) manages the Infertility Prevention Project (IPP) component of the CDC Comprehensive STD Prevention Services (CSPS) Cooperative Agreement grant. The overall goal of the IPP is to assess and reduce the prevalence of chlamydia infection and associated complications. This is accomplished through increased education and training, targeted screening, timely and effective treatment, effective partner referral and treatment, and dissemination of chlamydia-related information to providers and policy makers in order to reduce infertility among women through the screening and treatment of chlamydia. The STDCP partners closely with the Arizona Family Planning Council and its delegate Title X clinics as well as the WIC Title V program and their clinics to address issues related to both the IPP and adolescent health. In 2010, nearly 27,000 women were screened for chlamydia under this Project with over 20,000 of these women being under the age of 26. //2012//

/2012/ The Partnership to Address the increasing Trends in Health disparities for African American Women, Adolescents, and Youth in Sexual health (PATHWAYS) collaborative group meets bimonthly to partner to bring awareness to and address health disparities among the African American population in Arizona.

The STDCP also works closely with community partners, including the Arizona Women, Infants and Children (WIC) Program and their contractors serving distinct targeted populations, to enhance education and prevention efforts and to actively identify additional community partners and collaborations.

The STDCP will continue to partner with the WIC Program and their contractors in an effort to educate WIC participants. The program will also promote STD testing in adolescents reached under abstinence and comprehensive sex education programs.

In response to the disproportionately high rates of gonorrhea among African Americans living in Arizona, the Arizona STDCP undertook an analysis in early 2010. Information from this analysis was used to identify three zip codes in Maricopa County with the highest number of reported gonorrhea cases among African Americans. The ADHS STDCP has identified community health clinics located within or near these zip codes and is in the process of establishing a relationship with these clinics to educate and to design a means to increase the screening of both chlamydia and gonorrhea in those areas by instituting screening via the Infertility Prevention Project. //2012//

Health Status Indicators 05B: *The rate per 1,000 women aged 20 through 44 years with a reported case of chlamydia.*

Health Status Indicators Forms for HSI 01 through 05 - Multi-Year Data

Annual Objective and Performance Data	**2006**	**2007**	**2008**	**2009**	**2010**
Annual Indicator	11.2	10.7	8.5	10.5	11.6

Numerator	11849	11652	11265	11855	12041
Denominator	1061924	1085698	1326554	1124281	1038255
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Final

Notes - 2008
Data for 2008 were not available when the descriptive analyses and program narratives were completed.

Narrative:
/2012/ The rate of reported Chlamydia among women aged 20-44 years increased significantly in 2010 to 11.6 per 1,000 (Chi-square=54.751(1), p<0.0001). The increase may be due to increased testing of women in this age cohort. Information about 2010 rates by race/ethnicity were not available at this time from the Arizona Department of Health Services (ADHS) Sexually Transmitted Disease Control Program (STDCP). These data will be available later in 2011 in the Sexually Transmitted Diseases Report, 2010 at: http://www.azdhs.gov/phs/oids/std/reports.htm //2012//

/2012/ The Arizona Department of Health Services (ADHS) Sexually Transmitted Disease Control Program (STDCP) manages the Infertility Prevention Project (IPP) component of the CDC Comprehensive STD Prevention Services (CSPS) Cooperative Agreement grant. The overall goal of the IPP is to assess and reduce the prevalence of chlamydia infection and associated complications. This is accomplished through increased education and training, targeted screening, timely and effective treatment, effective partner referral and treatment, and dissemination of chlamydia-related information to providers and policy makers in order to reduce infertility among women through the screening and treatment of chlamydia. The STDCP partners closely with the Arizona Family Planning Council and its delegate Title X clinics as well as the WIC Title V program and their clinics to address issues related to both the IPP and adolescent health. In 2010, nearly 27,000 women were screened for chlamydia under this Project with over 20,000 of these women being under the age of 26.

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The STDCP also works closely with community partners, including the Arizona Women, Infants and Children (WIC) Program and their contractors serving distinct targeted populations, to enhance education and prevention efforts and to actively identify additional community partners and collaborations.

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highest number of reported gonorrhea cases among African Americans. The ADHS STDCP has identified community health clinics located within or near these zip codes and is in the process of establishing a relationship with these clinics to educate and to design a means to increase the screening of both chlamydia and gonorrhea in those areas by instituting screening via the Infertility Prevention Project. //2012//

Health Status Indicators 06A: *Infants and children aged 0 through 24 years enumerated by sub-populations of age group and race. (Demographics)*

HSI #06A - Demographics (TOTAL POPULATION)

CATEGORY TOTAL POPULATION BY RACE	**Total All Races**	**White**	**Black or African American**	**American Indian or Native Alaskan**	**Asian**	**Native Hawaiian or Other Pacific Islander**	**More than one race reported**	**Other and Unknown**
Infants 0 to 1	87053	73110	4328	5815	3293	0	0	507
Children 1 through 4	368662	319226	17329	22007	10100	0	0	0
Children 5 through 9	453680	389325	22787	29761	11807	0	0	0
Children 10 through 14	448664	381316	23103	33070	11175	0	0	0
Children 15 through 19	461582	390052	22649	37481	11400	0	0	0
Children 20 through 24	442584	379736	19928	30895	12025	0	0	0
Children 0 through 24	2262225	1932765	110124	159029	59800	0	0	507

Notes - 2012

Narrative:

/2012/ The estimated total population of children 0-24 residing in Arizona in 2010 (2,262,225) agrees with the U.S. Census 2010.

The percentages of population breakdowns by age and race/ethnicity were not available from the U.S. Census prior to completion of this grant. Other than for the infant category which is available on the Arizona Birth Certificate, shares for each race/ethnicity in other age groups were estimated to be equivalent to the 2009 Census estimate. These data will be revised according to the release of 2010 Census data by age and race/ethnicity. //2012//
ADHS programs (described in detail elsewhere in the grant application) utilize culturally and linguistically appropriate interventions to meet the health needs of Arizona's diverse maternal and child population.

Health Status Indicators 06B: *Infants and children aged 0 through 24 years enumerated by sub-populations of age group and Hispanic ethnicity. (Demographics)*

HSI #06B - Demographics (TOTAL POPULATION)

CATEGORY TOTAL POPULATION BY HISPANIC ETHNICITY	**Total NOT Hispanic or Latino**	**Total Hispanic or Latino**	**Ethnicity Not Reported**
Infants 0 to 1	52213	34333	507
Children 1 through 4	209602	159060	0

Children 5 through 9	271308	182372	0
Children 10 through 14	262369	186295	0
Children 15 through 19	307076	154506	0
Children 20 through 24	296350	146234	0
Children 0 through 24	1398918	862800	507

Notes - 2012

Narrative:
/2012/ The estimated total population of children 0-24 residing in Arizona in 2010 (2,262,225) agrees with the U.S. Census 2010.

The percentages of population breakdowns by age and race/ethnicity were not available from the U.S. Census prior to completion of this grant. Other than for the infant category which is available on the Arizona Birth Certificate, shares for each race/ethnicity in other age groups were estimated to be equivalent to the 2009 Census estimate. These data will be revised according to the release of 2010 Census data by age and race/ethnicity. //2012// ADHS programs (described in detail elsewhere in the grant application) utilize culturally and linguistically appropriate interventions to meet the health needs of Arizona's diverse maternal and child population.

Health Status Indicators 07A: *Live births to women (of all ages) enumerated by maternal age and race. (Demographics)*

HSI #07A - Demographics (Total live births)

CATEGORY Total live births	**Total All Races**	**White**	**Black or African American**	**American Indian or Native Alaskan**	**Asian**	**Native Hawaiian or Other Pacific Islander**	**More than one race reported**	**Other and Unknown**
Women < 15	105	80	10	14	1	0	0	0
Women 15 through 17	2910	2400	151	331	23	0	0	5
Women 18 through 19	6401	5254	401	643	79	0	0	24
Women 20 through 34	66427	55976	3301	4303	2502	0	0	345
Women 35 or older	11210	9397	465	524	688	0	0	136
Women of all ages	87053	73107	4328	5815	3293	0	0	510

Notes - 2012

Narrative:
/2012/ Total live births to women in Arizona declined 6.0 percent in 2010 compared to 2009. This marked the third year of a decline in the number of births in Arizona, from a high of 102,687 in 2007 (15.2 percent total decline). This change was driven by reductions in the number of live births to; Hispanic or Latinas (-10.5%), White non-Hispanics (-2.5%), and American Indians (-5.8%). //2012//The effects of the continuing economic recession and the loss of employment may be driving a reduction in fertility and also a reduction in the overall number of reproductive age women in Arizona. In addition, the effects of new employer sanction laws and immigration restrictions may account for the significant disparity in the reduction of

births to Hispanic or Latinas in Arizona. The significant decline in live births will have profound effects on the caseloads for maternal and child health programs.

/2012/ The rate of births to females aged 15-19 continued a secular decline in 2010. The rate declined from 49.1 per 1,000 in 2009 to 41.5 per 1,000 in 2010, a 15.5 percent reduction. Final 2010 Census estimates by gender, age and race/ethnicity were not available for use as denominators to calculate rates. However, the total number of Hispanic or Latina teen births in 2010 (n=5280) was 15.6% lower compared to 2009 (n=6254). //2012// All data were obtained through Arizona Vital Statistics, 2010.

Health Status Indicators 07B: *Live births to women (of all ages) enumerated by maternal age and Hispanic ethnicity. (Demographics)*

HSI #07B - Demographics (Total live births)

CATEGORY Total live births	**Total NOT Hispanic or Latino**	**Total Hispanic or Latino**	**Ethnicity Not Reported**
Women < 15	37	68	0
Women 15 through 17	1046	1859	5
Women 18 through 19	2956	3421	24
Women 20 through 34	40829	25253	345
Women 35 or older	7343	3731	136
Women of all ages	52211	34332	510

Notes - 2012

Narrative:
/2012/ Total live births to women in Arizona declined 6.0 percent in 2010 compared to 2009. This marked the third year of a decline in the number of births in Arizona, from a high of 102,687 in 2007 (15.2 percent total decline). This change was driven by reductions in the number of live births to; Hispanic or Latinas (-10.5%), White non-Hispanics (-2.5%), and American Indians (-5.8%). //2012//The effects of the continuing economic recession and the loss of employment may be driving a reduction in fertility and also a reduction in the overall number of reproductive age women in Arizona. In addition, the effects of new employer sanction laws and immigration restrictions may account for the significant disparity in the reduction of births to Hispanic or Latinas in Arizona. The significant decline in live births will have profound effects on the caseloads for maternal and child health programs.

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Health Status Indicators 08A: *Deaths of infants and children aged 0 through 24 years enumerated by age subgroup and race. (Demographics)*

HSI #08A - Demographics (Total deaths)

CATEGORY	**Total**	**White**	**Black or African**	**American Indian or**	**Asian**	**Native Hawaiian**	**More than one race**	**Other and Unknown**

Total deaths	**All Races**		**American**	**Native Alaskan**		**or Other Pacific Islander**	**reported**	
Infants 0 to 1	519	386	48	47	11	2	22	3
Children 1 through 4	117	92	5	14	3	0	3	0
Children 5 through 9	58	43	4	1	5	2	1	2
Children 10 through 14	65	52	2	8	1	0	2	0
Children 15 through 19	220	158	14	34	3	1	3	7
Children 20 through 24	422	308	25	68	4	3	5	9
Children 0 through 24	1401	1039	98	172	27	8	36	21

Notes - 2012
The adoption of 'more than one race' by the OMB and Census has resulted in lower rates of infant mortality across the other singular race groups.

Narrative:
/2012/ Total infant deaths declined by n=28 in 2010 compared to 2009; however, the infant mortality rate increased, but not significantly,from 5.9 in per 1,000 live births 2009 to 6.0 in 2010 per 1,000 live births. Arizona is meeting the Healthy People 2020 Goal of 6.0 infant deaths per 1,000 live births. //2012//The data for infant mortality is found in Advanced Vital Statistics Report, 2010 Arizona.

Racial disparities in infant and youth mortality remain persistent in Arizona. Although Whites (Hispanic and non-Hispanic) had the most total infant deaths, Black or African American infant mortality (17.1 per 1,000 live born infants) was more than three times as great at the rate for White non-Hispanics (4.3 per 1,000 live born infants), two-and-a-half times as great as for Hispanic or Latinos (6.2 per 1,000 live births), and more than two-times as great as the rate found in American Indian infants (8.4 per 1,000 live born infants).

Among older youth aged 15 through 19, there was a 11 percent decrease in the total number of deaths in 2009 (262) compared to 2008 (297). Racial disparities were less apparent in the mortality rates for older youth. The mortality rates for White non-Hispanic youth (0.4 per 1,000 residents aged 15 through 19), Hispanic or Latino youth (0.7), Black or African American youth (0.5), and American Indian or Alaskan Native youth (0.9) were lower than in 2008. The population denominator was based on population projections that are less precise than birth certificates. Thus, the rates are estimates of mortality across this age cohort.

The Arizona legislature approved a graduated driver license law that requires teens aged 15 years and 6 months old to have an adult at least 21 years of age seated in the front seat at all times, a driving curfew and supervised training for youth 16 years of age, and limits on the number of passengers under 18 years of age. This is a best-practice infrastructure building model that will positively affect the rate of MVC deaths for youth in Arizona. The Child Fatality Review Program will analyze any trends observed due to the enactment of graduated driving license restrictions for teen drivers.

Health Status Indicators 08B: *Deaths of infants and children aged 0 through 24 years enumerated by age subgroup and Hispanic ethnicity. (Demographics)*

HSI #08B - Demographics (Total deaths)

CATEGORY Total deaths	**Total NOT Hispanic or Latino**	**Total Hispanic or Latino**	**Ethnicity Not Reported**
Infants 0 to 1	281	235	3
Children 1 through 4	72	45	0
Children 5 through 9	37	19	2
Children 10 through 14	37	28	0
Children 15 through 19	137	76	7
Children 20 through 24	294	119	9
Children 0 through 24	858	522	21

Notes - 2012

Narrative:
/2012/ Total infant deaths declined by n=51 in 2009 compared to 2009. Even with the substantial changes in the total population of infants, the infant mortality rate increased from 5.9 in per 1,000 live births 2009 to 6.0 in 2010 per 1,000 live births. //2012// The data for infant mortality is found in advanced analysis of 2008 Arizona Vital Health and Statistics.

Racial disparities in infant and youth mortality remain persistent in Arizona. Although Whites (Hispanic and non-Hispanic) had the most total infant deaths, Black or African American infant mortality (17.1 per 1,000 live born infants) was more than three times as great at the rate for White non-Hispanics (4.3 per 1,000 live born infants), two-and-a-half times as great as for Hispanic or Latinos (6.2 per 1,000 live births), and more than two-times as great as the rate found in American Indian infants (8.4 per 1,000 live born infants).Population counts of Hispanic or Latino youth are estimates and therefore, mortality rates for this cohort are less precise than for infants which rely on counts of annual birth certificates. In addition the population counts are of residents which do not take into account for the substantial number of non-resident Hispanic or Latinos in Arizona.

Among older youth aged 15 through 19, there was a 11 percent decrease in the total number of deaths in 2009 (262) compared to 2008 (297). Racial disparities were less apparent in the mortality rates for older youth. The mortality rates for White non-Hispanic youth (0.4 per 1,000 residents aged 15 through 19), Hispanic or Latino youth (0.7), Black or African American youth (0.5), and American Indian or Alaskan Native youth (0.9) were lower than in 2008. The population denominator was based on population projections that are less precise than birth certificates. Thus, the rates are estimates of mortality across this age cohort.

The Arizona legislature approved a graduated driver license law that requires teens aged 15 years and 6 months old to have an adult at least 21 years of age seated in the front seat at all times, a driving curfew and supervised training for youth 16 years of age, and limits on the number of passengers under 18 years of age. This is a best-practice infrastructure building model that will positively affect the rate of MVC deaths for youth in Arizona. The Child Fatality Review Program will analyze any trends observed due to the enactment of graduated driving license restrictions for teen drivers.

Health Status Indicators 09A: *Infants and children aged 0 through 19 years in miscellaneous situations or enrolled in various State programs enumerated by race. (Demographics)*

HSI #09A - Demographics (Miscellaneous Data)

CATEGORY Misc Data BY RACE	**Total All Races**	**White**	**Black or African American**	**American Indian or Native Alaskan**	**Asian**	**Native Hawaiian or Other Pacific Islander**	**More than one race reported**	**Other and Unknown**	**Specific Reporting Year**
All children 0 through 19	1819641	1554094	89908	127819	47820	0	0	0	2010
Percent in household headed by single parent	37.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	2010
Percent in TANF (Grant) families	3.4	3.0	8.3	5.7	1.2	0.0	0.0	0.0	2010
Number enrolled in Medicaid	829722	633908	58910	90440	14935	0	0	31529	2010
Number enrolled in SCHIP	20198	16739	518	1446	561	0	0	934	2010
Number living in foster home care	10514	7932	1464	762	83	0	0	273	2010
Number enrolled in food stamp program	534416	421329	41752	55504	5146	1811	0	8874	2010
Number enrolled in WIC	266722	239160	16953	5517	3625	1467	0	0	2010
Rate (per 100,000) of juvenile crime arrests	4307.0	4306.0	7615.0	3048.0	1356.0	0.0	0.0	0.0	2010
Percentage of high school drop-outs (grade 9 through 12)	4.3	3.9	4.7	9.9	1.5	0.0	0.0	0.0	2010

Notes - 2012

The total 0-19 year old population is based on the 2010 Census. Shares of 0-19 year old population are estimated based on 2009 population estimates until US Census releases the 2010 state population by race/ethnicity and age

The estimate for single parent households is available from the Annie E. Casey Foundation Kids Count Data Center.
http://datacenter.kidscount.org/data/acrossstates/Rankings.aspx?loct=2&by=v&order=a&ind=106&dtm=430&tf=38

In previous years Arizona reported this estimate based on results from the 2000 Census. However, the 2010 Census estimates for this measure are not available at this time.

Foster care totals as of September 20, 2010 (see https://www.azdes.gov/appreports.aspx?Category=57&subcategory=20&menu=154)

Narrative:
The Teen Pregnancy Prevention Program (TPP) actively works with juvenile detention facilities and Juvenile Probation Courts to provide education on teen pregnancy prevention to incarcerated youth and to those on probation. Inter-agency collaboration has enabled a State Lottery funded program such as the TPP to reach a cohort of youth that would otherwise be missed with traditional outreach in public schools.

Several BWCH programs have an active role in linking clients to TANF, WIC, Medicaid and SNAP. Those programs include Health Start, High Risk Perinatal Program, Title V Hotline, Community Health Grants, and Domestic Violence.

/2012/ The Arizona Legislature passed a Medicaid Reform Package that would reduce costs to the State General Fund by an estimated $500 million. Proposed changes would result in an estimated 130,000 to 160,000 people losing AHCCCS medical coverage during the next year. Some of these changes are described below.

Federal authorities approved the elimination of Arizona's Medicaid Spend Down Program and effective May 1, 2011, people can no longer qualify for AHCCCS by factoring in high medical costs to reduce their income low enough to meet eligibility requirements (40% FPL). Of the 5,785 currently receiving assistance from this program, 700 to 1,000 of those covered are children. It is likely that this change will impact those families enrolling in the High Risk Perinatal Program (HRPP). When a baby is transported and/or admitted into a NICU they are enrolled into HRPP. Contracted hospitals are required to enroll uninsured families into AHCCCS. When a family is determined ineligible for AHCCCS, the hospital can only bill the family for the amount designated on a sliding fee scale established by the HRPP and agrees to accept an enrollment fee of $250 as payment in full. Hospitals would not be able to bill families with incomes up to 100% of the FPL. It is uncertain whether this change will result in hospitals reassessing the current contract terms if fewer families are able to enroll in AHCCCS and they cannot bill families.

Other proposed changes to AHCCCS include freezing medical coverage for childless adults effective July 1, 2011 and eliminating enrollment of parents earning 75% - 100% of the FPL. These changes require Federal approval. Public interest groups are challenging these changes in court because they were enacted as a result of a voter approved proposition, Prop 204. The Arizona Association of Community Health Centers and the Keogh Health Connection have launched a campaign encouraging AHCCCS and Supplemental Nutrition Assistance Program recipients to reenroll early enough to avoid losing their benefits and avoid the possibility of being ineligible to reenroll due to revised eligibility requirements. The campaign is called "Don't Get Dropped" which encourages health care providers to remind their patients to reenroll and provides tools for patients to self manage their coverage. Public health and BWCH have a role in educating our clients about changes impacting AHCCCS eligibility. //2012//

Health Status Indicators 09B: *Infants and children aged 0 through 19 years in miscellaneous situations or enrolled in various State programs enumerated by Hispanic ethnicity. (Demographics)*

HSI #09B - Demographics (Miscellaneous Data)

CATEGORY Miscellaneous Data BY HISPANIC ETHNICITY	**Total NOT Hispanic or Latino**	**Total Hispanic or Latino**	**Ethnicity Not Reported**	**Specific Reporting Year**

All children 0 through 19	1118096	701545	0	2010
Percent in household headed by single parent	0.0	0.0	37.0	2010
Percent in TANF (Grant) families	2.6	4.7	0.0	2010
Number enrolled in Medicaid	458836	370886	0	2010
Number enrolled in SCHIP	7670	11594	934	2010
Number living in foster home care	6359	3882	273	2010
Number enrolled in food stamp program	235198	290344	8874	2010
Number enrolled in WIC	92354	174368	0	2010
Rate (per 100,000) of juvenile crime arrests	4031.0	4783.0	0.0	2010
Percentage of high school drop-outs (grade 9 through 12)	3.6	5.4	0.0	2010

Notes - 2012

Narrative:
The Teen Pregnancy Prevention Program (TPP) actively works with juvenile detention facilities and Juvenile Probation Courts to provide education on teen pregnancy prevention to incarcerated youth and to those on probation. Inter-agency collaboration has enabled a State Lottery funded program such as the TPP to reach a cohort of youth that would otherwise be missed with traditional outreach in public schools.

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Other proposed changes to AHCCCS include freezing medical coverage for childless adults effective July 1, 2011 and eliminating enrollment of parents earning 75% - 100% of the FPL. These changes require Federal approval. Public interest groups are challenging these changes in court because they were enacted as a result of a voter approved proposition, Prop 204. The Arizona Association of Community Health Centers and the Keogh Health Connection have launched a campaign encouraging AHCCCS and Supplemental Nutrition Assistance Program recipients to reenroll early enough to avoid losing their benefits and avoid the possibility of being ineligible to reenroll due to revised eligibility requirements. The campaign is called "Don't Get Dropped" which encourages

health care providers to remind their patients to reenroll and provides tools for patients to self manage their coverage. Public health and BWCH have a role in educating our clients about changes impacting AHCCCS eligibility. //2012//

Health Status Indicators 10: *Geographic living area for all children aged 0 through 19 years.*

HSI #10 - Demographics (Geographic Living Area)

Geographic Living Area	Total
Living in metropolitan areas	1803950
Living in urban areas	1375895
Living in rural areas	413324
Living in frontier areas	30422
Total - all children 0 through 19	1819641

Notes - 2012

Narrative:
/2012/ The estimates for population by geographic area are provisional until Summary File No. 1 for Arizona is released by the 2010 US Census. //2012//

Health Status Indicators 11: *Percent of the State population at various levels of the federal poverty level.*

HSI #11 - Demographics (Poverty Levels)

Poverty Levels	Total
Total Population	6508334.0
Percent Below: 50% of poverty	10.0
100% of poverty	21.2
200% of poverty	39.2

Notes - 2012

Narrative:
/2012/ The total population of Arizona was estimated to have decreased by 1.3 percent according to U.S. Census 2010. The effects of the economic recession and job losses in Arizona likely reduced immigration into the state from other states and Latin America. The recession was also responsible for increases in poverty across each category. Ten percent of Arizonans were classified as severely poor, 21.2 percent were living below 100 percent of the federal poverty level, and 39.2 percent were below 200 percent of the federal poverty level. //2012// These poverty estimates are likely reflected in the increases in the percentages of Arizonans on food stamps and temporary assistance for needy families.

Health Status Indicators 12: *Percent of the State population aged 0 through 19 years at various levels of the federal poverty level.*

HSI #12 - Demographics (Poverty Levels)

Poverty Levels	Total
Children 0 through 19 years old	1874836.0
Percent Below: 50% of poverty	15.4
100% of poverty	31.5

200% of poverty	51.1

Notes - 2012

Narrative:
/2012/ According to the 2010 Census, the population of 0-19 year olds decreased in Arizona by 0.8 percent from 2009. According to the U.S. Census Current Population Survey, an estimated nearly one-in-three children under 20 years old were living at or below the federal poverty line, and more than half were below 200 percent of the federal poverty level. //2012//

F. Other Program Activities

Arizona Telemedicine Program

OCSHCN is part of the Arizona Telemedicine Program and has an established CSHCN telemedicine network at four regional sites throughout the state. Telemedicine has increased access to care for CSHCN in remote areas of the state and allowed for more efficient utilization of rare pediatric subspecialty providers in the areas of neurology and orthopedics. OCSHCN is developing a more extensive CSHCN telemedicine network to include an Indian Reservation based health center and outreach clinic sites. The expansion will also increase the types of specialty care offered through telemedicine visits to include hearing screening, cardiology, metabolic nutrition and genetic testing follow up at multiple sites throughout the state, especially in areas without or with limited access to pediatric specialty providers.

Family Violence Prevention & Services Grant

The Family Violence Prevention and Services Act provides funding to prevent family violence and to provide immediate shelter and related assistance for victims of family violence and their dependents. In Arizona, funds are provided to safe homes in rural areas, known as the Rural Safe Home Network. Between October 1, 2008 and September 30, 2009 the Rural Safe Home Network provided 14,567 shelter nights to 466 women, 515 children and 3 men.

Sexual Violence Prevention & Education Grant

Arizona's Sexual Violence Prevention and Education Program is funded through Centers for Disease Control and Prevention. Between November 1, 2009 and October 31, 2010, the program reached 15,722 unduplicated Arizonans with multi-session workshops of primary prevention of sexual violence and education. In 2009 BWCH expanded its scope beyond primary prevention of sexual violence and was awarded a Department of Justice grant for direct services of survivors of sexual assault. These funds are unique with respect to providing services to those collaterally affected by the victimization, including but not limited to, friends, coworkers, and classmates.

/2012/ In 2011, in line with the state plan on Primary Prevention of Sexual Violence, BWCH expanded training on Bystander Intervention Skills ("Bar Campaign') to include staff at alcohol serving establishments in three key areas of the state. The outcome is to increase staff's knowledge of sexual violence primary prevention issues, strategies, policies and enhance their skills in being an active bystander in an alcohol-related environment. //2012//

Toll-Free Hotlines

BWCH operates three toll-free hotlines: the Children's Information Center (CIC), the Pregnancy and Breastfeeding Hotline, and the WIC Hotline. The CIC is a statewide, bilingual/bicultural toll-free number that provides information, referral, support, education and advocacy to family care givers and health care professionals throughout Arizona. The Pregnancy and Breastfeeding Hotline facilitates entry of pregnant women into prenatal care services and provides breastfeeding support. The Hotline serves as the state's Baby Arizona Hotline, in partnership with Arizona's Medicaid agency, AHCCCS. Baby Arizona is a presumptive eligibility process which enables pregnant women to access prenatal care before Medicaid eligibility is determined. The Hotline is staffed by two bilingual Certified Lactation Consultants. An International Board Certified Lactation Counselor is available to answer all breastfeeding questions after normal business hours and to answer technical questions 24 hours a day, seven days a week.

/2012/ BWCH operates six toll-free hotlines: the Children's Information Center (CIC), the Pregnancy and Breastfeeding Hotline, and the WIC Hotline, the WIC Complaint Hotline, the Folic Acid Hotline, and 311 BABY. The WIC Complaint Hotline takes complaints from consumers about stores that may not carry WIC approved foods or won't honor certain WIC approved foods. They also take complaints from stores about possible fraud. 311 BABY is a national hotline that connects callers with a local number regarding topics related to prenatal health. //2012//

EMPOWER

In 2010, ADHS implemented s new program known as the Empower Program. The program promotes 10 standards on nutrition, physical activity and tobacco prevention designed to create a healthy environment for children in child care settings. Child care providers that adopt the standards receive a reduction in licensing fees, training and technical assistance, and a logo that identifies them as an "Empower Center." ADHS blended three funding streams, including Title V, to help off-set the licensing fees for providers that participate in the program. The development of Empower helped to facilitate proposed changes in licensing requirements that support the standards.

HRSA's State Early Childhood Comprehensive Systems Grant (SECCS)

Arizona's SECCS grant is administered by and integrated into the work of Arizona's Early Childhood Development and Education Board, known as First Things First. BWCH receives some funding from the grant to enhance integration of early childhood at ADHS and among other state agencies. BWCH convenes an ADHS bimonthly 0-5 workgroup to foster coordination of maternal and child health services within ADHS.

HRSA's Emergency Medical Services for Children (EMSC)

The EMSC program utilized its Pediatric Advisory Committee for Emergency Services, along with additional stakeholders, to begin working on establishing a voluntary pediatric designation system for hospital emergency departments. This system will identify minimum training and equipment a hospital should have to care for a pediatric patient, and is scheduled to begin in fall of 2010.

State Systems Development Initiative (SSDI)

The overarching goal of the Arizona State Systems Development Initiative (SSDI) is to enhance the epidemiological structure of the Bureau of Women's and Children's Health (BWCH) to facilitate linking and reporting of data that will be used to improve women's and children's health. Data systems involved in the SSDI project include birth and death records, WIC, birth defects registry, community nursing, hospital discharge, behavioral health, and newborn screening.

G. Technical Assistance

The ADHS Office of Oral Health requests additional training assistance to create and enhance coordination between ADHS and other state and non-state agencies to promote oral health priorities. There is a need for enhance integration of oral health interventions into other health programs.

ADHS Bureau of Women's & Children's Health requests that HRSA works with Indian Health Services at federal level to facilitate data sharing of Indian Health Services hospitals with the state's Bureau of Health Statistics.

Bureau of Women's & Children's Health requests assistance with development of evidence-based preconception health models that state public health agencies can implement. Examples of effective social marketing and toolkits that could be used by community health workers as well as professionals would be beneficial. The Bureau also requests technical assistance with incorporating the lifecourse perspective into strategic planning and program development in a practical manner.

V. Budget Narrative

Budget and expenditure data from Forms 3, 4, and 5 are provided for the application year, interim year, and reporting year to assist the reviewer in analysis of the budget and expenditure narrative. For complete financial data, refer to all the financial data reported on Forms 2-5, especially when reviewing the federal allocation on Form 2 for the 30%/30%/10% breakdown for the budgets planned for primary and preventive care for children, children with special health care needs, and administrative costs.

Form 3, State MCH Funding Profile

	FY 2010		FY 2011		FY 2012	
	Budgeted	**Expended**	**Budgeted**	**Expended**	**Budgeted**	**Expended**
1. Federal Allocation *(Line1, Form 2)*	7035771	4912593	7090511		7065379	
2. Unobligated Balance *(Line2, Form 2)*	1166773	1436796	612223		1920000	
3. State Funds *(Line3, Form 2)*	6063683	5522410	7734184		7625192	
4. Local MCH Funds *(Line4, Form 2)*	0	0	0		0	
5. Other Funds *(Line5, Form 2)*	6790456	24695055	31969534		7472018	
6. Program Income *(Line6, Form 2)*	0	0	0		0	
7. Subtotal	21056683	36566854	47406452		24082589	
8. Other Federal Funds *(Line10, Form 2)*	70982759	70862006	74092038		53932696	
9. Total *(Line11, Form 2)*	92039442	107428860	121498490		78015285	

Form 4, Budget Details By Types of Individuals Served (I) and Sources of Other Federal Funds

	FY 2010		FY 2011		FY 2012	
I. Federal-State MCH Block Grant Partnership	**Budgeted**	**Expended**	**Budgeted**	**Expended**	**Budgeted**	**Expended**
a. Pregnant Women	2079462	1238028	1819821		3713835	
b. Infants < 1 year old	1765108	1221060	3739081		5608571	
c. Children 1 to 22 years old	9202688	8265938	6097680		9393274	
d. Children with	6419851	24857588	33794776		3845832	

Special Healthcare Needs						
e. Others	885997	634716	1499676		1158238	
f. Administration	703577	349524	455418		362839	
g. SUBTOTAL	21056683	36566854	47406452		24082589	
II. Other Federal Funds (under the control of the person responsible for administration of the Title V program).						
a. SPRANS	0		0		0	
b. SSDI	94644		93713		100000	
c. CISS	0		0		0	
d. Abstinence Education	0		0		1260250	
e. Healthy Start	0		0		0	
f. EMSC	130000		130000		130000	
g. WIC	0		0		45136403	
h. AIDS	0		0		0	
i. CDC	0		0		0	
j. Education	0		0		0	
k. Other						
FAMILY VIOLENCE	1700000		1868628		1766500	
MI&EC HOME VISITING	0		0		1893443	
NGIT FASD-SAMHSA	264199		227669		250000	
ORAL HEALTH WORKFORC	0		384092		384000	
PREP	0		0		1099600	
PROJECT LAUNCH	900946		900000		900000	
RAPE PREV ED	651448		640456		624000	
SEXUAL ASSAULT SVCS	0		282410		198000	
STATE INJURY SURVEIL	116748		127358		180500	
WOMENS HLTH CONF	0		0		10000	
1ST TIME MOTHERHOOD	497213		500000		0	
CRS	59610387		68937712		0	
KIDS CARE	6717174		0		0	
SPINAL HEAD INJURY	300000		0		0	

Form 5, State Title V Program Budget and Expenditures by Types of Services (II)

	FY 2010		FY 2011		FY 2012	
	Budgeted	Expended	Budgeted	Expended	Budgeted	Expended
I. Direct Health Care Services	5305578	25942811	35021005		4350018	
II. Enabling Services	3241647	1642852	2306163		3583506	
III. Population-	6039920	4945507	4748460		10765807	

Based Services						
IV. Infrastructure Building Services	6469538	4035684	5330824		5383258	
V. Federal-State Title V Block Grant Partnership Total	21056683	36566854	47406452		24082589	

A. Expenditures

Over the past three years, ADHS has been required to dramatically reduce spending and staffing levels in an effort to bring state spending in line with substantially reduced state revenues. State general funding for Health Start, Abstinence Education, County Prenatal Service, Children's Rehabilitative Services, and Pregnancy Services were completely eliminated. The budget for the High Risk Perinatal Program was reduced by nearly 60 percent. In spite of the state general fund reductions, the state's match and overmatch continues to exceed the 1989 maintenance of effort.

/2012/Over the past four years, ADHS has been required to dramatically reduce spending and staffing levels in an effort to bring state spending in line with substantially reduced state revenues. State general funding for Health Start, Abstinence Education, County Prenatal Service, Children's Rehabilitative Services, and Pregnancy Services were completely eliminated. The budget for the High Risk Perinatal Program was reduced by nearly 60 percent. In spite of the state general fund reductions, the state's match and overmatch continues to exceed the 1989 maintenance of effort.

The Children's Rehabilitative Services moved to the state's Medicaid program, AHCCCS, as of January 1, 2011. This transition, along with re-establishment of new Title V priorities, caused a delay in programmatic planning and implementation, consequently impacting the ability of the Office for Children with Special Health Care Needs to obligate and expend Title V funds as normal.//2012//

B. Budget

The estimated Title V allocation for Arizona, FFY2011, is $7,090,511. For FFY 2011, 33.12% ($2,348,502) of the Title V Block grant will be allocated for preventative and primary care needs for children and adolescents; 30.71% ($2,117,202) will be allocated to children with special health care needs; 29.75% ($2,009,389) will be allocated for women, mothers, and infants and 6.42% ($455,418) will be budgeted for administrative costs.

It is projected that there will be $612,223 unobligated funds from our FY2010 block grant. The Office for Children with Special Health Care Needs expends their funds on a state fiscal year (7/1 - 6/30) and does not begin using the funds awarded 10/1 until 7/1 the following year.

For FFY 2011, the state's match and maintenance of effort includes State General, Lottery, Dental Sealant, and donation funds. The $30,903,383 in State General funds include High Risk Perinatal Services, Children's Rehabilitation Services (CRS), Child Fatality Review Program, 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, and the Office of Oral Health. The $5,222,260 in Lottery funds includes the Teen Pregnancy Prevention and Prenatal Outreach (Health Start) Programs. The $101,968 in donation funds are for the Children's Rehabilitation Services Program and $250,000 is from fees generated by the Dental Sealant Program. Arizona's FY2010 match and overmatch of $39,703,718 continues to exceed the maintenance of effort amount of FY1989's $12,056,360.

Other federal funds administered by the MCH Chief and CSHCN Chief besides the MCH Title V

Block Grant Program include matching funds from Title XIX and Title XXI for Children's Rehabilitative Services, Rape Prevention and Education, Sexual Assault Services, Oral Health Workforce Activities, Family Violence Prevention, Core State Injury Surveillance and Program Development, Emergency Medical Service for Children, State Systems Development Initiative, NGIT Fetal Alcohol Spectrum Disorders, 1st Time Motherhood, and Project Launch.

Core Public Health Infrastructure - $3,564,141: Bureau of Women's and Children's Health (Part A & B): $1,573,939 will support the Department's birth defect registry, management service, information technology automation, assessment, evaluation and epidemiologic analysis, Child Fatality services, and the Midwife Licensing Program. Strategic planning is currently in progress to finalize how best to utilize Title V funds to support new priorities of preconception health, obesity/overweight, injury prevention, and behavioral health. Infrastructure strategies to address these priorities may include policy initiatives, coalition building, and provider education. Title V funds may be used to support the Empower program, which promotes health standards for child care providers, if alternative resources are not secured to support Empower.
Office of Children with Special Health Care Needs (Part C): $1,990,202 will support administrative initiatives, CRS Direct Services, Service Coordination, Early Intervention, Education, Training, Support Services and Advocacy, Outreach and Member Services.
Population-Based Services: $1,194,559 is budgeted for initiatives that include the Sensory Program, Pregnancy and Breastfeeding Hotline, Breastfeeding Consultation, Immunizations, Early Childhood, and Oral Health services for children. Strategic planning is currently in progress to finalize how best to utilize Title V funds to support new priorities of preconception health, obesity/overweight, injury prevention, and behavioral health. Population-based services to address these priorities may include community education and social marketing.
Enabling and Non-Health Support: $210,154 will support the Medical Home Project and the Pregnancy and Breastfeeding Hotline.
Direct Health Care Service: $1,666,239 will support community nursing services for high-risk infants, and Reproductive Health services for women.
Indirect Administrative Costs: $455,418

/2012/The estimated Title V allocation for Arizona, FFY2012, is $7,065,370. For FFY 2012, 32.90% ($2,324,671) of the Title V Block grant will be allocated for preventative and primary care needs for children and adolescents; 31.71% ($2,240,632) will be allocated to children with special health care needs; 30.25% ($2,137,237) will be allocated for women, mothers, and infants and 5.14% ($362,839) will be budgeted for administrative costs.

It is projected that there will be $1,920,000 unobligated funds from our FY2011 block grant. The Office for Children with Special Health Care Needs expends their funds on a state fiscal year (7/1 - 6/30) and does not begin using the funds awarded 10/1 until 7/1 the following year. $420,000 will be used to support the Empower Program.

For FFY 2012, the state's match and maintenance of effort includes State General, Lottery, Dental Sealant funds. The $9,624,950 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, and the Office of Oral Health. The $5,222,260 in Lottery funds includes the Teen Pregnancy Prevention and Prenatal Outreach (Health Start) Programs. $250,000 is from fees generated by the Dental Sealant Program. Arizona's FY2012 match and overmatch of $15,097,210 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, Sexual Assault Services, Oral Health Workforce Activities, Family Violence Prevention, Core State Injury Surveillance and Program Development, Emergency Medical Service for Children, State Systems Development Initiative, NGIT Fetal Alcohol Spectrum Disorders, Abstinence Education

Grant Program, Personal Responsibility Education Program, Women's Health Conference support project, Maternal, Infant and Early Childhood Home Visiting Program, and Project Launch.

Core Public Health Infrastructure - $2,434,019: Bureau of Women's and Children's Health (Part A & B): $1,209,640 will support the Department's birth defect registry, management service, information technology automation, assessment, evaluation and epidemiologic analysis, Child Fatality services, Midwife Licensing, and the Empower Program. New inter-governmental agreements are in place with six county health departments to use Title V to support infrastructure for injury prevention and preconception health, including policy and organizational strategies.

Office of Children with Special Health Care Needs (Part C): $1,224,379 will support administrative initiatives, Education, Training, Support Services and Advocacy, Outreach and Member Services. A Request for Grant Application is currently out for bid to secure community-based projects that will address Title V priorities. Once established, these projects are expected to remain in place for the next four years.

Population-Based Services: $974,406 is budgeted for initiatives that include the Sensory Program, Pregnancy and Breastfeeding Hotline, Breastfeeding Consultation, Immunizations, Early Childhood, and Oral Health services for children. New inter-governmental agreements are in place with six county health departments to use Title V to support population-based strategies for injury prevention and preconception health, including raising public awareness and providing community education.

Enabling and Non-Health Support: $1,487,497 will support the Medical Home Project and the Pregnancy, Breastfeeding Hotline and Children with Special Health Care Needs, which includes respite and palliative care services.

Direct Health Care Service: $1,806,618 will support community nursing services for high-risk infants, and Reproductive Health services for women.

Indirect Administrative Costs: $362,839//2012//

VI. Reporting Forms-General Information
Please refer to Forms 2-21, completed by the state as part of its online application.

VII. Performance and Outcome Measure Detail Sheets
For the National Performance Measures, detail sheets are provided as a part of the Guidance. States create one detail sheet for each state performance measure; to view these detail sheets please refer to Form 16 in the Forms section of the online application.

VIII. Glossary
A standard glossary is provided as a part of the Guidance; if the state has also provided a state-specific glossary, it will appear as an attachment to this section.

IX. Technical Note
Please refer to Section IX of the Guidance.

X. Appendices and State Supporting documents
A. Needs Assessment
Please refer to Section II attachments, if provided.

B. All Reporting Forms
Please refer to Forms 2-21 completed as part of the online application.

C. Organizational Charts and All Other State Supporting Documents
Please refer to Section III, C "Organizational Structure".

D. Annual Report Data
This requirement is fulfilled by the completion of the online narrative and forms; please refer to those sections.