



Spring Newsletter

APRIL 2011

SPECIAL POINTS OF INTEREST:

- April is Sexual Assault Awareness Month
- National Public Health Week is April 4-10
- Infant Immunization Week is April 24-30
- Wear your Denim on April 27th
- Epidemiologist Needed

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April is Sexual Assault Awareness Month

The month of April has been designated Sexual Assault Awareness Month (SAAM) in the United States. The goal of SAAM is to raise public awareness about sexual violence and to educate communities and individuals on how to prevent sexual violence. Each day, people witness a continuum of behaviors that range from being respectful and safe, to being sexually abusive and violent.

The 2011 national Sexual Assault Awareness Month (SAAM) campaign explores common, everyday behaviors and offers individuals viable, responsible ways to intervene. This primary prevention approach helps create environments where people are safe in their relationships, families, neighborhoods, schools, work places and communities. This year's campaign, *"It's time ... to get involved,"* incorporates a bystander approach to sexual violence prevention. SAAM brings together resources and information, thus offering everyone the opportunity to address behaviors before sexual violence occurs.

A bystander, or witness, is anyone who sees a situation but may or may not know what to do, may think others will act or may be afraid to do something. Research shows that engaging bystanders is a promising way to help prevent the widespread problem of sexual violence in communities. Making the change from being a society of passive bystanders to one of engaged and responsible bystanders will take more than just individual actions and scattered programs across the country. We must educate on healthy relationships, sexual harassment, and inappropriate sexual behavior. Society needs the skills to recognize what is not acceptable. It is critical that people learn how to evaluate the danger in circumstances, when not to intervene for safety reasons, and be aware of other options.



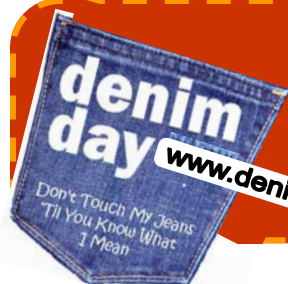
What can YOU do in SAAM?

- Educators: teach non-violent conflict-resolution skills and promote anti-bullying values that demonstrate respect for everyone.
- Health Care Providers: talk with patients about normal human development and healthy, consensual sexuality.
- Faith and Spiritual Community Members: sponsor activities that demonstrate appreciation for diversity, such as hosting educational activities around various holidays and inviting people to share favorite recipes and talk about family traditions that build respect.
- Employers: promote violence-free workplaces, establish and enforce sexual harassment and anti-bullying policies, contribute resources to programs that are working to make a difference.

To see what events are happening around Arizona please visit our web site at:

http://www.azrapevention.org/svpep_events

More ideas can be found at: <http://www.nsvrc.org>



Sexual Violence Awareness Day
April 27th

www.denimdayinla.org

On Wednesday, April 27th, wear denim and join in spreading the word about sexual violence prevention.

The Office for Children with Special Health Care Needs (OCSHCN) has moved to BWCH

Welcome OCSHCN!

The Office for Children with Special Health Care Needs (OCSHCN) has moved to the Bureau of Women's and Children's Health!

In addition to a new home, there have been some changes in staff. Marta Urbina is now serving as the Office Chief for OCSHCN. Marta previously served as OCSHCN's Clinical Programs Executive Coordinator, guiding parent and youth leadership, coordinating staff activities related to family support and community development, chairing the cultural competence committee, and overseeing information and referral.

Marta has vast experience professionally and personally as a parent working with the multiple, complex systems of care for children with special health care needs. We are happy to have Marta leading Arizona's Office for Children with Special Health Care Needs.



Shelly Persons, Marta Urbina, Clint the service-dog-in-training, and Rita Aitken.

Assisting Marta at OCSHCN are Rita Aitken, working as Education and Advocacy Manager and Shelly Persons, OCSHCN's invaluable Programs and Project Specialist.

Previous OCSHCN leadership, Joan Agostinelli and Judie Walker, have each found new paths in promoting the health of children and families in positions with the Bureau of Nutrition and Physical Activity and United Healthcare Arizona Physicians IPA, respectively. OCSHCN continues to contract with United Healthcare Arizona Physicians IPA to support best practices including parent and youth involvement and social service funds. They are greatly missed, but we wish them well in their new endeavors.

OCSHCN continues working to improve systems of care, provide information and referral to families who would like assistance in finding services available to their child, provide training to families and professionals on best practices related to medical home, cultural competence, transition to adulthood and family and youth involvement, and support telemedicine to provide services in remote areas of the state. You may contact OCSHCN by calling (602) 542-1860 / 1(800) 232-1676 or sending an email to OCSHCN@azdhs.gov.

Arizona to Host National Infant Immunization Week

Arizona has the honor of being chosen as the launch state for this year's National Infant Immunization Week (NIIW) campaign from April 24th to 30th. For the last several years the National Immunization Program of the Centers for Disease Control (CDC) has spent the week in a border state highlighting the joint efforts of the United States and Mexico in the Vaccinate the Americas initiative that is also observed the same week as NIIW. Their visit gives Arizona the opportunity to demonstrate our commitment to children's health and wellness, innovative practices and strong partnerships.

Pertussis (whooping cough) is highly contagious and can infect people of any age. However, infants are the most vulnerable to pertussis because they are too young to receive the vaccine. Sadly, most infants who contract pertussis catch

it from a parent, family member or close caregiver because they were never vaccinated or their immunity to the disease has waned over time. A toolkit with flyers, posters, immunization resources and information about where to get a pertussis vaccine will be available soon at www.WhyImmunize.org.

April 24th-30th

Visit <http://azdhs.gov/phs/immun/> or call the Arizona Immunization Office at (602) 364-3630 for more information about NIIW and pertussis vaccines; if you would like to volunteer or sponsor a NIIW community activity, contact The Arizona Partnership for Immunization at (602) 288-7568 or

Teen Pregnancy Prevention

Funding for Teen Pregnancy Prevention Available for 2011

According to the most recent teen birth rates from the Centers for Disease Control, Arizona ranks 6th in the Nation for highest teen birth rates at 61.2 per 1,000 females, age 15-19 years of age.

There is however, good news on the horizon to help decrease those rates thanks to federal amendments made to the Patient Protection and Affordable Care Act. The amendments authorize funding for a new comprehensive sex education initiative titled, the *Personal Responsibility Program* (PREP) and renews funding for the Title V State Abstinence Education Grant Program.

The Arizona Department of Health Services, Bureau of Women's and Children's Health (BWCH)

will administer these funds for the State of Arizona through Request for Grant Applications (RFGA).

The Abstinence Education Program RFGA is expected to be released to the public in April 2011 and will be effective through 2014. These funds will be used to provide classroom education programs and/or the development and implementation of community



based, multi-faceted youth development/service learning programs that address the problems of teen pregnancy and sexually transmitted infections among youth. At the option of the State, where appropriate, mentoring, counseling, and adult supervision services to promote abstinence from sexual activity may be funded. Programs funded under this grant must be consistent with the federal abstinence education program definition.

The targeted population for the abstinence grant is youth ages 11-19 years with an emphasis on Hispanic/Latino, African American, and/or American Indian descent. Parents of this population are also targeted. Populations addressed in the grant should reside in

geographic areas that are either underserved or un-served across the state. The RFGA will be open statewide to private nonprofit agencies, tribal agencies, and other public agencies.

The PREP funds will be utilized to design and implement school or community-based multi-faceted education and youth development/service programs to educate adolescents on both abstinence and contraception to prevent pregnancy and sexually transmitted infections (STIs), including HIV/AIDS, and to provide at least three adulthood

preparation subjects.

To have the most positive impact on Arizona's teen birth statistics, BWCH has outlined several approaches to delivering services including identifying communities with the highest need for teen pregnancy prevention services utilizing the Community Health Analysis Area (CHAA) report, targeting population groups of youth who reside in the CHAAs, selecting appropriate curricula for the targeted population, and selecting adulthood preparation topics for integration into evidence based curricula.

The targeted population for the PREP grant is youth 12-19 years of age of all ethnicities with a primary focus on teens 12-17 years of age and sub-populations of Hispanics, African Americans, and foster care youth.

PREP is expected to be released early summer of 2011 and will be effective through 2016. There is approximately one (1) million dollars of funding available for each program.

BWCH will also offer trainings for interested parties to learn how to deliver effective programs.

Organizations interested in receiving notification of the RFGA release, should sign up as a vendor at www.procureaz.gov.

For additional information regarding the grants, contact Angie Lorenzo, Sexual Health Program Manager, (602) 542-0360 or angie.lorenzo@azdhs.gov.

“Arizona ranks 6th in the Nation for the highest teen birth rates, ages 15-19 years of age.”

Domestic Violence Prevention

What is domestic violence?

Domestic violence, also known as domestic abuse, spousal abuse, child abuse or intimate partner violence (IPV), can be broadly defined as a pattern of abusive behaviors by one or both partners in an intimate relationship such as marriage, dating, family, friends or cohabitation that include the use or threat of violence and intimidation for the purpose of gaining power and control over another person. Types of abuse may include: physical abuse, sexual abuse, economic abuse, isolation, emotional abuse, control, or verbal abuse.

What is BWCH doing to combat domestic violence?

Currently, BWCH administers the Federal Family Violence Prevention and Services Act (FVPSA) grant which supports the establishment, maintenance, and expansion of programs and projects to prevent incidents of family violence and to provide immediate shelter and related assistance for victims of family violence and their

dependents.

In Arizona, the FVPSA funds have supported the development of Rural Domestic Violence Services Network (RDVSN) programs which provide safety and adjunct services to victims of domestic violence in rural Arizona. The RDVSN program encompasses all domestic violence (DV) programs funded through the department and provides guidelines and technical assistance. Services provided include temporary, safe emergency shelter, crisis intervention, individual and group peer counseling, case management, transportation, advocacy, legal advocacy, children’s services, and information and referral. In addition to the six rural shelters, FVPSA also partially funds the Arizona Coalition Against Domestic Violence. (AzCADV)

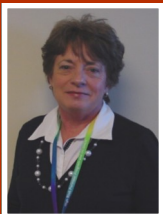
AzCADV was formed in 1980 to increase public awareness about the issue of domestic violence, to enhance the safety and services available to domestic violence victims, and to reduce the incidents of domestic violence in Arizona

families. Since its inception, the Coalition has served as an advocate and a voice representing the needs of domestic violence service providers and the victims they serve throughout Arizona.

In addition to promoting DV support through the RDVSN, the Bureau of Women’s and Children’s Health also collaborates with other BWCH programs. Currently all county family planning clinics screen clients for domestic abuse as does the Health Start Program, a home visiting program that utilizes community health workers to provide education, support, and advocacy services to pregnant/postpartum women and their families in targeted communities across the state.

For more information about the Rural Domestic Violence Safe Home Network, contact Program Manager, Brenda Nichols at 602-542-7341 or Brenda.Nichols@azdhs.gov.

New Staff



Dianne Myers
Executive
Staff Assistant



Sajikumar Gopalakrishnan
Administrative Assistant III
OCSHCN



Brenda Nichols
Family Planning
& Domestic
Violence Services

Looking for a New Career?

There are exciting opportunities now available in the Bureau of Women’s and Children’s Health for those who want to translate their passion to action. Currently, there are two epidemiology/research associate positions available. Both positions are federally funded positions and require individuals to have basic epidemiological research and/or social science research skills including basic understanding of statistics. To apply, go to <https://www.azstatejobs.gov>

The position descriptions are under:

EMPLOYMENT OPPORTUNITY

PROGRAM EVALUATOR

EPIDEMIOLOGY SPECIALIST II

Project Connect

A public health response to intimate partner abuse

The Arizona Coalition Against Domestic Violence has partnered with several public health agencies to bring the Project Connect initiative to Arizona. This initiative addresses domestic violence, sexual violence, and reproductive coercion and allows Arizona including BWCH to:

- Integrate and strengthen screening for domestic violence, sexual violence, and reproductive coercion in family planning clinics
- Provide continuing education to the health care providers on violence against women and its impact on patient health
- Distribute patient education material outlining these issues
- Offer basic reproductive health services to domestic violence victims in 7 shelters
- Improve data collection
- Influence public policy

Intimate partner violence and coercion have long been linked to negative health outcomes for victims (increased injury, substance use, depression, decreased access to care, etc.).

A growing body of research is examining coercive behaviors associated with contraception use and pregnancy. Examples of these behaviors include:

Birth Control Sabotage: Active interference with contraceptive methods (flushing pills, poking holes in condoms, refusing to wear condoms).

Pregnancy Coercion: Threats or acts of violence if the partner does not comply with the perpetrator’s wishes to continue or terminate a pregnancy.

For more information on Project Connect contact Dorothy Hastings at (602) 364-1423.

Partnering Agencies:

- **Arizona Coalition Against Domestic Violence**
- **Department of Health Services**
- **Arizona Family Planning Council**
- **AZ Association of Community Health Care Centers**
- **Southeast Arizona Health Education Center**

“In a recent study of four urban family planning centers, over 25% of women reported a lifetime experience of reproductive coercion, 19% reported pregnancy coercion, and 15% reported birth control sabotage”.

Baby Steps to Breastfeeding Success



The Arizona Department of Health Services (ADHS) *Arizona Baby Steps to Breastfeeding Success* program is working with hospitals statewide to make institutional changes in maternity care practices that have been shown to significantly increase breastfeeding initiation and duration rates. The Program institutes five (5) of the ten (10) World Health Organization (WHO) Baby Friendly Hospital Initiatives.

The five simple “Baby Friendly” practices include:

- Initiate breastfeeding within the first hour after birth
- Avoid giving infants fluids or solids other than breast milk unless medically necessary
- Promote 24-hour rooming-in, encouraging the family to recognize and respond to infant’s cues
- Do not use a pacifier or artificial nipple with infants during the hospital stay
- Give mothers a telephone number to call for help with breastfeeding, the ADHS Breastfeeding Hotline 1-800-833-4642

For additional information about the *Arizona Baby Steps to Breastfeeding Success* program visit: <http://azdhs.gov/phs/bnp/gobreastmilk/BFAzBabySteps.htm>

Oral Health Status of the State's Children



75% of third grade school children have had tooth decay, one of the most common chronic diseases of childhood.

The Arizona Department of Health Services, Office of Oral Health recently announced new information on the oral health status of the state's children.

According to this newly available data, 75% of third grade school children have had tooth decay, one of the most common chronic diseases of childhood. A total of 40% of third graders had untreated tooth decay, an indication of overall oral health need.

In addition, 47% of third grade school children had dental sealants. Dental sealants, thin coatings applied to the chewing surfaces of the back (molar) teeth, are one of the most effective ways to prevent tooth decay. They are particularly important for low-income children who lack access to regular dental care.

The new data, collected during the 2009–2010 school year, show that while sealant prevalence is increasing, there is still a high level of tooth decay and oral health needs among Arizona children. Currently, 42 states provide data for third grade children to the National Oral

Health Surveillance System. This data allows states to assess the oral health status of children, identify disparities in receipt of preventive services such as dental sealants, and guide decisions to efficiently use resources to improve the oral health of children.

The new data is available through the National Oral Health Surveillance System (NOHSS) and can be viewed at <http://www.cdc.gov/nohss/>.

NOHSS is a collaborative surveillance system provided by the Centers for Disease Control and Prevention (CDC) with the Association of State and Territorial Dental Directors.

“Safety is No Accident” National Public Health Week April 4-10

For more than a decade, communities across the country have celebrated National Public Health Week each April by highlighting public achievements and raising awareness of issues important to improving the public's health. This year's theme is “Safety Is No Accident: Live Injury-Free”.

Everyone has a role to play and each action, no matter how small, can make a big difference in your community. You can help raise awareness of injury and violence prevention in your community during National Health Week by observing this year's daily themes:

- Monday: Injury Prevention Starts At Home – Learn what precautions can be taken to make homes safer.
- Tuesday: Injury Prevention Starts At Work – Conduct safety training and wear protective equipment to reduce exposures to hazards at work.
- Wednesday: Injury Prevention Starts At Play – Host a sports and recreation-related injury awareness event.
- Thursday: Injury Prevention Starts On the Move – Remain alert while on the move and wear a seat belt.
- Friday: Injury Prevention Starts In Your Community – Work with local authorities to address public safety issues.



NATIONAL PUBLIC HEALTH WEEK CONTINUED

It takes only a moment for an injury to happen, but simple actions can make you and your family safer. Driving a car, playing a sport, swimming or simply walking down a street can all present hazards. In addition, violence and maltreatment affect people of all ages, including in the workplace. Taking actions such as wearing a seat belt, properly installing and using child safety seats, wearing a helmet, and storing cleaning supplies in locked cabinets are important, easy ways to promote safety. See www.nphw.org/nphw11/first1.htm for more information on how you can promote injury-free living.

Increasing awareness on how to live safer and injury-free lives is the first step in creating a healthier nation. Preventable injuries rank among the top 10 causes of death for people of all ages, and for each injury-related fatality there are dozens of non-fatal injuries. Figure 1 shows the number of injuries in 2009 among Arizona residents.

On average, 12 Arizonans died from an injury each day during 2009. Since 2000, the Centers for Disease Control & Prevention (CDC) has supported ADHS in developing a systematic injury surveillance and control process. As a result, Arizona developed a statewide Injury Surveillance and Prevention Plan, and activated an Injury Prevention Advisory Council. The Advisory Council provides recommendations on injury priorities, works together on priority strategies, assists in problem solving, participates in revision and evaluation of the plan, and acts as a network of partners from multiple disciplines working toward shared goals of reducing injury in Arizona. If you or someone from your agency would like to join

the **Injury Prevention Advisory Council (IPAC)**, the next meeting will be held May 25, 2011 from 9am to 12pm at the Arizona Department of Health Services, 150 N 18th Ave. You may come in person or join the meeting via teleconference by emailing alana.shacter@azdhs.gov for details. This meeting is open to anyone with an interest in injury prevention.

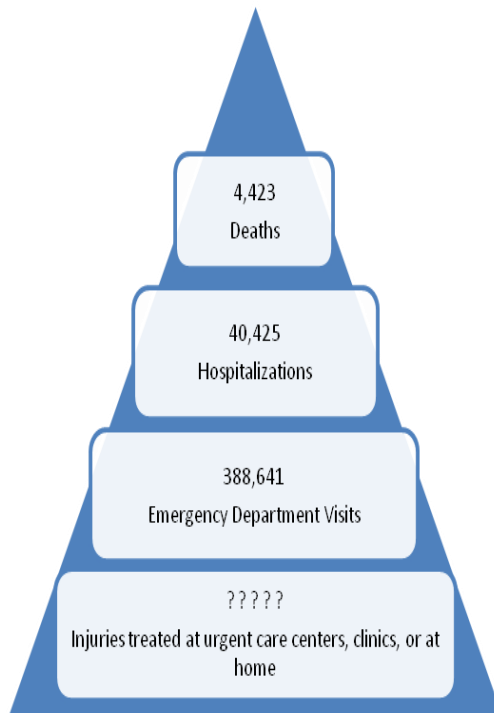


Figure 1. Injuries Among Arizona Residents, 2009

Another avenue to work on injury prevention is through Safe Kids. Safe Kids Arizona is a state-wide program dedicated to the prevention of unintentional injury for Arizona’s children younger than 15 years of age. Safe Kids Arizona is a member of the Safe Kids Worldwide. Local Safe Kids Coalitions throughout Arizona receive leadership and technical assistance from Safe Kids Arizona. In Arizona, there are five local Safe Kids Coalitions and one local chapter. Assistance in establishing new coalitions, developing injury prevention strategies for communities and injury data are available from Safe Kids Arizona.

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. For more information on Safe Kids, contact Tomi St. Mars at (602) 542-7340, or tomi.st.mars@azdhs.gov

More information on various injury topics can be found at the BWCH website publications <http://www.azdhs.gov/phs/owch/publicat.htm> page by clicking on Injury Prevention Factsheets and the Injury Surveillance and Prevention Program.

NATIONAL PUBLIC HEALTH WEEK
Safety is *No Accident*: Live Injury-Free
April 4–10, 2011



AMERICAN PUBLIC HEALTH ASSOCIATION
protect • prevent • live well



Title V Five Year Needs Assessment & New State Priorities

Last July, the Bureau of Women's & Children's Health submitted a five year needs assessment to the Health Resources & Services Administration, as required by the Title V Maternal Child Health Block Grant. Arizona's 2010 Maternal and Child Health (MCH) Needs Assessment provides an overview of the state, partnership efforts, capacity to address MCH needs, and health status of MCH populations.

The statewide five year needs assessment provides the foundation upon which state priorities are chosen for maternal and child health. 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, public input sessions, and stakeholder priority-setting meetings. Here are the new Title V priorities.

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. Arizona has capacity to address this priority through state lottery dollars and new federal funding through the Affordable Care Act.

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.

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

Birth outcomes, such as low birth weight and infant mortality, have remained relatively stable over the past five years. The percentage of Arizona 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. Preconception health comprehensively addresses multiple areas of women's health across the lifespan, including reproductive health, nutrition, physical activity, tobacco use, substance abuse and mental health.

PRIORITY 4: REDUCE THE RATE OF INJURIES, INTENTIONAL & UNINTENTIONAL

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. Multiple programs within ADHS and across the state implement injury prevention strategies.

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 charged with setting general MCH priorities. Preventive health services include, but are not limited to immunizations, screenings, and home visitation.

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 decay, compared to only 16 percent of their peers nationally.

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.

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.

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.

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

Inclusion of CSHCN in childcare, school, sports, work, and even in wellness activities, such as nutrition and physical activity, and injury prevention, present 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.

ACA Maternal, Infant and Early Childhood Home Visiting Program

On March 23, 2010, President Barack Obama signed into law the *Patient Protection and Affordable Care Act* of 2010. Included in this Act is language authorizing Section 511, an amendment to Title V of the Social Security Act. This act establishes the Maternal, Infant and Early Childhood Home Visiting Program which will provide funds for evidence-based home visiting to families in at-risk communities. Arizona's allocation for federal fiscal year 2010 is approximately \$1.8 million.

Studies have consistently shown that the health status, development and life experiences during the early years of a child's life, have long term implications for physical and mental health, educational attainment, and other quality of life indicators.

Home visiting for pregnant women and families with young children helps support new parents by offering information on child health and development, conducting screenings to identify developmental delays as early as possible and promoting skills that improve family self sufficiency and school readiness for the young child. Evidence based home

visitation programs are also effective at reducing incidences of child abuse and are able to promote primary prevention of domestic violence by teaching family members about healthy

relationships while modeling and reinforcing those concepts. In anticipation of responding to the application, the Bureau of Women's and Children's Health met

with other state agencies that provide services for young children, including the Arizona Department of Economic Security, the Arizona Department of Education, the Inter Tribal Council of Arizona and the Early Childhood Development and Health Board, also known as First Things First.

The law required every state to conduct a needs assessment in order to identify communities with concentrations of poor maternal and child health outcomes. The federal statute clearly described the elements to be used to identify those communities and included information on the following indicators, infant mortality, preterm births, low birth weight

babies, crime rates, child maltreatment, teen pregnancy and income levels. The statute also required states to identify the quality and capacity of existing programs or initiatives for early childhood home visitation in the state.

The information about current home visiting programs was drawn heavily from the *Vision for Early Childhood Home Visiting Services in Arizona: a Plan for Action 2010-2015*. Arizona's needs assessment was submitted to Health Resources and Services Administration and the Administration for Children and Families on September 20, 2010.

The third and final application will be the submission of an updated State Plan. The state will make the final designation of the targeted at risk communities and submit a specific plan tailored to address the identified needs. The home visiting model(s) selected for implementation in Arizona must meet rigorous evidence based criteria. There will be guidance from the funders in the selection of these models. The plan must also show how the selected model matches the needs identified and how fidelity to the model will be assured.

For updates on where we are as this Updated State Plan develops go to <http://www.azdhs.gov/phs/owch/VisitingProgram.htm>



The Bureau of Women's and Children's Health The Bureau of Women's and Children's Health (BWCH) supports efforts to improve the health of Arizona women and children. Activities focus on assessment of health status and identification of health issues, development of partnerships and planning to address health issues, and provision of "safety net" services.

Our Vision

Healthy Women...Healthy Children...Healthy Tomorrow

Our Mission

To strengthen the family and the community by promoting and improving the health and safety of women, infants, and children.

Contacts

Bureau Chief

Sheila Sjolander, MSW
Phone: (602) 364-1419 Fax: (602) 364-1494
Email: Sheila.Sjolander@azdhs.gov

OFFICE OF CHILDREN'S HEALTH

Office Chief

High Risk Perinatal Program Transport

Mary Ellen Cunningham, MPA, RN
Phone: (602) 364-1453
Email: Mary.Ellen.Cunningham@azdhs.gov

High Risk Perinatal Program Hospital and Community Nursing

Karen Stewart, RN, MSN
Phone: (620) 364-1462
Email: Karen.Stewart@azdhs.gov

Project LAUNCH

Rosalinda DiTommaso, MPH
Project Director
Phone: (602) 364-1449
Fax: (602) 364-1494
Email: Rosalinda.Ditommaso@azdhs.gov

ADHS Hotlines & Medical Services Project

Karen Kuhfuss, Section Manager
Phone: (602) 364-1454
Email: Karen.Kuhfuss@azdhs.gov

OFFICE OF ORAL HEALTH

Office Chief

Julia Wacloff, RDH, MS
Phone: (602) 364-1474
Email: Julia.Wacloff@azdhs.gov

Dental Trailer Loan Program Dental Sealant Program/Fluoride Mouth Rinse Program

RaNee Tuscano, RDH
Phone: (602) 542-2945
Email: Ranee.Tuscano@azdhs.gov

Fiscal Service Specialist

Prudence Nelson
Phone: (602) 542-2939
Email: Prudence.Nelson@azdhs.gov

OFFICE OF WOMEN'S HEALTH

Office Chief

State Adolescent Health Coordinator
Toni Means, MBA-HCM
Phone: (602) 364-1422
Email: Toni.Means@azdhs.gov

Education Section Manager

Dorothy Hastings
Phone: (602) 364-1423
Email: Dorothy.Hastings@azdhs.gov

Health Start/Fetal Alcohol Spectrum Disorder

Sara Rumann, MA, Program Manager
Phone: (602) 364-1421
Email: Sara.Rumann@azdhs.gov

Sexual Violence Prevention & Education Program

Carol Hensell, Program Manager
Phone: (602) 542-7343
Email: Carol.Hensell@azdhs.gov
Email: carolrpep@aol.com

Teen Pregnancy Prevention Program

Angie Lorenzo, Program Manager
Phoenix, Arizona 85007
Phone: (602) 542-0360
Email: Angie.Lorenzo@azdhs.gov

Domestic Violence & Family Planning Program

Brenda Nichols, Program Manager
Phone: (602) 542-7341
Email: Brenda.Nichols@azdhs.gov

INJURY PREVENTION

Section Manager

EMS-C, Safe Kids

Tomi St. Mars, RN, MSN, CEN
Phone: (602) 542-7340
Email: Tomi.St.Mars@azdhs.gov

Injury Prevention Program

Alana J. Shacter, MPH
Injury Epidemiologist
Phone: (602) 364-1444
Email: Alana.Shacter@azdhs.gov

OFFICE OF ASSESSMENT & EVALUATION

Office Chief

Khaleel Hussaini, PhD
Phone: (602) 364-1415
Email: Syed.Hussaini@azdhs.gov

Assessment and Evaluation Specialist

Douglas Ritenour, MPH
Phone: (602) 364-1433
Email: Douglas.Ritenour@azdhs.gov

OFFICE FOR CHILDREN WITH SPECIAL HEALTH CARE NEEDS

Office Chief

Marta Urbina
Phone: (602) 542-2528
Email: Marta.Urbina@azdhs.gov

Education and Advocacy Manager

Rita Aitken
Phone: (602) 364-1480
Email: Rita.Aitken@azdhs.gov

Program Project Specialist

Shelly Persons
Phone: (602) 364-1497
Email: Shelly.Persons@azdhs.gov

Title V Outreach Manager

Ralph Figueroa
Phone: (602) 354-1397
Email: Ralph.Figueroa@azdhs.gov

