



# WATCH BWCH

**Winter  
2009**

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### Special points of interest:

**Can the effects of alcohol be seen in the brain of a newborn child?**

**(See page 2)**

**Are ATV deaths in Arizona on the rise?**

**(See page 8)**

## Fetal Alcohol Spectrum Disorders Prevention Project Expands

The Fetal Alcohol Spectrum Disorders (FASD) Prevention Project is an integral part of the Health Start Program, within the Bureau of Women’s and Children’s Health (BWCH). The project funding is provided through a subcontract with Northrop Grumman, a contractor under the Substance Abuse and Mental Health Service Administration (SAMHSA). After a six-month planning period starting February 1, 2008, the project began implementing alcohol screening and brief intervention to all pregnant women at two sites, North Country Healthcare in Flagstaff and Native Health Community Health Center in Phoenix.

During the first year, the two sites screened 386 at-risk pregnant women for alcohol use, of which 95 or 25.6% screened positive. Brief intervention education was provided to the women to help them cut down or stop completely during pregnancy. The FASD Project has expanded the number of sites providing the screening beginning September 2009, from two to eight. The new sites include: Apache County Health Department, Centro de Amistad, Coconino County Health Department, Mariposa Community Health Center, Tempe Community Action Agency, and Yuma County Health Department. The remaining six Health Start Program sites will implement the FASD screening by August 2010.

Since half of all pregnancies are unplanned, the risk of an alcohol exposed pregnancy is high. In Arizona, it is estimated that approximately one in eight pregnant women drink alcohol while pregnant. Out of the 99,215 births in Arizona in 2008, it is estimated

## FASD Prevention Project Cont.

that 12.5% or 12,401 were born to mothers who engaged in binge drinking. In 2007, there were 25 cases of fetal alcohol syndrome diagnosed among hospitalized infants less than one year of age in Arizona (Arizona Vital Statistics, 2007). Alcohol causes more damage to the developing baby's brain than any other substance, being the leading cause of preventable birth defects and cognitive disabilities.

If you would like more information regarding the FASD project, contact:

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### Brain Images of Six Week Old Children



non-FAS Child

FAS Child

Source: <http://www.judiciaryreport.com/images/fas-brain.jpg>

**Of all the substances of abuse, alcohol produces by far the most serious neurobehavioral effects in the fetus.**

Institute of Medicine report to Congress, 1996



## Sexual Assault Services Program Formula Grant

The BWCH received a two-year grant for \$282,410 from the U.S. Department of Justice to assist with the maintenance and expansion of rape crisis centers and other relevant programs dedicated to assisting those victimized by sexual assault. The Sexual Assault Services Program (SASP) grant program was created by the Violence Against Women and Department of Justice Reauthorization Act of 2005 and is the first Federal funding stream solely dedicated to the provision of direct intervention and related assistance for victims of sexual assault.

The BWCH conducted a survey of providers to identify the target populations and services that should be funded in Arizona. After analyzing the information, the BWCH held a conference call with providers to review the data and to confirm what populations to target and key services to provide with the grant funds.

The BWCH issued a Request for Grant Application to expand, establish, or maintain advocacy and provide guidance through medical, criminal justice, and social support systems, including: medical facilities, police and court proceedings, crisis intervention, information and referral to assist the sexual assault victim and family or household members; outreach and public awareness and/or counseling. The underserved populations to be served include elderly, disabled, Lesbian/Bisexual/Gay/Transgender/Questioning (LBGTQ), monolingual immigrants, and refugees.

The goal of the BWCH is to have programs funded by January 1, 2010. For more information contact Carol Hensell at (602) 542-7343.

# 2008 CHILD FATALITY REVIEW

## EXECUTIVE SUMMARY

The Arizona Child Fatality Review Program was created in 1993 (A.R.S. § 36-342, 36-3501-4) and data collection began in 1994. Reviews of child deaths are completed by 12 local child fatality teams located throughout Arizona. The state team provides oversight to the local teams, produces an annual report summarizing review findings, and makes recommendations regarding the prevention of child deaths. These recommendations have been used to educate communities, initiate legislative action, and develop prevention programs. The Arizona Department of Health Services provides professional and administrative support to the state and local teams and analyzes data from all death reviews.

**In 2008, 1,038 children younger than 18 years of age died in Arizona.** This was a decline from 2007, despite the fact that the population of children increased in Arizona during 2008. Arizona Child Fatality Review Teams reviewed 100 percent of child deaths and determined that 33 percent of these deaths could have been prevented (n=343).

- 100 percent of homicides were preventable (n=60).
- 100 percent of drownings were preventable (n=29).
- 98 percent of motor vehicle crashes were preventable (n=80).
- 96 percent of maltreatment deaths were preventable (n=49). In four percent of maltreatment deaths, local review teams were not able to determine preventability (n=2).
- 95 percent of accidents were preventable (n=160).
- 89 percent of suicides were preventable (n=31). For 11 percent of suicides, local review teams were not able to determine preventability (n=4).

Deaths among all age groups declined in 2008

except for children ages one through four years. The percentage of children ages one through four years who died increased from 10 percent of all child deaths in 2007 (n=113) to 12 percent of all child deaths in 2008 (n=126).

**Deaths were disproportionately high among all minority children in Arizona during 2008.** African American children comprised five percent of the population in Arizona, but 10 percent of the fatalities. American Indian children comprised seven percent of the population and eight percent of deaths. Asian children comprised three percent of the population and four percent of the deaths. Hispanic children accounted for 39 percent of the population and 44 percent of fatalities.

**Deaths due to prematurity increased among some minority groups during 2008.** African American infants accounted for eight percent of deaths due to prematurity in 2007 (n=26) and 14 percent of deaths due to prematurity in 2008 (n=39). Asian infants comprised three percent of deaths due to prematurity in 2007 (n=10) and six percent of deaths due to prematurity in 2008 (n=16).

**Deaths involving substance use (illegal drugs, prescription drugs, and/or alcohol) continued to increase in 2008.** Twenty percent of all child deaths involved substance use (n=209), an increase from 2007 when substance use was involved in 17 percent of all child deaths (n=198).

**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 2008.** Motor vehicle crashes claimed 82 children's lives in 2008, a decline from 2007 when 122 children died in motor vehicle crashes. Ten children died in all terrain vehicle (ATV) crashes in 2008. Ninety-eight percent of motor vehicle-related deaths were determined to have been preventable (n=80). Lack of vehicle restraints was identified as a preventable factor for 38 percent of motor vehicle crash fatalities (n=31).

**The rate of drowning fatalities increased from 1.4 deaths per 100,000 children in 2007 to 1.7 deaths per 100,000 children in 2008.** Twenty-nine children

## Child Fatality Review, Cont

died due to drowning during 2008, and 100 percent of these deaths were determined to have been preventable. The highest numbers of both pool drownings and open-water drownings were among children ages one through four years.

**The child suicide rate increased from 1.7 deaths per 100,000 children in 2007 to 2.0 deaths per 100,000 children in 2008.** Thirty-five children took their own lives during 2008, and 89 percent of these deaths were determined to have been preventable (n=31). For 11 percent of suicides, local review teams were not able to determine preventability (n=4). The majority of suicides were among children ages 15 through 17 years (74 percent, n=26), and 26 percent were among children 14 years of age and younger (n=9).

**In 2008, the leading cause of death for children ages 15 through 17 years was firearm-related injuries (27 percent, n=37).** This included firearm-related deaths due to both suicides (n=11) and homicides (n=26).

**Deaths due to maltreatment declined from six percent of all deaths in 2007 (n=65) to five percent of deaths in 2008 (n=51).** For 23 maltreatment deaths, mandatory reporters did not notify Arizona Child Protective Services that the deaths were suspected to have been due to maltreatment even after the investigations. Substance use was involved in more than half of the child maltreatment deaths during 2008 (53 percent, n=27). Ninety-six percent of maltreatment deaths were determined to have been preventable (n=49). For four percent of maltreatment deaths, local review teams were unable to determine preventability (n=2).

**Ninety infants died in unsafe sleep environments in 2008,** including 44 infants who were placed to sleep in adult beds and 13 who were placed to sleep on couches or chairs. Thirty-one infants were placed to sleep on their sides or stomachs. Forty-eight infants were bed sharing with adults and/or other children, and 25 of the adults who bed shared were using illegal drugs, prescription drugs, and/or alcohol.

**Fourteen percent of all child deaths occurred in**

**or around the home, and 89 percent of these deaths were determined to have been preventable (n=126).** In 2008, 141 children died in or around the home, due to causes such as drownings, sleep-related suffocations, poisonings, falls, and fires. Seventy percent of these deaths were among children younger than five years of age (n=120).

### Successes Related to Previous Recommendations

#### *Deaths involving substance use*

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.

In 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.

#### *Deaths due to motor vehicle crashes*

The Navajo Nation enacted legislation in 2009 which requires children less than four feet, nine inches in height to be restrained in booster seats while riding in vehicles.

In September 2009, the City of Flagstaff enacted a city ordinance requiring children to wear helmets while riding bicycles within city limits. This ordinance will go into effect in January 2010.

#### *Deaths due to injuries*

In 2009, two First Things First Regional Councils offered grants to target injury prevention among children five years of age and younger.

Continued on Page 5

# Child Fatality Review, Cont

### *Unexpected infant deaths*

The Arizona Department of Health Services Bureau of Women’s and Children’s Health is developing a culturally competent Infant Safe Sleep Campaign, which will be distributed to child care facilities, emergency and transitional housing programs, and other agencies throughout Arizona in the Spring of 2010.

The Phoenix Police Department is developing public service announcements to educate the public on infant safe sleep. These will be completed January 2010.

The Tucson Police Department has distributed information about infant safe sleep to new parents through Tucson Medical Center’s Labor and Delivery Unit.

The Arizona Unexplained Infant Death Council and the Arizona Sudden Unexpected Infant Death Investigation Task Force revised the Infant Death Investigation Checklist during 2009.

### *Deaths due to prematurity*

In July 2009, the Community Health Nursing component of the High Risk Perinatal Program began including intraconception care in its activities with parents. The Arizona Department of Health Services Bureau of Women’s and Children’s Health produced new materials to address preconception health. These materials were made available to the public on the agency website.

## **RECOMMENDATIONS**

Based on its review of child deaths that occurred during 2008 and in previous years, the State Child Fatality Review Team recommends specific actions to prevent future child deaths in Arizona:

### To Prevent Deaths due to Prematurity

Recommendation to the Arizona Department of Health Services: Launch a preconception health awareness campaign which includes messaging that targets African Americans in Arizona.

### To Prevent Deaths due to Substance Use

Recommendation to the Prescription Drug

Subcommittee of the Arizona Substance Abuse Partnership: Develop culturally effective educational materials for parents/caregivers with children and adolescents regarding the safe storage and disposal of prescription medications and distribute these materials in English and Spanish to medical providers and pharmacists.

### To Prevent Deaths due to Motor Vehicle Crashes

Recommendation to the Arizona Legislature: Enact legislation that requires the use of booster seats for children who are between five and nine years of age and are less than four feet, nine inches in height.

Recommendation to the Arizona Legislature: Enact a primary seat belt law to allow law enforcement officers to ticket a driver for not wearing a seat belt. This has already been enacted in four Arizona Tribal Nations.

Recommendation to the Arizona Game and Fish Department and all Arizona Law Enforcement Agencies: Increase enforcement of existing laws regarding children riding or driving all terrain/off-highway vehicles including helmet use, double riding, and licensing.

Recommendation to Arizona Injury Prevention Advisory Council: Convene a work group to collaborate with Arizona Game and Fish Department and local law enforcement agencies to develop statewide recommendations to promote safe all terrain/off-highway vehicle use among Arizona residents.

### To Prevent Drowning Deaths

Recommendation to Arizona Legislature: Strengthen current legislation regarding pool fencing to require four-sided fencing with appropriate gates for all backyard pools where children live or play.

Recommendation to the Drowning Prevention Coalition of Arizona: Develop strategies to reduce child drownings in spas and hot tubs.

### To Prevent Injury-Related Deaths among Children

Recommendation to Arizona Department of Health Services: Provide local child death and injury data to

## Child Fatality Review, Cont

Regional First Things First Councils so that they may utilize this information when developing regional grants to target injury prevention.

### To Prevent Deaths due to Suicide

Recommendation to Arizona Department of Health Services: Develop a taskforce to explore the development and implementation of a Suicide Investigation Checklist for use by law enforcement when investigating child suicides.

### To Prevent Deaths due to Maltreatment

Recommendation to all Arizona Law Enforcement Officers and Medical Examiners: Report every child death where child abuse or neglect is suspected to the Child Protective Services' Child Abuse Hotline promptly (1-888-SOS-CHILD), even if there are no other children living in the home.

Recommendation to Arizona Department of Economic Security Division of Developmental Disabilities and its providers: Notify Child Protective Services' Child Abuse Hotline (1-888-SOS-CHILD) promptly whenever a family refuses Developmental Disability services and neglect of a child's medical or developmental condition is suspected.

Recommendation to Arizona Department of Economic Security Division of Youth, Children, and Families: Educate staff that the decision to substantiate or unsubstantiated a maltreatment

report should be based on a thorough child safety assessment and investigation and not solely on a determination of the manner of death by a medical examiner's office or findings by law enforcement.

Recommendation to Arizona Department of Economic Security Division of Youth, Children, and Families and Children's Justice Coordinators: Include information in the training of Department of Economic Security staff and other mandatory reporters regarding the increased risk for child abuse and neglect when a parent/caregiver lacks the ability to appropriately care for a child, especially when the child has special needs or is medically fragile.

Recommendation to the Arizona Legislature: Increase funding to the Arizona Department of Economic Security Division of Youth, Children, and Families in order to reinstate child maltreatment prevention programs and reduce the caseload of Child Protective Services Specialists to meet the existing Arizona Caseload Standards.

### To Prevent Sudden Unexpected Infant Deaths

Recommendation to Arizona Department of Health Services: Develop an Infant Safe Sleep Message to be disseminated throughout the state.

Recommendation to the Arizona Perinatal Trust: Include an evaluation of safe sleep policies

for infants and safe sleep education programs for parents into its reviews and site visits of all Arizona birthing hospitals.

Recommendation to the Arizona Unexplained Infant Death Council: Send a letter to all law enforcement agencies in Arizona reminding them of the statutory obligation to complete an Infant Death Investigation Checklist whenever a child younger than one year of age dies unexpectedly (A.R.S. § 36-2293). This letter should instruct law enforcement officers to promptly email or fax all completed Infant Death Investigation Checklists to the medical examiner's office where the autopsy will be conducted.

Recommendation to the Arizona Medical Association and the Arizona Osteopathic Association: Educate physicians that all sudden unexpected infant deaths should have death certificates completed by medical examiners as required by statute (A.R.S. § 36-325 and A.R.S. § 11-593).

Recommendation to Arizona Medical Examiners: The determination of the manner and cause of a sudden unexpected infant death should not be made without a review of the Infant Death Investigation Checklist, medical records, and an autopsy which includes radiographs, appropriate toxicology testing, and appropriate metabolic studies.

The complete 16<sup>th</sup> Annual Report is available at [www.azdhs.gov/phs/owch/publicat.htm](http://www.azdhs.gov/phs/owch/publicat.htm). The full report provides a great deal of detail on the factors associated with children's deaths as well as recommendations for decreasing the deaths to Arizona's children.

# Arizona State Sexual Violence Prevention Plan

*In 1996, an amendment was added to the Preventive Health and Health Services Block Grant (PHHSBG) that authorized funds for rape prevention and education. Under the Violence Against Women Act of 2000, several changes became law. In 2001, the PHHSBG created a new stand-alone categorical grant, the Rape Prevention Education Program Grant Program, and designated CDC/NCIPC the programmatic responsibility for this new grant. In 2006, the RPEP was renamed the Sexual Violence Prevention and Education Program to reflect its broader goals of ending all sexual violence.*

In order to continue to provide crucial sexual violence prevention and education services to its statewide community, the Arizona Department of Health Services, Sexual Violence Prevention and Education Program began a comprehensive planning process. A diverse group of individuals from sexual assault coalitions, State of Arizona departments and agencies, non-profit agencies, the military, and community-based entities were recruited to become members of Arizona’s sexual violence prevention planning committee.

As part of the planning process,

a comprehensive state needs and resources assessment was conducted to provide data to inform the development of The Plan. This assessment included the following: a description of the geographic area of interest; a review of Arizona demographic and economic data; a review of present sexual violence prevention and education assets and resources; a description of present influential circumstances in Arizona; an assessment of the magnitude of sexual violence in Arizona; profiles of three major Arizona counties; identification of gaps in Arizona’s ability to track the statewide magnitude of sexual violence; a list of risks and protective factors; and focus group and Delphi survey data. As a result of this extensive needs and resources assessment, five needs were identified. They were as follows: 1) sexual violence prevention education in schools and universities; 2) healthy relationship/respect training, self-esteem for kids; 3) more prevention funding, more sources of funding; 4) educate communities, all populations, including hospitals; and 5) media campaign, public service announcements.

The planning committee developed a prevention plan based on the needs and resources assessment. During the planning process, members developed a shared definition of sexual violence and The Plan’s Sexual Violence Prevention Vision Statement. Based on needs and priorities identified in the needs assessment, committee members drafted goals, outcomes, and strategies for the final strategic plan.

Arizona’s final Comprehensive Prevention Plan has three goals: increase respect for self and others through sexual violence prevention education for Arizona children, youth, and young adults; increase Arizonans’ engagement in sexual violence prevention; and increase Arizona’s resources to support sexual violence prevention and education.

The plan will be complete January 2010.

For more information call Carol Hensell at (602) 542-7343



## The Maternal and Child Health Services Block Grant Needs Assessment

The Bureau of Women’s and Children’s Health (BWCH) is in the process of conducting a five year needs assessment as required by the Department of Health and Human Services, Bureau of Maternal and Child Health. The needs assessment is a not only a requirement but an important tool for identifying current issues and trends related to maternal and child health in Arizona. The results of the needs assessment are used to identify policy, administrative and program strategies within the bureau that will ultimately result in improved health for children and women of child bearing age.

The needs assessment is driven not only by data but input from our partner agencies and the community at large. Obtaining diverse opinions and viewpoints is a critical component of the input process. The needs assessment process was initiated in August with a survey of Executive Directors, CEOs, Health Officers and other agency leaders regarding their agency capacity, needs assessment processes and observations regarding the health needs of the women and children in their community. We are now seeking broad input from residents across Arizona on their opinions about health issues facing women and children. A survey is currently available for the general public at [http://www.surveymonkey.com/s.aspx?sm=wiuBKpp7r9NpYY4TIEUHLA\\_3d\\_3d](http://www.surveymonkey.com/s.aspx?sm=wiuBKpp7r9NpYY4TIEUHLA_3d_3d) Please feel free to share this link with family, friends and co-workers.

The survey will be available to the public until the middle of January 2010. We will offer additional opportunities for our stakeholders and the general public to provide input regarding maternal and child issues in Arizona. However, everyone is welcome at any time to provide comments on health issues or suggestions on how to obtain greater public input. Anyone wishing to do so may contact Doug Ritenour, the Maternal and Child Health Epidemiologist at (602) 364-1433 or [ritenod@azdhs.gov](mailto:ritenod@azdhs.gov). Participation in the needs assessment process is valuable and each voice has the potential to impact how the health needs of women and children in Arizona is addressed for the next five years. The needs assessment report will be completed and published, along with newly identified Maternal and Child Health priorities, in July 2010.

## Health Start Program to Release a New Request for Proposal

The Health Start Program is working on a new Request for Proposal (RFP) to be released by February 2010. The new request will award contracts for the next five years starting July 1, 2010. The Health Start Program was established in 1992 at the ADHS, Bureau of Women’s and Children’s Health to address the increase in the rate of women receiving inadequate or no prenatal care and to reduce the number of low birth weight infants. The Program utilizes Community Health Workers to provide education, support and advocacy services to pregnant and postpartum women and their families in targeted areas throughout the state. For more information, contact Sara Rumann, Health Start Program Manager, [rumanns@azdhs.gov](mailto:rumanns@azdhs.gov). To be placed on a list to receive notice of the RFP, contact Pam Grouix, [grouixp@azdhs.gov](mailto:grouixp@azdhs.gov) or call ADHS Procurement, (602) 542-1040.



Health Start Contractors Meeting - Brainstorming Program Improvements. 10/22/09

## All Terrain Vehicle Crashes

All terrain vehicles are exactly what they sound like they are - vehicles meant to be driven in different types of terrain. These are vehicles that are smaller than cars or trucks, and they usually have seats for both a driver and passenger. They also might have beds to carry things, tow-hooks to help tow other vehicles or trailers, and other equipment to help make work easier. However, they must be used safely, and they also must be designed with safety in mind or else you could end up with very serious ATV injuries.

Unintentional injuries from all terrain vehicles are a public health problem impacting the lives of thousands of Arizona residents each year. Between 2003 and 2008, the age-adjusted death rate for ATV-related injuries among Arizonans increased from 0.27 deaths per 100,000 residents to 0.51 deaths per 100,000 residents. This represents

an 89 percent increase in the rate of deaths over six years.

The Injury Prevention Program within the Arizona Department of Health Services in partnership with Arizona Game and Fish held a stakeholders meeting October 27, 2009 to discuss interventions to prevent injuries from ATV's. Attendees included representatives from the Bureau of Land Management, Forestry, ATV riding organizations and hospitals. The outcome of this meeting was the stakeholders are committed to working together to increase educational information to the ATV riding community, continue to build the partnerships necessary to address this issue, and identify safety resources at the community level. It was decided that subsequent stakeholders meetings needed to be



offered across the state with the next meeting in Tucson on January 15.

The Injury Prevention Program will continue to work with Arizona Game and Fish to address this injury concern. Arizona offers our families recreational geography to enjoy the outdoors. It is our hope that by working together our families can enjoy their activities without an injury or death.

For more information contact:  
Tomi St. Mars RN, MSN, FAEN  
stmarst@azdhs.gov

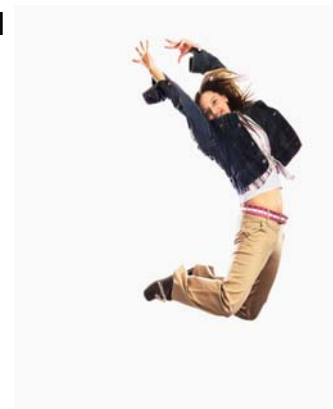
**In Arizona ATV—  
related deaths have  
increased 89 percent  
over the last 6 years.**



## Healthy Smiles, Healthy Bodies Survey of Third Grade Children

The Bureau of Women's and Children's Health, Office of Oral Health implemented the Healthy Smiles, Healthy Bodies Survey in 2009. The intent of the survey was to collect statewide and county prevalence estimates on obesity, asthma and the oral health status of Arizona third grade children. This survey will be the first time statewide estimates have been collected on asthma and obesity among third grade children. Fifty-six schools participated in 2009 and an additional 44 schools are scheduled for the 2009-2010 school year. Participating schools were randomly selected according to the third grade enrollment size.

Standardized screening methods have been employed as part of the survey to ensure that data can be compared to data collected by other states using the same survey techniques. The collected data will be used to target programs and resources to at-risk populations and to measure progress toward the national Healthy People 2010 and Healthy Arizona 2010 objectives. Findings are expected to be available July 2010.



## Welcome New Employees!



Julia Wacloff, Chief  
Office of Oral Health



Jerry Caniglia  
Chief Dental Officer



Rene Tuscano  
Program Manager, Oral Health



Nancy Winchester  
Program Manager, Oral Health



Lindsey Sumner  
Administrative Assistant, Oral Health



Laurie Godinez  
Data Manager



Rosalina Castaneda  
Young Child Wellness Expert



Eric Hamm  
Epidemiologist



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