SUMMARY STATEMENT

Arizona's Department of Health Services (ADHS), in collaboration with numerous statewide partners including the March of Dimes, is leading, supporting, and implementing a variety of programs and activities to promote equitable and optimal care and protective factors for mothers and infants before, during, and after pregnancy.

ACTIVITIES AND RESULTS

IT BEGINS AT HOME

Arizona's home visiting programs are a pillar of our work to care for our state's mothers and to address health disparities and prevent preterm birth. Home visiting programs (Health Start and High Risk Perinatal programs as well as the Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV),funded Healthy Families (through Arizona Department of Child Safety), Nurse-Family Partnership (through Maricopa County Department of Public Health, Pima County Health Department, and First Things First), Family Spirit (through Coconino County and San Carlos Apache Tribe) and Parents as Teachers (through four Native American tribes: Cocopah, Gila River, Hualapai, and Navajo Nation)) connect families to essential preventive and primary care. In 2019, Arizona's home visiting programs provided 48,112 home visits statewide. Two recent assessments, the 2020 Title V Maternal and Child Health Needs Assessment and the Prenatal-to-3 Policy Impact Center's State Roadmap, identified Arizona's home visiting programs as a major strength in the area of Maternal and Child Health.

Arizona is a large state with a shortage of medical providers, particularly in sparsely populated rural areas of the state. Programs like the High-Risk Perinatal Program (HRPP) provide critical linkages to community nursing services and transportation to specialized care, when required, and assure that high-risk pregnant women and critically ill newborns receive timely access to appropriate medical care — without regard to geographic location or ability to pay. In 2019, HRPP transported 777 critically ill pregnant women and 813 critically ill newborns to a higher level of care hospital (and/or transported them back home for continuing care).

Additionally, Arizona's home visiting programs work to increase awareness on postpartum warning signs, using the Association of Women's Health, Obstetric and Neonatal Nurses' Post-Birth Warning Signs Education. This is supplemented with Arizona-specific training providing further insight on what maternal mortality and morbidity look like in Arizona and why knowing postpartum warning signs is important.

EFFORTS TO ADDRESS MATERNAL MORBIDITY AND MORTALITY

Under Senate Bill 1040 (2019), ADHS established and led the Advisory Committee on Maternal Fatalities and Morbidity, which provided recommendations for enhancing data collection and reporting for the Arizona Maternal Mortality Review process. To reduce preventable maternal deaths and morbidities, ADHS launched a multidisciplinary Maternal Health Task Force (MHTF), which aims to improve health outcomes for birthing individuals before, during, and after pregnancy and ensure that they have access to quality maternal healthcare. The task force includes a Tribal Maternal Health Task Force specifically dedicated to improving maternal health and birth outcomes for indigenous women in Arizona.

In partnership with the Arizona Perinatal Trust and the March of Dimes, the MHTF engaged over 36 stakeholders representing the state agencies, maternal health experts, healthcare systems, and organizations, including the Governor's Office, to develop a maternal mortality action plan. This laid the foundation for the Governor's Goal Council Maternal Mortality Action Plan when the Governor's Goal Council identified Maternal Mortality as a Breakthrough Project in 2019. Initiatives assigned this designation are provided with technical support and monitoring by the Governor's Office to ensure their successful implementation.

The Maternal Mortality Action Plan identified five key goals to address maternal mortality and outlined activities to work towards those goals, based on inputs and recommendations from the MHTF: 1) increase pregnant and postpartum women's awareness of postpartum warning signs; 2) improve access to care; 3) support workforce and workforce capacity; 4) improve surveillance; and 5) support systems of care.

In 2019 ADHS was awarded one of nine national awards for the Health Resources & Services Administration (HRSA)-funded State Maternal Health Innovation Program (MHIP). That same year we also received the five-year Preventing Maternal Deaths: Supporting Maternal Mortality Reviews grant from the Centers for Disease Control (CDC). These federally-funded grants have allowed ADHS to increase staff time and activities for the Maternal Mortality Review Program, apply innovative strategies to address the disparate maternal morbidity burden for Black and American Indian women, and incorporate telemedicine as a strategy to increase access to care for underserved and rural populations.

With the support and direction of the MHTF, Arizona became a member state of the Alliance for Innovation on Maternal Health (AIM). The AIM Steering Committee chose to address severe hypertension in pregnancy, a cause of preterm labor, as their first quality improvement initiative.

COVID RELATED WORK

In order to ensure ongoing access to care during the COVID-19 public health emergency, the Bureau of Women's and Children's Health (BWCH) within the Arizona Department of Health Services (ADHS) led the Telehealth Task Force to facilitate the expansion of telemedicine in Arizona in response to Governor Doug Ducey's Executive Order 2020-15. The Telehealth Task Force engaged with stakeholders from the public and private sector to identify barriers to adopting telemedicine to deliver health services during the pandemic. Specifically, for pregnant women, the use of telemedicine provides access to continuity of prenatal services and monitoring while minimizing or eliminating exposure to COVID-19.

The Telehealth Task Force identified a number of clinician and patient-related barriers, which include: an overall lack or limited knowledge of telemedicine technology, limited understanding of telehealth requirements and regulations (i.e., reimbursements, coding, HIPAA regulations, etc.), lack of awareness of where telemedicine services could be accessed in Arizona, and broadband and connectivity issues. The Telehealth Task Force, through stakeholders' engagement, compiled a list of short and long-term strategies that were submitted to the ADHS Health Emergency Operations Center for consideration. Among the short-term strategies identified were: providing training and technical assistance focused on telemedicine; developing telemedicine informational materials for providers and patients; increasing outreach and information about telemedicine availability through public service announcements, website, and social media; and supporting broadband/connectivity software.

To assist patients in locating telemedicine sites in Arizona that offer services based on a Sliding Fee Scale, the Telehealth Task Force implemented an interactive Sliding Fee Scale telemedicine site mapper. The Telehealth Task Force initiated discussions with Arizona Health Care Cost Containment System (AHCCCS), Arizona's Medicaid agency, on reimbursement parity for telehealth services. In addition, the Telehealth Task Force is in the process of establishing an Interservice Agency Agreement with the University of Arizona Telemedicine Program to assist with training and technical assistance on telehealth and to help develop materials for patients and clinicians to assist their efforts in accessing or fully adopting telemedicine.

The COVID-19 pandemic also prompted ADHS to reach out to home visiting contractors to provide guidance and technical assistance. MIECHV, Health Start, and HRPP home visiting programs released guidance requesting that contractors continue to implement home visiting programs as outlined in program guidelines, following model developer guidance, with fidelity. Each of the home visiting models successfully adjusted home visits to continue reaching families via alternative methods, such as virtual visits or phone calls, to ensure that families continue to

receive the services they need at the same high-quality level that they would receive in-person. In 2021, MIECHV, Health Start, and HRPP home visiting programs will continue to monitor the impacts of COVID-19 and work collaboratively with federal and state partners, contractors, and subcontractors to support virtual home visits and monitor emerging trends and guidance to adapt services as needed.

In addition to the general COVID-19 dashboard hosted on the ADHS website, the Maternal Health page has COVID-19-related resources and information that are specific to maternal health.