

ARIZONA



A State Child Health Policy Agenda 2023 and Beyond

Priorities and recommendations to support child health and well-being, achieve health equity, eliminate health disparities, optimize lifespan outcomes, strengthen families, support our communities, and enhance the position of Arizona as a leading state for children.

Arizona Chapter

INCORPORATED IN ARIZONA

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN®



Policy Goals

PROMOTE HEALTHY CHILDREN

All children, adolescents, and young adults from birth to the age of 26 years must have access to high-quality physical and mental health care, so they can thrive throughout their lifespan. Policymakers must ensure that all children, regardless of their race, ethnicity, income, family composition or immigration status have:

- equitable, non-discriminatory access to affordable and high-quality health care coverage,
- insurance with comprehensive, pediatric-appropriate benefits,
- benefits covering physical and mental health of children,
- access to needed primary and subspecialty pediatric care and mental health services,
- access to services, supports, and treatments recommended by the American Academy of Pediatrics,
- comprehensive, family-centered care in a medical home, and
- access to in-person learning in safe schools that utilize evidence-based efforts to reduce the risk of exposure to infectious illness; environmental hazards; bullying; and violence.

PROMOTE SECURE FAMILIES

Together we can work to advance efforts to ensure that parents can give their children the best foundation for the future. Policymakers must ensure that all families have:

- work that provides a stable and adequate income and family-friendly benefits, including paid family medical and sick leave,
- access to high-quality, safe public schools,
- safe, secure, and non-discriminatory housing,
- access to prenatal and postpartum physical and mental health care,
- affordable and high-quality childcare,
- access to adequate, healthy, nutritious foods, and
- resources to support family placement and permanency within the child welfare system.

PROMOTE STRONG COMMUNITIES

Strong communities are the building blocks for secure families and healthy children. Policymakers must ensure that communities:

- are safe from violence and environmental hazards,
- provide high-quality early education,
- support public health systems that protect children, and that mitigate the effects of infectious disease outbreaks and climate change on maternal and child health, and
- respond effectively when disasters and public health emergencies occur.

ENSURE OUR STATE IS A LEADER FOR CHILDREN

Child health and well-being must be a priority in our state. Policymakers must develop and implement policies that:

- support equity for all children, regardless of race, ethnicity, religion, immigration status, sexual orientation or gender identity, or disability,
- fund and support public health and health services to help children grow into healthy adults, and
- address environmental health and climate change issues that affect children.

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CHILD & ADOLESCENT MENTAL HEALTH

In the United States, nearly 1 in 5 children have a mental, emotional, or behavioral disorder. In 2021, there were 44 child deaths by suicide in Arizona according to the Child Fatality Report (CFR).* These deaths could have potentially been prevented by early diagnosis and treatment of behavioral health issues. Barriers, such as lack of access to emotional and behavioral health providers, cost, limited insurance coverage, and poor coordination of care make it difficult for families to get mental health care for their children. Arizona pediatricians are committed to partnering with decision-makers to develop and implement policies that:

- promote mental health and suicide prevention as a core component of health care services,
- educate children and parents on the risks of substance use, especially marijuana, tobacco, and opiates,
- support training programs for schools, community, clinical and behavioral health service providers on suicide prevention and other mental health disorders,
- advocate for funding to increase the number of school-based psychologists, social workers, and counselors to ensure children and their families have access to appropriate and coordinated mental health prevention services,
- advocate for access to crisis care including increased investment into the 988 Lifeline and other mental health crisis care services,
- develop emergency protocols for clinicians, first responders, crisis staff and others on how to communicate and collaboratively manage children and teens who pose a threat to themselves or others, and
- encourage the implementation of safety strategies to reduce access to guns and other lethal means for those at risk.

*[*29th Annual Child Fatality Review Program Report](#)*

CHILDHOOD IMMUNIZATIONS & THE PREVENTION OF RESPIRATORY ILLNESSES

Out of nearly 1,000 Arizona schools with kindergarten classes, about 60% had decreases in students considered immune from measles, mumps, and rubella between 2018 and 2021.* The American Academy of Pediatrics (AAP) recommends eliminating state laws, like Arizona's, that permit nonmedical exemptions to school entry immunization requirements. When parents refuse to vaccinate their own children, it can negatively impact all children. The Arizona Department of Health Services (ADHS) advises that at least a 95% vaccination rate among children in school is necessary to maintain public health and safety. Arizona is currently below that rate, making it possible for vaccine-preventable diseases like whooping cough, tetanus, polio, and measles to spread quickly through schools and the community. Arizona pediatricians are committed to partnering with decision-makers to develop and implement policies that:

- support the importance of AAP recommended child immunizations, including COVID-19 immunizations, and actively counter misinformation regarding vaccines, including vaccine safety and efficacy,
- support ADHS in developing policies and safeguards related to school-required immunizations,
- develop systems to adequately inform Arizona parents about the risks associated with seeking a nonmedical exemption from school entry immunization requirements, and
- support appropriate payment delivery systems for immunization services and vaccine acquisition as critical components to ensure children are fully vaccinated and protected against vaccine preventable diseases.

*[*https://azcir.org/news/2022/10/31/pandemic-accelerated-decline-childhood-vaccination-rates](https://azcir.org/news/2022/10/31/pandemic-accelerated-decline-childhood-vaccination-rates)*

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MARIJUANA EXPOSURE

Marijuana was a contributing factor in 111 child deaths in 2021, according to the Child Fatality Report. In 53 of these deaths a child was using marijuana and in 58 of these deaths another person was using marijuana.* In November 2020, Arizona voters passed Proposition 207, legalizing recreational marijuana use. To protect infants, children, and adolescents from the potential harm of marijuana, Arizona pediatricians are committed to partnering with decision-makers to develop and implement policies that:

- limit access to marijuana by children and adolescents and prohibit advertising and marketing tactics that target children and adolescents,
- regulate marijuana use on college campuses, schools, and childcare centers,
- regulate tracking, testing, labeling, and packaging of marijuana products to reduce minor access and the risk of accidental poisoning,
- regulate the tetrahydrocannabinol (THC) potency of marijuana products to minimize unacceptable risks to both adults and children, and
- expand public awareness of the risks of marijuana use by pregnant and breastfeeding women, children, and adolescents.

*[*29th Annual Child Fatality Review Program Report](#)*

OPIOID DEATHS

Arizona is experiencing an increasing number of deaths due to fentanyl and other opioids. **In 2021, opioids were a contributing factor in 70 child deaths and fentanyl was responsible for 90% of all poisoning deaths.*** Arizona pediatricians are committed to partnering with decision-makers to develop and implement policies that:

- decrease the availability of fentanyl and other opioids in our communities,
- increase adolescents' awareness of the risks of opioid use, especially fentanyl, and how to identify and respond to poisonings, and
- increase availability of treatment for opioid addiction and naloxone.

*[*29th Annual Child Fatality Review Program Report](#)*

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NICOTINE USE BY CHILDREN & TEENS

Tobacco is the leading cause of preventable death in the United States, and about 95% of all adult smokers start before the age of 21. More than 480,000 Americans die each year from tobacco use, including 8,300 in Arizona alone. Over 20% of Arizona high school youth are currently using a tobacco product, including e-cigarettes.* Arizona is experiencing an outbreak of lung injuries and resulting deaths associated with the use of e-cigarettes or vaping products. Arizona pediatricians are committed to partnering with decision-makers to develop and implement policies that:

- prevent youth smoking exposure and initiation,
- amend the Smoke Free Arizona Act to include e-cigarettes as prohibited in public places, and
- prohibit the sale and advertising of tobacco products, e-cigarettes, and similar devices to anyone less than 21 years of age.

* <https://www.cdc.gov/tobacco/stateandcommunity/state-fact-sheets/arizona/>

LGBTQ YOUTH

Youth who identify as lesbian, gay, bisexual, transgender, or gender-diverse often lack adequate health care, including access to mental health resources. Physicians play a critical role by offering a safe and inclusive place for transgender and gender-diverse youth. LGBTQ youth have high rates of depression leading to increased anxiety, eating disorders, substance use, self-harm, and suicide. AzAAP supports the health and well-being of transgender and gender-diverse youth, and we are committed to ensuring they have access to the comprehensive, evidence-based, and medically necessary care they deserve. Arizona pediatricians are committed to partnering with decision-makers to develop and implement policies that:

- promote acceptance of all youth without fear of harassment, exclusion or bullying because of gender expression,
- prevent discrimination because of gender identity and sexual orientation,
- provide fair and just opportunities to participate in sport activities,
- prioritize research examining the health needs of transgender youth,
- support access to comprehensive gender-affirming and developmentally appropriate health care, and
- provide family-based therapy, counseling, and support to meet the needs of parents, caregivers and siblings of youth who identify as LGBTQ.

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IMMIGRANT CHILDREN

More than 1 in 8 Arizona residents is an immigrant and 1 in 6 is a native-born US citizen with at least one immigrant parent.* Immigrant children are more likely to live in poverty, struggle in school and face other disparities. These disparities, along with the stress associated with losing their parents to deportation or detention, can take a toll on immigrant children. Arizona pediatricians are committed to partnering with decision-makers to develop and implement policies that:

- support, protect, and promote the health and welfare of immigrant children,
- oppose the practice of separating migrating children from parents or caregivers at the border,
- ensure that no immigrant children are forced into detention which can cause psychological trauma and long-term mental health risks,
- monitor, investigate, and improve the quality of care and treatment families receive while in the federal government's custody,
- oppose proposals that deter families' access to nutrition support, housing assistance, and health care, and
- improve opportunities for immigrant children to enroll in early childhood education programs to narrow developmental achievement gaps.

** <https://www.americanimmigrationcouncil.org/research/immigrants-in-arizona>*

GUN VIOLENCE

In 2021, 56 Arizona children died from firearm injury, which was the second most common cause of preventable deaths and the most common cause of death for teens 15-17 years old. The firearm death rate for Arizona children has increased over the past 10 years and in 2021 the biggest risk factor for a firearm death was access to a firearm.* Gun violence is a public health threat. The most effective way to prevent firearm-related injuries in children and adolescents is to limit access to guns in the home and community. Arizona pediatricians are committed to partnering with decision-makers to develop and implement policies that:

- prevent child access to firearms and promote safe storage practices including the use of trigger locks, lock boxes, and gun safes,
- place a ban on the sale of assault weapons and high-capacity magazines to the public,
- increase the minimum age for firearm and ammunition purchases to 21,
- enforce a system of comprehensive and enforceable background-check laws for firearm purchases,
- enact gun violence restraining orders which allow families or law enforcement to petition a judge to remove a firearm from the possession of a person deemed at risk of harming themselves or others,
- ensure children and their families have access to appropriate mental health prevention and services, particularly to address the effects of exposure to violence, and
- support further gun violence prevention research, public surveillance, and training.

**[29th Annual Child Fatality Review Program Report](#)*

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CHILD WELFARE

In Arizona, there currently are over 12,000 children in out-of-home care.* The three guiding values of child welfare services are safety, permanency, and well-being. The child welfare system is an essential service to our society supporting these values for children and their families. Children in foster care have more physical, developmental, and mental health concerns than other children. Pediatricians play a critical role in supporting the health and welfare of these children and the families who care for them. Arizona pediatricians are committed to partnering with decision-makers to develop and implement policies that:

- further the important prevention and family-strengthening goals of the Family First Prevention Services Act to incentivize agencies to implement prevention programs and reduce child welfare involvement,
- improve practices relating to reporting and investigating child maltreatment,
- promote family-centered and family-based care for children and youth in foster care and ensure residential care is used only to meet clinical treatment needs,
- support continuity of school placement and academic success,
- support a standardized process for consent and transfer of health information,
- address the racial disparities in foster care placement, and
- advocate for young adults who are transitioning out of care or the juvenile justice system.

** <https://www.azcourts.gov/casa/Child-Welfare/Child-Welfare-Stats>*

COVID-19 PANDEMIC

Arizona's direct COVID-19 pediatric mortality rate increased 163% from 2020 to 2021. The mortality rate for children was 1.92 deaths/100,000 children in 2021. By comparison, the national direct COVID-19 mortality rate in 2021 was 0.83 deaths per 100,000 children.* Arizona families continue to suffer the physical, mental, and social health impacts of the virus, and the pandemic is certain to have long-term effects on our communities. Arizona pediatricians are committed to partnering with decision-makers to develop and implement policies that:

- support pediatric practices so that they can continue to safely provide high-quality care to children, including preventive health services and childhood immunizations,
- provide resources for schools so they can safely provide in-person education and the additional services needed for children to learn and thrive,
- reduce the risk of COVID-19 infection for health care providers, children, families, and their communities including ensuring access to telemedicine, vaccines, masks, COVID-19 testing, and contact tracing, and
- support a COVID-19 response effort that addresses the needs of all Arizona children including minority, low-income, and immigrant children, as well as children in out-of-home care and children who have special needs.

**[29th Annual Child Fatality Review Program Report](#)*