

ARIZONA



A State Child Health Policy Agenda 2026 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 access to:

- equitable, non-discriminatory, affordable, and high-quality health care coverage to address the physical, developmental, and behavioral health needs of children,
- health insurance with comprehensive, pediatric-appropriate benefits,
- insurance benefits covering physical and mental health, preventive services, and immunizations for children,
- primary and subspecialty pediatric care, mental health services, and preventive care,
- timely access to recommended immunizations and vaccines to prevent infectious diseases,
- services, supports, and medical care recommended by the American Academy of Pediatrics,
- comprehensive, family-centered care in a medical home,
- evidence-based disease prevention and health promotion programs that promote early literacy, school readiness, positive parenting, and healthy relationships, and
- 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,
- guidance and support to build strong caregiver-child bonds,
- access to 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 health and intervention services and public health 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 ages 3 to 17 had ever been diagnosed with a mental, emotional, or behavioral health condition. Among adolescents, 16% reported making a suicide plan, and 9% reported attempting suicide in the past year. According to the Arizona Child Fatality Report (CFR), 5% of all child deaths are due to suicide and the most common cause of these suicide deaths was a firearm injury.* 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,
- 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 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,
- encourage the implementation of safety strategies to reduce exposure to guns and other lethal weapons, and
- invest in a statewide, long-term, sustainable Pediatric Mental Health Care Program (PMHCA) to address the increasing mental health crisis and support primary care providers with consultation, training, resources, and referrals to effectively add behavioral health to routine checkups.

*[*CDC Data and Statistics on Children's Mental Health](#)*

*[*32nd Annual Child Fatality Review Program Report](#)*

CHILDHOOD IMMUNIZATIONS & THE PREVENTION OF INFECTIOUS DISEASES

In 2024, 109 Arizona children died due to an infectious disease, a 16% increase from 2023. The majority of these deaths occurred in children less than 1 year old. The CFR determined that 36% of these deaths were potentially preventable. Unfortunately, according to the most recent CDC-derived National Immunization Survey data, only about 62.8% of Arizona children aged 24 months had received the combined recommended childhood vaccines by their second birthday — well below the 95%–100% coverage range needed to protect communities and prevent outbreaks of vaccine-preventable diseases.* The American Academy of Pediatrics (AAP) recommends eliminating state laws, like Arizona's, which 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 to spread quickly through schools and the community. Arizona pediatricians are committed to partnering with decision-makers to develop/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.

*[*32nd Annual Child Fatality Review Program Report](#)*

*[*CDC National Immunization Survey – Child 2023](#)*

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CHILD WELFARE

In Arizona, 8,375 children are in out-of-home and over 30% of the Arizona children in foster care have been in foster care for more than 24 months.* 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, and they 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.

**Semi-Annual Child Welfare Report Sept. 2025*

SUBSTANCE-USE RELATED IMPAIRMENT & DEATH

There were 118 substance use-related child deaths in 2024, a 29% decrease from 2023. The most common substances used were alcohol, marijuana, methamphetamine and opiates. Of the 16 poisoning deaths, 10 were opiate overdoses. Fentanyl was responsible for 11 of the opiate poisonings, a decrease from the 33 deaths in 2023. Firearm injuries (23%) were the leading factor that caused or contributed to the death, followed by motor vehicle crashes at 19%.* Arizona pediatricians are committed to partnering with decision-makers to develop and implement policies that:

- increase availability and accessibility of affordable quality substance use treatment services and behavioral health services for pregnant and post-partum women, caregivers and children,
- educate family members about the risks of substance use and how to properly respond to a child's potential substance use,
- educate adolescents on the risks of taking marijuana, opiates and any drug that has not been prescribed to them,
- improve referral services of birthing parents who have been identified as substance users at the time of birth,
- expand public awareness of the risks of marijuana use by pregnant and breastfeeding women, children, and adolescents,
- limit access to marijuana by children and adolescents and prohibit advertising and marketing tactics that target children and adolescents,
- 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 naloxone.

**32nd Annual Child Fatality Review Program Report*

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NICOTINE USE BY CHILDREN & TEENS

Smoking kills more people than alcohol, AIDS, car crashes, illegal drugs, murders, and suicides combined — and thousands more die from other tobacco-related causes. Tobacco use is typically initiated during adolescence, with nearly 90% of adult smokers starting before age 18. In Arizona, approximately 17% of high school students currently use tobacco products, primarily e-cigarettes, while cigarette smoking among youth is far lower. Each year, about 8,300 Arizona adults die from smoking-related causes, and roughly 26% of all cancer deaths in the state are attributable to smoking, underscoring the continued public health impact of tobacco use.* 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,
- develop community programs that lower tobacco advertising, promotions, and help make tobacco products less easily available to youth,
- reduce access to flavored e-cigarettes and other tobacco/nicotine products which are more appealing to youth,
- 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.

[*Lung.org](http://Lung.org)

[*Tobaccofreekids.org](http://Tobaccofreekids.org)

LGBTQ YOUTH

Youth who identify as lesbian, gay, bisexual, transgender, or gender-diverse often lack adequate health care, including access to mental health resources. According to interim findings from a longitudinal study, 47% of LGBTQ+ youth reported seriously considering suicide in the past year. Additionally, only about 60% of LGBTQ+ youth who wanted mental health care were able to access it, with affordability and fear-related barriers commonly cited by those who could not.* 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.

[*The Trevor Project Study](http://TheTrevorProjectStudy)

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IMMIGRANT CHILDREN

Twenty-six percent of Arizona children are living in immigrant families.* 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,
- improve opportunities for immigrant children to enroll in early childhood education programs to narrow developmental achievement gaps, and
- oppose policies that deny immigrant children health insurance coverage for life threatening illnesses.

*[*The Annie E. Casey Foundation KIDS COUNT Data Center](#)*

GUN VIOLENCE

Firearm injury was the 4th most common cause of child death in 2024. There were 55 Arizona children who died due to a firearm injury, making firearms the most common cause of death for teens 15-17 years old.* 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.

*[*32nd Annual Child Fatality Review Program Report](#)*

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EARLY CHILDHOOD DEVELOPMENT

Mental, emotional, developmental, and behavioral disorders among children ages 3–17 have remained a major concern. Recent data shows that about 26% of U.S. children now have at least one such condition, including anxiety, depression, learning disabilities, developmental delay, and speech or language disorders.* Healthy development in the early years provides the building blocks for educational achievement, economic productivity, responsible citizenship, lifelong health, strong communities, and successful parenting of the next generation. Arizona pediatricians are committed to promoting optimal early childhood development by partnering with decision-makers to develop and implement policies that:

- support developmental surveillance, screening, referrals, and care coordination to provide safe, appropriate and effective care,
- provide social support to address health risk behaviors, socio-economic challenges, and maternal mental health,
- support safe, stable, and nurturing relationships critical to healthy brain development,
- support evidence-based principles applied in pediatric practice to prevent toxic stress responses,
- provide anticipatory guidance that assists parents and caregivers in proactively building critical social, emotional, and language skills,
- support and fund access to the Reach Out and Read early relational health and “shared reading” intervention to increase positive parenting practices and build the foundation for healthy cognitive, language, and early literacy development,
- incorporate Bright Futures content and guidance into public health programs such as home visiting, and other preventive care screenings,
- promote access to physical activity and nutritious, affordable foods for children,
- promote equitable access to safe and affordable childcare and preschools, and
- support paid family and medical sick leave.

*[*Data Resource Center for Child & Adolescent Health](#)*