Perinatal
Mental Health
Services and
Policy Program



# ARIZONA MATERNAL MENTAL HEALTH

**State Overview** 

National Institute on Minority Health and Health Disparities (R01MD014958) of the National Institutes of Health provided funding for this work



# **ARIZONA**

**Maternal Mental Health State Overview** 

#### **Population Overview**



- 7.37 million people<sup>1</sup>
- **14th** largest population in the US
- 2.2% of US population



#### **MEDICAID**

Medicaid provided insurance coverage for 20.8% of Arizona residents in 2022, compared to 21.2% nationally<sup>2</sup>

#### **National Comparison of Birth-Related Outcomes**

This section leverages publicly available datasets representative of the general US population to compare Arizona to national benchmarks in birth-related outcomes in 2022.

**ARIZONA** 

US

78,547 Live Births3 43.7% All Private Insurance/ 46.0% Medicaid



3,667,758 Live Births 50.8% All Private Insurance/ 41.0% Medicaid

Maternal mortality rate<sup>4</sup> **30.0**/100k live births



Maternal mortality rate 23.2/100k live births

28.6% C-section rate5



32.1% C-section rate

9.8% of all births were pre-term<sup>6</sup> 7.3% resulted in a NICU stay



10.4% of all births were pre-term 9.5% resulted in a NICU stay

Infant mortality rate **6.2**/100k live births<sup>7</sup>



Infant mortality rate 5.6/100k live births8

#### Rates of Birth-Related Outcomes In Commercial Insurance: State-National Comparison

This section compares Arizona to national benchmarks in birth-related outcomes with evidence of perinatal mood and anxiety disorders (PMAD) diagnoses using 2016-2020 data in Optum's de-identified Clinformatics® Data Mart Database (CDM). CDM is derived from a database of administrative health claims for members of large commercial and Medicare Advantage health plans. For demographic results by race and ethnicity, please refer to the Arizona CDM report.

| PMAD Diagnoses  |       | Psych  | otherapy within PMAD               |       |
|---|-------|--------|------------------------------------|-------|
| AZ AZ   | 21.4% | AZ     |                                    | 44.6% |
| US  | 23.4% | US     |                                    | 50.5% |
| Antidepressant Use within PMAD  |       | Suicio | dality within PMAD                 |       |
| AZ  | 42.8% | AZ     |                                    | 3.6%  |
| US CONTRACTOR OF THE PROPERTY | 44.3% | US     |                                    | 3.0%  |
| Severe Maternal Morbidity within PMAD   |       | Substa | ance Related Disorders within PMAD |       |
| AZ  | 1.7%  | AZ     |                                    | 15.0% |
| US  | 1.7%  | US     |                                    | 14.2% |

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#### **Provider Landscape**

#### **PSYCHIATRISTS**

9.44

**PROVIDERS PER 100K POPULATION9** 

us 12.48

**PROVIDERS PER** 100K POPULATION9 **OBSTETRICS/GYNECOLOGY** 

ΑZ

10.06 PROVIDERS FER 100K POPULATION 10

us 12.23

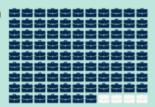
**PROVIDERS PER** 100K POPULATION<sup>10</sup>

Includes active Obstetrics and Gynecology M.D. or Psychiatry M.D. employed by federal government or non-federal industry.

### **Arizona Population Characteristics**

This section displays demographic characteristics of Arizona's population compared to the United States, as described through publicly-available data from 2022.

Unemployment<sup>11</sup>



Arizona's unemployment rate in 2022 was 3.8%, compared to the national unemployment rate of 3.6%

Rural and urban residency12



89.3% of Arizona residents lived in metropolitan areas, 10.7% lived in a nonmetro area

Immigrant population<sup>13</sup>



Arizona's immigrant population in 2022 was 13.1%, with 50.4% being non-citizens. The US immigrant population was 13.9%, with 46.9% being non-citizens

Household financial stability<sup>14, 15</sup>

National median \$74.7K

\$74.6K Arizona

Arizona's median household income in 2022 was \$74,568, compared to \$74,755 nationally<sup>14</sup>

> The poverty rate was 12.5%, compared to 12.6% nationally<sup>15</sup>

> > 12.5%

## **Additional State Level Reports and Info**

- KFF State Profiles Maternal and Infant Health Data
- March of Dimes 2024 Maternity Care Desert Report
- March of Dimes Report Cards
- March of Dimes State Summaries
- Maternal Mental Health Leadership Alliance State Reports
- Policy Center for MMH 2024 Maternal Mental Health State Report Cards

National Maternal Mental Health Hotline



CALLORTEXT 1-833-TLC-MAMA







#### **Relevant Arizona Maternal Health Policies**

| Policy   | Status in the State   |
|--|---|
| Medicaid Expansion <sup>16</sup> Medicaid 12-month postpartum extension <sup>17</sup>  | Yes; Expansion implemented 1/1/2014<br>Yes; Extension approved 4/6/2023   |
| Medicaid coverage for doula service <sup>18</sup>  | Yes; Actively reimbursing, effective 2024   |
| Medicaid policy on depression screening during well child visit and tracking, referral, and follow-up guidance <sup>19</sup> | Arizona requires caregiver depression screening in a well-child visit. Requires a validated screening tool.   |
| State offers home visiting services for perinatal health Medicaid reimbursement for home visiting services <sup>20</sup>     | Yes; Offers home visiting services for perinatal health but does not reimburse  |
| Medicaid expanded coverage for substance use screening and treatment during pregnancy <sup>21</sup>                          | Yes; Offers full continuum of care, including outpatient, intensive outpatient, residential, and inpatient services.  |
| Medicaid coverage and benefits for identified high-risk outcomes <sup>22</sup>   | Yes; Arizonan contractors must determine "high-risk pregnancies" through standardized risk-assessment and ensure high-risk patients are provided "appropriate care."            |
| Payment reform: state provides financial incentives for providers to improve maternal health outcomes <sup>23</sup>          | Yes; Bundled payments for maternity episode of care   |
| Performance Improvement and<br>Quality Measures for Pregnancy<br>Related Care <sup>24</sup>                                  | Yes; Quality measures include prenatal and postpartum care, timeliness of prenatal care entry/early prenatal care, postpartum contraceptive use, and low birthweight deliveries |
| Paid leave policy*<br>(paid family leave and medical leave,<br>paid sick days, paid time off) <sup>25</sup>                  | No paid family leave policy  Does offer paid sick leave and paid time off   |

\*Paid Family Leave and Medical Leave: Paid family and medical leave typically provides a set number of weeks or months to be used for a worker's own serious, longer-term health condition, to care for a family member with a serious health condition, or to care for or bond with a new child, and for reasons related to a family's member's military service. On average, it provides six to twelve weeks of fully or partially paid leave per year, without the need for accrual. Paid family and medical leave may be insured and is often funded by contributions from the employer and/or the worker.

Paid Sick Days: Paid sick leave can be used to recover from a short-term injury or illness such as a cold or for doctor's appointments and in some cases, for workplace, school, or childcare closures associated with a public health emergency. Paid sick leave is often provided on an accrual basis up to a set number of hours or days per year, such as one hour of leave earned for every 30 hours worked up to seven days per year and replaces 100% of the worker's regular wages. On average, private sector workers are offered seven days of paid sick leave per year. Paid sick leave benefits are paid by the employer.

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Paid Time Off: Paid time off laws may combine vacation, sick time, and personal time for workers to use as needed.





| Arizona Perinatal Mental Health Resources                                     |   |  |
|---|---|--|
| Arizona Maternal Mortality Review   | The Arizona Maternal Mortality Review (MMR) is a multi-disciplinary committee that reviews deaths that occur during and within one year of pregnancy. The committee determines the cause of death, contributing factors, and preventability. They also develop actionable recommendations to prevent future deaths.   |  |
| Arizona Perinatal Trust   | The Arizona Perinatal Trust (APT), also known as the Arizona Perinatal Regional System, is Arizona's perinatal quality collaborative. The APT is a volunteer collaborative of healthcare professionals and state representatives that aims to improve the health of Arizona's mothers and infants by improving perinatal health outcomes and targeting health disparities and equitable care. |  |
| Postpartum Support International: Arizona Chapter                             | The Arizona chapter of Postpartum Support International (PSI) aims to increase awareness, education, prevention, and treatment of perinatal mental health issues affecting individuals, families, and support systems in Arizona. The chapter includes local volunteers and support groups.   |  |
| Perinatal Psychiatry Access Program: Arizona Perinatal Psychiatry Access Line | The Arizona Perinatal Psychiatry Access Line (APAL) is Arizona's Perinatal Psychiatry Access Program. The program offers no-cost psychiatry support to healthcare providers who treat mental health and substance abuse in perinatal, pregnant, and postpartum patients in Arizona.   |  |

| Inpatient treatment program or intensive outpatient programs, academic treatment centers |   |  |  |  |
|--|---|--|--|--|
| Inpatient  | None  |  |  |  |
| HEAL Intensive Outpatient Program  | Offers a 12-week multidisciplinary outpatient program focused on physical, mental, and relational health of mothers, babies, and families. Services include prenatal, delivery, and postpartum support in all aspects of pregnancy, infant bonding, parenting, and recovery from substance abuse. |  |  |  |
| Academic Centers   | None  |  |  |  |

