



DEPARTMENT OF ECONOMIC SECURITY

Your Partner For A Stronger Arizona



Division of Developmental Disabilities

May 4, 2023

Agenda

- AHCCCS Renewals
- Parents as Paid Providers
- RFQVA Updates
- Announcements
 - How Self-Care for Caregivers Conference Went
 - How Volunteer Appreciation Conference Went
- Behavioral Health Crisis Line and Warm Lines
- Safety - Dr. Lokey and Dr. Underwood

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COVID-19 Updates

Due to the PHE's ending in May, DDD will no longer present monthly COVID-19 data during Town Halls. You can check the information any time on DDD's COVID-19 webpage at:

https://des.az.gov/services/disabilities/developmental-disabilities/vendors-providers/actions_related_to_covid-19

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AHCCCS Renewals

- Since the start of COVID-19 in 2020, AHCCCS has not disenrolled most AHCCCS members, regardless of eligibility
- Because of the Consolidated Appropriations Act (CAA) enacted in December 2022, AHCCCS is required to begin the regular renewal process for all Medicaid members, including DDD members
- This means starting April 1, 2023, AHCCCS began disenrolling members determined to be no longer eligible for Medicaid

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AHCCCS Renewals

Arizona Long Term Care System Eligible Members

- Ensure your contact information is current in the AHCCCS system
 - This can be done by:
 - Contacting your Support Coordinator
 - Contacting ALTCS by calling 1-888-621-6880
- Promptly respond to any emails, phone calls, text messages, or letters from your Support Coordinator or AHCCCS

If you are eligible for another AHCCCS health plan you should:

- Ensure your contact information is correct
- This can be done online at healtharizonaplus.gov or by calling Health-e-Arizona Plus at 1-855-432-7587, Monday through Friday 7:00 a.m. - 6:00 p.m.
- Members and families who receive requests for information from AHCCCS should respond promptly

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Parents as Paid Providers - Extended As-Is

AHCCCS extended this flexibility until November 11, 2023 with no changes

- Began at start of COVID-19 to ensure families had support during the emergency
- AHCCCS worked with CMS - allowed parents to become Direct Care Workers (DCW) for their children receiving DDD benefits
- Allowed Qualified Vendors to hire parents, stepparents to provide services for their minor children
- DDD will provide updates as November 2023 approaches

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New Contract for Home and Community Based Services (RFQVA DDD-2024)

- March 31, 2023, DDD stopped accepting new Qualified Vendor applications under the existing contract for Home and Community Based Services
- DDD is supporting the existing provider network by:
 - Helping Qualified Vendors to provide better existing services
 - Supporting Qualified Vendors in expanding their Home and Community-Based Services (HCBS) to meet individual needs
 - Helping Qualified Vendors find and keep Direct Support Professionals (DSP)

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New Contract for Home and Community Based Services (RFQVA DDD-2024)

Background

- Beginning in 2019, DDD held 12 Stakeholder Forums
- DDD met frequently with and sought guidance from the stakeholder advisory group and sent out stakeholder surveys
- DDD and its partners collected input on ways to provide higher-quality services to the individuals it serves
- DDD and partners researched and incorporated best practices

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New Contract for Home and Community Based Services (RFQVA DDD-2024)

- On **March 1, 2024**, DDD intends to begin the new contract
- Qualified Vendors serving individuals must apply for the **new** contract to continue to provide services

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Some Changes to Improve Member Experience

- Qualified Vendors will have people in key positions with specific educational or experience requirements
- Day Treatment and Training, Child and Day Treatment Summer combined into one service called **Day Services, Child**
- A new service called **Pathways to Employment** was added

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Some Changes to Improve Member Experience

- Quality Management plans and quality monitoring requirements have been changed to reinforce and better support the delivery of quality services
- DDD expanded employment services so members have more opportunities to find employment

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Some Changes to Improve Member Experience

- DDD is expanding DSP training
- The contract meets all federal requirements including incorporation of the Home and Community Based Setting Rules and Electronic Visit Verification

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The new contract will improve the care and quality of services members receive.

DDD intends to minimize any impact on member service delivery with the contract transition.

Thank you!

- Home page:

<https://des.az.gov/services/disabilities/developmental-disabilities/vendors-providers/qualified-vendor-agreement>

- On this page you will find:

- FAQs
- RFQVA DDD-2024 complete contract document
- Summary of RFQVA changes
- General Questions – submit questions here
- Timeline with additional details
- Qualified Vendor Communications related to the new RFQVA

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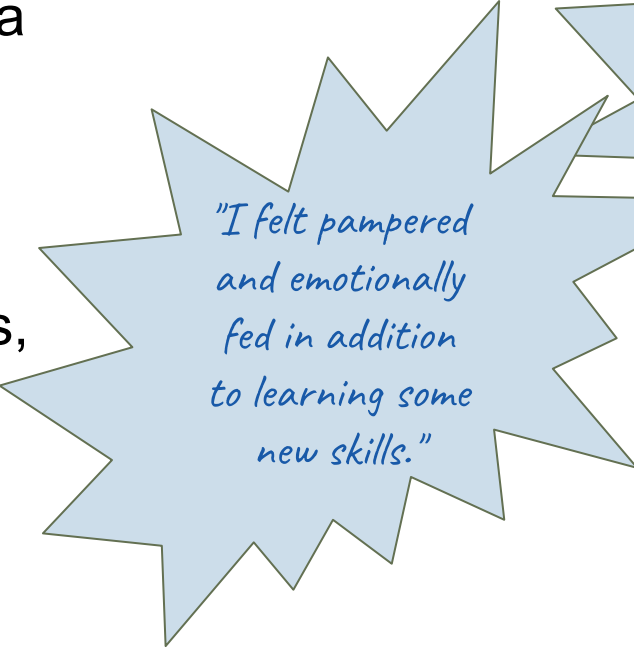
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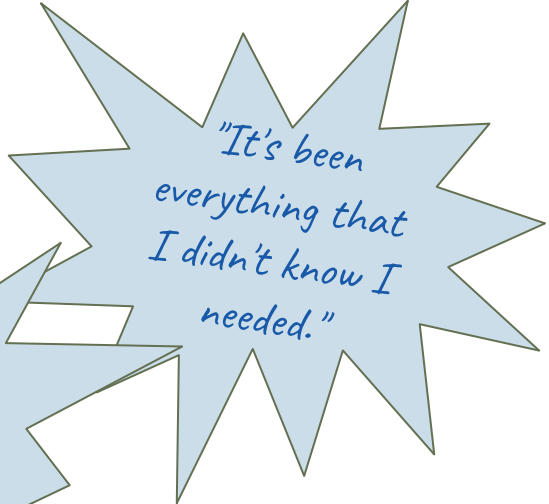
Announcements

Self-Care for Caregivers Conference

- 270 attendees
- All participants received a bag of educational materials to take home
- 20 random prizes given away, including gift cards, self-care items, and gift baskets



"I felt pampered and emotionally fed in addition to learning some new skills."



"It's been everything that I didn't know I needed."

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Volunteer Appreciation Conference

- Took place during National Volunteer Appreciation Week to celebrate and recognize DDD volunteers who serve on various councils and committees
- 152 attendees
- Attendees enjoyed live music, a comedian, lunch, and keynote speakers
- For more DDD volunteer opportunities:
<https://des.az.gov/how-do-i/volunteer/volunteer-opportunities>



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Behavioral Health Crisis

Crisis = needs immediate help to prevent harm to self or others

- Suicide ideations
- Emotional trauma and/or shock
- In danger of escalating to suicide, self-harm, or harm to others

Trained crisis staff are available 24/7 to help over the phone. State crisis lines are free, confidential and open to anyone who needs help. For medical, police and fire emergency situations, always call 911.

Behavioral Health Crisis (cont.)

Statewide Crisis Hotline

1-844-534-4673 (1-844-534-HOPE) or text 44673 (4HOPE)

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Behavioral Health Warm Lines

Warm Lines = less urgent than a crisis, but support needed

- Relationship problems
- Stress at work
- Family issues

Behavioral health warm lines are available to all Arizonans ages 18 and older. Peer support specialists are available to help you. They have lived experience with behavioral health challenges.

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Behavioral Health Warm Lines (cont.)

Area Covered	Provider	Phone Number	Hours
All AZ Counties	NAZCARE	1-888-404-5530	4pm to 10pm Monday – Thursday 3pm to 10:30pm Friday – Sunday
Central Arizona	Crisis Response Network	602-347-1100	24 hours
Southern Arizona - Pima County	Hope, Inc	520-770-9909	8am - 10pm
Southern Arizona - All Other Counties	Hope, Inc	1-844-733-9912	8am - 10pm

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Questions?



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**Farah R Lokey MD FAAP
QM Medical Director
General Pediatrician**

**Let's talk about
water safety....**



A large outdoor swimming pool with a gazebo and palm trees. The pool is surrounded by a paved deck and has several palm trees scattered around. In the background, there is a gazebo with a tiled roof and some lounge chairs. The sky is overcast.

**Why is this especially important in Arizona?
We have lots of pools!**

505,000 Residential pools + Public pools

128 lakes

5 major rivers

A.R.S. § 36-1681

Legislature requires that all pool owners receive the legal requirements of pool ownership and a safety notice explaining the Arizona Department of Health Services' recommendations on pool safety



Pool Enclosures (Wall , Fence, Barrier):

Entirely enclose pool

At least 5 ft. high/within area of residence
4 ft.

Self-latching/self-closing/opens outward

Only opening is door/gate, no others
where an object 4 in. diameter can pass

No footholds on the outside that can be
used to climb

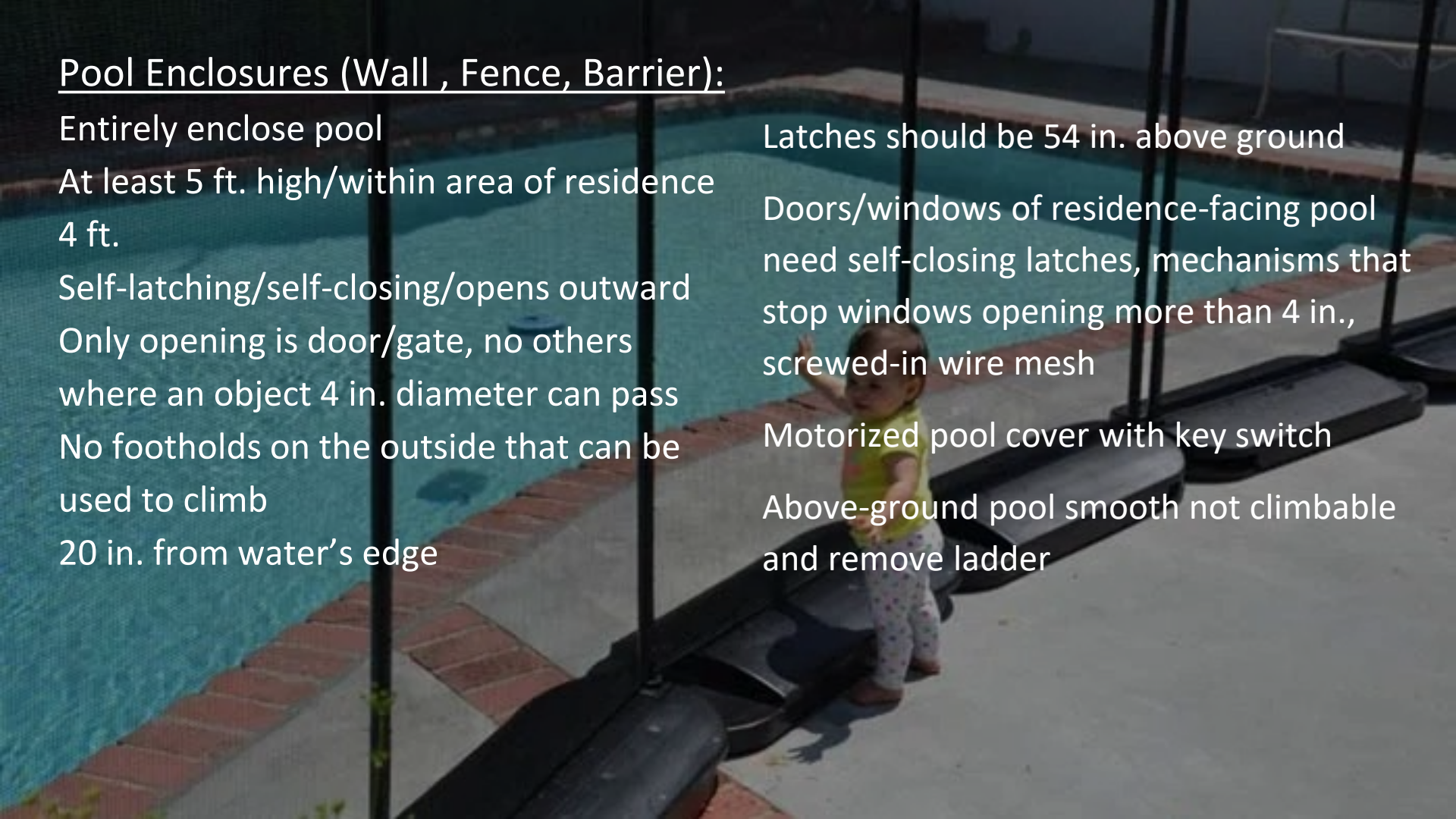
20 in. from water's edge

Latches should be 54 in. above ground

Doors/windows of residence-facing pool
need self-closing latches, mechanisms that
stop windows opening more than 4 in.,
screwed-in wire mesh

Motorized pool cover with key switch

Above-ground pool smooth not climbable
and remove ladder





Drowning/Near Drowning

- In the US: More children ages 1-4 die of drowning, more than any other cause of death. For 5-14 year-olds = the second cause of death after motor vehicle crashes
- In the US: 11 drownings/22 near drownings per day
- In AZ, the drowning rate doubled over one year
- For every child who dies, 7 receive emergency treatment for near drowning
- Drowning injuries include damage to brain and long-term disability



Water Safety Tools

- Lifejackets- good- especially on open water, boat trips, lakes, oceans
- Puddle jumpers and floaties- are not adequate devices for safety
 - They hold the child vertically, so they don't learn to float on their backs. They can pop or come off easily. Do not rely on these.
- Remember Lifeguards are available for hire

Teach them to swim

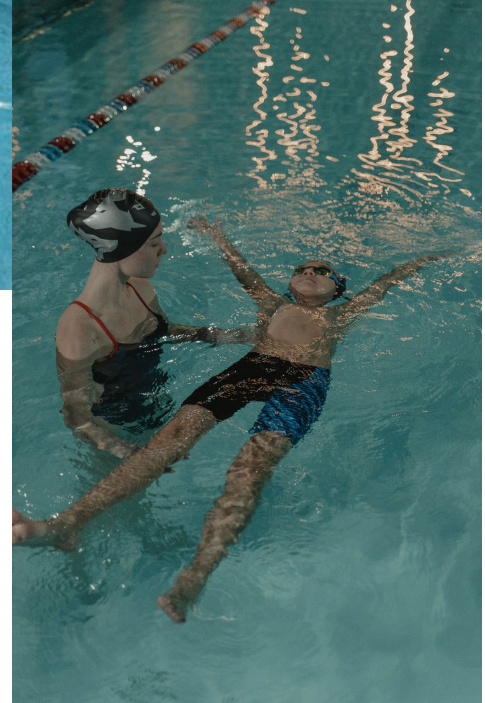
American Academy of Pediatrics states that children can benefit from swim lessons from ages 1 and up. (healthychildren.org)

Parents should gauge their child's readiness first.

Continued constant supervision is still very important.

ISR- Infant Swim Resource- Is used for infants and toddlers to learn how to float on their backs if they fall into water and can be helpful for them to learn. This just teaches rescue and not full spectrum of swimming.

Regular swim lesson as they get older will give them the full breadth of knowledge.



Don't forget other sources of drowning

- Bathtubs and toilets are two of the biggest drowning risks for toddlers
- Drowning in buckets is also high risk
- Don't forget irrigation ditches, canals, wading pools



Take-Aways

- ✓ Stay vigilant
- ✓ Use barriers to protect
- ✓ Teach water safety
- ✓ Learn to swim
- ✓ Use appropriate tools
- ✓ Utilize resources





Seat Belt & Car Seat Safety

Car seats

- Reduce risk of injury 71-82%
- Reduces risk of death 28%
- Booster reduces risk of injury 45%
- In comparison to seat belts alone

Motor Vehicle accidents number 1 cause of death in over 4 yrs. old



Car seat recommendations

- Keep child in a rear-facing car seat for as long as possible
 - Until the weight limit of the seat, usually around 2 years old
 - Use a convertible car seat that has higher weight limit rear facing (40lbs) and can then be turned front facing
 - Why? Head and spine strength
- Forward facing when weight limit of rear facing is met
 - Usually up to about 4 years old (Try to stay in 5-point harness as long as possible)
- When exceeding height and weight for the harness, use belt positioning boosters up to about 8 years old
 - Weight limits between 65-90 lbs. of different seats
 - Booster can be high back or backless (using 5-point belts and regular seat belt)
- Lap and shoulder belts when outgrown booster
 - Rules for the belts (when in regular car seat or booster): Lap belt should go across hips and pelvis
 - Shoulder belt middle of shoulder and chest
 - 4 ft. 9 in. and between 8-12 yrs. old
- Up front 13 and up (why? Airbags)

LATCH system
Lower anchor and
tethers for children



Special needs children considerations

- Most recommendations the same
- Special circumstances
 - Airway obstruction/hypotonia- Infants needs a car seat test before leaving nursery, they may need a car bed (especially if child has to be prone)
 - Muscle tone/GI abnormalities may need special positioning and use of wedges/rolls or angles of incline (all must to tested and set up with medical recommendations) No cushioning or positioning device should come between child's back and seat back as this reduces the safety in an event of crash
 - Children/Adults over 80 lbs. or physical obstruction i.e. casts, may need occupant restraint system or car vests for best protection and trunk support

Resources

- [Healthychildren.org/carseatguide](https://www.healthychildren.org/carseatguide)
- National Highway Traffic Safety Administration:
[NHTSA.gov/equipment/car-seats-and-booster-seats#install-inspection](https://www.nhtsa.gov/equipment/car-seats-and-booster-seats#install-inspection)
- National Child Passenger Safety Certification Web:
<http://cert.safekids.org>
- Fire departments
- Hospitals



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Questions?



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Christina Underwood, M.D.
Child and Adolescent Psychiatrist
Medical Director, Behavioral Health Administration

HEAT SAFETY



OBJECTIVES

- Ability to define Hyperthermia
- Ability to identify Heat-Related Illnesses
- Ability to identify signs/symptoms of Heat-Related Illnesses
- Awareness of treatment for Heat-Related Illnesses
- Ability to Identify persons at risk
- Awareness of preventative measures to reduce risks
- Ability to define Water Intoxication
- Ability to identify signs/symptoms of Water Intoxication

HOT FACTS



- May to September is the hottest time for Arizona
- Summer temperatures usually range from 90 to 120 degrees Fahrenheit
- Arizona is close to the equator (about 2300 mi)
- A large portion of Arizona sits at lower elevations
- There is decrease cool air from the Pacific Ocean due to the Laguna Mountains in California
- Air sinks due to the constant high air pressure over
- Arizona making it difficult for clouds to form. Without rain, there is no humidity to absorb the heat. Also, there is a lack of cloud cover and tops that reflects sun's energy

Heat-Caused & Heat-Related Deaths in Arizona by Year (2011-2021)

Arizona Department of Health Services

Deaths from Exposure to Excessive Natural Heat

Year	Heat – Caused Deaths	Heat – Related Deaths
2011	123	177
2012	97	157
2013	103	149
2014	48	91
2015	83	132
2016	146	219
2017	132	264
2018	129	251
2019	160	283
2020	313	522
2021	302	552

- **Heat-caused deaths** are deaths where the primary cause of death is listed as exposure to excessive natural heat. **Heat-related deaths** are deaths where exposure to excessive natural heat is listed anywhere on the death record and include those that were heat-caused.

RISKS OF PROLONGED HEAT EXPOSURE

- **Hyperthermia** - an abnormally high body temperature caused by a failure of the heat-regulating mechanisms of the body to deal with the heat coming from the environment.

39.4 degrees Celsius or 103 degrees Fahrenheit or higher (per CDC)

Average human body temperature is 37 degrees Celsius and 98.6 Fahrenheit

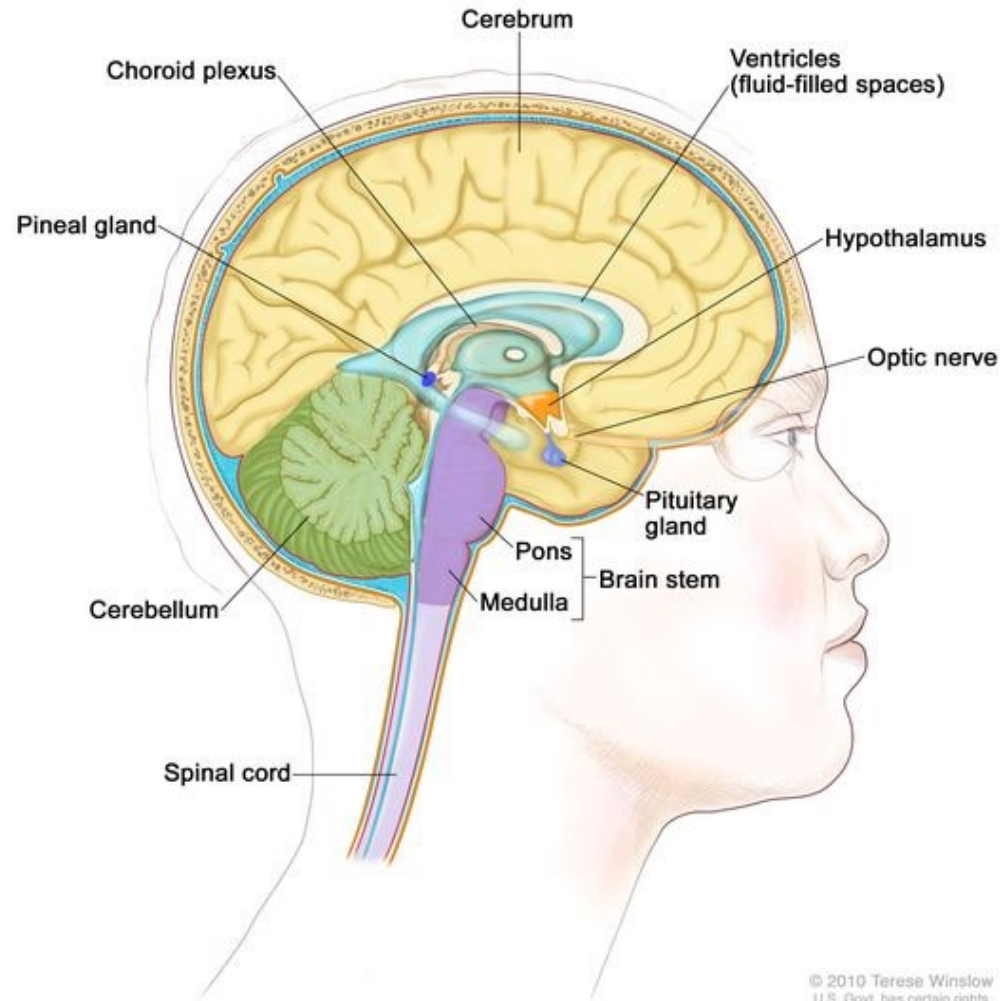


The Human Body's Thermostat

- **HYPOTHALAMUS** - a small area of the brain (about the size of an almond) that regulates your body temperature by responding to internal and external stimuli and making adjustments to keep the body within one or two degrees of its core body temperature.
- Other functions: helps produce hormones that regulate heart rate, blood pressure, thirst, hunger, and the sleep-wake cycle.



Hypothalamus and Surrounding Brain Structures



Heat-Related Illnesses

- Heat Rash
- Sunburn
- Heat fatigue
- Heat Syncope
- Heat Cramps
- Heat Exhaustion
- Heat Stroke

Heat-Related Illnesses

- **Heat Rash** - Red clusters of small blisters that look like pimples on the skin (usually on the neck, chest, groin, or in elbow creases)
- **Treatment** - Stay in a cool, dry place, keep the rash dry allow air flow between the material and your skin (cotton) anti-itch medication if itches

Heat rash
Prickly heat



Heat rash

Heat-Related Illnesses

- **Sunburn** - Painful, red, and warm skin; blisters on the skin
- **Treatment** - Stay out of the sun until your sunburn heals; put cool clothes on sunburned areas or take a cool bath; put moisturizing lotion that contains aloe vera or soy on sunburned areas to help soothe the skin; do not break blisters because they help your skin heal and protect from infection, drink extra water to prevent dehydration

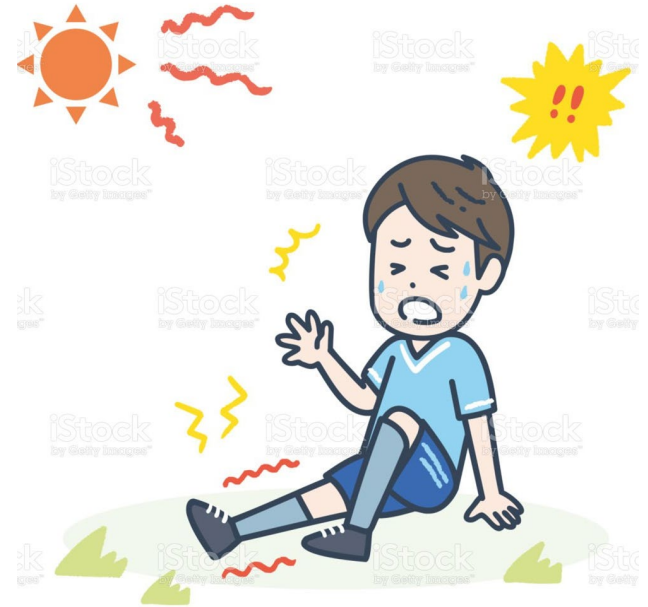


Heat-Related Illnesses

- **Heat Fatigue** - feeling tired and sluggish after prolonged exposure to heat due to the massive amount of energy it takes to maintain a normal and consistent body temperature, especially due prolonged exposure to very hot weather.
- **Treatment** - rest in a cool place; get in an air-conditioned building, drink cool fluids, loosen clothing
- **Heat Syncope** - a fainting episode or dizziness that usually occurs when standing for too long or suddenly standing up after sitting or lying; contributing factors include dehydration and lack of acclimation to the environment
- **Treatment** - Move the person to shaded/cool area to decrease body temperature; sit or lie down as soon as the patient begins to feel symptoms; monitor vital signs, elevate legs to promote blood returning to the heart; rehydrate with water or sports drink

Heat-Related Illnesses

- **Heat Cramps** - painful muscle spasms that occur during prolonged work or exercise in high temperatures due to dehydration and loss of nutrients (Sodium Chloride) from excessive sweating; they are most common in the abdomen, back, arms, and legs.
- **Treatment:** stop work or physical exercise; move to a cool place, drink water or sports drink; wait for cramps to go away before resuming exercise. **Get medical help right away if:** • Cramps last longer than 1 hour • You're on a low-sodium diet • You have heart problems



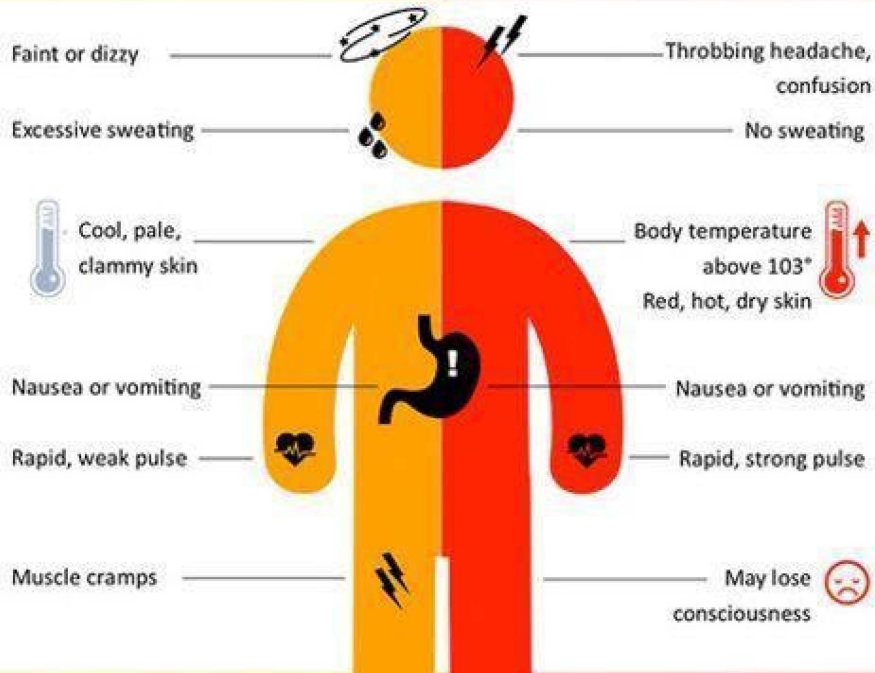
Heat-Related Illnesses

- **Heat Exhaustion** - the body's response to an excessive loss of water and salt, usually through excessive sweating; signs and symptoms include heavy sweating, cold, pale, and clammy skin, fast but weak pulse, nausea or vomiting, muscle cramps, tiredness or weakness, headache, fainting or passing out
- **Treatment** - Move to a cool place; loosen your clothes; put cool, wet cloths on your body or take a cool bath; sip water. **Get medical help right away if:** • You are throwing up • Your symptoms get worse • Your symptoms last longer than 1 hour
- **Heat Stroke** - a life-threatening condition that occurs when your body temperature gets too high (a core body temperature of 103 F (39.4 C) or higher (per CDC). It is usually the result of prolonged exposure to or physical exertion in high temperatures. Signs and symptoms include hot, red, dry, or damp skin • Fast, strong pulse • Headache • Dizziness • Nausea or vomiting • Altered Mental Status and Behavior (confusion, agitation, slurred speech, irritability, delirium, seizures, coma) • Losing consciousness (passing out)
- **Treatment** - **Call 911 right away-heat stroke is a medical emergency** • Move the person to a cooler place • Help lower the person's temperature with cool cloths or a cool bath • Do not give the person anything to drink

HEAT EXHAUSTION

OR

HEAT STROKE



- Get to a cooler, air conditioned place
- Drink water if fully conscious
- Take a cool shower or use cold compresses

CALL 9-1-1

- Move person to cooler place
- Cool using cool cloths or bath
- Do not give anything to drink

You Are a Person At Risk If You:

- Are elderly, infant or a young child
- Perform strenuous work or physical activity in hot weather
- Consume excessive amounts of alcohol
- Have an electrolyte imbalance
- Have certain diseases that affect your ability to sweat
- Have certain medical conditions, such as problems with your heart, lungs, kidneys, liver, thyroid, blood vessels, or being overweight or underweight
- Take certain medications, such as diuretics, stimulants, sedatives, tranquilizers or heart and blood pressure medications, psychotropics
- Wear heavy or tight clothing in hot weather
- Are dehydrated
- Are left in a hot vehicle

Vehicle Heating Dynamics

Heating Study Summary

Average elapsed time and temperature rise

10 minutes ~ 19 deg F

20 minutes ~ 29 deg F

30 minutes ~ 34 deg F

60 minutes ~ 43 deg F

1 to 2 hours ~ 45-50 deg F

2 to 4 hours ~ 50-55 deg F

noheatstroke.org

Heat Stroke Deaths of Children in Vehicles

- **942** children have died due to Pediatric Vehicular Heatstroke (PVH) since 1998.
All of these deaths could have been prevented.
- Total number of U.S. pediatric vehicular heatstroke deaths, 2023: **2**
- Total number of U.S. pediatric vehicular heatstroke deaths, 2022: **33**
- Average number of U.S. child heat stroke fatalities per year 1998-2022: **38**

noheatstroke.org

Pediatric Vehicular Heatstroke Deaths by State and Per Capita

- noheatstroke.org

1998-2022	Deaths	Per Capita 1M ≤ 14 yrs	Rank
State			
Texas	138	22.39	37
Florida	102	29.02	45
California	56	7.59	16
Arizona	43	31.59	46
North Carolina	39	20.45	34
Georgia	39	18.84	31
Louisiana	36	39.50	51

**HOW DO WE
PROTECT
OURSELVES
FROM THE HEAT?**



**STAY
SUN
SAFE**

Prevention

1. Wear loose-fitting, lightweight clothing. ...
2. Protect against sunburn. ...
3. Take extra precautions with certain medications. ...
4. Stay Hydrated. ...
5. If possible, avoid going out during the hottest parts of the day
6. If you must go out, use techniques above. ...
7. Get acclimated to the environment. ...
8. Be cautious if you're at increased risk
9. Never leave anyone or any living thing in a parked car. ...

Water Intake Calculator

- The National Academy of Medicine suggests an adequate intake of daily fluids of about 13 cups and 9 cups for healthy men and women, respectively, with 1 cup equaling 8 ounces. Higher amounts may be needed for those who are physically active or exposed to very warm climates.
- Take your body weight in pounds and divide that in half – that's how many ounces of water per day that you should be drinking for your body to function properly.
- For example, [REDACTED]. You need even more water if you exercise or have a very active job or if you work outside in the heat.
- The American College of Sports Medicine recommends adding 12 ounces of water to your daily intake for every 30 minutes that you plan to work out.
- Previous result (100 oz) + (min of exercise/30 min) x 12 oz) =oz of water per day
- For example, 100 oz + (60 min/30 min) x 12) =124 oz per day
- Consult with your medical provider as certain health conditions may impact your fluid intake needs.
- Resource: National Academy of Medicine, American College of Sports Medicine

Water Intoxication or Over hydration

- Sodium is the electrolyte most affected by overhydration, leading to a condition called **hyponatremia**.
- When Sodium levels drop due to a high amount of water in the body, fluids get inside the cells. Then the cells in the body swell, including brain cells.
- Signs and symptoms of hyponatremia include **nausea and vomiting; headache; confusion; loss of energy; drowsiness and fatigue; restlessness and irritability; muscle weakness, spasms, or cramps; seizures; coma**
- **Seek medical advice if you have any concerns regarding above.**
- **Seek emergency care for anyone who develops severe signs and symptoms** of hyponatremia, such as nausea and vomiting, confusion, seizures, or lost consciousness.
- Keep in mind that there are other causes of hyponatremia (e.g. kidney disease, heart disease, hormonal imbalance, medications), and treatment will vary depending on the cause.

RESOURCES

- Centers for Disease Control and Prevention (CDC)
- Arizona Department of Health Services
- Mayo Clinic
- Cleveland Clinic
- National Institute of Health
- American Academy of Dermatology Associates
- National Weather Service Geographic
- Arizona Department of Transportation (ADOT)
- Gettyimages
- iStock



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Questions?



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Thank You