

Healthy Families Arizona
Annual Evaluation Report
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FINAL

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Executive Summary

The Healthy Families program model is designed to help expectant and new parents get their children off to a healthy start. Families are screened according to specific criteria and participate *voluntarily* in the program. Families that choose to participate receive home visits and referrals from trained staff. The Healthy Families Arizona program serves families with multiple stressors and risk factors that can increase the likelihood that their children may suffer from abuse, neglect, or other poor outcomes. By providing services to under-resourced, stressed, and overburdened families, the Healthy Families Arizona program fits into a continuum of services provided to Arizona families.

Recent research shows that home visitation programs tend to have wide-ranging and significant outcomes. Studies conducted on Healthy Families programs in several states show that these programs can impact infant health, positive parenting practices, safety practices, parenting stress, parental knowledge, and even in some cases incidences of abusive and neglectful behaviors. However, more research is needed regarding program fidelity, implementation, and program effects with specific populations.



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The Healthy Families Arizona Program

Healthy Families Arizona is in its twenty-third year, and is modeled after and accredited with the Healthy Families America initiative under the auspices of Prevent Child Abuse America. In State Fiscal Year 2014, with combined funding from the Arizona Department of Child Safety (DCS), First Things First (FTF), and the Department of Health Services (DHS) funding, Healthy Families Arizona provided services to families in 13 counties through 12 sites and 39 teams.

Who Does Healthy Families Arizona Serve?

A total of 4,761 families had data submitted for evaluation purposes during the current study year from July 1, 2013 through June 30, 2014. The evaluation of the



statewide Healthy Families Arizona system covers only families with children that are 24 months old or younger (n=4,096) The remaining 665 families' children were between 24 and 60 months, so were not included in the evaluation. In order to have a meaningful evaluation of the program effects, only the families that receive at least a minimal amount of program exposure are included. This further restricts our dataset to 3,197 families that have received at least four home visits. Slightly less than one fourth of the families enter in the prenatal period and the average length of time in the program is just under 12 months.

Healthy Families Arizona program families have a significant number of maternal and infant risk factors at entry into the program compared to the overall state rates. The mothers enrolled into Healthy Families Arizona are more likely to be single parents, unemployed, undereducated, living in poverty, and receiving AHCCCS. The infants are also more likely to suffer from birth defects, be of low birth weight, be born preterm, and have positive alcohol or drug screens at birth than for Arizona as a whole as reported in state and federal data.

Risk Factors of Mothers	Prenatal Families	Postnatal Families	Arizona State Rates
Teen Births (19 years or less)	20.9%	16.4%	8.5%
Births to Single Parents	67.8%	66.3%	45.1%
Less Than High School Education	39.6%	38.6%	19.7%
Not Employed	74.7%	78.7%	45.8%
No Health Insurance	4.7%	6.9%	3.6%
Receives AHCCCS	87.2%	82.5%	53.8%
Late or No Prenatal Care	27.5%	35.6%	18.7%
Median Yearly Income	\$10,000	\$11,640	\$48,510
Risk Factors for Infants	Prenatal Families	Postnatal Families	Arizona State Rates
Born < 37 weeks gestation	12.1%	15.6%	10.2%
Birth Defects	1.1%	0.9%	1.7%
Low Birth Weight	6.9%	13.2%	8.2%
Positive Alcohol/Drug Screen	0.5%	9.4%	1.4%

Sources: 2012 and 2013 data from the Arizona Department of Health Services Vital Statistics records, and the U.S. Census Bureau, American Community Survey, 2013

Outcomes for Families and Children Participating in Healthy Families

The Healthy Families Parenting Inventory (HFPI) revealed statistically significant improvement on all subscales at 6 and 12 months except social support. This indicated that Healthy Families Arizona participants are continuing to see reductions in their risk factors related to child abuse and neglect.



Parents in Healthy Families report significant changes in:

- Increased problem solving
- Increased personal care
- Improved mobilization of resources
- Increased parenting role satisfaction
- Improved parent/child interaction
- Improved home environment
- Improved parenting efficacy
- Decreased depression

Child Development and Wellness

Timely immunizations remain an important component for positive child health and development outcomes. The immunization rate for the children of Healthy Families Arizona participants by 24 months was 71.4% compared to a 70.3% immunization rate for 2 year-olds in the state of Arizona as a whole. Healthy Families Arizona also educates families on home safety practices. Results indicate that for families who have been in the program for 12 months: 99.8% of participants are using car seats, 97% have poisons locked, and 89.9% have working smoke alarms. Developmental delays are screened for at regular intervals in the Healthy Families Arizona program



Image courtesy of www.sheknows.com

to assure that children who need further services are referred appropriately. The program was just short of meeting the statewide performance measure goal of 90% of two year-old children screened for developmental delays; 84.9% of 2-year olds in the program were screened for developmental delays.

Child Abuse and Neglect

Records of child abuse and neglect incidents (substantiated) were examined for program participants who had received services for at least six months. The statewide program performance measure goal is for 99.7% of families to have no substantiated reports to child protective services. This year the percent of families with no child abuse or neglect incidences was 96%, and did not meet the performance measure goal. A total of 94 Healthy Families Arizona families had a substantiated case of child abuse and/or neglect out of 2,360 families that had participated in the program for at least 6 months. Healthy Families Arizona teams also provided home visitation services to 681 families that were involved with Child Protective Services.



Mothers' Health, Education, and Employment

Healthy Families Arizona also seeks to improve the health, education, and employment outcomes among mothers so that they are better equipped to meet their families' needs. Research shows that spacing pregnancies at least 24 months apart has positive health benefits for the mother. This year 1.2% of mothers with a subsequent pregnancy waited over 24 months before they got pregnant with their next child. The number of mothers enrolled in school has continued to decrease in recent years, with 13.9% enrolled at 1 year of program participation, and 11.2% at 2 years. The home visitors also complete screenings and provide referrals for substance abuse problems. Substance abuse continues to be a difficult problem for families. Approximately 44% of the participants were screened as having a history of substance abuse problems at intake, with nearly 12% continuing to have problems after six months in the program.



Introduction

Healthy Families Arizona was established in 1991 by the Arizona Department of Economic Security (now known as the Arizona Department of Child Safety) as a home visitation service for at-risk families, and is now in its 23rd year. The Healthy Families Arizona program is accredited by Prevent Child Abuse America and is modeled after the Healthy Families America initiative. Healthy Families America began under the auspices of Prevent Child Abuse America (formerly known as the National Committee to Prevent Child Abuse) in partnership with the Ronald McDonald House Charities. Healthy Families America was designed to promote positive parenting, enhance child health and development, and prevent child abuse and neglect. Healthy Families America has nearly 600 affiliated program sites in 40 States, the District of Columbia, all five US territories, and Canada. Healthy Families America is approved as an “evidence-based early childhood home visiting service delivery model” by the US Department of Health and Human Services.

The program model of Healthy Families is designed to help expectant and new parents get their children off to a healthy start. Families are screened according to specific criteria and participate *voluntarily* in the program. Trained staff provide home visits and referrals to families that choose to participate. By providing services to under-resourced, stressed, and overburdened families, the Healthy Families Arizona program fits into a continuum of services provided to Arizona families.

Healthy Families Arizona Statewide System

Healthy Families Arizona is a multi-site statewide system. The Office of Prevention and Family Support under the Arizona Department of Child Safety is designated as the Central Administration for all accredited Healthy Families Arizona sites. The variety of functions performed by Central Administration is designed to support the multi-site system and include quality assurance, evaluation, training and technical assistance, system-wide policy development, and administration. Each of these functions covers a set of activities and tasks that guide operations at the Central Administration level as well as at program level. The funding structure for the Healthy Families Arizona Program is supported by three state agencies: the Arizona Department of Child Safety (DCS), First Things First (FTF), and the Arizona Department of Health Services (DHS). The DCS Central Administration supports collaboration with the three state agencies in a fully integrated system to enhance the quality of Healthy Families Services.



In State Fiscal Year 2014, funding for the statewide system included \$6,598,343 from DCS, \$6,076,237 from FTF, and \$3,676,072 from DHS. This represents a \$2.17 million increase in funding from the previous year. The combined funding of \$16,350,651 from DCS, FTF, and DHS allows the Healthy Families Arizona sites and teams to provide services to families living in 13 counties and 233 zip code areas around Arizona. For the 2014 state fiscal year, there were 12 sites and 39 home visitor teams (11 DCS funded, 9 FTF funded, 7 MIECHV funded, and 12 receiving funding from more than one source). See Exhibit 1 for a list of teams funded in fiscal year 2014.

Exhibit 1. Healthy Families Arizona Program Sites in State Fiscal Year 2014

Site	Number of Teams
Cochise/Santa Cruz County	2
Coconino County	2
Graham/Greenlee County	1
Lake Havasu (Mohave and La Paz Counties)	1
Maricopa County	17
Mohave County	2
Navajo County	1
Pima County	6
Pinal County	3
Verde Valley (in Yavapai County)	1
Yavapai County	1
Yuma County	2



In this Report

The purpose of this report is to provide information on families' outcomes, program performance measures, process and implementation information, and evaluation information that can be used to guide program improvement. This report covers the state fiscal year 2014 from July 1, 2013 to June 30, 2014. Additionally, this report also reviews recently published literature related to Healthy Families and home visitation program.

The evaluation of Healthy Families Arizona includes both process and outcome evaluation. The process evaluation includes an update of statewide implementation, describes the characteristics of families participating in the program, and provides general satisfaction of families participating in the program. The outcome evaluation examines program outcomes and looks at the program's impact across a number of measures, with comparisons to previous years when appropriate and available. Detailed appendices provide specific site data on process and outcome variables. The description of evaluation methodology outlines the methods used for each part of the report.

The 2014 Annual Evaluation Report has been designed to provide vital information and reporting of yearly data for basic accountability and credentialing. The data analyzed are limited to only those families within 24 months of the birth of the infant. Currently, the Healthy Families Arizona evaluation also includes the creation and distribution of quarterly cumulative performance reports for ongoing program monitoring. These reports are used during quality assurance and technical assistance site visits to review and assess progress on key program activities, including administration rates for developmental screenings and parenting skills inventories, attainment of immunization data, and substance abuse screening.

Evaluation Methodology

The Healthy Families Arizona evaluation includes both a process evaluation component and an outcome evaluation component. The primary questions for the **process** evaluation include: *Who participates in the program and what are the services provided?* The primary question for the **outcome** evaluation is: *What are the short and long term outcomes for families in the program?*



In order to answer the process evaluation question, participants of the Healthy Families Arizona program are described and the services they receive are documented. In the process evaluation, the program “inputs” such as numbers served, participant characteristics, and services received are described.

Also, information relative to Critical Elements and expected standards from Healthy Families America is provided as a benchmark for assessing some aspects of the implementation. The primary data for the process evaluation comes from the management information system developed to process data for Healthy Families Arizona. Sites are required to submit data that captures enrollment statistics, number of home visits, administration of assessment and outcome forms, descriptions of program participants, types of services provided, and other relevant information.

The overall aim for the outcome study is to examine program effects and outputs, at both the parent and child level on a number of different outcomes. During the course of the evaluation, the evaluation team has worked together with program staff to develop and select key program measures that are used to provide feedback and to measure the program’s ability to achieve specific outcomes. The primary activities of the outcome evaluation are to: examine the extent to which the program is achieving its overarching goals, examine the program’s effect on short term goals, and examine the extent to which participant characteristics, program characteristics, or community characteristics moderate the attainment of the program’s outcomes. For most of the outcome measures, Healthy Families home visitors collect baseline (pretest) data and follow-up data at different time points of program participation: 6 months, 12 months, 18 months, and 24 months. The outcome evaluation also includes examination of substantiated cases of child abuse and neglect obtained through the Department of Economic Security’s CHILDS database.

The process and outcome components of the evaluation were developed and guided by the logic models for both the prenatal and postnatal programs. Logic models for the prenatal and postnatal components of Healthy Families Arizona are presented in the Appendices.



Review of Current Literature

Home visitation research remains on the forefront as policy makers look to evidence for programs they believe are worthy of investment. Furthermore, the outcomes associated with home visitation are wide ranging and significant. Home visitation programs expect outcomes across many domains: child maltreatment rates, positive and nurturing parenting behaviors, prenatal and child health, child development and school readiness, and educational and employment success. Estimates of the annual costs of home visitation programs range from 250 million to 1 billion dollars (Stolzfus & Lynch, 2009), and additional federal funds will add another 1.5 billion over the next several years. The infusion of significant dollars from the Maternal, Infant, and Early Childhood Home Visiting program (MIECHV), the Children’s Bureau, and various states accentuates the need for new research and lessons that can influence future implementation and build more effective practice models.

In spite of new findings reviewers continue to characterize home visitation programs as having uncertain impact. “Despite their growing popularity, there is considerable uncertainty regarding the efficacy of home visitation programs to produce meaningful and lasting outcomes for the children and families they serve (Azzi-Lessing, 2013, p. 377).” Therefore, it is critical that ongoing documentation of outcomes -- beyond child maltreatment -- be presented and published.

In a comprehensive review Kahn & Moore (2010) report only six home visitation programs had any impact on child maltreatment; one of the six was the Healthy Families New York program. In particular, Healthy Families New York had some positive outcomes on cases of physical abuse, but did not have positive

FAMILY BENEFITS AT A GLANCE

Studies of various Healthy Families programs (including New York, Massachusetts, Arizona, and in American Indian communities) show that participants benefit in many ways, including:

- Reduced abusive and neglectful parenting practices
- Reduced risk of low birth weight
- Improvements on measures of harsh discipline
- Increased parent knowledge
- Increased maternal involvement
- Decreased parenting stress
- Increased use of safety practices
- Improved parenting attitudes
- Parents reading more often with their children
- Increased access to resources
- Reduced alcohol use
- Increased schooling and training for parents



outcomes on cases of neglect. The Healthy Families Massachusetts study examined child maltreatment rates and found no significant differences between treatment and control groups on state-reported child maltreatment and self-reported child maltreatment. A recent study of the Nurse Family Partnership program found that program participants had higher rates of injury visits at the 2-year period than children in a matched comparison group. Researchers (See Howard & Brooks-Gunn, 2009; Olds et al., 2009; Mitchell-Herzfeld, Izzo, Green, Lee, & Lowenfels, 2005) continue to suggest that using child abuse rates as an outcome is an unrealistic standard of effectiveness because of problems due to surveillance bias.

There are five recent experimental studies that have examined the effectiveness of the Healthy Families program model using a variety of outcome measures. A series of studies in New York (DuMont et al., 2008) found positive results showing reductions in several types of abusive and neglectful parenting practices and positive results in reducing the risk of a low birth weight baby (Lee, et al., 2009). A further analysis (DuMont et al., 2010) found more positive outcomes on measures of harsh discipline for first-time, prenatally enrolled mothers when compared with the control participants.

One study (Barlow, et al., 2006), less recent but often not cited, is of a Healthy Families program that examined program outcomes with an American Indian population. This is one of the few studies looking at program impacts within a minority population. This small randomized trial was conducted with one Apache and three Navajo communities where paraprofessionals delivered the program prenatally. Program participants showed positive impacts on measures of parent knowledge and maternal involvement.

The Massachusetts study (Easterbrooks et al., 2012) found that mothers enrolled in the Healthy Families program reported less parenting stress than control mothers. There were no program differences between the two groups on measures of self-reported child maltreatment, and in one analysis there was a significant difference of reported cases of child maltreatment in the Healthy Families group.



The Arizona study (LeCroy & Krysik, 2011) found positive results on reductions of harsh discipline similar to the New York study. Using multiple outcome measures the Arizona study also found positive results, in comparison to the control condition, on use of safety practices, parenting attitudes (e.g., inappropriate expectations), reading to children, use of resources, reduced alcohol use, and greater school and training.

The most recent published study (Green et al., in press) reported results from a randomized trial and found positive outcomes showing Healthy Families mothers read more frequently to their children, provided more developmentally supported activities, and had less parenting stress than the control group.

The areas of focus that continue to direct research attention in home visitation include: quality of service delivery and implementation, timing of service initiation--prenatal or post natal enrollment or services limited to first time moms or multiparous mothers, and families with high risk factors such as depression, violence, substance abuse.

Research continues to stress the importance of program implementation and fidelity. Research studies have found that families that receive more home visits and the highest dosage are more effective (Howard & Brooks-Gunn, 2009). More recently, studies (See Kahn & Moore, 2010) found that program intensity, that is, the number of home visits within a time period, had the greatest impact. In particular, programs that achieved more than four home visits per month over a one year period had more positive outcomes than did programs with fewer visits (Kahn & Moore, 2010).

Nievar (2010) found that two visits per month was a critical threshold for showing impact. Green et al. (in press, p. 6) summarize the issue: “the quality of program implementation, and in particular the dosage, frequency, and content of home visits is a near-universal challenge for home visiting programs and associated research.”

CRITICAL PROGRAM ELEMENTS AT A GLANCE

Families see more benefits with increased **frequency and intensity** of services.

Families receiving more than 4 visits each month **benefitted more** than those families receiving fewer visits.

Two visits per month is a **critical threshold** for showing impact in families receiving services.

The **quality** of implementation and program **fidelity**, along with **caseload** size, continue to be challenges for home visiting programs.

Future research should focus on **implementation, fidelity**, and examining outcomes for various **special populations**.



The recent report by Boller, et al., 2014, *Making Replication Work*, examined program implementation across the sites funded by the Evidence Based Home Visiting to prevent child maltreatment (EBHV) initiative. The study found that all home visitation programs struggled to maintain caseloads and deliver service at the intended intensity, fidelity of implementation was partly a function of “model factors”, and that high risk families were more likely to leave the program early.

Research continues to examine whether first-time mothers benefit more from program effects than multiparous mothers. Based on the early findings of Olds’ work, some have suggested that program effects are likely to be stronger when services are restricted to first-time mothers. The New York study examined impacts with first time prenatal mothers and found more positive outcomes. Huntington & Galano (2013) compared outcomes between first time mothers and multiparous mothers and found no difference in program impacts. Green et al. (in press) compared outcomes for prenatal and postnatal enrolled families and found no significant differences in outcomes.

Overall levels of risk and, in particular, maternal depression have been studied a great deal in recent home visitation research. Depression has been strongly linked to poor parenting and associated with child maltreatment (See, e.g., Duggan et al., 2007; Ammerman, et al, 2010; Conron et al., 2009). The research question most often examined is, what impact does maternal depression have on program outcomes? Ammerman et al. (2010) have focused research on depressed mothers and in their initial study they found that depressed mothers were less likely to benefit from home visitation services. Other researchers have also found non-depressed mothers obtained better outcomes (Easterbrooks, et al., 2013; Michhell-Herzfeld, et al., 2005; Green et al., in press). Stevens, et al. (2002) report that maternal depression was present for 30% of the Healthy Families participants and disrupts service delivery. Also, Duggan et al. report that program outcomes for depressed mothers can be negatively impacted by attachment style. Research studies are also investigating whether level of risk (defined in various ways) is related to different program outcomes. At present, studies report inconsistent results of the relationship between level of risk and program outcomes (Olds, 2002; Green, in press, Peterson et al., 2013).

In sum, further research is needed that can explore how outcomes might vary across different parents, family constellations, and environments (Azzi-Lessing, 2011; Ammerman et al., 2010). Although families are treated similarly within home



visitation programs, they can be dramatically different – teen moms, single moms with 3 or more children, low income intact families, refugee families, families within racial minority communities – and it is likely that the outcomes for all of these different service participants will vary depending on the outcomes being used. For example, increasing reading time for a single mom with one child is vastly different from increasing reading time for a mom with three or more children. Further complicating the picture is that home visitation occurs in a socio-environmental context; local and community factors are likely to be key in refining program adaptations and improving effectiveness.

Program Updates

Training and Professional Development

Throughout the state fiscal year 2014, Healthy Families Arizona staff participated in a variety of professional development opportunities.

- On September 24-25, 2013, DCS Central Administration staff and several program Supervisors, Family Assessment Workers, and Family Support Specialists participate in the Second Arizona Home Visitors Conference in Phoenix, Arizona. The conference was sponsored by the U.S. Department of Health and Human Services through the MIECHV grant. The conference provided attendees with a variety of home visiting related topics in the areas of prevention and intervention.
- On November 6-7, 2013, DCS Central Administration staff and three Program Managers from different regions of the state attended the First Healthy Families America National Leadership Conference in Jacksonville, FL. The conference offered various workshops on leadership related topics; it was intended to support Healthy Families America state leaders with information regarding Healthy Families America model implementation and help build connections throughout the Network.
- On January 29-30, 2014, DCS Central Administration staff and three Family Assessment Workers participated on the Fourth National Summit on Quality in Home Visiting Programs in Washington, DC. The focus of the conference was in innovations, policies, and research related to home visiting.
- On April 29- May 1, 2014, DCS Central Administration staff and three Program Supervisors attended the Nineteenth National Conference on Prevent Child Abuse and Neglect held in New Orleans, Louisiana. The



conference gathered professionals from across the nation to strengthen the connections that help energize and build new knowledge, skills and abilities.

- On May 18-21, 2014, DSC Central Administration staff and five Family Support Specialists attended the Healthy Families National Conference presented by Prevent Child Abuse America. The conference provided lectures from world-renowned experts such as Dr. Bruce D. Perry, Robin Karr-Morse, and like-minded professionals.

Program Affiliation in Yavapai County – Verde Valley

On July 8, 2014, The DCS Central Administration Office of the Healthy Families Arizona Program granted official affiliation to Healthy Families Yavapai NE to the State system. As an affiliated program, the Yavapai NE site became an active participant in all aspects of the Healthy Families Arizona multi-site system to satisfy all of the requirements of Healthy Families America accreditation process.

MIECHV Grant

The program continued expanding services in state fiscal year 2014 thanks to the MIECHV grant. Expansion of services occurred to communities within the designated MIECHV Community Health Analysis Areas (CHAA). Training on data collection, data forms, and technical assistance were provided to sites and staff to support integration and building of new caseloads.

Healthy Families Arizona was recommended by Healthy Families America to be considered for participation in the Maternal and Infant Home Visiting Program Evaluation - MIHOPE-Strong Start study. The MIHOPE is a multi-state study of home visiting programs that will inform the federal government about the effectiveness of home visiting programs to improve birth outcomes and maternal and infant health. The study is sponsored by the Centers for Medicaid and Medicare Services in partnership with the Office of Planning Research and Evaluation and Human Resources and Services Administration. With 12 participating states, the MIHOPE-Strong Start will:

- Focus on building evidence about the effects of home visiting on preventing adverse birth outcomes and improving maternal and infant health



- Bring national recognition to states and their home visiting programs to support future funding and policy decisions, such as Medicaid reimbursement practices
- Provide financial support and technical assistance to participating home visiting programs on outreach and study participation
- Enroll 15,000 expectant women enrolled on Medicaid and give them small payments for completing one 20 minute survey and a welcome baby card.

During state fiscal year 2014, DCS Central Administration collaborated with the MIHOPE study team to discuss the research design, reach agreement on roles and responsibilities, project timeline, and facilitate communication with identified potential Healthy Families Arizona sites for participation.

Quality Assurance and Training Assistance

During the third quarter of state fiscal year 2014, the Quality Assurance and Training Assistance (QA/TA) team experienced staff changes. Three QA/TA Statewide Coordinators left their positions to either retire and/or move to other divisions within the Arizona State System. Provisions and general adjustments were made to support continuation of quality assurance annual site visits, technical assistance, and oversee of various program administrative components. The DCS, Central Administration Manager continues efforts to bring the QA/TA team to full staff capacity.

The DCS Central Administration in collaboration with the Policy and Procedures (P&P) Taskforce led major revision of the P&P to ensure the manual's content and presentation is consistent with the various guiding tools that shape the HFAz program including DCS Scope of Work, Arizona State Legislature, and the new Healthy Families America Best Practice Standards. The DCS Central Administration and the P&P Taskforce will review any needed P&P changes on an annual basis. On January, 2014 the final updated version of the HFAz Policies and Procedures Manual was released to the HFAz network. Programs are expected to fully transition to new policies and practices effective July 1, 2014.

Collaboration between First Things First and Arizona Department of Health Services

DCS Central Administration continues to be the hub for the coordination and collaboration efforts with First Things First (FTF) and the Arizona Department of Health Services (ADHS). DCS Central Administration focuses on maintaining healthy working relationships with FTF and ADHS to support model fidelity and



consistency across the program's statewide evaluation, training, quality assurance, technical assistance, program development, administration, and other program related activity.

Healthy Families Arizona Participant Characteristics

Data were submitted for a total of 4,761 families for evaluation purposes during the current study year from July 1, 2013 through June 30, 2014. A total of 2,053 were funded through the Department of Child Safety; 1,536 through First Things First; and 1,172 through MIECHV. The evaluation of the statewide Healthy Families Arizona system includes only families with children that are 24 months old or younger (n=4,096). The remaining 665 families' children were between 24 and 60 months, so were not included in the evaluation.

In order to have a meaningful evaluation of the program effects only the families that receive at least a minimal amount of program exposure are included. This further restricts the dataset to include only those families with full data showing that they have received at least four home visits. A total of 3,197 families are included in this report. Thus, the data for this report focuses on families who were within the first 24 months after the birth of the infant and “actively engaged” (received four or more home visits) in the Healthy Families program regardless of when they entered the program.

Just under a quarter (23.9%) of the families enter the program in the prenatal period (prenatal participants) and about three quarters (76.1%) of the families enter the program after the birth of the child (postnatal participants). For the July 2013 to June 2014 evaluation cohort, there were 764 prenatal and 2,433 postnatal families. Exhibit 2 presents the total numbers of prenatal and postnatal families actively engaged from July 2013 to June 2014.



Image courtesy of www.jachip.org



Exhibit 2. Participants Included in the Evaluation for State Fiscal Year 2014

County	Site	Prenatal	Postnatal	Total
<i>Cochise</i>	Team # 12 Douglas/ Sierra Vista	10	49	59
<i>Coconino</i>	Team # 18 Flagstaff	44	35	79
	Team # 13 Tuba City	19	45	64
<i>Graham/ Greenlee</i>	Team # 28 Safford	35	69	104
<i>Maricopa</i>	Team # 2 Central Phoenix	18	78	96
	Team # 3 Maryvale	13	89	102
	Team # 5 East Valley	27	55	82
	Team # 19 Sunnyslope	22	70	92
	Team # 23 Mesa	23	99	122
	Team # 48 West Phoenix	17	68	85
	Team # 61 Central Phoenix	29	65	94
	Team # 62 Central Phoenix	25	82	107
	Team #64 SE/NE Maricopa	33	86	119
	Team # 65 Combination Phoenix	22	83	105
	Team # 68 Southeast Maricopa	27	56	83
	Team # 71 South Scottsdale	1	4	5
	Team # 80 MIECHV Phoenix	21	70	91
	Team # 83 MIECHV Maryvale	23	82	105
	Team # 84 MIECHV N Mountain	33	77	110
Team # 88 MIECHV S Mountain	5	66	71	
Team # 89 MIEVHV Mesa	10	59	69	
<i>Mohave</i>	Team # 43 Bullhead City	25	40	65
	Team # 33 Kingman	54	32	86
	Team # 17 Lake Havasu City	21	76	97
<i>Navajo</i>	Team # 32 Winslow	20	45	65
<i>Pima</i>	Team # 8 Pima	15	68	83
	Team # 9 Pima	17	83	100
	Team # 10 Pima	16	50	66
	Team # 11 Pima	10	48	58
	Team # 27 Pima	16	53	69
	Team # 81 MIECHV Pima	16	62	78
<i>Pinal</i>	Team # 82 Casa Grande/Coolidge	9	73	82
	Team # 85 Pinal - FTF San Tan/Florence	9	41	50
	Team # 86 MIECHV Apache Junction	8	46	54
<i>Santa Cruz</i>	Team # 6 Nogales	30	83	115
<i>Yavapai</i>	Team # 21 Prescott	8	81	89
	Team # 87 Verde Valley	15	18	33
<i>Yuma</i>	Team # 15 Yuma	14	77	91
	Team # 70 Yuma	4	70	74
Total		764	2433	3197



Length of Time in Program and Reasons for Termination

In State Fiscal Year 2014, a total of 1,097 families closed. Approximately the same percentage of families closed this year (34.3%) compared to last year (34.2% in fiscal year 2013). The length of time in the program for closed families was lower than last year. For all families (N=1,097) who closed in State Fiscal Year 2014:

- The median number of days in the program was 246 days (as compared to 263 in 2013, 290 in 2012, and 257 in 2011);
- The average length of time in the program was 320 days (as compared to 346 in 2013, 352 in 2012, and 317 in 2011); and
- Thirty-three percent of families were in the program one year or longer (as compared to 37% in 2013, 38% in 2012, and 30% in 2011).

Exhibit 3 shows the distribution of length of time that families stayed in the program for all families who closed in 2014. The majority of families (35%) who closed in 2014 were in the program between 6 and 12 months.

Exhibit 3. Families' Length of Time in the Program for State Fiscal Year 2014

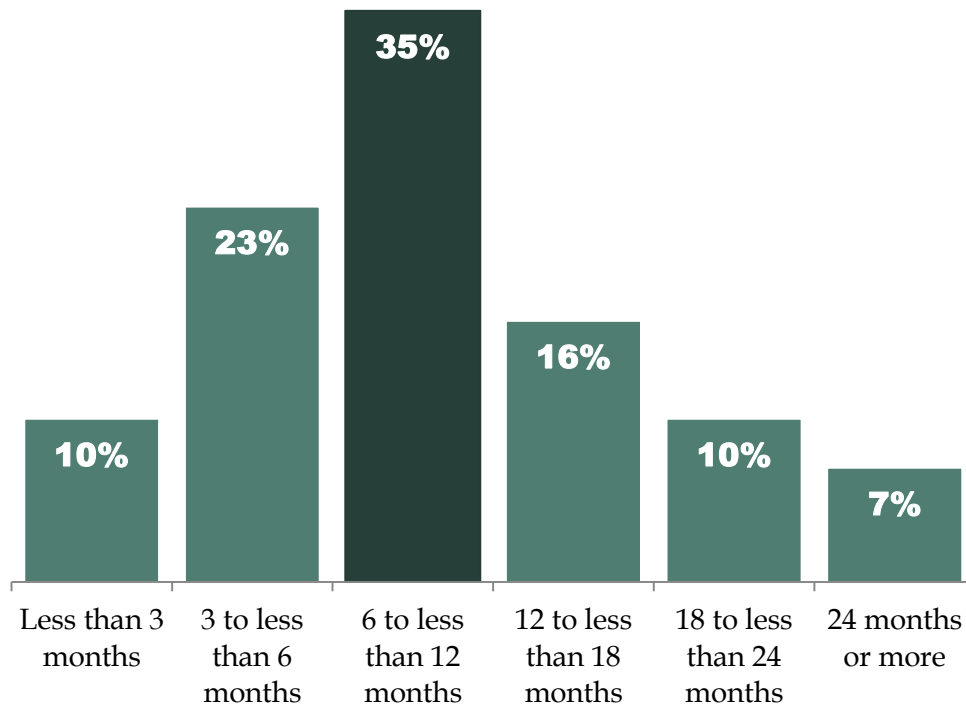


Exhibit 4 shows the most frequent reasons families left the program during this year (5% or more). The most common reason a family’s case was closed was due to the family refusing further services. A breakout by site is presented in Appendix A.

Exhibit 4. Most Frequent Reasons for Termination State Fiscal Year 2014

Reason	Prenatal	Postnatal	Overall
Family refused further services	26.5%	27.5%	27.3%
Did not respond to outreach efforts	16.4%	18.4%	17.9%
Moved away	20.7%	15.9%	17.1%
Self-sufficiency	8.7%	13.7%	12.5%
Unable to contact	8.7%	7.8%	8.0%
No longer has custody	8.4%	6.4%	6.9%
Refused worker change	3.6%	6.8%	6.0%

Maternal Risk Factors

Upon enrollment into Healthy Families Arizona, both prenatal and postnatal mothers have certain risk factors that are higher than the average rates for all mothers in the State of Arizona. The percentage of Healthy Families Arizona mothers who are teenagers is **considerably higher** than last year. In 2014, 20.9% of prenatal mothers and 16.4% of postnatal mothers enrolled are teens compared to 16.5% and 11.7% respectively in 2013. Two-thirds (66.7%) of all mothers are single parents at enrollment. Mothers enrolled in Healthy Families Arizona are twice as likely to have less than a high school education (38.9%) compared to all mothers in the State (19.7%). More than three quarters (77.8%) of Healthy Families Arizona mothers are unemployed and 83.6% are receiving AHCCCS at enrollment. The median income is below the poverty level indicating that many participants are living in poverty. In relation to the state and national rates, these data confirm that Healthy Families Arizona participants do represent an “at-risk” group of mothers and that the program has been

HEALTHY FAMILIES ARIZONA MOTHERS AT A GLANCE

- In 2014 a higher percentage of mothers were teen mothers than in 2013
- Two-thirds of all mothers were single parents at enrollment
- Twice as many Healthy Families Arizona mothers have less than a high school education compared to all mothers in the state
- More than ¾ of enrolled mothers are unemployed
- About four out of five mothers received AHCCCS
- Participant median income is well below poverty level



successful in recruiting families with multiple risk factors associated with child abuse and neglect and poor child health and developmental outcomes. Exhibit 5 presents selected risk factors for both prenatal and postnatal mothers at intake compared with state rates.

Exhibit 5. Selected Risk Factors for Mothers at Intake State Fiscal Year 2014

Risk Factors of Mothers	Prenatal Families	Postnatal Families	Arizona state Rates
Teen Births (19 years or less)	20.9%	16.4%	8.5%*
Births to Single Parents	67.8%	66.3%	45.1%*
Less Than High School Education	39.6%	38.6%	19.7%**
Not Employed	74.7%	78.7%	45.8%***
No Health Insurance	4.7%	6.9%	3.6%*
Receives AHCCCS	87.2%	82.5%	53.8%*
Late or No Prenatal Care	27.5%	35.6%	18.7%*
Median Yearly Income	\$10,000	\$11,640	\$48,510 ***

Percent does not include "unknown."

*Source: 2013 data from the Arizona Department of Health Services Vital Statistics records.

**Source: 2012 data from the Arizona Department of Health Services Vital Statistics records.

***U.S. Census Bureau, American Community Survey, 2013

Note: Percentages for the combined total for prenatal and postnatal families can be found in Appendix A.

Infant Characteristics

In addition to mother risk factors, information about infant risk factors is collected at intake for postnatal families and at birth for prenatal families. This information gives an indication of the level of need of the families served by the program.

The overall risk factors for infants in 2014 are similar to prior years. The percentage of postnatal Healthy Families Arizona program infants born early (less than 37 weeks gestation) remains higher than the overall state rate, suggesting that the families being identified for service have a significant level of need. The percentage of low birth weight infants in the program also remains high in comparison to the state rate.

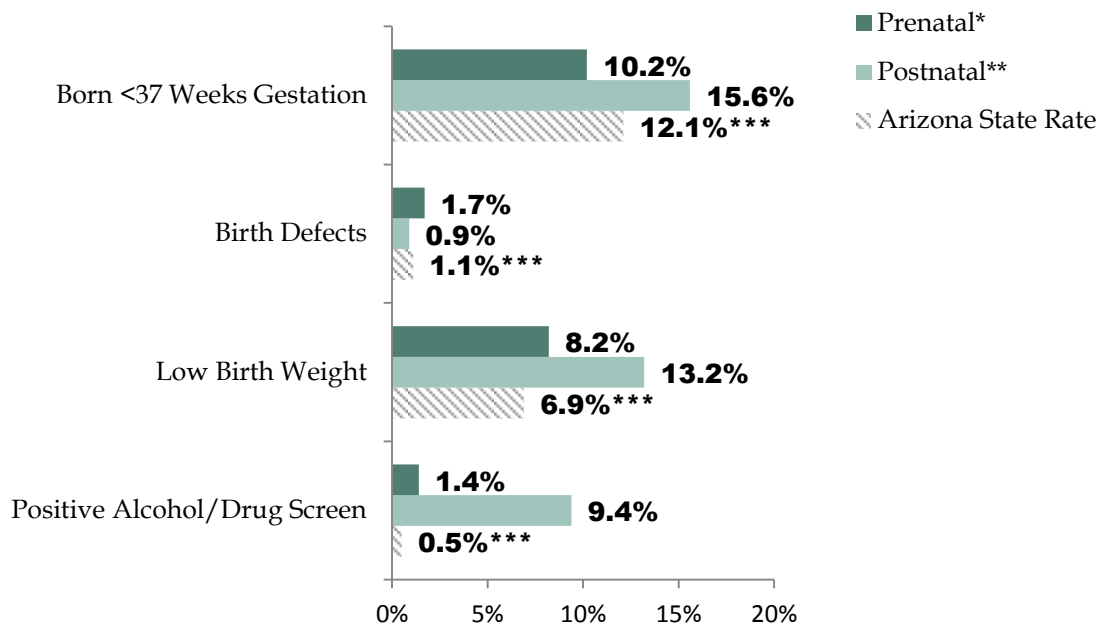


Image courtesy of www.liebenfels.com



Exhibit 6 below shows the prenatal, postnatal, and Arizona state rates for a set of infant characteristics that are considered in the field to be risk factors for child maltreatment.

Exhibit 6. Risk Factors for Infants - State Fiscal Year 2014



*The Family Support Specialist collects this information either from the family or from a CPS referral form for prenatal families.

**Family Assessment Workers collect this information from hospital records for postnatal families.

***2012 and 2013 data from the Arizona Department of Health Services Vital Statistics records.

Race and Ethnicity

The Healthy Families Arizona program serves a culturally diverse population. In the following exhibits, ethnicity and race are examined for all mothers and fathers based on information gathered at enrollment. Similar to 2013, more than half of mothers (53.1%) and fathers (43.1%) enrolled in the program are Hispanic (see Exhibit 7). Exhibits 8 and 9 display mothers’ and fathers’ race. Site level data for race and ethnicity are available in Appendix A.



Exhibit 7. Parent's Ethnicity State Fiscal Year 2014

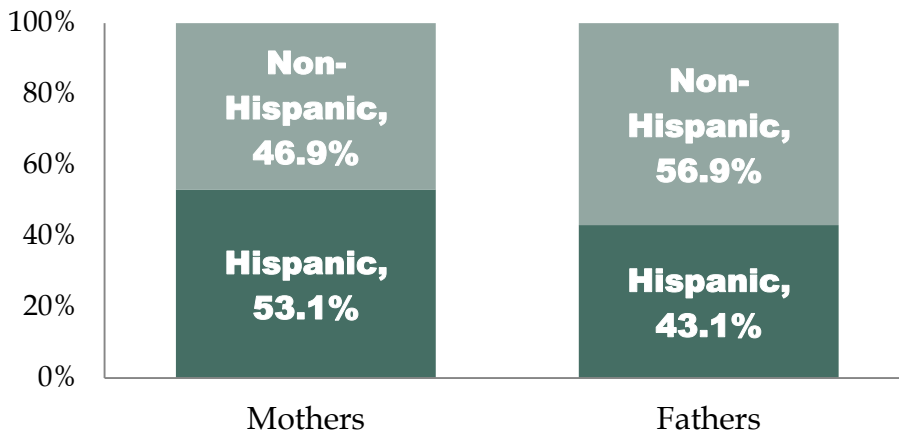
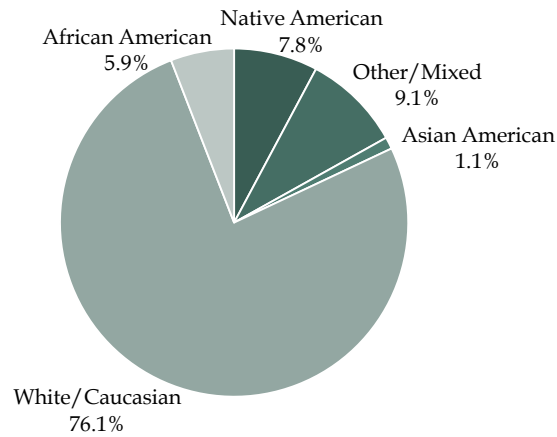
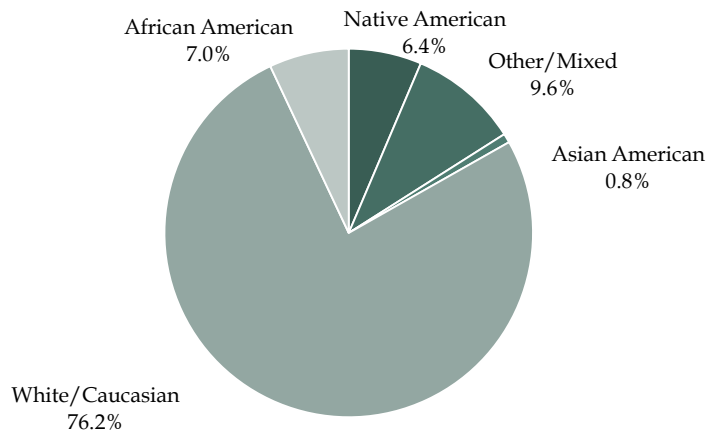


Exhibit 8. Mother's Race* State Fiscal Year 2014



*This includes all mothers who entered the program either prenatally or postnatally.

Exhibit 9. Father's Race* State Fiscal Year 2014



*This includes all fathers who entered the program either prenatally or postnatally.

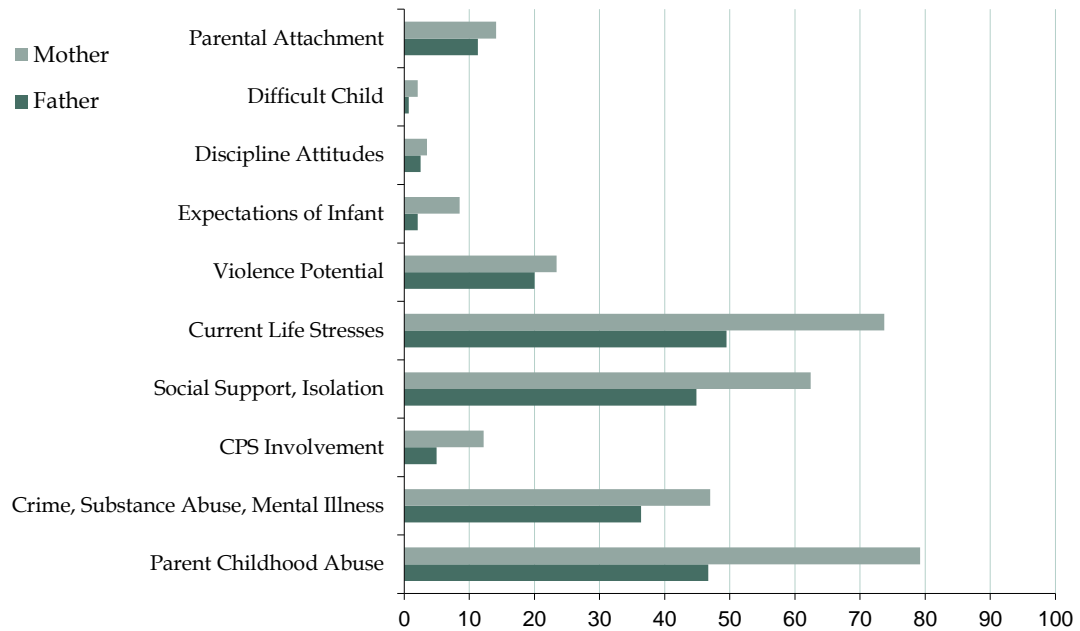


Assessment of Risk Factors

Both mothers and fathers are assessed at intake using an interview with the Parent Survey¹. The Parent Survey helps the program learn about the family’s circumstances and life events that place them at risk for child maltreatment and other adverse outcomes. During the intake process, the Family Assessment Worker evaluates each family across the 10 domains of the Parent Survey. The survey is administered in an interview format and the items are then rated by the worker according to level of severity. The percentage of parents scoring *severe* on each of the scales is presented for prenatal mothers and fathers and for postnatal mothers and fathers in Exhibits 10 and 11.

Exhibit 10. Percentage of Parents Rated Severe on Parent Survey Items

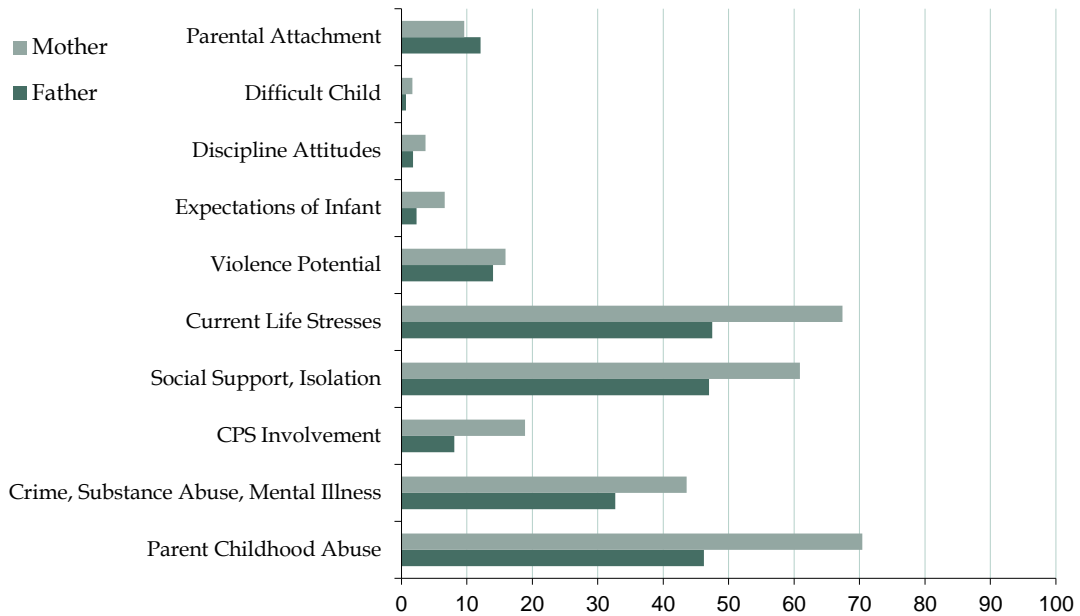
PRENATAL



¹ Previously known as The Family Stress Checklist, it was renamed the Parent Survey based on revisions to focus on a more strength based perspective; however, the rating scale remains unchanged. More information on this instrument is provided in Appendix C.



Exhibit 11. Percentage of Parents Rated Severe on Parent Survey Items
POSTNATAL



The four factors rated most severe by both mothers and fathers remain consistent with previous years’ data. These include: history of childhood abuse (for the parent); current life stressors; social support and isolation; and a history of crime, substance abuse, or mental illness. A higher percentage of prenatal mothers had severe scores on history of childhood abuse (79.2%) and current life stresses (73.7%) than postnatal mothers at 70.4% and 67.4% respectively.

Summary

The process evaluation for fiscal year 2014 suggests that the Healthy Families Arizona program continues to effectively reach parents and infants with high risks for child maltreatment and other unhealthy outcomes. The population that Healthy Families Arizona is serving has greater risks than the state or national population as a whole. Overall, the Healthy Families Arizona program is reaching families that are impoverished, stressed, socially disadvantaged, and lacking in resources to manage the demands of parenting. Families that enter during the prenatal period have slightly higher risks than families that enter after birth. However, the risk factors of low birth weight babies, preterm birth, and substance exposed newborns are lower for those families participating in Healthy Families Arizona prenatally than for those that enter in the postnatal period. This suggests that these high risk families benefit from the early support that is offered in the home visitation program.



Key Healthy Families Arizona Services

The primary goals of reducing child abuse and neglect and improving child well-being are only attainable when families stay engaged in the program and receive the services and supports they need. One important aspect of the Healthy Families program model is linking families with needed community resources. Home visitors provide not only assistance and guidance in the home, but they also connect families with education, employment, and training resources, counseling and support services, public assistance, and health care services.

Developmental Screens and Referrals for Children



Image courtesy of www.livestrong.com

Developmental screens are used to measure a child's developmental progress and to identify potential developmental delays requiring specialist intervention. The primary screening tool used by home visitors is the Ages and Stages Questionnaire, Third Edition (ASQ-3). This tool helps parents assess the developmental status of their child across

five areas: communication, gross motor, fine motor, problem solving, and personal-social.

The Healthy Families Arizona program administers the ASQ-3 at 4, 6, 9, and 12 months in the first year of the infant's life, every six months until the child is three years of age, and then yearly at age 4 and 5. The statewide program performance goal for screening in year two is to screen at least 90% of the children in the program. As Exhibit 12 shows, the number of children receiving the ASQ-3 at each interval is exceeding 90% in the time periods up to 18 months, and the 24-month ASQ-3 rate fell this year to 84.9% (from 89.1% in 2013), just short of the statewide performance goal. More children ages 9 months through 24 months continue to be identified as delayed through the screenings. This may be due to improved screening, or other factors that should be further examined by program staff.



Exhibit 12. ASQ-3 Screening State Fiscal Year 2014

Interval ASQ-3 Screening	Percent of children Screened with ASQ-3	Percent screened as delayed
4-month	96.1%	2.8%
6-month	93.1%	2.8%
9-month	96.8%	4.8%
12-month	91.4%	5.1%
18-month	91.5%	6.1%
24-month	84.9%	8.3%

Healthy Families Arizona works to ensure that children who may have developmental delays obtain needed interventions. Program data tracks what happens after a family’s ASQ-3 is scored as follows: 1) the child is screened as having no delays, 2) the child is referred for further assessment and is determined to have no delays upon a more extensive assessment, 3) families are referred to different services such as the Arizona Early Intervention Program (AzEIP) or other early intervention or therapy, or 4) the home visitor may provide developmental intervention or education to the family.

Although approximately 3% to 8% of children (depending on their age) are initially screened as delayed in their development, up to 7.1% of the children who initially screen as delayed on the ASQ-3 in the early months of their life are determined to not have delays upon *further* assessment (see Exhibit 13 below). For example, of the children at 4 months who screened as delayed on the ASQ-3 and were referred for more assessment, 3 children showed no delay, 21 were referred to the AzEIP, 3 were referred to some other early intervention program, 51 received developmental interventions, 5 were referred to specialized therapy, and 12 families declined further referral. The ASQ-3 screening provides a valuable service to families because it enables them to access appropriate services to meet their child’s particular needs. This practice is consistent with the American Academy of Pediatrics strategic plan to promote developmental screening and establish a medical home when needed (Tait, 2009). There is a national effort to increase early developmental screening after studies found that up to 70% of developmental problems were not identified until school entry (e.g., see Glascoe & Dworkin, 1993). The following exhibit shows the outcome of these follow-up assessments that are completed with families at the different time intervals.



Exhibit 13. ASQ-3 Follow-up Services State Fiscal Year 2014

Screening Interval	Continued Assessment shows "no delay" % (n)	Referred to AzEIP % (n)	Referred to other Early Intervention % (n)	Provided Developmental Intervention % (n)	Referred to Therapy % (n)	Parent Declined Referral % (n)
4-month	4.8% (3)	33.9% (21)	4.8% (3)	82.3% (51)	8.1% (5)	19.4% (12)
6-month	1.8% (1)	32.7% (18)	10.9% (6)	74.5% (41)	7.3% (4)	14.5% (8)
9-month	1.6% (1)	46.0% (29)	9.5% (6)	81.0% (51)	4.8% (3)	19.0% (12)
12-month	6.6% (4)	41.0% (25)	9.8% (6)	70.5% (43)	9.8% (6)	14.8% (9)
18-month	4.8% (2)	40.5% (17)	14.8% (9)	4.8% (2)	7.1% (3)	14.3% (6)
24-month	7.1% (2)	50.0% (14)	0	64.3% (18)	3.6% (1)	7.1% (2)

Note: Percentages do not equal 100% as multiple referrals can happen for a single child.

Outcomes for Families

The Healthy Families Arizona program focuses the outcomes evaluation on the following primary indicators:

- Parent outcomes
- Child development and wellness
- Mother’s health, education, and employment
- Child abuse and neglect

Parent outcomes

One of the primary intermediate goals of the Healthy Families Arizona program is to have a positive influence on parenting attitudes and behaviors. While reducing child abuse and neglect is the ultimate outcome, intermediate objectives, such as changes in parenting behaviors, can inform us about progress toward the ultimate goal. The intermediate goals of the Healthy Families program revolve around a few key factors known to be critical in protecting children from maltreatment (Jacobs, 2005):

- providing support for the family;
- having a positive influence on parent-child interactions;
- improving parenting skills and abilities and sense of confidence; and
- promoting the parents’ healthy functioning.

Research from a randomized clinical trial of the Healthy Families Arizona program (LeCroy & Krysik, 2011) supports the finding that the program can produce positive change favoring the experimental group in contrast to the control group across multiple outcome domains such as parenting support, parenting attitudes and practices, violent parenting behavior, mental health and coping, and maternal outcomes.



Healthy Families Parenting Inventory Reveals Positive Parent Change

In order to better evaluate critical goals of the Healthy Families program, the evaluation team developed the Healthy Families Parenting Inventory (HFPI) in 2004 (LeCroy, Krysik, & Milligan, 2007). This instrument was developed, in part, because of measurement difficulties identified in the literature (See LeCroy & Krysik, 2010). The development of the HFPI was guided by several perspectives and sources: the experience of the home visitors in the Healthy Families Arizona program; data gathered directly from home visitors, supervisors, and experts; information obtained from previous studies of the Healthy Families program; and examination of other similar measures. The process included focus groups with home visitors, the development of a logic model, and a review of relevant literature. In an initial validation study the pattern of inter-item and item-to-subscale correlations, as well as an exploratory factor analysis and sensitivity to change analysis, supported the nine-factor model of the HFPI. This work was published in the journal *Infant Mental Health* (Krysik & LeCroy, 2012). The final instrument includes 9 scales: Social Support, Problem-solving, Depression, Personal Care, Mobilizing Resources, Role Satisfaction, Parent/Child Interaction, Home Environment and Parenting Efficacy.

The following section describes the results obtained for each subscale of the HFPI. The level of significance is reported along with the *effect size*. An effect size gives a sense of how large the change or improvement is from baseline to 6 months or 12 months. Effect sizes below 0.20 are considered small changes, and those between 0.20 and 0.50 are considered small to medium changes. These findings are based on data reported from the sites and represent participants who completed both instruments at the baseline and 6 month intervals (n=1636) and participants who also had matched instruments at the 12 month interval (n=987).



Healthy Families Parent Inventory (HFPI) Subscales

Exhibit 14. Change in Subscales of the HFPI

Sub- scale	Significant improvement from baseline to 6 months	Significance	Effect size	Significant improvement from baseline to 12 months	Significance	Effect size
Social Support	None	.178	(0.03)	None	.794	(-0.007)
Problem-solving	✓	.000	(0.16)	✓	.000	(0.21)
Depression	✓	.000	(0.09)	✓	.000	(0.15)
Personal care	✓	.000	(0.22)	✓	.000	(0.16)
Mobilizing resources	✓	.000	(0.30)	✓	.000	(0.37)
Commitment To Parent Role	✓	.000	(0.12)	✓	.000	(0.12)
Parent/Child Behavior	✓	.000	(0.27)	✓	.000	(0.22)
Home Environment	✓	.000	(0.41)	✓	.000	(0.50)
Parenting Efficacy	✓	.000	(0.18)	✓	.000	(0.14)

From baseline to 6 months, there were statistically significant changes in all subscales except social support, which was also not significant at 12 months. The largest improvements (as shown by the effect sizes) at 6 months after entering the program are in the categories of home environment (0.41), mobilizing resources (0.30), parent/child behavior (0.27), and personal care (0.22) scales. At 12 months the largest improvements are in home environment (0.50), mobilizing resources (0.37), problem solving (0.21), and parent/child behavior (0.22). This indicates that the Healthy Families Arizona sites are effective at connecting parents to resources, improving the atmosphere of the home, improving parents' problem solving skills, and emphasizing the importance of good self-care.

Total Change Score on the HFPI

In order to provide a more comprehensive understanding of outcomes in parenting observed during participation in the Healthy Families program, it is also useful to examine the total score on the Healthy Families Parenting Inventory and overall significance of change. As Exhibit 15 below shows, there were significant changes



from baseline to 6 months and from baseline to 12 months on the HFPI total scale. This finding supports the conclusion that program participants changed during the course of the program. Overall, approximately 65% of parents had positive changes on the total score from baseline to 6 months (64.9%) and from baseline to 12 months (65.5%).

Exhibit 15. Overall Change in Healthy Families Parenting Inventory Outcomes

Sub-scale	Significant improvement from baseline to 6 months	Significance	Effect size	Significant improvement from baseline to 12 months	Significance	Effect size
Total Scale	✓	.000	(0.28)	✓	.000	(0.32)

Child Abuse and Neglect

One of the main goals of Healthy Families Arizona is to reduce the incidence of child maltreatment and abuse. In order to look at child abuse and neglect directly, data from CHILDS, the Arizona Department of Child Safety Child Protective Services data system is used to determine the rates of child abuse and neglect for Healthy Families Arizona participants. It is important to acknowledge that using official child abuse data as an indicator of program success is complex and is unlikely to fully answer the question about the effectiveness of Healthy Families Arizona in preventing child abuse. The shortcomings in using official child abuse rates to assess the effectiveness of home visiting programs have been discussed in numerous journal articles (see for example, *The Future of Children*, 2009).

There are several reasons the use of child abuse data is believed to have limitations. First, child abuse is an event that occurs infrequently and, therefore, changes are difficult to detect with statistical methods. Second, using official incidents of child abuse and neglect does not necessarily reflect actual behavior – there are many variations in what constitutes abuse and

Research continues to support using outcomes other than incidence of child abuse and neglect to measure program success.

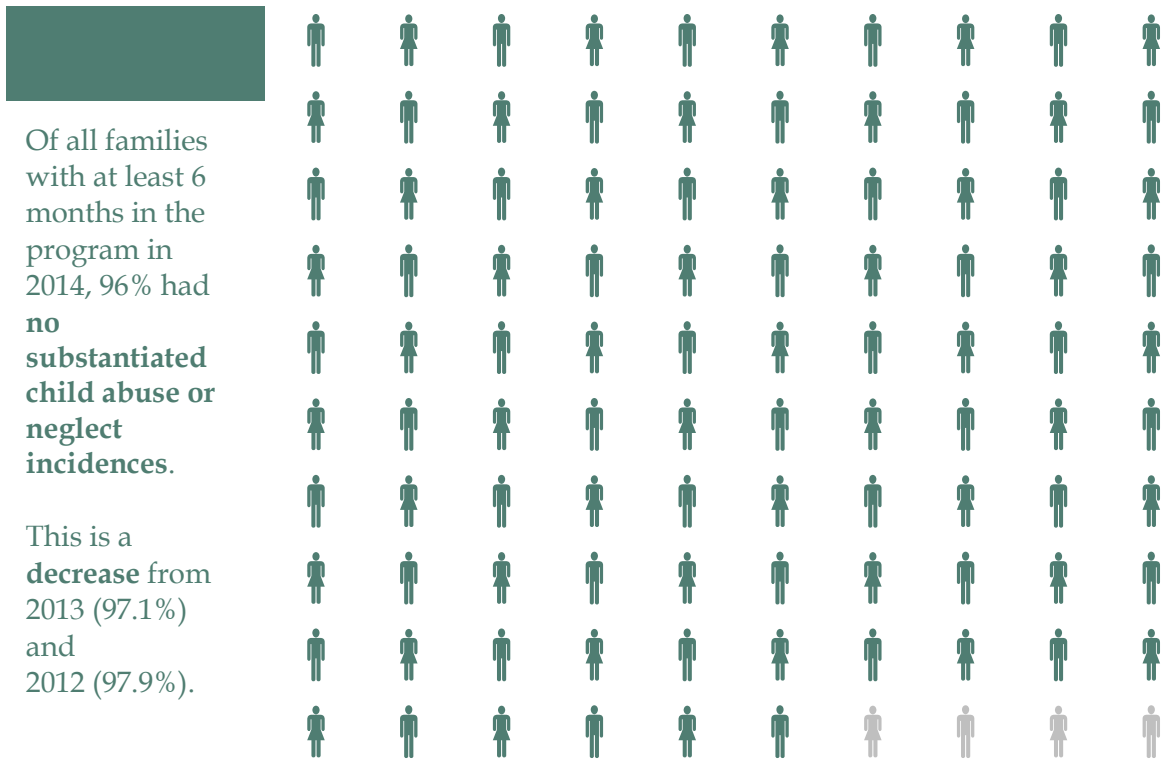
neglect and using only reported and substantiated incidents of abuse captures incidents that rise to that level of severity. Some incidents of child abuse or neglect are undetected or may not meet some definitional standard minimizing the accuracy



of the count. Third, using official data requires a process whereby cases are “matched” on available information such as mother’s name, social security number, and date of child’s birth. When any of this information is missing, the accuracy of the match decreases. Finally, because home visitors are trained in the warning signs of abuse and neglect and are required to report abuse or neglect when it is observed, there is a “surveillance” effect – what might have gone unreported had there been no home visitor shows up in the official data.

In order to best represent families that have received a significant impact from the Healthy Families Arizona program, only families that have been in the program for at least six months are analyzed to determine if they have a substantiated report of child abuse or neglect. This year, 96% of the Healthy Families Arizona eligible families (2,266 out of 2,360) were without a substantiated report, as can be seen in Exhibit 16. This is short of achieving the performance measure goal of 99.7%. A total of 94 cases were determined to be substantiated reports. A substantiated finding means that “Child Protective Services has concluded that the evidence supports that an incident of abuse or neglect occurred based upon a probable cause standard” (see DCS substantiation guidelines for further detail). The increase in substantiated cases this year may be due to the additional efforts to investigate all open cases during the latter part of the state fiscal year.

Exhibit 16. Percent of Families Showing No Child Abuse and Neglect Incidences



Collaboration with the Department of Child Safety

Healthy Families Arizona provides supportive services for families involved with the Department of Child Safety (DCS, formerly Child Protective Services). In state fiscal year 2014, 681 (20.8%) Healthy Families Arizona families had some level of involvement with DCS. Healthy Families Arizona supportive services included:

- acceptance of referrals from DCS;
- providing screening and assessment for parent(s) if the parent(s) wished to determine eligibility to receive program services;
- attending DCS staffing;
- utilizing best practices and a family-centered approach when working with families; and
- coordinating with DCS staff to identify service needs and development of family and child goals.

It is hoped that the collaboration between Healthy Families Arizona and the Department of Child Safety will assist those families that may be at highest risk for child maltreatment.

Child Development and Wellness

While it is challenging to find ways to accurately measure child abuse and neglect, researchers do point to the benefits and impact that home visitors and home visiting can have on promoting optimal child growth and development in the families served. Home visitors are in a strategic position to help families obtain access to health resources and promote wellness. Immunizations and safety practices in the home are two indicators of child development and wellness reported this year.

Immunizations

The Healthy People 2020 goal is to have at least 90% of all children immunized with 4 doses of DTaP; 3 doses of IPV; one dose of MMR; 3 or more doses of Hib; 3 or more doses of Hep B vaccine; and 1 dose of Varicella vaccine by 2 years of age. This is referred to as the 4:3:1:3:3:1 immunization standard. For calendar year 2013, the Arizona immunization rate for 24 month olds was 70.3%, and the U.S. rate was 77.7% (www.cdc.gov).

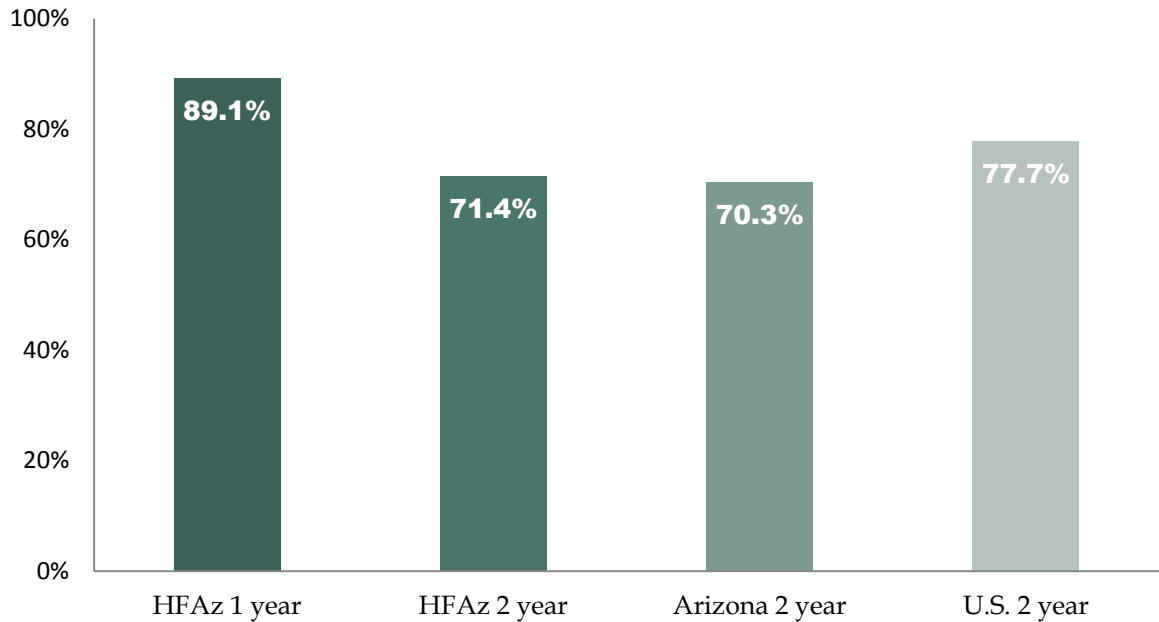


The Healthy Families Arizona program supports children obtaining all their necessary immunizations as a key step in preventing debilitating diseases. The home visitors encourage the families to follow through on completing their child's immunizations and ask to check the family's immunization booklet to record the dates of immunizations and assess completion. However, recently some families do not have booklets and say it is only recorded electronically. Due to this, some families may not know the immunization status of their child and assume that they are up to date when they may not be. Some families with a regular primary care doctor may receive electronic printouts from their doctor regarding timelines for immunizations. However, due to the fact that few doctors are providing a printout of electronic records, and many families are receiving immunization at clinics this is not a reliable method of educating families on when immunizations are due.

Exhibit 17 presents full immunization data at 12 months and 24 months, based on the recommended schedule of immunizations to meet Arizona state compliance of the 4:3:1:3:3:1 standard. Healthy Families Arizona families are slightly higher than the state immunization rate for 2-year olds and lower than the national immunization rate for 2-year olds. The national immunization rate increased substantially from 68.1% in 2012 to 77.7% in 2013. The immunization rates for both 1-year olds and 2-year olds in Healthy Families Arizona are higher than in previous years. This may be due to increased efforts at collecting immunization data or may reflect an increase in parent's following through with completing the immunizations on schedule. It may be beneficial for Healthy Families Arizona program staff to systematically investigate factors that lead to families not being in compliance with the recommended immunization schedule.



Exhibit 17. Immunization Rate of Healthy Families Arizona Children



*Source: 2013 data from the CDC National Immunization Survey.

Safety Practices in the Home

A study released by the Centers for Disease Control and Prevention (MMWR 2012) states that even though injury death for children have decreased from 15.5 to 11.0 per 100,000 population from 2000 to 2009, they continue to be the leading cause of death for children over the age of 1. Unintentional injuries are also the fifth leading cause of death for newborns and infants under the age of 1. A report in 2004, *Home visiting and childhood injuries*, concluded that home visits can reduce the risk of accidental injuries in the home by approximately 26 percent.

The Healthy Families Arizona home visitors both assess and promote safe environments for children. The home visitors provide education about safety practices and monitor safety in the home through the completion of the safety checklist with the family. Exhibit 18 reports the use of four key safety practices across five time points for postnatal participants. Families that continue to participate in Healthy Families Arizona see increased safety practices and reach high rates. The National Highway Traffic Safety Administration in 2009 estimated the rate of child seat use for children under the age of 1 as 98%. The national rate for children between the ages of 1 to 3 however is estimated to be 96%. The families participating in Healthy Families Arizona maintain their high use of car seats over time (99% or



more), indicating that the message of child safety in cars has been well received. The National Fire Protection Association reports that smoke detectors were present in only 72% of all reported home fires and operated in only 51% of home fires. Healthy Families Arizona households with working smoke alarms range from approximately 87% to 90%, improving the safety of the household environment for these families. Families also obtain relatively high rates of covered outlets and poisons locked adding to the overall safety being maintained.

Exhibit 18. Percent of all Families Implementing Safety Practices

	2-Month	6-Month	12-Month	18-Month	24-Month
Outlets Covered	39.2%	52.9%	73.1%	75.4%	74.0%
Poisons Locked	85.0%	92.7%	97.0%	98.0%	97.7%
Smoke Alarms	86.9%	89.0%	89.9%	89.5%	88.0%
Car Seats	99.7%	100%	99.8%	100%	100%

Mothers' Health, Education, and Employment

The Healthy Families Arizona program also attempts to influence maternal life course outcomes. The home visitors encourage families to seek new educational opportunities, complete their high school education, obtain greater economic self-sufficiency, and obtain better paying and better quality jobs. Information is also provided to mothers regarding the positive health impacts of delaying subsequent pregnancies to at least 24 months.

Subsequent Pregnancies and Birth Spacing

Multiple births for some families can lead to increased stress and parenting difficulties, especially if the birth is unwanted or unplanned. Mothers with greater birth spacing have fewer pregnancy complications and are less likely to give birth to low birth weight or premature babies (Kallan, 1997). The home visitors emphasize the benefits of delaying repeat pregnancies and promote longer birth spacing for the mothers in the program. Exhibit 19 shows that the percent of Healthy Families Arizona mothers who reported subsequent pregnancies has decreased in 2014 (6.0%) from the 2013 of 7.6%.



Exhibit 19. Percentage of Mothers who Reported Subsequent Pregnancies State Fiscal Year 2014

	2011	2012	2013	2014
Percent of mothers with subsequent pregnancies	4.9%	7.9%	7.6%	6.0%

For mothers in the Healthy Families Arizona program who have a subsequent pregnancy, there is a small percentage of women waiting at least two years. The Healthy People 2020 goal is to reduce the proportion of pregnancies conceived within 18 months of a previous birth down to 29.8%. Exhibit 20 below shows the length of time to subsequent pregnancy for those mothers who do have subsequent births. The low percentage of mothers that wait at least 2 years between subsequent births indicates that the message of delaying subsequent pregnancies is either not being received or embraced. It would be beneficial for program staff to follow-up with families regarding the short birth spacing.

Exhibit 20. Length of Time to Subsequent Pregnancy for Those Families with Subsequent Births

Length of Time to Subsequent Pregnancy	2011 Percent of Mothers	2012 Percent of Mothers	2013 Percent of Mothers	2014 Percent of Mothers
1 to 12 mos.	65.1%	59.9%	59.4%	67.7%
13 to 24 mos.	31.0%	37.4%	40.1%	31.1%
Over 24 mos.	3.9%	2.7%	0.5%	1.2%

School, Educational Enrollment, and Employment

Continued educational obtainment and increased employment are also important to consider when examining the program’s potential impact on maternal life course outcomes. Increased education is associated with better overall well-being and greater family stability. Exhibit 21 shows that education enrollment remained steady until the 24 month time point. In fiscal year 2014, 11-14% of the mothers are enrolled in school either full- or part-time, which is fairly steady as compared to 12-15% in fiscal year 2013 and lower than the 15-17% enrolled in school in fiscal year 2012. Although there are signs that the US economy is improving, the economy in Arizona has been slower to recover, maintaining higher than average unemployment rates and slower wage growth compared to US rates (US Bureau of Labor Statistics). Parents may have additional challenges in accessing or affording childcare, affording school, or having the time available away from work (or seeking employment) to attend school.

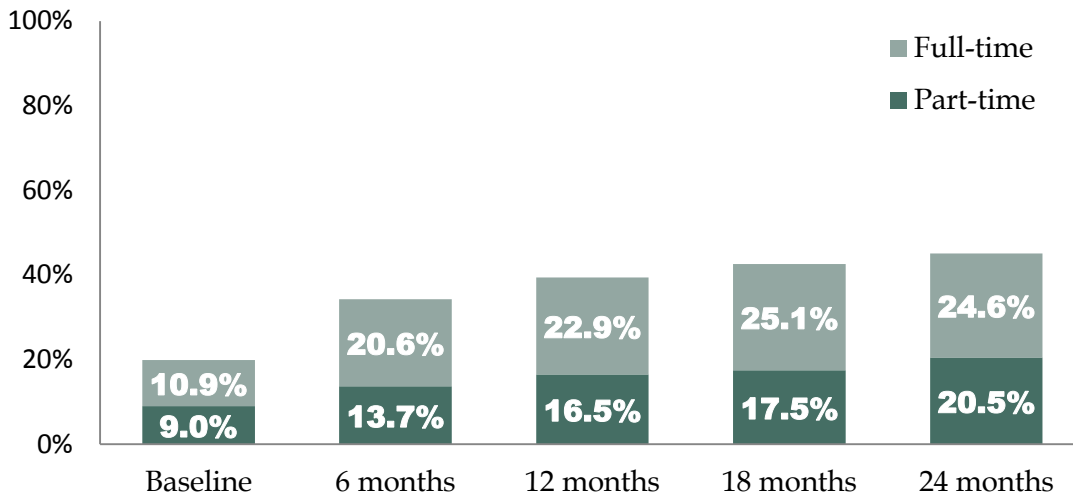


Exhibit 21. Percent of Mothers Enrolled in School – State Fiscal Year 2014

	Percent enrolled part-time (2013 prior report)	Percent enrolled full-time (2013 prior report)	Percent enrolled part-time (2014)	Percent enrolled full-time (2014)
6 month	5.1%	9.6%	5.8%	7.4%
12 month	6.4%	8.0%	5.4%	8.5%
18 month	5.0%	7.3%	5.7%	7.6%
24 month	6.5%	6.3%	4.6%	6.6%

Maternal employment shows an increasing rate over time. Thirty-nine percent of Healthy Families Arizona mothers are employed at 12 months, and approximately 45% at 24 months. According to the most recent Bureau of Labor Statistics report for 2013, 57.3% of mothers with children less than 1 year of age, and 61.1% of mothers with children less than 3 years of age participate in the labor force. While increasing employment and income is fundamental for family well-being, there are complex realities facing families as they begin to increase their earnings. The importance of home visitors working with families in obtaining quality child care is critical given the limited child care options currently available for families with low incomes.

Exhibit 22. Mother’s Employment Status



Substance Abuse Screening

The relationship between substance abuse and the potential for child maltreatment is strong and well known (Pan, et al., 1994; Windom, 1992; Wolfe, 1998). When parents or caretakers are abusing substances, children may not be adequately cared for or supervised. While successful substance abuse treatment often requires intensive inpatient or outpatient treatment and counseling, home visitors can still play a critical role in screening for substance abuse, educating families about the effects of substance abuse on their health and the health of their children, and in making referrals for treatment services.

Healthy Families Arizona uses the CRAFFT as a method of screening for substance use and abuse. The CRAFFT is a short screening tool for adults and adolescents to assess high risk drug and alcohol use disorders developed by the Center for Adolescent Substance Abuse Research (CeASAR), at the Children’s Hospital of Boston. A positive screen occurs if there are two or more “yes” answers out of six questions and indicates that further assessment and or referrals are recommended.

Exhibit 23 presents data on the percent of families screened with the CRAFFT substance abuse screening tool and the percent of those families who screened positive for drug use. Nearly 44% of families screened at intake assessed positive for a history of substance use putting them at potential risk. The number of families with positive substance abuse screens drops dramatically at 6 months (11.6%) and continues to drop at 12 months (8.2%).

Exhibit 23. Percent Screened and Assessed Positive on the CRAFFT

Time at assessment	Percent Screened	Percent Assessed Positive
2 months (lifetime)	96.2%	43.9%
6 months	92.8%	11.6%
12 months	92.3%	8.2%

Note: The 2 month screen asks lifetime substance use; later screens cover the past 6 months.



2013 Participant Satisfaction Survey

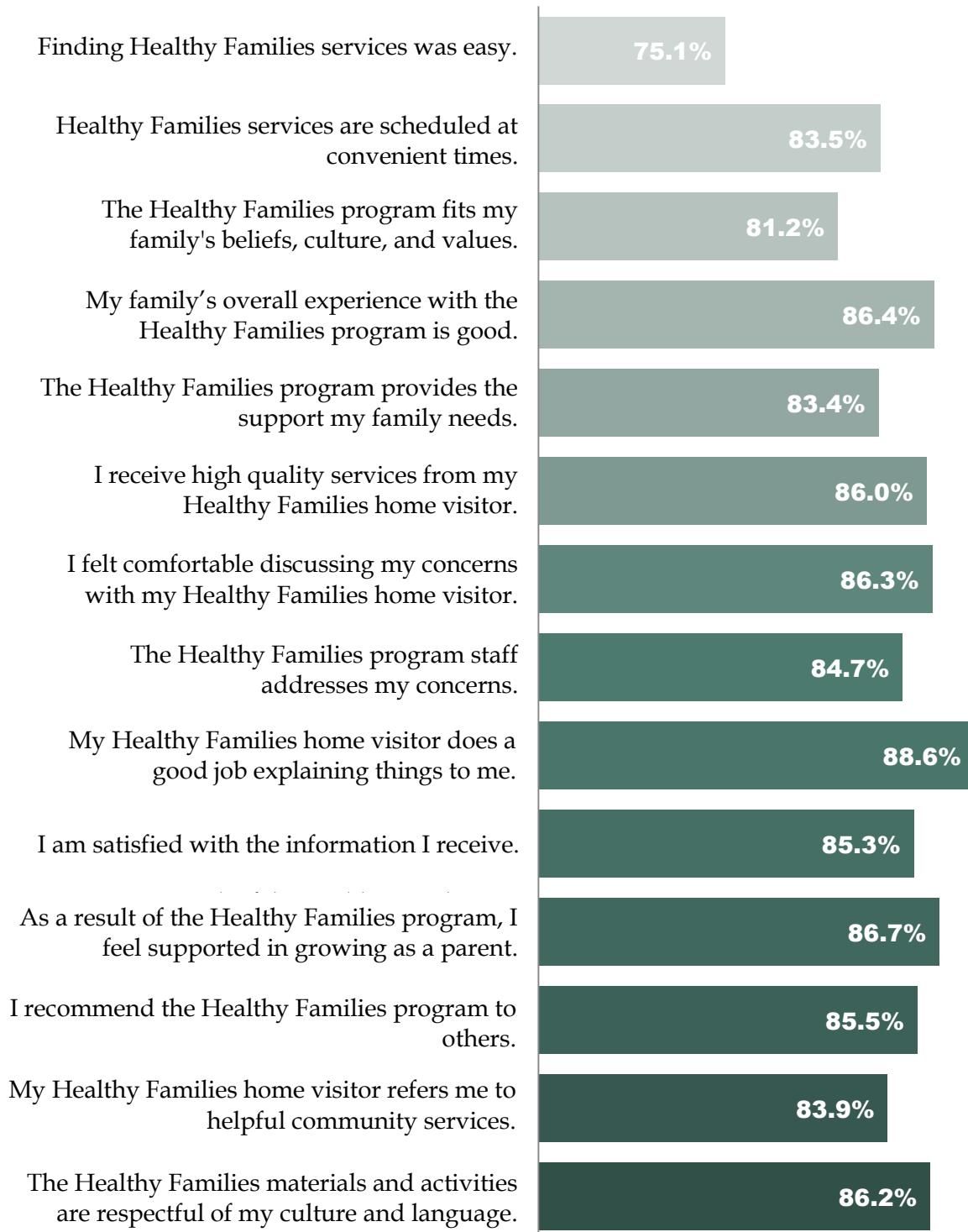
The Healthy Families Arizona participant satisfaction survey provides valuable information for program staff and an opportunity for participants to reflect on their experiences. If participants are satisfied with the program and the work of the home visitor, they are more likely to benefit from the program. The following data summarizes the responses of participants who took the Healthy Families Arizona participant satisfaction survey in spring 2014.

The survey is distributed to all current participants in the program and returned by mail. A total of 1,815 surveys were returned. The ethnic breakdown of these participants was similar to past years and is representative of the populations served by Healthy Families Arizona, with 57% Hispanic, 25% White, 7% American Indian, 4% African American, 5% Two or More Races, 1% Asian, less than 1% Hawaiian/Pacific Islander, and less than 1% Other.

Exhibit 24 below shows key highlights from participant satisfaction survey responses. The exhibit presents the items which received the highest percent of strongly agree responses from participants and the items receiving the lowest percent of strongly agree. Based on the results of the survey it appears that participants feel they have good communication with their home visitors. Fewer Healthy Families Arizona participants (75.1%) agree strongly that finding services was easy compared to the responses for other questions. For the remaining statements in the satisfaction survey, more than 80% of the respondents strongly agreed. This is similar to the 2013 survey results and indicates a strong satisfaction level with the program.



Exhibit 24. Percent Who Strongly Agreed on Satisfaction Survey Statements 2014



Conclusions and Recommendations

The 2014 state fiscal year has been productive for Healthy Families Arizona. The combined funding from the Department of Child Safety (DCS), First Things First (FTF), and the Department of Health Services (DHS) has increased the number of families receiving services throughout the state. The Healthy Families Arizona evaluation report focuses on the following primary outcome indicators: parent outcomes, child health and wellness, and child abuse and neglect. The results from the Healthy Families Parenting Inventory, participant tracking data sheets, safety checklists, screening tools, child abuse and neglect rates, and immunization rates all suggest that the Healthy Families Arizona program continues to address and reach most of its goals.

The Healthy Families Arizona program uses evidence-based methods to guide the practice of home visitation. In order to continue to see successful outcomes and to improve other outcomes, the Healthy Families Arizona program needs to rigorously evaluate the program at least annually and use evidence for program improvement.

Recommendations for this year are focused on ways the program can continue to emphasize quality programming, provide the most critical services to the highest risk families, and improve parent and child outcomes.

- **Develop or enforce strategies to increase retention.** The average length of stay in the program is less than a year with only 33% of families remaining in the program for more than a year. This has been a downward trend in recent years and remains a priority for improvement. While nothing can be done to retain families that move into areas not served by Healthy Families Arizona, other reasons for termination such as family refusal of services, declining a new home visitor, and not responding to outreach should be reviewed. The home visitors and their supervisors should use this information to develop creative retention strategies for families in their programs.
- **Review and update the program logic models to align with the Healthy Families America Best Practice Standards.** The new Best Practice Standards from Healthy Families America went into effect in July 2014. Healthy Families Arizona has updated their Policies and Procedures Manual and the data collection forms to meet these new best practice standards. Healthy Families Arizona can use these to review and revise the program logic models to match



the new critical elements outlined in the Best Practice Standards. Although many of the critical elements remain unchanged or similar, it would be useful to re-examine if the logic models are depicting the program as currently implemented. These logic models can be distributed and used by all program staff to maintain focus on key aspects of the intervention model. Training for program staff can support the use of the logic model to maintain sharp focus on fidelity to the model.

- **Reinforce the importance of developmental screening with home visitors and families.** Healthy Families Arizona nearly met the target of 90% of 2-year old children screened for developmental delays using the ASQ 3. Reinforcing the importance of continued screening with home visitors and families, in addition to exploring barriers to completion of developmental screening, may increase the rate of screening even further.
- **Continued emphasis on alternative methods of collecting immunization data and educating families on the importance of timely and full immunization.** This year, the increased emphasis by supervisors and home visitor teams on obtaining immunization data through electronic records greatly decreased the amount of missing information. The change away from immunization booklets to electronic records has impacted the ability of home visitors to verify the immunization dates for a child at the time of a home visit. Continued efforts by Central Administration and the sites to develop alternative methods of obtaining immunization data will help to improve the accuracy of immunization data even more. The home visitors may also need to place more emphasis on the importance of immunizations for families who are late in receiving immunizations, explore barriers to the child receiving timely immunizations, and may need to make additional referrals to local immunization clinics or other support services.



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Appendix A. Team Level Data

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**Age of Child at Entry by Team- 2014
(Age in Days)**

Team	Mean (Age in Days)	Number	Standard Deviation
Team 2 - Central Phoenix	39.40	85	22.21
Team 3 - Maryvale	41.45	94	24.80
Team 5 - East Valley	50.00	58	99.96
Team 6 - Nogales	13.81	83	15.05
Team 8 - Pima	25.74	69	20.79
Team 9 - Pima	21.62	85	15.89
Team 10 - Pima	29.27	55	26.80
Team 11 - Pima	24.24	49	21.93
Team 12 - Douglas/ Sierra Vista	18.22	50	16.74
Team 13 - Tuba City	13.30	46	18.13
Team 15 - Yuma	17.13	78	14.60
Team 17 - Lake Havasu	16.58	76	14.34
Team 18 - Flagstaff	38.13	38	29.12
Team 19 - Sunnyslope	48.63	75	27.26
Team 21 - Prescott	24.52	82	21.11
Team 23 - Mesa	45.83	104	27.09
Team 27 - Pima	24.07	54	25.11
Team 28 - Safford	20.67	70	19.69
Team 32 - Winslow	21.24	45	26.01
Team 33 - Kingman	28.59	32	15.39
Team 43 - Bullhead City	25.44	41	25.20
Team 48 - West Phoenix	36.70	70	22.80
Team 61 - Central Phoenix #1	33.50	66	22.10
Team 62 - Central Phoenix #2	32.89	82	22.66
Team 64 - SE/NE Maricopa	37.08	89	21.83
Team 65 - Combo Phoenix	35.10	84	23.72
Team 68 - Queen Creek	35.91	56	21.58
Team 70 - Yuma	18.91	70	23.59
Team 71 - South Scottsdale	28.40	5	25.19
Team 80 - CHAA Phoenix	37.03	70	23.90
Team 81 - CHAA Tucson	19.16	62	20.41
Team 82 - CHAA Casa Grande	12.07	75	22.57
Team 83 - CHAA Maryvale	34.51	83	24.53
Team 84 - CHAA N. Mountain	45.36	78	26.34
Team 85 - San Tan/Florence	12.33	43	19.27
Team 86 - CHAA Apache Junction	22.39	46	11.68
Team 87 - CHAA Verde Valley	19.17	18	13.95
Team 88 - CHAA South Mountain	35.27	67	26.38
Team 89 - CHAA Mesa	34.22	59	25.28
Total	29.67	2,492	28.65

Note: Total does not include data for families that enrolled in the prenatal period including those that did not receive prenatal services.



**Days to Program Exit by Team - 2014
(For families who left the program)**

Team	Prenatal				Postnatal			
	Median	Mean	St. Dev.	#	Median	Mean	St. Dev.	#
Team 2 - Central Phoenix	791.00	652.00	402.97	5	480.00	474.41	277.09	34
Team 3 - Maryvale	161.00	254.29	228.89	7	238.00	314.56	223.84	41
Team 5 - East Valley	466.00	435.46	231.90	13	353.00	404.29	241.12	17
Team 6 - Nogales	214.00	347.63	353.25	8	302.00	369.53	230.45	17
Team 8 - Pima	281.50	357.17	283.08	6	335.50	379.64	219.16	22
Team 9 - Pima	252.00	433.40	341.12	5	275.00	340.11	212.51	27
Team 10 - Pima	366.00	485.43	332.47	7	331.00	334.87	193.16	15
Team 11 - Pima	254.00	314.33	177.37	3	223.00	291.47	227.67	15
Team 12 - Douglas/ Sierra Vista	331.00	374.14	218.92	7	195.00	274.73	239.94	15
Team 13 - Tuba City	466.00	615.60	357.77	5	223.00	227.25	105.14	12
Team 15 - Yuma	644.00	579.00	402.55	5	185.00	331.36	280.49	11
Team 17 - Lake Havasu	215.00	321.00	274.73	4	262.00	304.33	209.37	27
Team 18 - Flagstaff	245.00	233.54	90.54	13	321.50	398.50	229.41	8
Team 19 - Sunnyslope	421.00	452.60	248.89	5	179.50	249.67	203.88	30
Team 21 - Prescott	63.00	319.67	461.99	3	442.00	437.56	279.82	32
Team 23 - Mesa	224.00	343.60	276.99	10	230.00	306.47	230.86	47
Team 27 - Pima	295.50	352.13	226.21	8	232.00	320.48	192.16	25
Team 28 - Safford	365.00	347.63	171.82	8	287.00	324.11	213.66	27
Team 32 - Winslow	358.00	444.25	309.78	8	349.50	389.22	201.29	18
Team 33 - Kingman	219.00	339.10	258.09	20	144.00	209.00	130.24	5
Team 43 - Bullhead City	239.50	363.86	291.60	14	369.00	387.73	264.39	15
Team 48 - West Phoenix	170.50	175.50	76.36	4	261.00	318.53	195.29	15
Team 61 - Central Phoenix #1	227.00	292.89	177.38	18	253.00	288.68	142.47	19
Team 62 - Central Phoenix #2	193.50	286.43	212.68	14	255.50	325.97	217.86	30
Team 64 - SE/NE Maricopa	327.00	319.31	208.09	13	198.00	267.64	217.84	28
Team 65 - Combo Phoenix	459.00	449.14	329.64	7	304.50	381.90	249.68	30
Team 68 - Queen Creek	327.00	364.00	270.20	7	258.50	328.07	237.34	14
Team 70 - Yuma	283.00	283.00	291.33	2	314.00	343.33	229.16	12
Team 71 - South Scottsdale	149.00	149.00	-	1	168.00	264.00	255.79	4
Team 80 - CHAA Phoenix	478.00	461.20	113.40	5	361.00	344.29	204.24	24
Team 81 - CHAA Tucson	404.00	395.17	203.90	6	206.00	252.33	129.75	15
Team 82 - CHAA Casa Grande	340.50	340.50	143.54	2	261.00	294.48	131.43	31
Team 83 - CHAA Maryvale	234.50	255.25	78.25	4	255.50	272.47	117.74	36
Team 84 - CHAA N. Mountain	202.00	212.33	97.37	15	187.00	234.80	147.99	35
Team 85 - San Tan/Florence	89.00	85.25	46.69	4	155.00	185.68	122.81	19
Team 86 - CHAA Apache Junction	269.50	269.50	228.40	2	145.50	145.33	53.21	12
Team 87 - CHAA Verde Valley	245.00	245.00	21.21	2	174.00	174.00	-	1
Team 88 - CHAA South Mountain	206.50	206.50	2.12	2	164.00	147.05	58.77	19
Team 89 - CHAA Mesa	208.00	175.67	63.96	3	106.00	122.94	69.35	18
Total	263.00	345.99	249.62	275	240.50	311.38	214.62	822

Note: St. Dev = Standard Deviation, # = Number of Families



Top Four Reasons for Program Exit by Team - 2014
Percent and Number within Team

Team	Overall (Prenatal and Postnatal Combined)							
	#1 Family Refused Further Services		#2 Did Not Respond to Outreach Efforts		#3 Moved Away		#4 Self Sufficiency	
	%	n	%	n	%	n	%	n
Team 2 - Central Phoenix	7.7	3	15.4	6	15.4	6	30.8	12
Team 3 - Maryvale	41.7	20	22.9	11	2.1	1	4.2	2
Team 5 - East Valley	16.7	5	20.0	6	16.7	5	13.3	4
Team 6 - Nogales	28.0	7	8.0	2	20.0	5	0.0	0
Team 8 - Pima	14.3	4	32.1	9	14.3	4	7.1	2
Team 9 - Pima	21.9	7	34.4	11	12.5	4	0.0	0
Team 10 - Pima	9.1	2	9.1	2	9.1	2	45.5	10
Team 11 - Pima	16.7	3	16.7	3	16.6	3	11.1	2
Team 12 - Douglas / Sierra Vista	18.2	4	4.5	1	36.4	8	13.6	3
Team 13 - Tuba City	23.5	4	5.9	1	41.2	7	0.0	0
Team 15 - Yuma	18.8	3	25.0	4	31.3	5	12.5	2
Team 17 - Lake Havasu	35.5	11	6.5	2	29.0	9	0.0	0
Team 18 - Flagstaff	19.0	4	4.8	1	38.1	8	0.0	0
Team 19 - Sunnyslope	11.4	4	22.9	8	5.7	2	40.0	14
Team 21 - Prescott	14.3	5	14.3	5	17.1	6	11.4	4
Team 23 - Mesa	33.3	19	8.8	5	8.8	5	8.8	5
Team 27 - Pima	15.2	5	42.4	14	15.2	5	9.1	3
Team 28 - Safford	37.1	13	14.3	5	28.6	10	0.0	0
Team 32 - Winslow	11.5	3	3.8	1	42.3	11	19.2	5
Team 33 - Kingman	24.0	6	16.0	4	28.0	7	8.0	2
Team 43 - Bullhead City	10.3	3	24.1	7	34.5	10	17.2	5
Team 48 - West Phoenix	31.6	6	31.6	6	5.3	1	15.8	3
Team 61 - Central Phoenix #1	37.8	14	24.3	9	5.4	2	8.1	3
Team 62 - Central Phoenix #2	29.5	13	22.7	10	11.4	5	9.1	4
Team 64 - SE/NE Maricopa	26.8	11	22.0	9	22.0	9	17.1	7
Team 65 - Combo Phoenix	5.4	2	21.6	8	8.1	3	43.2	16
Team 68 - Queen Creek	33.3	7	14.3	3	14.3	3	23.8	5
Team 70 - Yuma	35.7	5	7.1	1	42.9	6	7.1	1
Team 71 - South Scottsdale	80.0	4	0.0	0	0.0	0	20.0	1
Team 80 - CHAA Phoenix	37.9	11	10.3	3	17.2	5	6.9	2
Team 81 - CHAA Tucson	23.8	5	23.8	5	19.0	4	9.5	2
Team 82 - CHAA Casa Grande	33.3	11	27.3	9	12.1	4	0.0	0
Team 83 - CHAA Maryvale	37.5	15	17.5	7	7.5	3	17.5	7
Team 84 - CHAA N. Mountain	56.0	28	12.0	6	6.0	3	4.0	2
Team 85 - San Tan/Florence	47.8	11	17.4	4	8.7	2	4.3	1
Team 86 - CHAA Apache Junction	21.4	3	42.9	6	28.6	4	0.0	0
Team 87 - CHAA Verde Valley	66.7	2	0.0	0	33.3	1	0.0	0
Team 88 - CHAA South Mountain	38.1	8	9.5	2	14.3	3	33.3	7
Team 89 - CHAA Mesa	38.1	8	0.0	0	33.3	7	4.8	1
Total	27.3	299	17.9	196	17.1	188	12.5	137



Health Insurance at Intake by Team - 2014
Percent and number within Team *

Team	PRENATAL						POSTNATAL					
	None		AHCCCS		Private		None		AHCCCS		Private	
	%	n	%	n	%	n	%	n	%	n	%	n
Team 2 - Central Phoenix	11.1	2	88.9	16	0.0	0	11.5	9	80.8	63	7.7	6
Team 3 - Maryvale	0.0	0	92.3	12	7.7	1	7.9	7	85.4	76	6.7	6
Team 5 - East Valley	3.7	1	88.9	24	3.7	1	5.5	3	92.7	51	1.8	1
Team 6 - Nogales	6.7	2	90.0	27	0.0	0	3.6	3	89.2	74	7.2	6
Team 8 - Pima	0.0	0	100	15	0.0	0	1.5	1	83.1	54	10.8	7
Team 9 - Pima	5.9	1	64.7	11	23.5	4	6.3	5	75.0	60	18.8	15
Team 10 - Pima	0.0	0	87.5	14	12.5	2	4.1	2	87.8	43	8.2	4
Team 11 - Pima	10.0	1	90.0	9	0.0	0	0.0	0	72.9	35	27.1	13
Team 12 - Douglas/ Sierra Vista	0.0	0	100	10	0.0	0	2.0	1	81.6	40	10.2	5
Team 13 - Tuba City	0.0	0	93.3	14	0.0	0	0.0	0	100	44	0.0	0
Team 15 - Yuma	7.1	1	78.6	11	7.1	1	2.6	2	85.5	65	10.5	8
Team 17 - Lake Havasu	0.0	0	100	21	0.0	0	4.1	3	84.9	62	11.0	8
Team 18 - Flagstaff	9.1	4	81.8	36	9.1	4	8.8	3	85.3	29	5.9	2
Team 19 - Sunnyslope	0.0	0	95.5	21	4.5	1	4.3	3	77.1	54	17.1	12
Team 21 - Prescott	12.5	1	87.5	7	0.0	0	6.2	5	82.7	67	11.1	9
Team 23 - Mesa	0.0	0	91.3	21	8.7	2	13.1	13	76.8	76	10.1	10
Team 27 - Pima	0.0	0	93.8	15	6.3	1	3.8	2	86.8	46	7.5	4
Team 28 - Safford	2.9	1	65.7	23	31.4	11	2.9	2	66.7	46	30.4	21
Team 32 - Winslow	15.0	3	75.0	15	5.0	1	2.2	1	91.1	41	4.4	2
Team 33 - Kingman	3.7	2	79.6	43	16.7	9	0.0	0	87.1	27	12.9	4
Team 43 - Bullhead City	16.7	4	75.0	18	8.3	2	5.0	2	90.0	36	5.0	2
Team 48 - West Phoenix	0.0	0	100	17	0.0	0	14.9	10	64.2	43	20.9	14
Team 61 - Central Phoenix #1	6.9	2	89.7	26	0.0	0	9.2	6	84.6	55	6.2	4
Team 62 - Central Phoenix #2	8.0	2	84.0	21	8.0	2	15.0	12	81.3	65	2.5	2
Team 64 - SE/NE Maricopa	9.1	3	87.9	29	3.0	1	8.1	7	84.9	73	7.0	6
Team 65 - Combo Phoenix	0.0	0	90.9	20	4.5	1	7.4	6	86.4	70	4.9	4
Team 68 - Queen Creek	7.4	2	88.9	24	3.7	1	10.7	6	78.6	44	10.7	6
Team 70 - Yuma	0.0	0	75.0	3	25.0	1	4.3	3	84.3	59	11.4	8
Team 71 - South Scottsdale	100	1	0.0	0	0.0	0	0.0	0	75.0	3	25.0	1
Team 80 - CHAA Phoenix	4.8	1	95.2	20	0.0	0	15.7	11	75.7	53	8.6	6
Team 81 - CHAA Tucson	6.3	1	93.8	15	0.0	0	1.6	1	87.1	54	11.3	7
Team 82 - CHAA Casa Grande	0.0	0	100	9	0.0	0	5.6	4	88.9	64	5.6	4
Team 83 - CHAA Maryvale	4.3	1	91.3	21	4.3	1	12.2	10	79.3	65	8.5	7
Team 84 - CHAA N Mountain	0.0	0	90.9	30	9.1	3	9.1	7	87.0	67	3.9	3
Team 85 - San Tan/Florence	0.0	0	75.0	6	25.0	2	5.0	2	82.5	33	12.5	5
Team 86 - CHAA Apache Junction	0.0	0	100	8	0.0	0	6.5	3	76.1	35	17.4	8
Team 87 - CHAA Verde Valley	0.0	0	93.3	14	6.7	1	0.0	0	100	18	0.0	0
Team 88 - CHAA South Mountain	0.0	0	100	5	0.0	0	7.6	5	78.8	52	13.6	9
Team 89 - CHAA Mesa	0.0	0	100	10	0.0	0	10.2	6	79.7	47	10.2	6
Total	4.7	36	87.2	661	7.0	53	6.9	166	82.5	1,989	10.2	245

**Other* insurance percentages are not listed in this table but can be estimated by subtracting the sum of the other insurance categories from 100.



Late or No Prenatal Care or Poor Compliance at Intake - 2014 by Site
Percent and number () within Team

Did the mother have late or no prenatal care or poor compliance with prenatal care?

Team	PRENATAL			POSTNATAL		
	Yes	No	Unknown	Yes	No	Unknown
Team 2 - Central Phoenix	38.9% (7)	61.1% (11)	0.0% (0)	46.2% (36)	53.8% (42)	0.0% (0)
Team 3 - Maryvale	23.1% (3)	76.9% (10)	0.0% (0)	46.6% (41)	53.4% (47)	0.0% (0)
Team 5 - East Valley	37.0% (10)	63.0% (17)	0.0% (0)	45.5% (25)	54.5% (30)	0.0% (0)
Team 6 - Nogales	26.7% (8)	73.3% (22)	0.0% (0)	42.2% (35)	54.2% (45)	3.6% (3)
Team 8 - Pima	20.0% (3)	80.0% (12)	0.0% (0)	23.9% (16)	76.1% (51)	0.0% (0)
Team 9 - Pima	29.4% (5)	70.6% (12)	0.0% (0)	26.8% (22)	73.2% (60)	0.0% (0)
Team 10 - Pima	31.3% (5)	68.8% (11)	0.0% (0)	16.0% (8)	84.0% (42)	0.0% (0)
Team 11 - Pima	50.0% (5)	50.0% (5)	0.0% (0)	33.3% (16)	66.7% (32)	0.0% (0)
Team 12 - Douglas/ Sierra Vista	50.0% (5)	50.0% (5)	0.0% (0)	32.7% (16)	65.3% (32)	2.0% (1)
Team 13 - Tuba City	26.3% (5)	68.4% (13)	5.3% (1)	22.2% (10)	75.6% (35)	2.2% (1)
Team 15 - Yuma	50.0% (7)	50.0% (7)	0.0% (0)	41.6% (32)	58.4% (45)	0.0% (0)
Team 17 - Lake Havasu	28.6% (6)	71.4% (15)	0.0% (0)	19.7% (15)	75.0% (57)	5.3% (4)
Team 18 - Flagstaff	30.2% (13)	69.8% (30)	0.0% (0)	11.8% (4)	88.2% (30)	0.0% (0)
Team 19 - Sunnyslope	27.3% (6)	72.7% (16)	0.0% (0)	48.6% (34)	51.4% (36)	0.0% (0)
Team 21 - Prescott	37.5% (3)	62.5% (5)	0.0% (0)	42.5% (34)	53.8% (43)	3.8% (3)
Team 23 - Mesa	34.8% (8)	65.2% (15)	0.0% (0)	39.3% (39)	59.6% (59)	1.0% (1)
Team 27 - Pima	12.5% (2)	87.5% (14)	0.0% (0)	20.8% (11)	79.2% (42)	0.0% (0)
Team 28 - Safford	20.6% (7)	79.4% (27)	0.0% (0)	17.6% (12)	79.4% (54)	2.9% (2)
Team 32 - Winslow	15.0% (3)	85.0% (17)	0.0% (0)	26.7% (12)	71.1% (32)	2.2% (1)
Team 33 - Kingman	14.8% (8)	85.2% (46)	0.0% (0)	31.3% (10)	68.8% (22)	0.0% (0)
Team 43 - Bullhead City	29.2% (7)	70.8% (70)	0.0% (0)	50.0% (19)	47.4% (18)	2.6% (1)
Team 48 - West Phoenix	35.3% (6)	64.7% (11)	0.0% (0)	39.7% (27)	60.3% (41)	0.0% (0)
Team 61 - Central Phoenix #1	20.7% (6)	79.3% (23)	0.0% (0)	44.6% (29)	55.4% (36)	0.0% (0)
Team 62 - Central Phoenix #2	44.0% (11)	56.0% (14)	0.0% (0)	53.7% (44)	46.3% (38)	0.0% (0)
Team 64 - SE/NE Maricopa	27.3% (9)	72.7% (24)	0.0% (0)	38.4% (33)	61.6% (53)	0.0% (0)
Team 65 - Combo Phoenix	33.3% (7)	66.7% (14)	0.0% (0)	34.9% (29)	63.9% (53)	1.2% (1)
Team 68 - Queen Creek	44.4% (12)	51.9% (14)	3.7% (1)	39.3% (22)	60.7% (34)	0.0% (0)
Team 70 - Yuma	25.0% (1)	75.0% (3)	0.0% (0)	28.6% (20)	71.4% (50)	0.0% (0)
Team 71 - South Scottsdale	0.0% (0)	100% (1)	0.0% (0)	0.0% (0)	100% (4)	0.0% (0)
Team 80 - CHAA Phoenix	14.3% (3)	85.7% (18)	0.0% (0)	34.3% (24)	65.7% (46)	0.0% (0)
Team 81 - CHAA Tucson	25.0% (4)	75.0% (12)	0.0% (0)	25.8% (16)	72.6% (45)	1.6% (1)
Team 82 - CHAA Casa Grande	22.2% (2)	77.8% (7)	0.0% (0)	23.9% (17)	76.1% (54)	0.0% (0)
Team 83 - CHAA Maryvale	30.4% (7)	69.6% (16)	0.0% (0)	35.4% (29)	64.6% (53)	0.0% (0)
Team 84 - CHAA N. Mountain	27.3% (9)	69.7% (23)	3.0% (1)	41.6% (32)	57.1% (44)	1.3% (1)
Team 85 - San Tan/Florence	11.1% (1)	88.9% (8)	0.0% (0)	36.6% (15)	63.4% (26)	0.0% (0)
Team 86 - CHAA Apache Junction	0.0% (0)	100% (8)	0.0% (0)	37.8% (17)	60.0% (27)	2.2% (1)
Team 87 - CHAA Verde Valley	6.7% (1)	80.0% (12)	13.3% (2)	33.3% (6)	44.4% (8)	22.2% (4)
Team 88 - CHAA S. Mountain	0.0% (0)	100% (5)	0.0% (0)	51.5% (34)	48.5% (32)	0.0% (0)
Team 89 - CHAA Mesa	40.0% (4)	60.0% (6)	0.0% (0)	37.3% (22)	62.7% (37)	0.0% (0)
Total	27.5% (209)	71.8% (546)	0.7% (5)	35.6% (863)	63.3% (1,534)	1.0% (25)



Race of Mother by Site PRENATAL - 2014

Percent and number within Team

Team	Caucasian		African American		Asian American		Native American		Mixed/Other	
	%	n	%	n	%	n	%	N	%	n
Team 2 - Central Phoenix	88.9	16	5.6	1	0.0	0	0.0	0	5.6	1
Team 3 - Maryvale	84.6	11	7.7	1	0.0	0	0.0	0	7.7	1
Team 5 - East Valley	96.3	26	3.7	1	0.0	0	0.0	0	0.0	0
Team 6 - Nogales	100	30	0.0	0	0.0	0	0.0	0	0.0	0
Team 8 - Pima	93.3	14	6.7	1	0.0	0	0.0	0	0.0	0
Team 9 - Pima	88.2	15	5.9	1	0.0	0	0.0	0	5.9	1
Team 10 - Pima	81.3	13	0.0	0	0.0	0	6.3	1	12.5	2
Team 11 - Pima	70.0	7	20.0	2	10.0	1	0.0	0	0.0	0
Team 12 - Douglas/ Sierra Vista	80.0	8	0.0	0	0.0	0	0.0	0	20.0	2
Team 13 - Tuba City	0.0	0	0.0	0	0.0	0	94.7	18	5.3	1
Team 15 - Yuma	35.7	5	7.1	1	0.0	0	7.1	1	50.0	7
Team 17 - Lake Havasu	81.0	17	4.8	1	0.0	0	9.5	2	4.8	1
Team 18 - Flagstaff	40.9	18	0.0	0	0.0	0	50.0	22	9.1	4
Team 19 - Sunnyslope	81.8	18	4.5	1	0.0	0	4.5	1	9.1	2
Team 21 - Prescott	87.5	7	0.0	0	0.0	0	12.5	1	0.0	0
Team 23 - Mesa	77.3	17	18.2	4	0.0	0	0.0	0	4.5	1
Team 27 - Pima	75.0	12	0.0	0	0.0	0	6.3	1	18.8	3
Team 28 - Safford	88.6	31	0.0	0	0.0	0	8.6	3	2.9	1
Team 32 - Winslow	20.0	4	5.0	1	0.0	0	65.0	13	10.0	2
Team 33 - Kingman	84.9	45	0.0	0	0.0	0	0.0	0	15.1	8
Team 43 - Bullhead City	80.0	20	4.0	1	4.0	1	0.0	0	12.0	3
Team 48 - West Phoenix	100	17	0.0	0	0.0	0	0.0	0	0.0	0
Team 61 - Central Phoenix #1	75.9	22	13.8	4	0.0	0	3.4	1	6.9	2
Team 62 - Central Phoenix #2	80.0	20	12.0	3	4.0	1	0.0	0	4.0	1
Team 64 - SE/NE Maricopa	84.8	28	3.0	1	0.0	0	0.0	0	12.1	4
Team 65 - Combo Phoenix	59.1	13	36.4	8	0.0	0	0.0	0	4.5	1
Team 68 - Queen Creek	81.5	22	0.0	0	0.0	0	11.1	3	7.4	2
Team 70 - Yuma	50.0	2	0.0	0	0.0	0	0.0	0	50.0	2
Team 71 - South Scottsdale	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0
Team 80 - CHAA Phoenix	76.2	16	9.5	2	0.0	0	4.8	1	9.5	2
Team 81 - CHAA Tucson	68.8	11	18.8	3	0.0	0	12.5	2	0.0	0
Team 82 - CHAA Casa Grande	62.5	5	12.5	1	0.0	0	12.5	1	12.5	1
Team 83 - CHAA Maryvale	82.6	19	17.4	4	0.0	0	0.0	0	0.0	0
Team 84 - CHAA N. Mountain	66.7	22	27.3	9	3.0	1	0.0	0	3.0	1
Team 85 - San Tan/Florence	66.7	6	0.0	0	0.0	0	11.1	1	22.2	2
Team 86 - CHAA Apache Junction	87.5	7	12.5	1	0.0	0	0.0	0	0.0	0
Team 87 - CHAA Verde Valley	93.3	14	0.0	0	0.0	0	0.0	0	6.7	1
Team 88 - CHAA South Mountain	80.0	4	20.0	1	0.0	0	0.0	0	0.0	0
Team 89 - CHAA Mesa	80.0	8	0.0	0	0.0	0	10.0	1	10.0	1
Total	75.0	570	7.0	53	0.5	4	9.6	73	7.9	60



Race of Mother by Site POSTNATAL - 2014
Percent and number within Team

Team	Caucasian		African American		Asian American		Native American		Mixed/Other	
	%	n	%	n	%	n	%	n	%	n
Team 2 - Central Phoenix	88.5	69	7.7	6	0.0	0	2.6	2	1.3	1
Team 3 - Maryvale	93.3	83	2.2	2	1.1	1	0.0	0	3.4	3
Team 5 - East Valley	87.0	47	3.7	2	0.0	0	9.3	5	0.0	0
Team 6 - Nogales	97.6	81	0.0	0	0.0	0	1.2	1	1.2	1
Team 8 - Pima	83.8	57	2.9	2	4.4	3	0.0	0	8.8	6
Team 9 - Pima	62.5	50	6.3	5	5.0	4	8.8	7	17.5	4
Team 10 - Pima	84.0	42	4.0	2	0.0	0	2.0	1	10.0	5
Team 11 - Pima	76.1	35	8.7	4	6.5	3	4.3	2	4.3	2
Team 12 - Douglas / Sierra Vista	68.1	32	2.1	1	4.3	2	2.1	1	23.4	11
Team 13 - Tuba City	0.0	0	0.0	0	0.0	0	95.6	43	4.4	2
Team 15 - Yuma	45.5	35	1.3	1	0.0	0	1.3	1	51.9	40
Team 17 - Lake Havasu	72.4	55	1.3	1	0.0	0	14.5	11	11.8	9
Team 18 - Flagstaff	34.3	12	2.9	1	2.9	1	34.3	12	25.7	9
Team 19 - Sunnyslope	84.3	59	5.7	4	1.4	1	4.3	3	4.3	3
Team 21 - Prescott	86.4	70	3.7	3	0.0	0	1.2	1	8.6	7
Team 23 - Mesa	77.6	76	10.2	10	1.0	1	7.1	7	4.1	4
Team 27 - Pima	79.2	42	5.7	3	1.9	1	5.7	3	7.5	4
Team 28 - Safford	92.8	64	2.9	2	0.0	0	2.9	2	1.4	1
Team 32 - Winslow	17.8	8	0.0	0	0.0	0	71.1	32	11.1	5
Team 33 - Kingman	93.3	28	0.0	0	0.0	0	3.3	1	3.3	1
Team 43 - Bullhead City	86.5	32	2.7	1	0.0	0	2.7	1	8.1	3
Team 48 - West Phoenix	85.1	57	9.0	6	3.0	2	0.0	0	3.0	2
Team 61 - Central Phoenix #1	80.0	52	9.2	6	0.0	0	3.1	2	7.7	5
Team 62 - Central Phoenix #2	85.4	70	9.8	8	1.2	1	3.7	3	0.0	0
Team 64 - SE/NE Maricopa	87.1	74	8.2	7	1.2	1	2.4	2	1.2	1
Team 65 - Combo Phoenix	80.2	65	6.2	5	2.5	2	4.9	4	6.2	5
Team 68 - Queen Creek	89.3	50	7.1	4	0.0	0	0.0	0	3.6	2
Team 70 - Yuma	30.0	21	1.4	1	1.4	1	0.0	0	67.1	47
Team 71 - South Scottsdale	50.0	2	25.0	1	25.0	1	0.0	0	0.0	0
Team 80 - CHAA Phoenix	81.4	57	12.9	9	0.0	0	1.4	1	4.3	3
Team 81 - CHAA Tucson	86.7	52	5.0	3	5.0	3	1.7	1	1.7	1
Team 82 - CHAA Casa Grande	66.2	47	4.2	3	1.4	1	14.1	10	14.1	10
Team 83 - CHAA Maryvale	89.0	73	7.3	6	0.0	0	2.4	2	1.2	1
Team 84 - CHAA N. Mountain	85.7	66	11.7	9	0.0	0	0.0	0	2.6	2
Team 85 - San Tan/Florence	51.2	21	9.8	4	0.0	0	12.2	5	26.8	11
Team 86 - CHAA Apache Junction	80.5	33	2.4	1	2.4	1	0.0	0	14.6	6
Team 87 - CHAA Verde Valley	93.3	14	0.0	0	0.0	0	6.7	1	0.0	0
Team 88 - CHAA South Mountain	80.3	53	13.6	9	0.0	0	4.5	3	1.5	1
Team 89 - CHAA Mesa	89.8	53	5.1	3	0.0	0	5.1	3	0.0	0
Total	76.4	1,837	5.6	135	1.2	30	7.2	173	9.5	228



Hispanic Ethnicity of Mother by Team- 2014

Team	Percent Hispanic Prenatal	Percent Hispanic Postnatal	Percent Hispanic Total
Team 2 - Central Phoenix	27.8	37.2	35.4
Team 3 - Maryvale	61.5	53.9	54.9
Team 5 - East Valley	25.9	27.3	26.8
Team 6 - Nogales	90.0	88.0	88.5
Team 8 - Pima	46.7	61.8	59.0
Team 9 - Pima	41.2	42.2	42.0
Team 10 - Pima	56.3	66.0	63.6
Team 11 - Pima	20.0	39.6	36.2
Team 12 - Douglas/ Sierra Vista	20.0	34.7	32.2
Team 13 - Tuba City	5.3	8.9	7.8
Team 15 - Yuma	57.1	53.2	53.8
Team 17 - Lake Havasu	23.8	25.0	24.7
Team 18 - Flagstaff	18.2	25.7	21.5
Team 19 - Sunnyslope	27.3	31.4	30.4
Team 21 - Prescott	0.0	7.4	6.7
Team 23 - Mesa	60.9	47.5	50.0
Team 27 - Pima	68.8	54.7	58.0
Team 28 - Safford	34.3	52.2	46.2
Team 32 - Winslow	20.0	15.6	16.9
Team 33 - Kingman	18.5	6.3	14.0
Team 43 - Bullhead City	20.0	25.0	23.1
Team 48 - West Phoenix	64.7	63.2	63.5
Team 61 - Central Phoenix #1	65.5	69.2	68.1
Team 62 - Central Phoenix #2	56.0	61.0	59.8
Team 64 - SE/NE Maricopa	39.4	40.7	40.3
Team 65 - Combo Phoenix	22.7	51.8	45.7
Team 68 - Queen Creek	37.0	42.9	41.0
Team 70 - Yuma	50.0	62.9	62.2
Team 71 - South Scottsdale	0.0	25.0	20.0
Team 80 - CHAA Phoenix	66.7	57.1	59.3
Team 81 - CHAA Tucson	56.3	48.4	50.0
Team 82 - CHAA Casa Grande	66.7	68.5	68.3
Team 83 - CHAA Maryvale	78.3	80.5	80.0
Team 84 - CHAA N. Mountain	45.5	54.5	51.8
Team 85 - San Tan/Florence	77.8	63.4	66.0
Team 86 - CHAA Apache Junction	25.0	30.4	29.6
Team 87 - CHAA Verde Valley	60.0	72.2	66.7
Team 88 - CHAA South Mountain	60.0	65.2	64.8
Team 89 - CHAA Mesa	60.0	45.8	47.8
Total	42.0	48.5	46.9



Gestational Age by Team - 2014
(Number and Percent within Team)
Was the gestational age less than 37 weeks?

Team	PRENATAL				POSTNATAL			
	No		Yes		No		Yes	
	%	n	%	n	%	n	%	n
Team 2 - Central Phoenix	100	11	0.0	0	78.6	66	21.4	18
Team 3 - Maryvale	88.9	8	11.1	1	73.1	68	26.9	25
Team 5 - East Valley	92.6	25	7.4	2	78.9	45	21.1	12
Team 6 - Nogales	96.0	24	4.0	1	94.0	78	6.0	5
Team 8 - Pima	75.0	9	25.0	3	81.2	56	18.8	13
Team 9 - Pima	92.9	13	7.1	1	94.0	79	6.0	5
Team 10 - Pima	100	11	0.0	0	78.2	43	21.8	12
Team 11 - Pima	71.4	5	28.6	2	85.1	40	14.9	7
Team 12 - Douglas / Sierra Vista	66.7	6	33.3	3	91.8	45	8.2	4
Team 13 - Tuba City	100	10	0.0	0	90.9	40	9.1	4
Team 15 - Yuma	75.0	9	25.0	3	92.3	72	7.7	6
Team 17 - Lake Havasu	100	18	0.0	0	90.7	68	9.3	7
Team 18 - Flagstaff	91.9	34	8.1	3	75.0	27	25.0	9
Team 19 - Sunnyslope	90.0	18	10.0	2	79.7	59	20.3	15
Team 21 - Prescott	80.0	4	20.0	1	89.0	73	11.0	9
Team 23 - Mesa	88.2	15	11.8	2	74.8	77	25.2	26
Team 27 - Pima	100	10	0.0	0	87.0	47	13.0	7
Team 28 - Safford	96.4	27	3.6	1	91.3	63	8.7	6
Team 32 - Winslow	100	11	0.0	0	93.3	42	6.7	3
Team 33 - Kingman	86.5	32	13.5	5	86.2	25	13.8	4
Team 43 - Bullhead City	90.9	20	9.1	2	89.7	35	10.3	4
Team 48 - West Phoenix	93.3	14	6.7	1	74.3	52	25.7	18
Team 61 - Central Phoenix #1	88.5	23	11.5	3	84.8	56	15.2	10
Team 62 - Central Phoenix #2	85.0	17	15.0	3	84.0	68	16.0	13
Team 64 - SE/NE Maricopa	89.3	25	10.7	3	76.1	67	23.9	21
Team 65 - Combo Phoenix	86.7	13	13.3	2	81.9	68	18.1	15
Team 68 - Queen Creek	95.5	21	4.5	1	83.3	45	16.7	9
Team 70 - Yuma	66.7	2	33.3	1	89.9	62	10.1	7
Team 71 - South Scottsdale	100	1	0.0	0	80.0	4	20.0	1
Team 80 - CHAA Phoenix	88.2	15	11.8	2	82.9	58	17.1	12
Team 81 - CHAA Tucson	66.7	8	33.3	4	91.9	57	8.1	5
Team 82 - CHAA Casa Grande	75.0	3	25.0	1	87.8	65	12.2	9
Team 83 - CHAA Maryvale	81.8	9	18.2	2	80.5	66	19.5	16
Team 84 - CHAA N. Mountain	88.0	22	12.0	3	78.2	61	21.8	17
Team 85 - San Tan/Florence	83.3	5	16.7	1	82.9	34	17.1	7
Team 86 - CHAA Apache Junction	100	5	0.0	0	91.3	42	8.7	4
Team 87 - CHAA Verde Valley	100	9	0.0	0	100	12	0.0	0
Team 88 - CHAA South Mountain	100	3	0.0	0	81.8	54	18.2	12
Team 89 - CHAA Mesa	100	6	0.0	0	88.1	52	11.9	7
Total	89.8	521	10.2	59	84.4	2,071	15.6	384



Low Birth Weight by Team - 2014
(Number and Percent within Team)

Did the child have low birth weight? (less than 2500 grams, 88 ounces, or 5.5 pounds)

Team	PRENATAL				POSTNATAL			
	No		Yes		No		Yes	
	%	n	%	n	%	n	%	n
Team 2 - Central Phoenix	100	11	0.0	0	76.5	62	23.5	19
Team 3 - Maryvale	100	9	0.0	0	78.0	71	22.0	20
Team 5 - East Valley	91.3	21	8.7	2	80.0	44	20.0	11
Team 6 - Nogales	100	16	0.0	0	96.2	75	3.8	3
Team 8 - Pima	75.0	9	25.0	3	83.9	52	16.1	10
Team 9 - Pima	100	9	0.0	0	91.1	72	8.9	7
Team 10 - Pima	100	12	0.0	0	84.3	43	15.7	8
Team 11 - Pima	75.0	6	25.0	2	91.7	44	8.3	4
Team 12 - Douglas / Sierra Vista	100	3	0.0	0	91.5	43	8.5	4
Team 13 - Tuba City	90.9	10	9.1	1	95.2	40	4.8	2
Team 15 - Yuma	90.9	10	9.1	1	94.3	66	5.7	4
Team 17 - Lake Havasu	100	16	0.0	0	93.0	66	7.0	5
Team 18 - Flagstaff	86.2	25	13.8	4	74.3	26	25.7	9
Team 19 - Sunnyslope	100	17	0.0	0	78.6	55	21.4	15
Team 21 - Prescott	75.0	3	25.0	1	88.8	71	11.3	9
Team 23 - Mesa	86.7	13	13.3	2	77.8	77	22.2	22
Team 27 - Pima	66.7	4	33.3	2	86.5	45	13.5	7
Team 28 - Safford	96.2	25	3.8	1	93.8	61	6.2	4
Team 32 - Winslow	90.9	10	9.1	1	90.9	40	9.1	4
Team 33 - Kingman	84.4	27	15.6	5	96.9	31	3.1	1
Team 43 - Bullhead City	90.0	18	10.0	2	95.0	38	5.0	2
Team 48 - West Phoenix	100	14	0.0	0	76.9	50	23.1	15
Team 61 - Central Phoenix #1	100	22	0.0	0	89.3	50	10.7	6
Team 62 - Central Phoenix #2	92.9	13	7.1	1	92.4	73	7.6	6
Team 64 - SE/NE Maricopa	96.2	25	3.8	1	75.3	64	24.7	21
Team 65 - Combo Phoenix	92.9	13	7.1	1	89.0	73	11.0	9
Team 68 - Queen Creek	90.0	18	1.0	2	86.3	44	13.7	7
Team 70 - Yuma	100	3	0.0	0	93.8	60	6.3	4
Team 71 - South Scottsdale	100	1	0.0	0	80.0	4	20.0	1
Team 80 - CHAA Phoenix	100	16	0.0	0	88.1	59	11.9	8
Team 81 - CHAA Tucson	75.0	6	25.0	2	92.9	52	7.1	4
Team 82 - CHAA Casa Grande	80.0	4	20.0	1	90.0	63	10.0	7
Team 83 - CHAA Maryvale	60.0	3	40.0	2	83.8	62	16.2	12
Team 84 - CHAA N. Mountain	87.5	14	12.5	2	80.8	59	19.2	14
Team 85 - San Tan/Florence	100	6	0.0	0	80.5	33	19.5	8
Team 86 - CHAA Apache Junction	80.0	4	20.0	1	90.7	39	9.3	4
Team 87 - CHAA Verde Valley	100	5	0.0	0	94.4	17	5.6	1
Team 88 - CHAA South Mountain	100	2	0.0	0	90.5	57	9.5	6
Team 89 - CHAA Mesa	100	5	0.0	0	91.2	52	8.8	5
Total	91.8	448	8.2	40	86.8	2,033	13.2	308



Yearly Income by Team - 2014

Team	PRENATAL		POSTNATAL	
	Median Yearly Income	Number	Median Yearly Income	Number
Team 2 - Central Phoenix	8,880	18	14,400	78
Team 3 - Maryvale	12,000	13	12,000	89
Team 5 - East Valley	456	27	10,000	55
Team 6 - Nogales	8,970	30	10,000	83
Team 8 - Pima	3,600	15	10,600	68
Team 9 - Pima	14,400	17	10,500	82
Team 10 - Pima	8,520	16	11,280	50
Team 11 - Pima	4,800	10	12,360	48
Team 12 - Douglas / Sierra Vista	11,250	10	12,000	49
Team 13 - Tuba City	10,800	19	6,000	45
Team 15 - Yuma	2,600	14	8,340	77
Team 17 - Lake Havasu	5,760	21	17,040	76
Team 18 - Flagstaff	12,500	44	12,000	35
Team 19 - Sunnyslope	9,660	22	10,308	70
Team 21 - Prescott	0	8	0	81
Team 23 - Mesa	16,640	23	12,000	99
Team 27 - Pima	6,800	16	9,600	53
Team 28 - Safford	18,000	35	12,000	69
Team 32 - Winslow	4,356	20	6,768	45
Team 33 - Kingman	13,800	54	12,000	32
Team 43 - Bullhead City	13,200	25	12,000	40
Team 48 - West Phoenix	19,200	17	13,100	68
Team 61 - Central Phoenix #1	12,000	29	12,000	65
Team 62 - Central Phoenix #2	7,920	25	10,020	82
Team 64 - SE/NE Maricopa	7,800	33	10,620	86
Team 65 - Combo Phoenix	6,840	22	11,112	83
Team 68 - Queen Creek	8,400	27	10,600	56
Team 70 - Yuma	1,200	4	11,880	70
Team 71 - South Scottsdale	30,960	1	12,540	4
Team 80 - CHAA Phoenix	12,000	21	10,764	70
Team 81 - CHAA Tucson	7,836	16	8,388	62
Team 82 - CHAA Casa Grande	10,800	9	9,100	73
Team 83 - CHAA Maryvale	13,620	23	12,000	82
Team 84 - CHAA N. Mountain	14,400	33	14,400	77
Team 85 - San Tan/Florence	8,520	9	3,420	41
Team 86 - CHAA Apache Junction	10,920	8	20,280	46
Team 87 - CHAA Verde Valley	15,000	15	14,400	18
Team 88 - CHAA South Mountain	9,156	5	13,200	66
Team 89 - CHAA Mesa	8,460	10	14,400	59
Total	10,000	764	11,640	2,432



Mother's Parent Survey Score by Team - 2014

Team	PRENATAL				POSTNATAL			
	0 - 20	25 - 40	45 - 65	70+	0 - 20	25 - 40	45 - 65	70+
Team 2 - Central Phoenix	5.6%	11.1%	72.2%	11.1%	0.0%	30.8%	61.5%	7.7%
Team 3 - Maryvale	0.0%	23.1%	61.5%	15.4%	1.1%	29.2%	61.8%	7.9%
Team 5 - East Valley	0.0%	26.9%	63.0%	7.4%	0.0%	16.4%	69.1%	14.5%
Team 6 - Nogales	10.0%	73.3%	16.7%	0.0%	10.8%	83.1%	6.0%	0.0%
Team 8 - Pima	0.0%	46.7%	53.3%	0.0%	5.9%	64.7%	27.9%	1.5%
Team 9 - Pima	0.0%	64.7%	35.3%	0.0%	7.2%	47.0%	43.4%	2.4%
Team 10 - Pima	12.5%	43.8%	25.0%	18.8%	4.0%	68.0%	28.0%	0.0%
Team 11 - Pima	0.0%	30.0%	70.0%	0.0%	4.2%	68.8%	27.1%	0.0%
Team 12 - Douglas/ Sierra Vista	0.0%	0.0%	100%	0.0%	0.0%	61.2%	34.7%	4.1%
Team 13 - Tuba City	5.3%	47.4%	47.4%	0.0%	2.2%	55.6%	42.2%	0.0%
Team 15 - Yuma	14.3%	35.7%	42.9%	7.1%	13.0%	63.6%	22.1%	1.3%
Team 17 - Lake Havasu	4.8%	66.7%	23.8%	4.8%	0.0%	71.1%	27.6%	1.3%
Team 18 - Flagstaff	2.3%	40.9%	54.5%	2.3%	0.0%	57.1%	37.1%	5.7%
Team 19 - Sunnyslope	0.0%	31.8%	59.1%	9.1%	0.0%	14.3%	68.6%	17.1%
Team 21 - Prescott	0.0%	37.5%	62.5%	0.0%	2.5%	59.3%	35.8%	2.5%
Team 23 - Mesa	8.7%	34.8%	47.8%	8.7%	1.0%	21.2%	65.7%	12.1%
Team 27 - Pima	0.0%	37.5%	56.3%	6.3%	1.9%	54.7%	41.5%	1.9%
Team 28 - Safford	2.9%	62.9%	34.3%	0.0%	7.2%	65.2%	24.6%	2.9%
Team 32 - Winslow	0.0%	30.0%	55.0%	15.0%	4.4%	37.8%	51.1%	6.7%
Team 33 - Kingman	1.9%	22.2%	61.1%	14.8%	3.1%	34.4%	43.8%	18.8%
Team 43 - Bullhead City	8.0%	40.0%	48.0%	4.0%	0.0%	37.5%	60.0%	2.5%
Team 48 - West Phoenix	0.0%	47.1%	41.2%	11.8%	0.0%	33.8%	54.4%	11.8%
Team 61 - Central Phoenix #1	3.4%	27.6%	55.2%	13.8%	1.5%	32.3%	56.9%	9.2%
Team 62 - Central Phoenix #2	4.0%	28.0%	60.0%	8.0%	1.2%	25.6%	68.3%	4.9%
Team 64 - SE/NE Maricopa	0.0%	21.2%	72.7%	6.1%	2.3%	26.7%	52.3%	18.6%
Team 65 - Combo Phoenix	0.0%	36.4%	54.5%	9.1%	1.2%	32.5%	53.0%	13.3%
Team 68 - Queen Creek	0.0%	11.1%	81.5%	7.4%	0.0%	33.9%	60.7%	5.4%
Team 70 - Yuma	25.0%	50.0%	25.0%	0.0%	14.3%	58.6%	27.1%	0.0%
Team 71 - South Scottsdale	0.0%	0.0%	100%	0.0%	0.0%	25.0%	75.0%	0.0%
Team 80 - CHAA Phoenix	0.0%	14.3%	61.9%	23.8%	0.0%	27.1%	60.0%	12.9%
Team 81 - CHAA Tucson	0.0%	25.0%	75.0%	0.0%	9.7%	54.8%	35.5%	0.0%
Team 82 - CHAA Casa Grande	0.0%	33.3%	55.6%	11.1%	2.7%	52.1%	45.2%	0.0%
Team 83 - CHAA Maryvale	0.0%	39.1%	52.2%	8.7%	2.4%	31.7%	57.3%	8.5%
Team 84 - CHAA N. Mountain	0.0%	36.4%	54.5%	9.1%	5.2%	18.2%	61.0%	15.6%
Team 85 - San Tan/Florence	11.1%	66.7%	22.2%	0.0%	9.8%	46.3%	43.9%	0.0%
Team 86 - CHAA Apache Junction	0.0%	50.0%	50.0%	0.0%	0.0%	76.1%	23.9%	0.0%
Team 87 - CHAA Verde Valley	0.0%	73.3%	26.7%	0.0%	11.1%	66.7%	22.2%	0.0%
Team 88 - CHAA South Mountain	0.0%	0.0%	80.0%	20.0%	1.5%	28.8%	57.6%	12.1%
Team 89 - CHAA Mesa	0.0%	10%	90%	0.0%	0.0%	20.3%	72.9%	6.8%
Total	2.7%	36.5%	53.5%	7.2%	3.4%	43.4%	46.7%	6.5%



Trimester of Enrollment into Prenatal Program by Team - 2014

Team	1 st Trimester		2 nd Trimester		3 rd Trimester		Other / Unknown		Total #
	#	%	#	%	#	%	#	%	
Team 2 - Central Phoenix	2	11.1	6	33.3	10	55.6	0	0.0	18
Team 3 - Maryvale	1	7.7	8	61.5	4	30.8	0	0.0	13
Team 5 - East Valley	1	3.7	7	25.9	18	66.7	1	3.7	27
Team 6 - Nogales	6	20.0	9	30.0	14	46.7	1	3.3	30
Team 8 - Pima	5	33.3	2	13.2	8	53.3	0	0.0	15
Team 9 - Pima	1	5.9	7	41.2	9	52.9	0	0.0	17
Team 10 - Pima	3	18.8	3	18.8	10	62.5	0	0.0	16
Team 11 - Pima	0	0.0	6	60.0	4	40.0	0	0.0	10
Team 12 - Douglas/ Sierra Vista	1	10.0	3	30.0	6	60.0	0	0.0	10
Team 13 - Tuba City	3	15.8	10	52.6	6	31.6	0	0.0	19
Team 15 - Yuma	0	0.0	7	50.0	7	50.0	0	0.0	14
Team 17 - Lake Havasu	0	0.0	6	28.6	14	66.7	1	4.8	21
Team 18 - Flagstaff	4	9.1	16	36.4	22	50.0	2	4.5	44
Team 19 - Sunnyslope	4	18.2	8	36.4	9	40.9	1	4.5	22
Team 21 - Prescott	2	25.0	3	37.5	3	37.5	0	0.0	8
Team 23 - Mesa	1	4.3	6	26.1	15	65.2	1	4.3	23
Team 27 - Pima	3	18.8	4	25.0	8	50.0	1	6.3	16
Team 28 - Safford	8	22.9	13	37.1	14	40.0	0	0.0	35
Team 32 - Winslow	4	20.0	12	60.0	4	20.0	0	0.0	20
Team 33 - Kingman	23	42.6	20	37.0	11	20.4	0	0.0	54
Team 43 - Bullhead City	3	12.0	7	28.0	14	56.0	1	4.0	25
Team 48 - West Phoenix	2	11.8	5	29.4	10	58.8	0	0.0	17
Team 61 - Central Phoenix #1	5	17.2	9	31.0	15	51.7	0	0.0	29
Team 62 - Central Phoenix #2	3	12.0	14	56.0	8	32.0	0	0.0	25
Team 64 - SE/NE Maricopa	4	12.1	9	27.3	20	60.6	0	0.0	33
Team 65 - Combo Phoenix	1	4.5	10	45.5	11	50.0	0	0.0	22
Team 68 - Queen Creek	5	18.5	5	18.5	16	59.3	1	3.7	27
Team 70 - Yuma	1	25.0	1	25.0	2	50.0	0	0.0	4
Team 71 - South Scottsdale	0	0.0	0	0.0	1	100	0	0.0	1
Team 80 - CHAA Phoenix	0	0.0	10	47.6	11	52.4	0	0.0	21
Team 81 - CHAA Tucson	1	6.3	6	37.5	9	56.3	0	0.0	16
Team 82 - CHAA Casa Grande	3	33.3	2	22.2	4	44.4	0	0.0	9
Team 83 - CHAA Maryvale	5	21.7	9	39.1	9	39.1	0	0.0	23
Team 84 - CHAA N. Mountain	5	15.2	14	42.4	13	39.4	1	3.0	33
Team 85 - San Tan/Florence	1	11.1	1	11.1	7	77.8	0	0.0	9
Team 86 - CHAA Apache Junction	0	0.0	1	12.5	7	87.5	0	0.0	8
Team 87 - CHAA Verde Valley	1	6.7	3	20.0	11	73.3	0	0.0	15
Team 88 - CHAA South Mountain	0	0.0	2	40.0	2	40.0	1	20.0	5
Team 89 - CHAA Mesa	3	30.0	2	20.0	5	50.0	0	0.0	10
Total	115	15.1	266	34.8	371	48.6	12	1.6	764



Engaged Prenatal Families that Exited Before Baby's Birth By Team - 2014

Team	Total Families	# Closed Before birth	% Closed Before birth
Team 2 - Central Phoenix	18	1	5.6
Team 3 - Maryvale	13	3	23.1
Team 5 - East Valley	27	0	0.0
Team 6 - Nogales	30	0	0.0
Team 8 - Pima	15	0	0.0
Team 9 - Pima	17	0	0.0
Team 10 - Pima	16	0	0.0
Team 11 - Pima	10	0	0.0
Team 12 - Douglas / Sierra Vista	10	0	0.0
Team 13 - Tuba City	19	0	0.0
Team 15 - Yuma	14	0	0.0
Team 17 - Lake Havasu	21	0	0.0
Team 18 - Flagstaff	44	1	2.3
Team 19 - Sunnyslope	22	0	0.0
Team 21 - Prescott	8	1	12.5
Team 23 - Mesa	23	0	0.0
Team 27 - Pima	16	0	0.0
Team 28 - Safford	35	0	0.0
Team 32 - Winslow	20	0	0.0
Team 33 - Kingman	54	4	7.4
Team 43 - Bullhead City	25	0	0.0
Team 48 - West Phoenix	17	1	5.9
Team 61 - Central Phoenix #1	29	1	3.4
Team 62 - Central Phoenix #2	25	1	4.0
Team 64 - SE/NE Maricopa	33	2	6.1
Team 65 - Combo Phoenix	22	1	4.5
Team 68 - Queen Creek	27	0	0.0
Team 70 - Yuma	4	0	0.0
Team 71 - South Scottsdale	1	0	0.0
Team 80 - CHAA Phoenix	21	0	0.0
Team 81 - CHAA Tucson	16	0	0.0
Team 82 - CHAA Casa Grande	9	0	0.0
Team 83 - CHAA Maryvale	23	1	4.3
Team 84 - CHAA N. Mountain	33	2	6.1
Team 85 - San Tan/Florence	9	1	11.1
Team 86 - CHAA Apache Junction	8	0	0.0
Team 87 - CHAA Verde Valley	15	0	0.0
Team 88 - CHAA South Mountain	5	0	0.0
Team 89 - CHAA Mesa	10	2	20.0
Total	764	22	2.9



Appendix B. Healthy Families Arizona Steering Committee Members

Jenna Shroyer

Esthela Navarro

Department of Child Safety,
Healthy Families Arizona
Central Administration

Becky Ruffner

Prevent Child Abuse Arizona
Committee Chairperson

Kerry Milligan

Michel Lahti

Darlene Lopez

LeCroy & Milligan Associates

Ginger Ward

Suzanne Schunk

Southwest Human Development

Eric Schindler

Ellie Jimenez

Child and Family Resources

Julie Rosen

Parenting Arizona

Samantha Martin

Wellington Consulting

Mary Warren

Prevent Child Abuse Arizona

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Appendix C. Parent Survey

Parent Survey*

Problem Areas and Interpretation (Mother & Father)

Areas (Scales)	Range	Interpretation/ Administration
1. Parent Childhood Experiences (e.g., Childhood history of physical abuse and deprivation)	0, 5, or 10	<p>The <i>Parent Survey</i> comprises a 10-item rating scale. A score of 0 represents normal, 5 represents a mild degree of the problem and a 10 represents severe for both the Mother and Father Parent Survey Checklist items.</p> <p>The <i>Parent Survey</i> is an assessment tool and is administered to the mother and father prior to enrollment through an interview by a Family Assessment Worker from the Healthy Families Arizona Program. A family is considered eligible to receive the Healthy Families Arizona program if either parent scores 25 or higher.</p>
2. Lifestyle, Behaviors and Mental Health (e.g., substance abuse, mental illness, or criminal history)	0, 5, or 10	
3. Parenting Experiences (e.g., Previous or current CPS involvement)	0, 5, or 10	
4. Coping Skills and Support Systems (e.g., Self-esteem, available lifelines, possible depression)	0, 5, or 10	
5. Stresses (e.g., Stresses, concerns, domestic violence)	0, 5, or 10	
6. Anger Management Skills (e.g., Potential for violence)	0, 5, or 10	
7. Expectations of Infant's Developmental Milestones and Behaviors	0, 5, or 10	
8. Plans for Discipline (e.g., infant, toddler, and child)	0, 5, or 10	
9. Perception of New Infant	0, 5, or 10	
10. Bonding/Attachment Issues	0, 5, or 10	
Total Score	0 - 100	<p>A score over 25 is considered medium risk for child abuse and neglect, and a score over 40 is considered high-risk for child abuse.</p>

* Modified from the Family Stress Checklist



Appendix D. Healthy Families Arizona Prenatal Logic Model

Long Term Outcomes				Program Resources				
€ <i>Reduced child abuse and neglect</i> ⚡ <i>Increased child wellness and development</i> ∠ Strengthened family relations ▽ <i>Enhanced family unity</i> ® Reduced abuse of drugs and alcohol				Family Support Specialists; Family Assessment Workers; Clinical consultants; Quality Assurance/Training/Evaluation; Funding; Community based services, e.g., prenatal support & education programs, hospital programs, nutrition services, translation & transportation services, mental health, domestic violence, substance abuse services				
Prenatal Program Objectives								
Increase the family's support network	Improve mother's mental health	Increase parents' health behaviors	Increase the family members' problem solving skills	Improve nutrition	Increase empathy for the unborn baby	Increase father involvement	Increase safety in the home environment	Increase the delivery of healthy babies, free from birth complications
Program Activities and Strategies								
Assess family's support systems Model relationship skills Foster connections to positive support sources	Identify signs and history of depression, abuse, mental illness, substance abuse Review history of birthing Encourage medical assessment, referral and treatment if needed Encourage exercise, personal care, rest Educate on post partum depression	Assess personal risk behaviors Educate on risk behaviors, lifestyle choices, community resources, affect of drugs, medicines on fetus Explore domestic violence, form safety plan Encourage help seeking and adoption of healthy behaviors	Identify major life stressors Educate on problem-solving, goal setting. Use IFSP to review progress Educate on access to community resources, how to reach out Make referrals as needed for anger and stress management Teach stress reduction	Educate and provide materials on nutrition during pregnancy, buying and choosing healthy foods, and requirements for healthy fetal development Provide referrals to WIC, other resources Encourage healthy celebrations	Explore and assess issues around pregnancy, relationships, hopes, fears Discuss and educate about changes in body, sexuality during pregnancy Share developmental information about stages of development of fetus Encourage pre-birth bonding and stimulation exercises (reading, touch, etc)	Explore father's feelings, childhood experiences, expectations, hopes and fears about baby and goals for fatherhood Educate about changes in intimacy, ways father can support mother Encourage supportive relationships for father Educate on father's legal rights and responsibilities	Assess, encourage and guide family in making needed safety arrangements, e.g. crib safety, car seat, pets, SIDS, child care, feeding Educate on baby temperaments, how to calm baby, Shaken Baby Syndrome, medical concerns Refer to parenting workshops Explore cultural beliefs about discipline	Connect mother to prenatal care and encourage compliance with visits Encourage STD testing Educate on symptoms requiring medical attention Promote breastfeeding and refer to resources
Outcome Evaluation Measures								
H.F. Parenting Inventory-Prenatal (HFPIP); FSS-23	HFPIP; FSS-23	HFPIP; FSS-23; CRAFFT	HFPIP; FSS-23	HFPIP; FSS-23	HFPIP; FSS-23	HFPIP; FSS-23; father involvement scale	HFPIP; FSS-23; Safety checklist	HFPIP; FSS-23; FSS20P



Appendix E. Healthy Families Arizona Postnatal Logic Model

Long Term Outcomes					Program Resources			
<p>⊆ Reduced child abuse and neglect ⊈ Increased child wellness and development ∠ Strengthened family relations ∇ Enhanced family unity ® Reduced abuse of drugs and alcohol</p>					<p>Family Support Specialists; Family Assessment Workers; Clinical consultants; Quality Assurance/Training/Evaluation; Funding; Community based services, e.g., parenting support & education programs, nutrition services, translation & transportation services, mental health, domestic violence, substance abuse services</p>			
Postnatal Program Objectives								
Increase the family's support network	Improve mother's mental health	Increase parents' health behaviors	Increase the family members' problem solving skills	Improve family stability	Increase parental competence	Increase positive parent-child interaction	Improve child health and Optimize child development	Prevent child abuse and neglect
Program Activities and Strategies								
<p>Assess family's support systems</p> <p>Model relationship skills</p> <p>Foster connections to positive support sources</p> <p>Educate on communication skills</p>	<p>Identify signs and history of depression, abuse, mental illness, substance abuse</p> <p>Address issues of grief and loss</p> <p>Encourage medical assessment, referral and treatment if needed</p> <p>Encourage/coach on exercise, personal care, rest</p> <p>Educate on post-partum depression</p>	<p>Assess personal risk behaviors; Educate on dangers of specific risk behaviors</p> <p>Support family in making lifestyle changes and adopting healthy behaviors</p> <p>Educate on community resources</p> <p>Explore domestic violence, create safety plan</p>	<p>Identify major life stressors</p> <p>Educate on problem-solving, goal setting. Use IFSP to review progress</p> <p>Educate on access to community resources, how to reach out</p> <p>Make referrals as needed for anger and stress management</p> <p>Educate about effect of stress on child</p>	<p>Assess basic living skills and needs; help family access housing, education, job, and budget management services.</p> <p>Coach parent to set and evaluate goals; teach basic living skills</p> <p>Promote use of community resources for self sufficiency</p> <p>Explore family planning decisions</p>	<p>Provide empathy and support to parent in parenting role</p> <p>Teach child development, early brain development, temperament</p> <p>Address parental expectations of child</p> <p>Educate about importance of routines and rules</p> <p>Refer to parenting groups and classes</p>	<p>Promote and teach developmentally appropriate stimulation activities</p> <p>Educate about rhythm and reciprocity, reading baby's cues</p> <p>Promote reading, bonding during feeding</p> <p>Encourage family activities, celebrations</p> <p>Coach on father involvement</p>	<p>Complete developmental assessments and make referrals</p> <p>Address medical screenings, support well child checks, immunizations, and good nutrition habits</p> <p>Promote play, reading; provide links to early childhood programs</p> <p>Assess and Guide family in making safety arrangements, e.g., home and car safety</p>	<p>Assess risk of child abuse and neglect</p> <p>Coach and guide in choices for child care</p> <p>Educate about consequences of child abuse and neglect</p>
Outcome Evaluation Measures								
Healthy Families Parenting Inventory (HFPI); FSS-23	HFPI; FSS-23	HFPI; FSS-23; CRAFFT	HFPI; FSS-23	HFPI; FSS-23	HFPI; FSS-23	HFPI; FSS-23; father involvement scale	HFPI; FSS-23; Safety checklist; ASQ	HFPI; FSS-23; FSS20

