PROJECT BACKGROUND
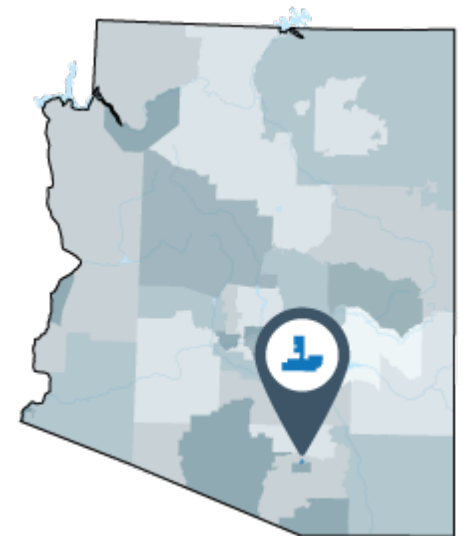
Research has shown that the community a child lives in can have a critical impact on that child's development and long-term outcomes.[1] Research also tells us that having services and supports in place can help to reduce the risk for adverse childhood experiences (ACEs) such as abuse, neglect, or mental illness. Family support programs, like evidence-based home visiting, are proven ways to support a child's positive trajectory and help prevent or mitigate ACEs.[2]

Under the direction of First Things First, the Arizona State University Morrison Institute conducted a regional analysis of key indicators in four domains that contribute to a greater overall risk for poor child outcomes: low socio-economic status, adverse perinatal outcomes, substance use, and other community stressors (e.g., crime and mental health disorders). Home visitation programs have been shown to positively impact these same domains.[3] Children and families in the Pascua Yaqui Tribe Region may receive health services through other health insurance providers, but those numbers are not included on this report. Only AHCCCS data is included on this report.

The information gleaned from the analysis supports strategic planning efforts to identify and prioritize communities that would benefit most from family support services like home visiting. The analysis also provides insights into whether or not services could be increased or maintained based on current service levels relative to the potential beneficiaries living in the community.

PROJECT APPROACH

To assist in prioritizing where continued or increased services may be needed, a three-tiered system — high, medium, and low priority — is used in this assessment to inform community need based on scoring of key indicators in the four domains.

The domain priority levels were obtained by averaging the data across all indicators in the specific domain for the FTF tribal region. Then to obtain the overall composite priority level, the domains were averaged for the tribal region and compared to the distribution of scores for all FTF tribal regions participating in the assessment. The high, medium, and low priority level is determined based on data for the FTF tribal region as compared to the distribution of scores for all tribes that participated in this process. The top third of tribal regions with the highest composite index scores were assigned a high priority level, the middle third assigned a medium priority level, and the bottom third assigned a low priority level.

PRIORITY LEVEL BY DOMAIN

Domain	Priority Level
Socio-Economic Status	High
Adverse Perinatal Outcomes	Medium
Substance Use	High
Other Community Stressors	High
Overall Composite Priority Level	**High**

Based on the observed level of need in this assessment, the FTF Pascua Yaqui Tribe Region is at a high priority level for home visiting support.

PRIORITY FAMILIES AND SATURATION TABLE EXPLAINED

"Potential beneficiaries" are shown in the table below using vital statistics data maintained by the Arizona Department of Health Services. The potential beneficiary count represents all mothers in an area who have a child under 6.[4]

Although many families could benefit from home visiting, limited resources often restrict the number of families that can be served. The following five criteria, informed by the National Home Visiting Resource Center, were used to prioritize families that could benefit the most from receiving home visiting services:

- Presence of an infant less than 12 months old
- Low income, defined as qualifying to receive Medicaid/Arizona Health Care Cost Containment System (AHCCCS)
- Young mothers who are 21 years old or younger
- Single mothers
- Mothers with less than a high school diploma

The Priority Families section of the table shows the number and percent of the potential beneficiaries who meet the specific priority criteria. The High Priority Families section of the table shows the number and percent of the potential beneficiaries who meet one or more, or two or more of the five priority criteria listed above.

PRIORITY FAMILIES AND SATURATION

Area	Composite Priority Level	Potential Beneficiaries (Mothers with children under 6)	PRIORITY FAMILIES										HIGH PRIORITY FAMILIES					
			Mothers with infants under 12 months		Mothers on AHCCCS		Mothers 21 and younger		Single mothers		Mothers with less than high school education		1 or more of the 5 priority criteria		2 or more of the 5 priority criteria		Families served by home visiting and saturation[+]	
			#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%
Pascua Yaqui Tribe Region[++]	High	256	24	9%	144	56%	68	27%	223	87%	83	32%	248	97%	182	71%	14	5%

[+] Saturation percent is calculated as the number of families served by home visiting programs divided by the number of potential beneficiaries in the region.

[++] The priority families and "1 or more criteria" and "2 or more criteria" columns do not add up to the regional total because mothers could be counted multiple times across the priority groups depending on if the mother was experiencing multiple stressors.

Number and percent are suppressed in the table when count is fewer than six, excluding counts of zero. Suppressed data are represented by an asterisk (*).

The focus of this report is on evidence-based home visitation program models; see https://homvee.acf.hhs.gov/ for more information on the criteria used to make this determination. It does not include home visits conducted as part of other programs in the Pascua Yaqui Tribe Region. Please refer to the table on page 5 of this report, Home Visitation Service Data 2020, for the list of home visitation program models included.

USING THE DATA

The **Priority Families and Saturation** table above provides insight as to the number and percentage of families with characteristics that can place them at a higher risk for adverse outcomes, and the estimated number and percentage of families who are currently receiving home visiting services. When using the information on priority families in combination with the information obtained from the **Priority Level by Domain** table, the families who may benefit most from home visiting are more readily identifiable.

The information from the two tables can also provide potential insights for targeting limited resources and services. For example, a community that is assigned a high priority level, has many high priority families, but also has a low percentage of families receiving home visiting services, may be identified as a community that would benefit from additional home visiting resources to meet the need.

Alternatively, a community may be considered high priority, but already has a high rate of saturation of home visiting services, or fewer potential beneficiaries. In these cases, a decision to not further invest in home visiting services, or to decrease home visiting services in the community may be deemed appropriate.

Lastly, with a focus on the four domains within the **Priority Level by Domain** table, domains observed as high priority may inform additional services or resources that would benefit the community, or specific program models within home visitation that have a focus on improving outcomes within the domain. For example, communities with a high priority score in the domain of adverse perinatal outcomes may benefit from more health-focused home visiting program models or services to meet the community's needs.

ENDNOTES

[1] Chetty, R., University, S., Nber, N., Hendren, H., University, N., Abraham, S., Bell, A., Bergeron, A., Droste, M., Flamang, N., Fogel, J., Fluegge, R., Hildebrand, N., Olssen, A., Richmond, J., & Scuderi, B. (2017). *The Impacts of Neighborhoods on Intergenerational Mobility I: Childhood Exposure Effects *.* https://opportunityinsights.org/wp-content/uploads/2018/03/movers_paper1.pdf

[2] Centers for Disease Control and Prevention. *Prevention Strategies*. (n.d.). https://www.cdc.gov/violenceprevention/aces/prevention.html

[3] Administration for Children & Families. *Home Visiting Evidence of Effectiveness: Outcomes*. (n.d.). https://homvee.acf.hhs.gov/outcomes

[4] Data for 2015-2020 were obtained from Arizona Department of Health Services Vital Statistics. This data source only captures births within Arizona that are reported to the Arizona Department of Health Services and does not reflect families that may have moved to Arizona from different states during this time period.

PROJECT INDICATORS AND SOURCES

Community Risk/Needs Index		
Domain	Indicator	Source
Socio-Economic Status	Poverty: Children 5 and under living below the federal poverty level	2015-2019 American Community Survey: Table B17001
	Unemployment: Families with unemployed parent and children under 18	2015-2019 American Community Survey: Table B23007
	Educational attainment of adult population	2015-2019 American Community Survey: Table S1501
	Single-parent households with children under 6	2015-2019 American Community Survey: Table B09002
Adverse Perinatal Outcomes	Preterm Birth: Percent live births before 37 weeks gestation	2015-2020 AZ Department of Health Services, Vital Statistics
	Low Birthweight: Percent live births with baby weight less than 2,500 grams	2015-2020 AZ Department of Health Services, Vital Statistics
	Infant Mortality: Infant death rate per 100 live births	2015-2020 AZ Department of Health Services, Vital Statistics
	No Prenatal Care: Percent of AHCCCS live births with no prenatal care	2015-2020 AZ Department of Health Services, Vital Statistics
Substance Use	Alcohol: Number of alcohol-related treatment encounters AHCCCS	2016-2019 AZ Health Care Cost Containment System
	Marijuana: Number of marijuana-related treatment encounters AHCCCS	2016-2019 AZ Health Care Cost Containment System
	Other drugs: Number of other drug-related treatment encounters for mothers that gave birth on AHCCCS	2016-2019 AZ Health Care Cost Containment System
	Number of opioid-related treatment encounters for mothers that gave birth on AHCCCS	2016-2019 AZ Health Care Cost Containment System
Additional Community Stressors	Crime: Crime index (ESRI)	2019 Applied Geographic Solutions Crime Risk Data from ESRI
	Mental Health: Treatment encounters for all caregivers of children receiving AHCCCS coverage	2016-2019 AZ Health Care Cost Containment System

Potential Beneficiaries and Target Population		Home Visitation Service Data 2020	
Mothers with children under 6	2015-2020 AZ Department of Health Services, Vital Statistics	Healthy Families	AZ ETO
Mothers with infants under 12 months		Nurse-Family Partnership	AZ ETO
Mothers meeting qualifications to receive Medicaid		Parents as Teachers	PATNC, Penelope, Tribal Departments
Mothers 21 and younger		Family Spirit	AZ ETO
Single mothers		Family Check-up	ASU
Mothers with less than high school education		Health Start	AZ ETO
		Early Head Start	HSES