

## Arizona Celebrates 20 Years of Cultural Competency in Home Visiting Programs

*Arizona's Health Start Program began in 1994 as a way to prevent premature birth and improve birth outcomes. Over the past 20 years, the program has grown to include 43 culturally competent community health workers who educate mothers-to-be from enrollment through the child's second birthday.*

Arizona's [Health Start](#) program provides education, support, and advocacy services to pregnant women and new mothers and their families. It was modeled after established programs like Nurse-Family Partnership and a 1988 Yuma County outreach program that used *promotoras* to reach low-income neighborhoods. Health Start is entirely state funded and relies on community health workers (CHWs) to provide services, with oversight from nurses and social workers. The program aims to:

- Prevent low birth weight in infants.
- Increase care for high-risk pregnant women.
- Ensure that every child in the program is appropriately immunized and has a medical home.
- Provide health education to families on topics such as prenatal care, parenting, preconception and interconception health, breastfeeding, well child care, home and vehicle safety, and child development;
- To screen for developmental delays and make appropriate referrals for treatment.

### Steps Taken

- Rural health offices in border communities (operated under University of Arizona grants) first identified the need for Health Start in the early 1990s. The border clinics saw poor health outcomes among mothers and infants, including a very high infant mortality rate, and determined that women needed better access to prenatal care.
- At the time that Health Start was created, Arizona ranked No. 42 in the nation for the number of women receiving adequate prenatal care.
- Grassroots advocacy efforts led the state legislature to establish the Health Start program in 1994. The annual appropriation—more than \$2 million—comes out of the state lottery fund and the state general fund.
- [Arizona Revised Statute 36-697](#) sets the administrative requirements of the program, including Arizona Department of Health Services' (ADHS) responsibility to administer it. Criteria for participation in Health Start is fairly open and flexible, as the law states that it shall serve pregnant women, children up to age two, and their families residing in the service area.
- CHWs deliver services, with oversight from healthcare professionals, targeted at neighborhoods with inadequate prenatal and infant health care, high rates of low birth weight births, poor birth outcomes, and low childhood immunization rates.

- Health Start is one of Arizona's largest and oldest state-funded home visiting programs.
- In FY2013, community health workers provided classes and home visits to 3,058 mothers.
- Ten of the state's 15 counties have Health Start programs.
- Hispanic mothers make up 57 percent of Health Start's clients, and a study showed that Hispanic women in the program were three times more likely to have a healthy birth weight baby than Hispanics not in the program.

- Health Start has one of the highest client enrollments of the state-funded programs. Other federally- and state-funded home visiting programs are much larger, but may not operate with the same autonomy and flexibility.
- ADHS grants \$2.7 million per year to local agencies, which apply for funding to run the Health Start programs. Funding targets the highest-risk counties, which has led 10 of Arizona's 15 counties to create Health Start programs. In total, these programs employ 43 community health workers.
- One of the program's key tenets is that the CHWs are representative of the communities they serve. For example, providers are able to develop a rapport with clients and build a relationship more quickly when they speak the same language as the clients. CHWs who live in the communities they serve also have a better understanding of the history and culture of their clients, which helps build trust.
- Fifty-seven percent of Health Start participants are Hispanic. Participants are only required to be residents of Arizona—they do not have to be U.S. citizens.
- To qualify for services, women must have one or more medical or social risk factors.
- The average client is 25 years old, but nearly one-quarter—23 percent—are under age 19. The program hopes to prevent second births to teens, so CHWs go through reproductive life planning with young moms. They discuss each woman's plans for school and goals for work, among other topics. CHWs say that the conversations help clients realize that they can still achieve life goals even though they now have a baby or are pregnant.
- ADHS has been integrating preconception and interconception health into all funded programs since 2010. At Health Start, this includes having CHWs walk women through the Every Woman Arizona [Are You Ready?](#) booklet, which helps users develop a life course plan.

## Results

- Between 2008 and 2012, CHWs screened 2,600 pregnant clients for substance use with evidence-based screening tools from the Substance Abuse and Mental Services Administration. Initial screening results showed that 23 percent of clients were "at risk," having had one drink or more in the last 30 days. CHWs take at-risk clients through a brief education intervention that educates them on the effect of alcohol on a developing fetus. Results show that 90 percent of mothers who receive this educational intervention do not drink again during their pregnancies. CHWs find that women are either not knowledgeable about the effects of alcohol during pregnancy or they are confused by what they perceive to be mixed messages.
- In Fiscal Year 2013, Health Start reached 3,058 pre- and postpartum women. The majority (41%) of the 1,297 mothers who enrolled while pregnant did so during the first trimester. In the same year, Health Start provided clients with an average of 5.7 encounters and 12,865 total visits and classes.
- A 2010 ADHS [study](#) published in the *Maternal and Child Health Journal* showed that participation in Health Start doubled the likelihood that mothers would deliver healthy birth weight babies. Hispanic participants were three times as likely to do this compared to Hispanic mothers with similar risk factors who were not Health Start participants. Study authors believe that this may be due to the fact that Health Start counsels and helps women quit smoking, as prenatal smoking rates are significantly lower in Health Start participants, especially Hispanic women, than in the control group.
- According to the study, the Health Start program is most effective for Hispanics of Mexican origin, especially individuals in urban environments, which is the majority of the program participants.

## Lessons Learned

- Health Start coordinates professional development trainings, conferences, and appropriate program referrals with the federally-funded Maternal Infant Early Childhood Home Visiting Programs, although it is not considered an evidenced-based home visiting program under the programs' guidelines. Health Start provides annual reports on its progress toward the Title V Maternal and Child Health Block Grant performance measures.
- Three Health Start programs are co-located in community health centers, and therefore most of their referrals come from the prenatal clinic in the building. In other counties, referrals are received by word of mouth or from local health departments, the Special Supplemental Nutrition Program for Women, Infants and Children, or community-based physicians. In addition, all babies discharged from neonatal intensive care units receive referrals to Health Start.
- CHWs and other professionals within ADHS cross-refer women and families to the programs that best fit their needs. Typically, if women do not qualify for the Nurse-Family Partnership program, they are referred to Health Start.
- A key to Health Start's success is how well the CHWs know their communities and clients. Program leaders say that this intimate knowledge helped the program grow quickly and adapt, as necessary, to individual community needs.
- Health Start periodically holds focus groups with pregnant women and mothers to make sure that its programs provide the information that mothers need.
- Health Start has had to adapt to changing community needs. In Tucson, partnering social service and religious organizations started referring refugees from Somalia and Bangladesh to the program. Health Start is serving these individuals, but not without challenges, as CHWs did not have experience working with women from these areas. Health Start is currently building a trained and culturally competent workforce to handle these clients. For example, a public health nurse supervisor and a CHW were recently able to build a trusting, caring relationship with a Bhutanese client whose baby was born with Down syndrome. This relationship-building took multiple visits and coordination with other medical providers, but eventually the CHW was able to coordinate and initiate services for the family.
- Health Start evolved as data identified emerging needs. Because of new information showing that environmental stressors such as domestic violence, depression, and lack of family support can cause poor birth outcomes, the program now trains CHWs on a block of social risk factors. CHWs also screen all clients for substance use and maternal depression, and since data suggest that at least seven percent of Health Start mothers are at risk for domestic violence, CHWs do a relationship screening with clients and provide them with information about warning signs, phone numbers to call for help, and materials from [Futures Without Violence](#).
- Above all, Health Start programs remain flexible. It helps that they do not have to meet the strict criteria that often accompanies federal funding. CHWs are constantly adapting their programs: for instance, one agency brought its clients together for educational classes rather than teaching each woman in her own home. CHWs also became certified seat belt/car seat instructors and certified lactation specialists. These additional certifications and trainings improved CHWs' capacity to respond to client needs in rural areas where there are fewer resources and trained support staff.
- Health Start leaders see the program as a way to improve the health of the entire community, not just a service that comes in, fixes something, and leaves. Once Health Start and its CHWs are part of the fabric of a community, the messages they carry take hold permanently.

# State Story



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