Arizona Needs Assessment

2020

Maternal, Infant and Early Childhood Home Visiting Program

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April 2020

Morrison Institute for Public Policy
Arizona State University

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Introduction

The Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program is authorized by Social Security Act, Title V, § 511(c) (42 U.S.C. § 711(c)) to support voluntary, evidence-based home visiting services for at-risk pregnant women and parents with young children up to kindergarten entry. Decades of scientific research shows that home visits by a nurse, social worker, early childhood educator, or other trained professional during pregnancy and in the first years of a child's life improves the lives of children and families. Home visiting helps prevent child abuse and neglect, supports positive parenting, improves maternal and child health, and promotes child development and school readiness.[1]

The MIECHV Program is administered by the Health Resources and Services Administration (HRSA) in partnership with the Administration for Children and Families (ACF). Program awardees receive funding through the MIECHV Program to implement evidence-based home visiting. In Arizona, the MIECHV Program is administered by the Arizona Department of Health Services' (ADHS) Bureau of Women's and Children's Health (BWCH) Office of Children's Health (OCH).

Arizona conducted a Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Needs Assessment to satisfy the requirements of Section 50601 of the Bipartisan Budget Act of 2018 (Pub. L. 115-123), which requires each state to conduct a statewide Maternal, Infant, and Early Childhood Home Visiting Needs Assessment as a condition of receiving payments from an allotment for the state authorized under 42 U.S.C. § 702.

In addition to the federal requirement to conduct a needs assessment, the Arizona Department of Health Services (ADHS) is pleased to conduct a needs assessment to update knowledge of community risk for child abuse and neglect and need for home visiting services across Arizona. The previous statewide needs assessment for MIECHV was conducted per the federal requirement put forth in Section 2951 of the Patient Protection and Affordable Care Act of 2010. This original MIECHV Needs Assessment in 2010 provided ADHS with important information about which communities to target for MIECHV programs.

Since 2010, ADHS has continued to implement, monitor, and adjust services to communities in Arizona based on information gathered through client satisfaction surveys, service uptake, and programmatic outcomes. However, an assessment of community risk has not been completed since 2010. By combining the current community risk with the data that is collected by ADHS regarding quality and capacity of programs, this updated needs assessment has provided the opportunity to reflect on distribution of MIECHV services throughout the state and determine whether changes to current practice and program offerings are needed to meet the current needs of Arizona families.

The approach for this needs assessment was very similar to the process for the 2010 needs assessment. However, the methods are slightly refined given availability of data. The major difference between the current needs assessment and the one from 2010 is the geography used for analysis. ADHS no longer uses the geography that was used in the 2010 needs assessment. That geography, called community health analysis areas (CHAAs) was

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[1] Health Resources and Services Administration. (2019). A Guide to Conducting the Maternal, Infant, and Early Childhood Home Visiting Program Statewide Needs Assessment Update. Retrieved from https://mchb.hrsa.gov/sites/default/files/mchb/MaternalChildHealthInitiatives/HomeVisiting/needs-assessment-guide.pdf.

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created based on primary care areas (PCAs). The primary care area geography was updated in 2013, making it the most updated geography reflecting current population and demographics. Because primary care areas received an update and because they are currently in use by ADHS, this needs assessment uses that geography.

Statewide Data Report

Arizona does better than the nation on a few key measures for children and families. For example, Arizona has a lower rate of preterm births and a lower rate of low birthweight births as compared to national statistics. However, Arizona performs worse than the nation on percent of children in poverty and rate of births to teenage mothers. Finally, Arizona and the nation have both seen increases in the number of cases of neonatal abstinence syndrome, which is associated with drug use during pregnancy.

Perinatal Outcomes in Arizona:

Perinatal indicators are often tracked because they are tied to long-term health outcomes for children. Infants born at a low birthweight (weighing less than 2,500 grams or 5 lbs. 8 oz.) may be at a higher risk for both short- and long-term health conditions.[2]

In Arizona, the percent of low infant birth weights is lower than the average percent in the nation. This can be seen in Figure 1.

In 2018 in Arizona, 7.6% of all births were low or

Figure 1: Percent of All Births that were Low Infant Birthweights in 2018, Arizona and United States Compared
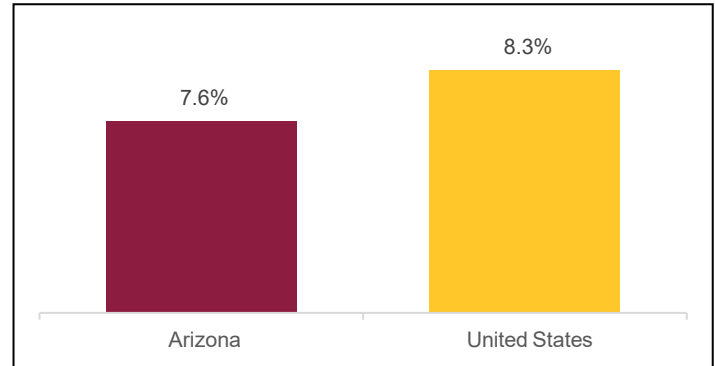
Source: Arizona Vital Records data and Centers for Disease Control and Prevention.

very low birthweight infants. This is lower than the nation; across the United States an average of 8.3% of all births are low birthweight infants.

Preterm births are also an important indicator for long-term child health outcomes. Premature birth can lead to long-term intellectual and developmental disabilities for babies. It can cause a person to have trouble or delays in physical development, learning, communicating with others, getting along with others, and taking care of self. Some long-term disabilities caused by premature birth include behavior problems and neurological disorders like cerebral palsy. Premature birth can also cause a baby to have lung and breathing problems such as asthma.[3] As illustrated in Figure 2, Arizona has fewer preterm births compared to the nation.[4]

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[2] Centers for Disease Control and Prevention. (2016). Reproductive and Birth Outcomes. Retrieved from https://ephtracking.cdc.gov/showRbLBWGrowthRetardationEnv.action.

[3] March of Dimes, (2013). Long-term Health Effects of Premature Birth. Retrieved from https://www.marchofdimes.org/complications/long-term-health-effects-of-premature-birth.aspx#.

[4] March of Dimes. (n.d.). 2019 March of Dimes Report Card. Retrieved from https://www.marchofdimes.org/mission/prematurity-reportcard-tv.aspx.
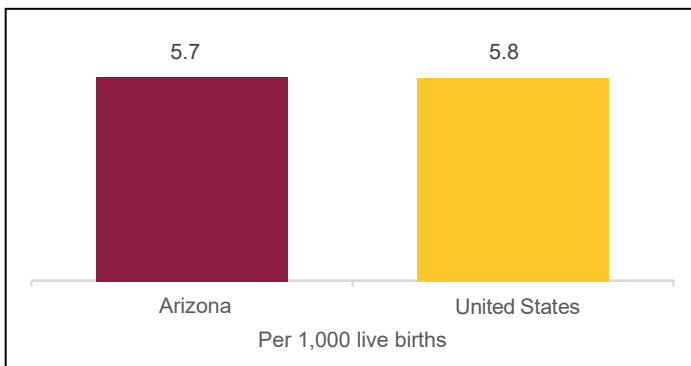
Figure 2: Percent of Preterm Births in 2018, Arizona and United States Compared
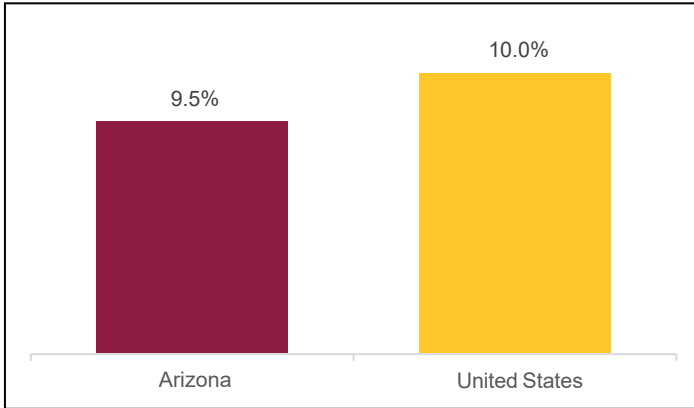
Source: Arizona Vital Records data and March of Dimes 2019 Report Card.

In Arizona, the statewide infant mortality rate is slightly below the national average. This can be seen in Figure 3.

Figure 3: Rate of Infant Mortality in 2017, Arizona and United States Compared


Source: CDC National Center for Health Statistics.

Poverty:

Often, the rate of children living in poverty is reported as an indicator of community well-being. There are a few reasons for this. According to Child Trends, a research organization focused on improving the lives of children, poverty can widen achievement gaps, it can lead to poor physical, emotional and behavioral health, and poverty tends to be concentrated in neighborhoods that have other social issues like crime and violence.[5]

Figure 4: Percent of Children living in Poverty in 2018, Arizona and United States Compared
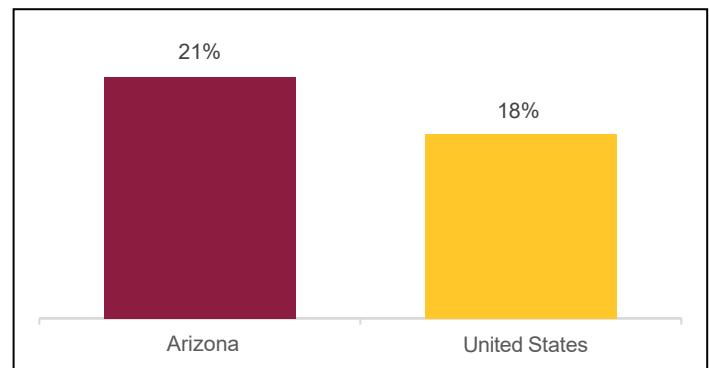
Source: U.S. Census Bureau, Small Area Income and Poverty Estimates.

In Arizona, the percent of children living in poverty is higher than the national average as can be seen in Figure 4. In 2017, 21% of children under 18 in Arizona were living in poverty. While this number reflects a steady decline since 2011, Arizona still has a higher percentage of children living in poverty compared to the national rate of 18%.[6] These trends over time can be seen in Figure 5.

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[5] Child Trends. (2014). Five Ways Poverty Harms Children. Retrieved from https://www.childtrends.org/child-trends-5/5-ways-poverty-harms-children.
[6] United States Census Bureau. (n.d.). Small Area Income and Poverty Estimates. Retrieved from https://www.census.gov/data-tools/demo/saipe/#/?map_geoSelector=u18_c&s_state=04&s_measures=u18_snc&s_year=2017,2016,2015,2014.

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Figure 5: Arizona Trends of Children living in Poverty (2008-2017)
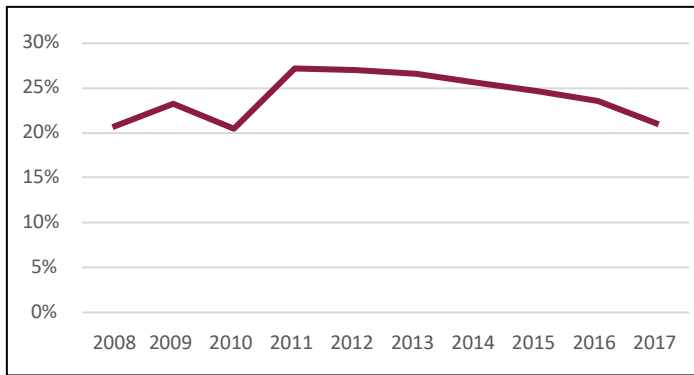
Source: United States Census Bureau.

Crime:

According to FBI crime data, Arizona saw a decrease in violent crime rates from 5.1 crimes per 1,000 people in 2017 to 4.7 in 2018, however, Arizona's violent crime rate remains above the 2018 U.S. national average of 3.8 per 1,000 people.[7]
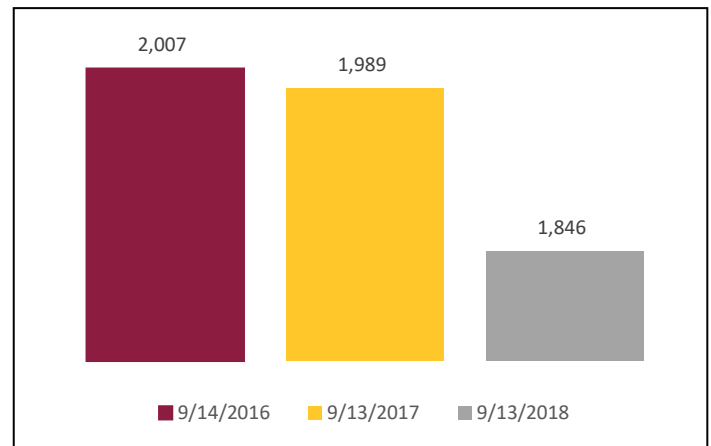
Domestic Violence:

According to a report from the Violence Policy Center, Arizona ranks 7th in the nation for the greatest number of women murdered by men, with a homicide rate of 1.92 per 100,000 females in 2017.[8]

To provide an annual one day snapshot of domestic violence service utilization in Arizona, the National Network to End Domestic Violence (NNEDV) collected census data from domestic

violence programs. In Arizona, NNEDV gathered information from 25 (out of 34 identified) domestic violence programs on September 13, 2018. The data revealed these programs collectively served 1,846 victims on that single day.[9] Figure 6 indicates a decline in Arizona's one-day snapshot over the past three years; however, this is only representative of one day's service utilization and these numbers can fluctuate throughout the year.

Figure 6: Arizona Domestic Violence Service Utilization, Annual One-Day Snapshot

Source: National Network to End Domestic Violence.

High School Drop Out Rate:

Annual reports from the Arizona Department of Education revealed a recent decrease in the rate of Arizona's high school dropouts, from 4.97% in 2018 to 3.93% in 2019.[10] The trend in dropout rates since 2016 can be seen in Figure 7.

[7] Federal Bureau of Investigation. (n.d.). Crime Data Explorer: Arizona. Retrieved from https://crime-data-explorer.fr.cloud.gov/explorer/state/arizona/crime.

[8] Violence Policy Center. (2019). When Men Murder Women: An Analysis of 2017 Homicide Data. Retrieved from http://vpc.org/studies/wmmw2019.pdf.

[9] National Network to End Domestic Violence. (n.d.). Domestic Violence Counts: 13th Annual Census Report. Retrieved from https://nnedv.org/wp-content/uploads/2019/06/Library_Census_2018_Arizona.pdf.

[10] Arizona Department of Education. (2020). Accountability & Research: Dropout Rates. Retrieved from https://www.azed.gov/accountability-research/data/.

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Figure 7: Trends in Arizona High School Dropout Percentage 2016-2019
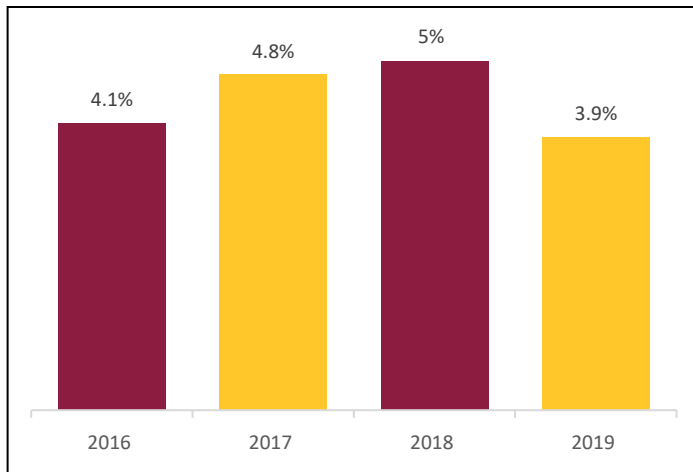
Source: Arizona Department of Education.

Teenage Pregnancy:

According to the Centers for Disease Control and Prevention (CDC), babies born to teenage mothers are at elevated risk of poor birth outcomes, including higher rates of low birth weight, preterm birth, and infant mortality. The limited educational, social, and financial resources often available to teenage mothers add to their higher risk profile. The children of teenage mothers are also more likely to have lower school achievement and to drop out of high school, have more health problems, be incarcerated at some time during adolescence, give birth as a teenager, and face unemployment as a young adult.[11]

In 2017, the Arizona teen (females aged 15-19) birth rate was reported at 22.0 per 1,000 females ages 15-19. Although the birth rate for teens has been in decline over the past decade, Arizona's teen birth rate remains higher that the latest available national rate in 2018 (18.8 per 1,000).[12,13,14] Arizona's and the national rate can be seen in Figure 8 below.

Figure 8: Teen Birth Rate in 2018, Arizona and United States Compared

Number of live births per 1,000 females aged 15-19
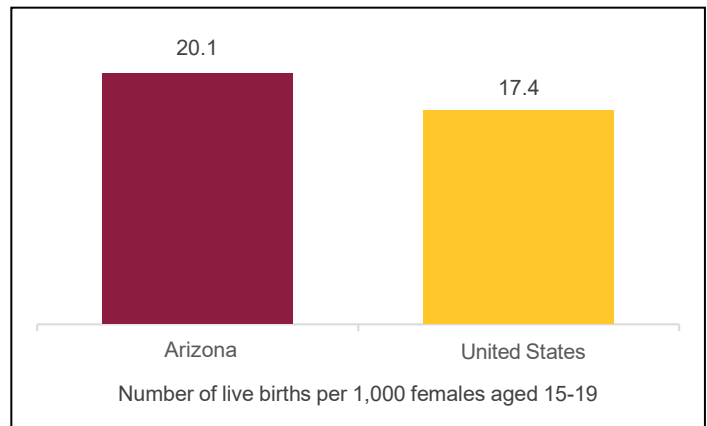
Source: Arizona Vital Records data.

Identifying Communities with Concentrations of Risk

This current needs assessment identified 27 primary care areas in the state as being at risk for child maltreatment and other poor outcomes. Additionally, a number of tribal lands have been identified as having high levels of risk for child abuse and neglect. The 2010 analysis identified communities at risk using the community health analysis area (CHAA) geography whereas this current needs assessment uses the Arizona

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[11] Centers for Disease Control and Prevention. (2019). Reproductive Health: Teen Pregnancy. Retrieved form https://www.cdc.gov/teenpregnancy/about/index.htm.

[12] Arizona Department of Health Services. (n.d.) Teenage Pregnancy: Arizona, 2008-2018. Retrieved from https://pub.azhs.gov/health-stats/report/tp2018/teenpregnancy2018.pdf.

[13] Arizona Department of Health Services. (n.d.). Population Health and Vital Statistics. Retrieved from https://pub.azdhs.gov/health-stats/report/tp/2017/index.php.

[14] Arizona's teen birth rate over the past decade: 2016: AZ 23.6, 2015: AZ 26.3, 2014: AZ 29.9, 2013: AZ 31.3, 2012: AZ 35.4, 2011: AZ 37.2 , 2010: AZ 41.5, 2009: AZ 49.1, 2008: AZ 54.9, 2007: AZ 59.5. Arizona Department of Health Services. (n.d.). Population Health and Vital Statistics. Retrieved from https://pub.azdhs.gov/health-stats/report/tp/2017/index.php.

Department of Health Services primary care area (PCA) geography.

Chart 1: Arizona Communities Identified as "At-Risk" in the 2020 MIECHV needs assessment

Primary Care Areas Identified as At-Risk in 2020
• Ajo • Alhambra Village • Bullhead City • Camelback East Village • Central City Village • Colorado River Indian Tribe • Fort McDowell Yavapai Nation • Gila River Indian Community • Glendale Central • Globe • Hualapai Tribe • Maryvale Village • Mesa West • North Mountain Village • Pascua Yaqui Tribe • Payson • Safford • Salt River Pima-Maricopa Indian Community • San Carlos Apache Tribe • Scottsdale South • South Mountain Village & Guadalupe • Tohono O'odham Nation • Tucson Central • Tucson Foothills • Tucson South • White Mountain Apache Tribe • Winslow

The domains required to be assessed in the MIECHV Needs Assessment are listed in Section 2951 of the Patient Protection and Affordable Care Act of 2010 and indicators used are as follows:

Socioeconomic status domain

- Poverty: Percent of the population living below the federal poverty level
- Unemployment: Unemployed percent of the labor force
- High School Dropout rates: Percent of students grades 7 through 12 that dropped out of school
- Income Inequality: Gini coefficient

Adverse Perinatal Outcomes

- Preterm Birth: Percent live births before 37 weeks gestation
- Low Birthweight: Percent live births with baby weight less than 2,500 grams
- Infant Mortality: Infant death rate per 100 live births
- No Prenatal Care: Percent of AHCCCS (Arizona Health Care Cost Containment System, Arizona's Medicaid agency) live births with no prenatal care

Substance Use Disorder

- Alcohol: Number of alcohol-related hospital discharges per 100 people in a primary care area
- Marijuana: Number of marijuana-related hospital discharges per 100 people in a primary care area
- Illicit drugs: Number of illicit drug-related hospital discharges per 100 people in a primary care area
- Opioids: Number of opioid-related hospital discharges per 100 people in a primary care area

Crime

- Crime: Crime index for each primary care area
- Domestic Violence: Number of domestic violence-related hospital discharges per 100 people in a primary care area

Child Maltreatment

- Child maltreatment: Number of unique child removals per 100 children aged 0 to 18 in a primary care area

The indicators in each domain were standardized into z-scores. If the domain had more than half of the indicators greater than one standard deviation above the mean, then the domain was considered at-risk. The total domains at-risk were added together (for a range

from zero domains at risk up to four domains at risk) for each primary care area, resulting in the 'Risk Score' seen in the maps that follow. No primary care area had more than four domains at risk.

The results of the risk assessment align with the results of other needs assessments and reflect the risk in the state. Many of the communities identified as being at-risk are in Pima and Maricopa counties. For example, South Mountain/Guadalupe, Maryvale, and Central City Phoenix in Maricopa County all have community initiatives focused on improving the lives of the people in those communities. This MIECHV needs assessment found that Pima County has many communities with high levels of need. This situation was also identified in the AHCCCS needs assessment as well.

Additionally, this current MIECHV needs assessment found that nine out of 22 tribal nations in Arizona have high levels of risk. This aligns with many reports showing that Native American children lag behind other children in the state. For example, Native American children experience the highest rates of poverty compared to children of other demographics, Native American teenagers have the highest rate of suicide compared to other demographics, and Native American teenagers have the lowest graduation rate in the state compared to other demographics.[15]

Some communities in Mohave County were identified through this assessment as being at-risk. The AHCCCS substance abuse needs assessment also identified Mohave County as an area that needed more targeted supports as it saw the greatest increase in drug-induced mortality rates from 2006-2016.[16]

The maps show all primary care areas in the state and their risk scores, which were calculated according to Health Resources and Services Administration (HRSA) guidance using 15 indicators across five domains.

[15] Quintana, Erica (Ed.). (2019). Strong Families Thriving Children. Morrison Institute for Public Policy and Arizona Town Hall, Phoenix Arizona. http://www.aztownhall.org/resources/Documents/112%20Strong%20Families%20Thriving%20Children/112%20Stong%20Families%20Thriving%20Children%20Background%20Report%20web.pdf.
[16] LeCroy & Milligan Associates, Inc. (2018). Arizona Statewide Prevention Needs Assessment. Retrieved from https://www.azahcccs.gov/Resources/Downloads/Grants/ArizonaSubstanceAbusePreventionNeedsAssessment.pdf.

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Map 1: Arizona Primary Care Areas and Risk Scores, 2020
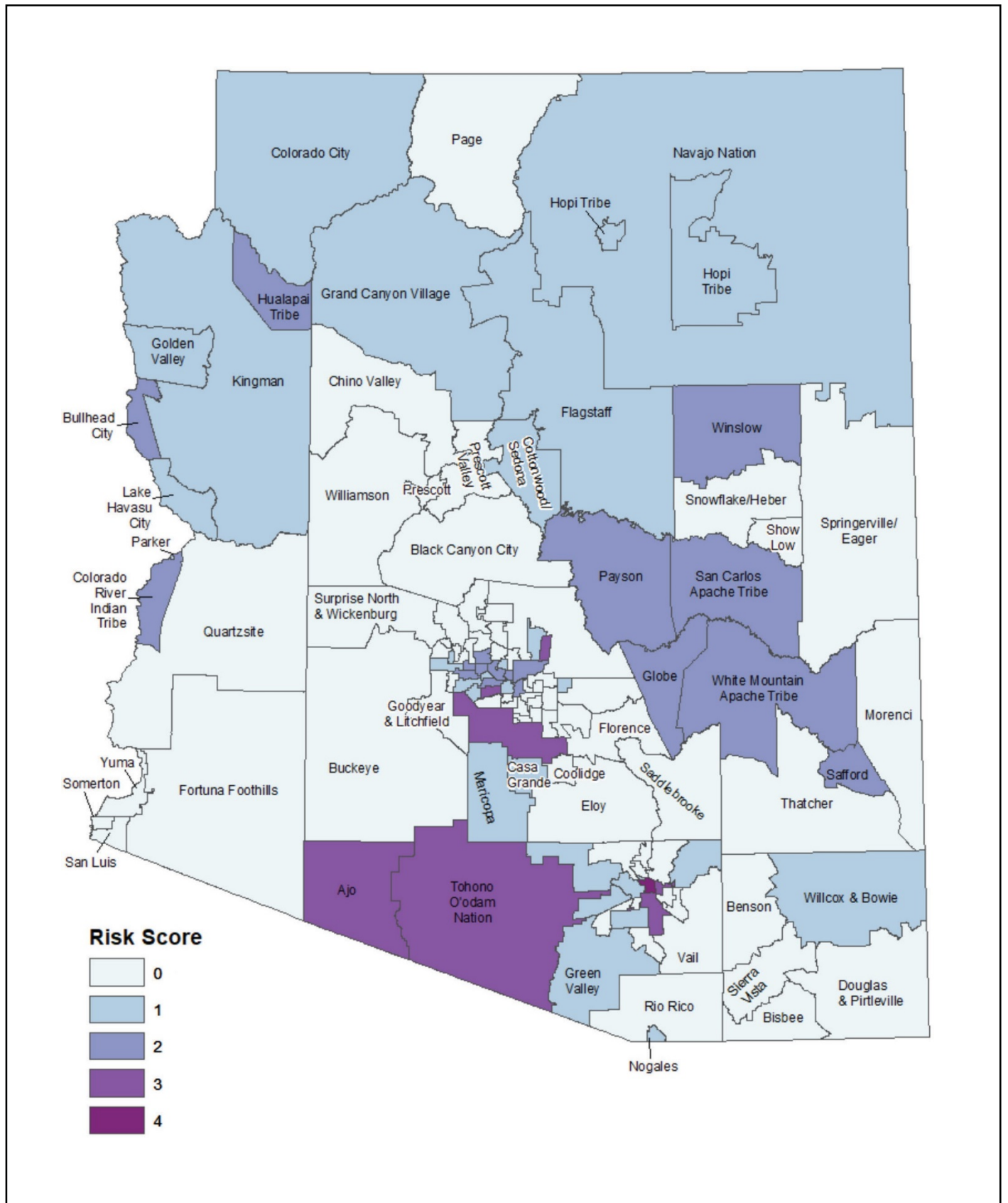
Map 2: Phoenix Detail (top), Tucson Detail (bottom)
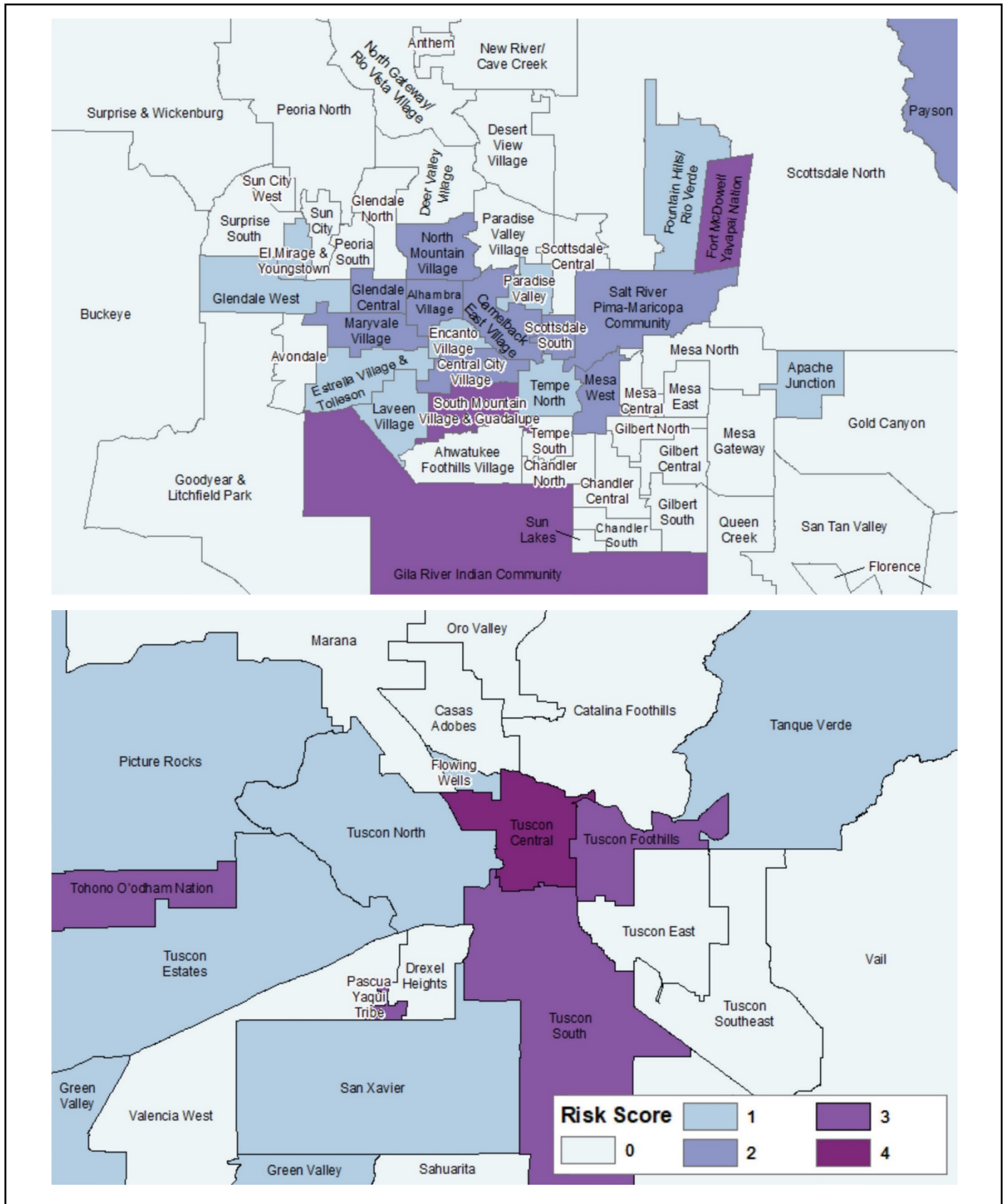
Needs Assessment Methods

For the completion of the MIECHV needs assessment, we employed the simplified method with some modifications and data additions. The simplified method is an approach developed by HRSA based on generating indices of risk in five domains: low socioeconomic status, adverse perinatal outcomes, child maltreatment, crime, and substance use disorder. Indicators within each domain align with the characteristics described in the MIECHV-authorizing statute to identify communities with concentrations of risk. This method identifies a county as at-risk if at least half of the indicators within at least two of the domains had z-scores greater than or equal to one standard deviation higher than the mean of all counties in the state.[17] The Supplemental Information Request for the Submission of the Statewide Needs Assessment Update (SIR) provides guidance to states on updating their statewide needs assessments and submitting the required information to HRSA.[18]

For the purposes of this needs assessment, primary care areas are a more appropriate geographical unit of analysis than counties. This is because counties in Arizona are large. In fact, Maricopa County and Pima County are among the largest counties in the United States by population.[19] Arizona also has some of the largest counties by land area. For example, Mohave, Apache, and Coconino counties are listed among the top ten largest counties in the United States by land area.[20] For these reasons, analysis in Arizona is best done at a smaller geographic level. The Arizona Department of Health Services (ADHS) created a geographic unit that facilitates small area analysis that also satisfies federal and state requirements related to the designation of Medically Underserved Areas.[21] This geography is called a primary care area (PCA). It is used by ADHS as a state rational service plan area for federal shortage designations related to primary care, dental health, and mental health. Because this geographic unit is already used in the state to identify underserved and vulnerable communities, it facilitates alignment and reduces confusion to use the same geography for identifying need for this needs assessment.[22] In this needs assessment, a community is therefore defined as a primary care area.

The current PCA boundaries were developed in 2013 to implement a geographic variable that was conducive to statistical analysis. PCAs are built from the 2010 U.S. Census Tracts, and they all have a 2010 population greater than 10,000 but less than 200,000. No PCA covers an area greater than 7,500 square miles and does not cross county lines. The exception is that tribal

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[17] Health Resources and Services Administration. (2019). A Guide to Conducting the Maternal, Infant, and Early Childhood Home Visiting Program Statewide Needs Assessment Update. Retrieved from https://mchb.hrsa.gov/sites/default/files/mchb/MaternalChildHealthInitiatives/HomeVisiting/needs-assessment-guide.pdf.

[18] Health Resources and Services Administration. (2019). A Guide to Conducting the Maternal, Infant, and Early Childhood Home Visiting Program Statewide Needs Assessment Update. Retrieved from https://mchb.hrsa.gov/sites/default/files/mchb/MaternalChildHealthInitiatives/HomeVisiting/needs-assessment-guide.pdf.

[19] Nasser, H. E. (2017, October 24). More Than Half of U.S. Population in 4.6 Percent of Counties. Retrieved from https://www.census.gov/library/stories/2017/10/big-and-small-counties.html.

[20] Wee, Rolando Y. (2017, April 25). Largest Counties In The US By Area. Retrieved from https://www.worldatlas.com/articles/largest-counties-in-the-united-states-by-total-area.html.

[21] A.R.S. § 36-2352. Retrieved from https://www.azleg.gov/viewDocument/?docName=http%3A%2F%2Fwww.azleg.gov%2Fars%2F36%2F02352.htm.

[22] Department of Health Services, Arizona Administrative Code. (2006). Arizona Medically Underserved Area Health Services. Title 9, Chapter 24. Retrieved from https://apps.azsos.gov/public_services/Title_09/9-24.pdf.

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primary care areas are exempt from population and area minimum and maximum rules and tribal PCAs can cross county lines.[23]

The two other exceptions are that Queen Creek and Sedona are allowed to cross county lines because of the size and homogeneity of the community. The primary care area boundaries will change following the 2020 census to accommodate population and demographic changes.

Data Sources

The indicators selected for analysis are listed in Section 2951 of the Patient Protection and Affordable Care Act of 2010. Due to the selection of the primary care area as the geographic unit of analysis, adjustments were made to the indicator data to gather risk data at a lower geographic level. Significant attempts were made to find parallel data indicators to those recommended by the Health Resources and Services Administration (HRSA) in the Data Summary Table, but at a finer geographic level. For example, instead of pulling data from the Census Bureau at the county level, the Gini coefficient data was captured at the census tract level, aggregated and then averaged to the primary care area level.

For some data inputs, this parallel data was easy to find. In other cases, it was not and adjustments to data sources were made. One example of this is the use of the ESRI Crime Index to gather information about crime rates in primary care areas. The HRSA-provided Data Summary Table suggested using county-level data from the Institute for Social Research –

National Archive of Criminal Justice Data. Unfortunately, there were no data available at a lower geographic level, so we sought other sources.

Originally, we reached out to the Arizona Department of Public Safety, but the lowest geographic detail they had for crime was police precinct. We determined this would not work for the needs assessment because (1) there was no geographic boundary information that could be found for all police precincts in Arizona and (2) there was data conflation between municipal police data and county sheriff's office data at a county level. We also reached out to multiple real estate websites that provide crime data to potential homebuyers but we were informed that they could not share their data with us due to confidentiality agreements.

We identified the ESRI crime index as a reliable source of information regarding crime. However, this index provided only comparable data and not actual crime counts. For the purposes of this needs assessment, the focus is to compare communities throughout the state to identify communities that may be faring poorly compared to others and we determined the data was usable for that purpose.

Unfortunately, we were not able to determine crime data for juvenile arrests in the state at the correct geographic level due to the aforementioned issues with Department of Public Safety data.

What follows is a description of each data source used under each domain included in the Risk Assessment Data Summary Table:

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[23] Tarango, P., Lenartz, T., Zavala, C., Mohapatra, C., Roscetti, A., Drake, A., and Cluff, R. (2016). Arizona Primary Care Needs Assessment. Arizona Department of Health Services, Bureau of Health Systems Development. Retrieved from https://www.azdhs.gov/documents/prevention/health-systems-development/data-reports-maps/reports/primary-care-needs-assessment.pdf.

Socioeconomic Status Domain:

- Poverty: Percent of the population living below the federal poverty level. We used Census Table S1701: Poverty Status in the Past 12 Months, 2013-2017, American Community Survey 5-Year Estimates.[24] We pulled information for percent of the population below the poverty level in each census tract and then aggregated the data for all census tracts in a primary care area. We then calculated an average percent of the population below the poverty level for that primary care area. We were able to match census tracts to their primary care area by performing a spatial join in ESRI ArcMap by joining a census tract to a primary care.

- Unemployment: Unemployed percent of the labor force. We used Census Table S2301: Employment Status 2013-2017 American Community Survey 5-year Estimates.[25] We pulled information for the estimate of the unemployment rate in each census tract in Arizona and then aggregated data for all census tracts in a primary care area. We then calculated an average percent of the unemployment rate for that primary care area. We were able to match census tracts to their primary care area by performing a spatial join in ESRI ArcMap by joining a census tract to a primary care area.

- High School Dropout Rate: Percent of students grades 7 through 12 that dropped out of school. The Arizona Department of Education defines high school dropouts

as students who are enrolled in school at any time during the school year but are not enrolled at the end of the school year and did not transfer, graduate, or die. The dropout rates are typically calculated for grades 7 through 12 and are based on a calendar year that runs from the first day of summer recess through the last day of school. On the Arizona Department of Education's website, a school's total enrollment is used as the population figure against which dropouts are counted. For this needs assessment, we weighted each high school's dropout rate to reflect the size of the primary care area's student population. To do this, we used the total high school population of grades 7-12 from the Arizona Department of Education. We proportionally weighted each high school in the primary care area on population. We matched all schools' latitude and longitude data to the primary care area and incorporated the weighted average of each high school's dropout rate in a primary care area to obtain the overall average high school dropout rate for each primary care area.[26]

- Income Inequality: Gini coefficient. We used Census Table B19083: Gini Index of Income Inequality, 2013-2017, American Community Survey 5-year Estimates. We pulled information for the estimate of the Gini index for each census tract in Arizona and then aggregated data for all census tracts in a primary care area and found an average Gini index for that primary care area. We were able to match

[24] United States Census Bureau. (2017). American Community Survey Table 5-Year Estimates S1701 Poverty Status in the Past 12 Months. [Data File]. Retrieved from https://data.census.gov/cedsci/table?q=s1701&g=0400000US04.140000&hidePreview=true&tid=ACSST5Y2017.S1701&vintage=2018.

[25] United States Census Bureau. (2017). American Community Survey Table 5-Year Estimates S2301 Employment Status. [Data File]. Retrieved from https://data.census.gov/cedsci/table?q=s2301&g=0400000US04.140000&tid=ACSST5Y2017.S2301&hidePreview=true.

[26] Arizona Department of Education. (n.d.). Accountability and Research: Data. Retrieved from https://www.azed.gov/accountability-research/data/.

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census tracts to their primary care area by performing a spatial join in ESRI ArcMap by joining a census tract to a primary care area. Then we transformed the Gini index to become the Gini coefficient.[27]

Adverse Perinatal Outcomes Domain:

- Low Birth Weight Infants: We used data from the Arizona Department of Health Services for each of the primary care areas in the state. ADHS provided the number of all births by primary care area and the number of infants in each primary care area with birth weights less than 2,500 grams. We were then able to obtain a percent of births that were low birth weight for each primary care area. Data obtained from ADHS observe the standard cell suppression rules such that data is suppressed for any area that has less than 6 cases. The purpose of these suppression rules is to protect privacy and prevent re-identification of individuals.

- Pre-term Births: We used data from ADHS for each of the primary care areas in the state. ADHS provided the total number of births for each primary care area and the total number of births where infants were born prior to 37 weeks of gestation. Using these numbers, we were able to obtain a percent of births that were preterm for each primary care area. Data obtained from ADHS observe the standard cell suppression rules such that data is suppressed for any area that has less than 6 cases. The purpose of these suppression rules is to protect privacy and prevent re-identification of individuals.

- Infant Mortality: ADHS determined that this was an important indicator to include in the needs assessment because during the course of the Title V Maternal and Child Health Needs Assessment, ADHS identified that Arizona's infant mortality rates are higher than the national average. Because this is an indicator that is important for tracking child and maternal health, it was included in the risk assessment for MIECHV as well. This is also an example of how the MIECHV Needs Assessment and the Title V MCH Needs Assessment coordinated efforts in the state. To obtain the infant mortality rates, ADHS provided the number of infant deaths per 1,000 births for each primary care area. Data were converted to have a denominator of 100. Data obtained from ADHS observe the standard cell suppression rules such that data is suppressed for any area that has less than 6 cases. The purpose of these suppression rules is to protect privacy and prevent re-identification of individuals.

- No Prenatal Care: Percent of all births in Arizona where the mother received no prenatal care. ADHS determined that this was an important indicator to include in the needs assessment because during the course of the Title V Maternal and Child Health Needs Assessment, ADHS identified that Arizona's families were receiving prenatal care at a rate that was below the national average. This is an important indicator that ADHS would like to improve, prompting inclusion in this needs assessment. This is another example of how the MIECHV Needs Assessment efforts were responsive to and inclusive of the Title V Maternal and Child Health

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[27] United States Census Bureau. (2017). American Community Survey Table 5-Year Estimates B19083 GINI Index of Income Inequality. [Data File]. Retrieved from https://data.census.gov/cedsci/table?q=b19083&g=0400000US04.140000&tid=ACSDT5Y2017.B19083&hidePreview=true.

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Needs Assessment. Data obtained from ADHS observe the standard cell suppression rules such that data is suppressed for any area that has less than 6 cases. The purpose of these suppression rules is to protect privacy and prevent re-identification of individuals.

Substance Abuse Domain

- Alcohol: Data were obtained from ADHS for the number of hospital discharges where alcohol-related ICD-10 codes were present in any diagnostic field July 1, 2018, through December 31, 2018, and included Arizona residents only. The ZIP code specific to the patient's residence upon discharge was used to determine which primary care area was connected to the instance of substance abuse. The numbers do not reflect individuals; rather, the numbers reflect observations and visits to the emergency room or inpatient care. To normalize the data compared to the population, data were obtained from the Census Bureau for population of each census tract in Arizona. Census tracts were matched to primary care areas using a spatial join in ESRI ArcMap by joining a census tract to a primary care area. For this analysis, the population base was all people in a census tract. Data obtained from ADHS observe the standard cell suppression rules such that data is suppressed for any area that has less than 6 cases. The purpose of these suppression rules is to protect privacy and prevent re-identification of individuals. The alcohol-related ICD-10 codes are listed in Appendix A.

- Marijuana: Data were obtained from ADHS for the number of hospital discharges where marijuana-related ICD-10 codes were present. The ZIP code specific to the patient's residence upon discharge was used to determine which primary care area

was connected to the instance of substance abuse. The numbers do not reflect individuals; rather, the numbers reflect observations and visits to the emergency room or inpatient care. To normalize the data compared to the population, data were obtained from the Census Bureau for population of each census tract in Arizona. Census tracts were matched to primary care areas using a spatial join in ESRI ArcMap by joining a census tract to a primary care area. Data obtained from ADHS observe the standard cell suppression rules such that data is suppressed for any area that has less than 6 cases. The purpose of these suppression rules is to protect privacy and prevent re-identification of individuals. To normalize the data compared to the population, data were obtained from the Census Bureau for population of each census tract in Arizona. The marijuana-related ICD-10 codes are listed in Appendix B.

- Opioids: Data were obtained from ADHS for the number of hospital discharges where opioid-related ICD-10 codes were present. The ZIP code specific to the patient's residence upon discharge was used to determine which primary care area was connected to the instance of substance abuse. The numbers do not reflect individuals; rather, the numbers reflect observations and visits to the emergency room or inpatient care. To normalize the data compared to the population, data were obtained from the Census Bureau for population of each census tract in Arizona. Census tracts were matched to primary care areas using a spatial join in ESRI ArcMap by joining a census tract to a primary care area. To normalize the data compared to the population, data were obtained from the Census Bureau for population of each census tract in Arizona. Data obtained

from ADHS observe the standard cell suppression rules such that data is suppressed for any area that has less than 6 cases. The purpose of these suppression rules is to protect privacy and prevent re-identification of individuals. Opioid-related ICD-10 codes were used in place of the HRSA-identified non-medical use of pain medication. The opioid-related ICD-10 codes are listed in Appendix C.

- Illicit Substances: Data were obtained from ADHS for the number of hospital discharges where illicit substance-related ICD-10 codes were present. The ZIP code specific to the patient's residence upon discharge was used to determine which primary care area was connected to the instance of substance abuse. The numbers do not reflect individuals; rather, the numbers reflect observations and visits to the emergency room or inpatient care. To normalize the data compared to the population, data were obtained from the Census Bureau for population of each census tract in Arizona. Census tracts were matched to primary care areas using a spatial join in ESRI ArcMap by joining a census tract to a primary care area if the center of the census tract was within the primary care area. Data obtained from ADHS observe the standard cell suppression rules such that data is suppressed for any area that has less than 6 cases. The purpose of these suppression rules is to protect privacy and prevent re-identification of individuals. The illicit substance-related ICD-10 codes are listed in Appendix D.

Crime Domain

- Crime: We used the ESRI Crime Index

for the purposes of this needs assessment. We were unable to get data from the Arizona Department of Public Safety at a geographic level that matched the rest of the analysis, so therefore we identified ESRI's Crime Index as the best source of data. We used the ArcGIS Business Analyst program to enrich every census tract in Arizona with crime data and used the Total Crime Index. We were able to match census tracts to their primary care area by performing a spatial join in ESRI ArcMap by joining a census tract to a primary care area. We worked with ESRI staff to identify a way to transform the data to use it in this composite risk index. The typical scale ranges from 0 to 600 and ESRI staff advised to cap the scale at 500 and then divide by 100 to get it into a comparable scale.[28]

- Domestic Violence: Data were obtained from ADHS for the number of hospital discharges where (in any diagnostic fields) there was an assault code and a perpetrator code indicating an intimate partner was present. The data was from January 1, 2018, through December 31, 2018, and included Arizona residents only. The patient's discharge ZIP code was used to determine which primary care area the hospital discharge belonged to. The numbers do not reflect individuals; rather, the numbers reflect observations and visits to the emergency room or inpatient care. To normalize the data compared to the population, data were obtained from the Census Bureau for population of each census tract in Arizona. Census tracts were matched to primary care areas using a spatial join in ESRI ArcMap by joining a census tract to

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[28] ESRI ArcGIS. (n.d.). ESRI Demographics: Crime Indexes. Retrieved from https://doc.arcgis.com/en/esri-demographics/data/crime-indexes.htm.

a primary care area. For this analysis, the population base was all people in a census tract. Data obtained from ADHS observe the standard cell suppression rules such that data is suppressed for any area that has less than 6 cases. The purpose of these suppression rules is to protect privacy and prevent re-identification of individuals. Although there was a high percentage of primary care areas with missing data for this indicator, ADHS included this indicator as it provides important context for communities where data is available. The domestic violence-related ICD-10 codes are listed in Appendix E.

Child Maltreatment Domain:

- Child Maltreatment: We worked with the Arizona Department of Child Safety to obtain the number of unique child removals by ZIP code for calendar year 2018. We then worked with ADHS' GIS department to match the ZIP codes to primary care area. ADHS used an imputation program to distribute, proportionately based on population, the counts from each of the ZIP codes to the PCAs it intersects. So, if a ZIP code is completely contained within one PCA (field "countContained"), then 100% of the records in that ZIP code go into that PCA. However, if a ZIP code intersects multiple PCAs, then the ZIP code's data are split proportionately between those intersecting PCAs based on the percent of the ZIP code's population in each of the intersected PCAs (field "countImputed"). The technical term for this type of distribution is "Population Weighted Areal Interpolation." The ADHS GIS department found that most ZIP codes have a defined geography (an "area") associated with them. In fact, 96% of the ZIP codes are area-based and 99.6% of the (not null) data are associated with an area ZIP. For

non-area/P.O. Box ZIP codes, the GIS unit used buffers around each ZIP code to approximate the maximum distance someone might travel to get their mail and used these buffers as ZIP code boundaries just as the unit did for the area ZIPs. Then, to normalize the data, we used the population of children ages birth to 18 in each census tract and matched census tracts to their primary care area by performing a spatial join in ESRI ArcMap by joining a census tract to a primary care area. Then, the population of unique child removals were paired with the child population in each primary care area.

Added Data

- For the purposes of this needs assessment, data were added to capture some trends that ADHS staff felt were important. For example, during the course of the Title V Maternal and Child Health Needs Assessment, ADHS identified that Arizona's infant mortality rates are higher than the national average. Because this is an indicator that is important for tracking child and maternal health, it was included in the risk assessment for MIECHV as well.

- An additional data point that was added to the risk assessment was percent of AHCCCS births where the mother received no prenatal care. Prenatal care can reduce the risk of pregnancy complications, improve health outcomes for the mother and child, and is a desirable behavior.[29] Populations who qualify for Medicaid typically face challenges such as poverty (there are income thresholds for Medicaid recipients) and because measures of poverty were included in the risk assessment, ADHS felt that AHCCCS birth-related information would align well with the other data considered.

Identifying Quality and Capacity of Existing Programs

To maintain compliance with HRSA guidelines and good practice with program implementation, ADHS monitors the quality and the capacity of its home visiting programs.

ADHS has also been able to increase the capacity of the MIECHV services in Arizona. According to the Arizona MIECHV Benchmark Report for Federal Fiscal Year (FFY) 2018, between FFY 2017-2018 and FFY 2018-2019 there was an increase of 331 households enrolled in home visiting programs.

ADHS has also been able to improve program retention and quality of services delivered over the past few FFYs.

Between FFY 2017-2018 and FFY 2018-2019, there was a 26% increase in the number of households continuing treatment and a 13% decrease in the number of households that stopped services before completion of the program.

There was also a decrease in the number of households enrolled but not receiving services, from 8% to less than 1%.

There have been realized improvements with program retention over the past three years with ADHS exceeding the MIECHV goal of at least 65% family retention, with 72% of families continuing treatment in FFY 2018-2019.

Additionally, it is promising that in FFY 2018-2019, there was a significant increase in the number of Native American households served through the Family Spirit program, going from 65 households the previous year to 180 households. There was also a slight increase in the number of households served by Parents as Teachers programs (95 households to 105). In FFY 2018-2019, both Healthy Families Arizona and Nurse Family Partnership programs have shown a decrease in the number of households served from the previous year.

Demographics of clients receiving home visiting services:

On average over the past three years, two-thirds of children enrolled in MIECHV were under the age of 1 and education of parents is almost evenly split among parents, with one-third having less than a high school diploma, one-third having a high school diploma or equivalent, and the final third having education beyond high school.[30, 31]

In terms of the presence of risk factors for families receiving home visiting services: On average over the last three years, 52.7% of households enrolled in Arizona MIECHV home visiting programs reported being low-income; on average, 43% of households enrolled in Arizona MIECHV home visiting programs reported a history of substance abuse; and, on average, 54% of households enrolled reported a history of child abuse.

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[29] Eunice Kennedy Shriver National Institute of Child Health and Human Development. (2017). What is Prenatal Care and Why Is It Important? Retrieved from https://www.nichd.nih.gov/health/topics/pregnancy/conditioninfo/prenatal-care.

[30] 66% of children enrolled in MIECHV home visiting programs were under the age of 1. 26.6% were between 1-2 years old. Arizona Department of Health Services. (2019). MIECHV Annual Performance Report for 2018. Obtained through personal communications with Arizona Department of Health Services.

[31] 29.6% of enrolled adults have less than a high school diploma, 32% have a high school degree or equivalent, 30.6% have received education beyond high school. Arizona Department of Health Services. (2019). MIECHV Annual Performance Report for 2018. Obtained through personal communications with Arizona Department of Health Services.

Chart 2: Age of Parents Receiving Home Visiting Services, 2016-2018
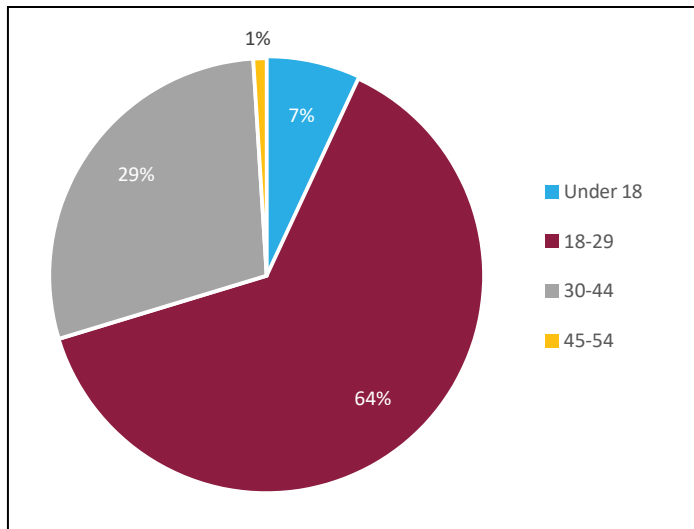
Source: Arizona Department of Health Services Benchmark Reports.

Key interviews with families and home visitors:

To seek feedback and on-the-ground experiences with the MIECHV programs, we conducted interviews with five parents who received home visiting services and five home visitors. Home visits were conducted with parents and home visitors from different home visiting programs within Arizona and were conducted in different areas of the state. Interviews were conducted with parents and home visitors from Nurse-Family Partnership, Healthy Families, and Health Start. These interviews were conducted with participants from Yavapai County, Maricopa County, Navajo County, and Cochise County.

In general, the purpose of the interviews was to listen to feedback from parents and home visitors about their experiences with home visiting and what they liked most and least about the programs. Despite the differences in program type and geographic region in Arizona, the feedback was largely the same. All parents reported they couldn't easily identify any improvements that needed to be made in any of the home visiting programs they participated in. Instead, the responses to the question of what could be improved were mainly that the parents wished they could participate in the program for a longer period of time or that they wished they could have the program for more of their children, instead of just the first child as is a program restriction for Nurse-Family Partnership.

The home visitors all stated that working closely with families was their favorite part of the job, but some of the things they expressed could be improved include better mental health support for the home visitors and more resources to engage parents. The home visitors reported that they sometimes deal with very heavy and emotionally exhausting subjects like infant death and that the mental health supports to help them through these experiences could be better. They also mentioned that having kits or additional toys to use with parents would be helpful as they teach parents games to play with their children to promote healthy development.

Arizona's Progress on Measured Benchmarks:

HRSA requires states to collect and report data on their program's performance related to six statutorily defined benchmarks. The benchmarks are:[32]

- Improvements in maternal, newborn, and child health
- Prevention of child injuries, child abuse,

[32] Health Resources and Services Administration. (2020). Data, Evaluation, & Continuous Quality Improvement. Retrieved from https://mchb.hrsa.gov/maternal-child-health-initiatives/home-visiting/home-visiting-program-technical-assistance/performance-reporting-and-evaluation-resources.

neglect or maltreatment and reductions of emergency room visits

- Improvements in school readiness and child academic achievement
- Reductions in domestic violence
- Improvements in family economic self-sufficiency
- Improvements in the coordination and referrals for other community resources and supports

Arizona demonstrated improvements in five out of six benchmarks in FFY 2018-2019; however, there is continual room for progress on select measures within each benchmark. One specific area of focus that has not improved would be the intimate partner violence screenings, which has decreased by almost half over the past three years.

In Benchmark 1, four measures exhibited improvements, including preterm birth (4.2%), well child visits (9%), postpartum care (0.6%), and tobacco cessation referrals (1.6%). However, there was a 5% decrease in the number of depression screenings for enrolled caregivers, and a slight decrease (2.3%) in the number of infants enrolled prenatally who were still breastfed at 6 months old.

In Benchmark 2, there was a reduction in the number of emergency department visits, from 177 visits in FFY 2017-2018 to 70 visits in FFY 2018-2019. However, there are measures that require improvement in this benchmark, including safe sleep percentages, which have been in decline, and child maltreatment cases, which more than doubled from 5.7% in FFY 2016-2017 to 11.6% in FFY 2018-2019.

In Benchmark 3, two measures exhibited positive results, including the parent child interaction measure, which improved 19%, and early language and literacy activities, which increased by 0.2%. Behavioral concerns discussed by parents during home visiting sessions had a slight decrease recently (3.1%). However, developmental screenings have significantly decreased in recent years, from 83.2% in FFY 2016-2017 to 44% in FFY 2018-2019.

Benchmark 4 experienced the only decline in performance. There has been a 25.7% decrease in the rate of intimate partner violence screenings since FFY 2016-2017.

In Benchmark 5, the continuity of insurance coverage measure increased by 20.5% over the past three years. Under the primary caregiver education measure, the rate of enrolled caregivers without a high school diploma decreased by 22.3%.

Over the past three years, we have seen a 21.6% increase in the number of completed developmental referrals, a 17.8% increase in completed intimate partner violence referrals, and a 5.9% rise in completed depression referrals.

Fidelity:

To monitor quality and capacity of programs, ADHS also monitors fidelity of program implementation in accordance with HRSA requirements. The annual site visits and assessments of fidelity (progress to goals) also allows ADHS to problem-solve with individual programs to find ways to improve outcomes (meet goals).

For example, one site visit tracker for the Maricopa County Department of Public Health found in December 2018 that the program was falling a little short of the desired program capacity goal of 85%. The site reported that it was not receiving enough referrals for its home visiting program but a nearby non-profit, Southwest Human Development (SWHD), was overwhelmed by the number of referrals

it received for home visiting. These two sites decided to coordinate so the Maricopa County Department of Public Health could receive more referrals to meet its capacity goal and decrease the overwhelming load of referrals SWHD received. As of September 2019, the Maricopa County Department of Public Health was meeting its capacity goal partially as a result of the coordination with SWHD.

Gaps in Delivery:

Arizona has home visiting services available in almost every community. However, there are many more families that could benefit from home visiting services.

There are measures that require improvement in this benchmark, including safe sleep percentages, which have been in decline, and child maltreatment cases, which have more than doubled from 5.7% in FFY 2016-2017 to 11.6% in FFY 2018-2019.

In Benchmark 4, there has been a 25.7% decrease in the number of intimate partner violence screenings since FFY 2016-2017.

According to HRSA, there is a total of 44,093 families in Arizona in need of home visiting services. By county, the estimated need is as shown in Chart 3.

Chart 3: Families in Arizona in Need of Home Visiting Services by County

County Name	Number of Families in Need of Home Visiting Services	Number of Families Served Through MIECHV Programs*
Apache County	647	73
Cochise County	971	36
Coconino County	290	91
Gila County	403	212
Graham County	283	45
Greenlee County	72	0
La Paz County	129	0
Maricopa County	24522	819
Mohave County	1309	186
Navajo County	974	104
Pima County	8251	402
Pinal County	3229	160
Santa Cruz County	356	0
Yavapai County	355	45
Yuma County	2302	17

*Numbers represent double counting where home visiting service areas do not directly align with county boundaries.

Extent to which Home Visiting Services Meet the Needs of Families in Arizona:

Arizona identifies eligible families for evidence-based home visiting programs as a pregnant person who delivers a live birth and lives within the geographic boundaries of the awarded programs during the reporting period. In 2019, there were 81,056 births in Arizona. Of those births, there were 51,772 births, or 63.87% of births that were eligible for MIECHV funded home visiting services. Based on the chart above, there were 2,190 families who were served, or 4.23% of eligible families and 4.97% of families in need of home visiting services.

MIECHV funding is only a portion of the home visiting dollars that are in Arizona. There is home visiting that is funded by the Arizona Department of Health Services, First Things First (Arizona's Early Education and Health Board) and the Arizona Department of Child Safety. The home visiting funding agencies are working to develop and execute a statewide system report that will be able to easily identify the number of families served across programs and funders and will be able to update the number of families in need, eligible and receiving services. This will allow for the home visiting system to better meet the needs of families in Arizona.

According to a 2014 client satisfaction survey of the nurse-family partnership portion of the home visiting program, clients were highly satisfied with the program, with 96% responding that they were highly satisfied and 2% saying they were somewhat satisfied. This survey was based on 114 respondents from 44 different ZIP codes in Arizona. Further, all respondents to the survey responded "yes" when asked if nurses talked with clients about things that are important to them. Additionally, all the clients reported the program to be very helpful and clients said overwhelmingly that they would recommend the program to a friend.

According to parent reflection surveys collected as part of a tribal MIECHV evaluation in 2017, parents felt more supported as a parent by the end of their participation in the Parents as Teachers program than they did before starting the program. In written responses as part of the survey, three of the top four responses were all related to feeling supported by their Parents as Teachers educator. The external evaluation of tribal MIECHV programs concluded that there was a real need for prenatal and parental education for tribal members and that parents were improving their skills through participation in the Parents as Teachers program.

Taken together, this information from separate parent surveys demonstrates that the needs of parents are being met and that parents are satisfied with the services they receive through Arizona's home visiting programs.

Gaps in Staffing:

As of September 2019, there were 45.5 vacant home visitor positions across the MIECHV-funded programs. Payson was missing the most home visitors with 4.25 open positions and Douglas was missing the second-highest number of home visitors with 3.75 open positions. Both of these home visiting sites are in rural Arizona, where it is difficult to recruit and retain qualified professionals. However, this disadvantages rural families, who often have less access to needed services or have to travel long distances to get access to services.

First Things First, an early childhood education agency in Arizona, noted that feedback from training sessions with home visitors showed that home visitors wanted additional training on the topic of substance-exposed newborns. The training evaluation feedback also highlighted a need for more training in how to engage families with substance abuse risk factors.[33]

Capacity for Providing Substance Use Disorder Treatment and Counseling Services

Overview of Substance Abuse Treatment Coordinating Agency and Current Activities to Strengthen the System of Care for Addressing Substance Use Disorder:

In 2015, the Arizona Legislature transferred the administration of behavioral health services from ADHS to AHCCCS, effective July 1, 2016 (Session Laws 2015, Chapter 19).[34] AHCCCS is the state's Medicaid agency, offering health care programs to serve Arizona's residents. The integration of physical and behavioral health systems was designed to ease the complexity of navigating multiple health care systems and reduce significant barriers related to accessing behavioral health treatment services. AHCCCS is currently contracted with three managed care organizations, or Regional Behavioral Health Authorities (RBHAs), which deliver physical and behavioral health services across three geographic service areas (GSAs). Each RBHA is required by AHCCCS to contract with and manage a network of providers, clinics and other appropriate facilities to deliver all covered behavioral health services to enrolled individuals with serious mental illness within its designated GSA. AHCCCS' covered behavioral health services include, but are not limited to, treatment services, rehabilitation services, medical services, support services, crisis intervention services, behavioral health residential services, behavioral health day programs, and prevention services. AHCCCS also maintains

[33] First Things First. (2019). Impacting Young Lives Throughout Arizona: 2019 Annual Report. Retrieved from https://www.firstthingsfirst.org//wp-content/uploads/2019/09/FY2019_Annual_Report.pdf.

[34] Arizona State Archives, Library, and Public Records. (2019). Arizona Department of Health Services. Retrieved from https://azlibrary.gov/sla/agency_histories/arizona-department-health-services-adhs.

Intergovernmental Agreements (IGAs) with five of Arizona's American Indian Tribes, which deliver AHCCCS-covered services on tribal lands through Tribal Regional Behavioral Health Authorities (TRBHAs).[35] Both RBHA's and TRBHA's are required by AHCCCS to offer a comprehensive network of behavioral health providers supplying prevention, intervention, treatment and rehabilitation substance abuse services across Arizona.[36]

The objective of AHCCCS' Primary Prevention Services, funded through the Substance Abuse Prevention and Treatment Block Grant (SABG), is to help plan, implement, and evaluate activities that can prevent and treat substance use disorders in Arizona. SABG grantees are required to spend at least 20% of their allotment on substance use primary prevention strategies such as information dissemination, education, alternatives, and problem identification and referral. SABG funds support individuals without health insurance or other resources who seek treatment or prevention services for substance use disorder.

Target populations by order of priority are: a) pregnant women/teenagers who use drugs by injection; b) pregnant women/teenagers who use substances; c) other persons who use drugs by injection; d) substance-using women and teenagers with dependent children and their families, including women who are attempting to regain custody of their children; and e) all other individuals with a substance use disorder, regardless of gender or route of use (as funding is available).[37]

SABG funds can also be used to cover all Medicated Assisted Treatment (MAT) medications for Opioid Use Disorder.[38] The Primary Prevention Services program is intended to reduce the prevalence of substance use and abuse among priority populations by providing access to treatment and recovery support (LeCroy & Milligan Associates, Inc., 2018).[39] The Governor's Office of Youth, Faith and Family (GOYFF), in partnership with Wellington Group Consulting, launched a Substance Abuse Provider Locator, which offers up-to-date substance abuse treatment options across Arizona, including information on Medication Assisted Treatment (MAT) and AHCCCS/Medicaid substance abuse providers.[40] A recent Arizona State Health Assessment found that history of substance abuse was the most common pre-existing condition for individuals who experienced an opioid overdose in 2018.[41]

In an effort to combat the rising opioid overdose epidemic, Gov. Doug Ducey declared a state of emergency in 2017, which authorized ADHS

[35] Arizona Health Care Cost Containment System. (2019). Statewide Community Residential Treatment Plan. Retrieved from https://www.azahcccs.gov/Members/Downloads/BehavioralHealthServices/AHCCCS_Statewide_Community_Residential_Treatment_Plan_61119.pdf.

[36] Arizona Health Care Cost Containment System. (2018). Annual Report: Substance Use Treatment Programs State Fiscal Year 2018. Retrieved from https://www.azahcccs.gov/shared/Downloads/Reporting/AnnualReportOnDrugAbuseTreatmentPrograms.pdf.

[37] Arizona Health Care Cost Containment System. (n.d.). Substance Abuse Prevention and Treatment Block Grant. Retrieved from https://www.azahcccs.gov/Resources/Grants/SABG/.

[38] Arizona Health Care Cost Containment System. (2018). Substance Abuse Block Grant and Mental Health Block Grant Frequently Asked Questions. Retrieved from https://www.azahcccs.gov/Resources/Downloads/Grants/FrequentlyAskedQuestions.pdf.

[39] LeCroy & Milligan Associates, Inc. (2018). Arizona Statewide Prevention Needs Assessment. Retrieved from https://www.azahcccs.gov/Resources/Downloads/Grants/ArizonaSubstanceAbusePreventionNeedsAssessment.pdf.

[40] Arizona Governor's Office of Youth, Faith, and Family. (2018). 2018 Annual Report: The Arizona Substance Abuse Partnership. Internet Archive, retrieved from https://web.archive.org/web/20191025223740/.

[41] Arizona Department of Health Services. (2019). 2019 Arizona State Health Assessment. Retrieved from https://www.azdhs.gov/documents/operations/managing-excellence/2019-state-health-assessment.pdf.

to coordinate a public health emergency response.[42] On January 26, 2018, a special legislative session unanimously passed the Arizona Opioid Epidemic Act, which appropriated $10 million to AHCCCS for several key initiatives to combat opioid abuse, including expanding access to treatment for uninsured or underinsured Arizonans. In addition, law enforcement and corrections officers were authorized to administer the overdose reversal drug Naloxone and pharmacists were required to check the Controlled Substances Prescription Monitoring Program (CSPMP) before dispensing an opioid or benzodiazepine.[43]

On September 19, 2018, Arizona was awarded a $40,538,606 grant from the Substance Abuse and Mental Health Services Association (SAMHSA) for two years to implement the Arizona State Opioid Response (SOR) project.[44] The SOR project focuses services on opioid prevention, recovery support and treatment, while also supporting real-time opioid data collection, and increasing access to Medication Assisted Treatment (MAT).

An annual report on AHCCCS Substance Use Treatment programs from FY 2018 revealed the majority of enrolled members who received Substance Use Disorder (SUD) treatment were white (65%). Members ages 25 to 44 accounted for 57% of individuals receiving treatment, with 59.1% male versus 40.9% female. Statewide,

opiates remained the most commonly used substance by individuals in SUD treatment in 2018 (21.1%), followed by methamphetamine (19.1%), and alcohol (18.2%). And as of FY 2018, there were approximately 510 SUD programs offered in Arizona through AHCCCS.[45]

Need for Substance Abuse Treatment Services in Arizona:

A Statewide Substance Abuse Needs Assessment from 2018 revealed there is an increasing number of Arizonans from all age groups and regions suffering from untreated mental health issues, which are leading to substance use and/or abuse. The report identified four counties in Arizona (Gila County, Navajo County, Mohave County and Pima County) that are experiencing the most severe consequences of substance use.[46]

In addition, the report found that reductions in school funding has prohibited the implementation of effective prevention programs in high-needs communities. The Substance Abuse Prevention Programing Inventory (SAPPI), which surveyed school administrators in 2018, found that 72% of the schools they surveyed did not have any form of substance abuse prevention programming available for students.[47] Their survey also revealed that approximately 40% of Arizona students do not have access to mental health services at school.

[42] Arizona State Archives, Library, and Public Records. (2019). Arizona Department of Health Services. Retrieved from https://azlibrary.gov/sla/agency_histories/arizona-department-health-services-adhs.

[43] Arizona Health Care Cost Containment System. (2018). Annual Report: Substance Use Treatment Programs State Fiscal Year 2018. Retrieved from https://www.azahcccs.gov/shared/Downloads/Reporting/AnnualReportOnDrugAbuseTreatmentPrograms.pdf.

[44] Arizona Health Care Cost Containment System. (n.d.). State Opioid Response. Retrieved from https://www.azahcccs.gov/Resources/Grants/SOR/.

[45] Arizona Health Care Cost Containment System. (2018). Annual Report: Substance Use Treatment Programs State Fiscal Year 2018. Retrieved from https://www.azahcccs.gov/shared/Downloads/Reporting/AnnualReportOnDrugAbuseTreatmentPrograms.pdf.

[46] LeCroy & Milligan Associates, Inc. (2018). Arizona Statewide Prevention Needs Assessment. Retrieved from https://www.azahcccs.gov/Resources/Downloads/Grants/ArizonaSubstanceAbusePreventionNeedsAssessment.pdf.

[47] Arizona Governor's Office of Youth, Faith, and Family. (2018). 2018 Annual Report: The Arizona Substance Abuse Partnership. Internet Archive, retrieved from https://web.archive.org/web/20191025223740/.

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LGBTQ individuals were also identified as experiencing significantly more risk factors for substance use and abuse compared to non-LGBTQ identified individuals.

Existing research has found that medically assisted substance abuse treatment is significantly more effective at reducing drug use and retaining patients in recovery, when compared to psychosocial treatment alone.[48, 49]

Medically assisted treatment for substance abuse combines behavioral therapy and FDA-approved medication. Medically assisted treatment is available for opioid use disorder, alcohol use disorder, and smoking. When individuals begin to detox from these substances, neurobiological changes can occur that increase their risk of relapse. Medically assisted treatment is used to help prevent relapse and facilitate longer periods of abstinence.[50] For opioid treatment, approved medications work by reducing cravings and by blocking the euphoric effects of opioid use.[51] For people addicted to methamphetamine, there is currently no FDA-approved drug for medically assisted methamphetamine treatment, but these individuals can go through a medical detox program where doctors and nurses monitor vitals and tailor treatment plans to help a person detox safely.

Children of substance-abusing parents are at an increased risk of experiencing maltreatment. While the statistics vary, studies have revealed that roughly one-third to two-thirds of child maltreatment cases have involved parental substance abuse.[52] This does not necessarily mean that all parents who abuse substances will mistreat their children; however, research shows substance-abusing parents may be less likely to function effectively in their parental roles and meet the basic needs of their children. This can include inadequate nutrition, supervision, and nurturing, which can result in child maltreatment and child welfare involvement. Neglected children are unable to form secure attachments and suffer from emotional, academic, and developmental problems.[53] Families where one or more parent abuses substances may also experience other child abuse risk factors, including mental illness, unemployment, housing instability, and high levels of stress.[54] If a substance-abusing parent is unable to

[48] Mattick, RP; Breen, C; Kimber, J; Davoli, M; (2009) Methadone maintenance therapy versus no opioid replacement therapy for opioid dependence. The Cochrane database of systematic reviews (3). ISSN 1469-493X Retrieved from https://doi.org/10.1002/14651858.CD002209.pub2.

[49] Kampman MD, K. et al. (2015). ASAM National Practice Guideline for the Use of Medications in the Treatment of Addiction Involving Opioid Use. American Society of Addiction Medicine, Inc. Retrieved 27 Nov. 2019, from https://www.asam.org/docs/default-source/practice-support/guidelines-and-consensus-docs/asam-national-practice-guideline   supplement.pdf?sfvrsn=24.

[50] Goldstein, M. (2016). Medicated-Assisted Treatment (MAT) Can Improve Health Outcomes. Retrieved November 27, 2019 from https://www.samhsa.gov/homelessness-programs-resources/hpr-resources/mat-can-improve-health-outcomes.

[51] Howard J, Cimineri L, Evans T, Chosewood LC, Afanuh S. (2019). Medication-Assisted Treatment for Opioid Use Disorder. Washington, DC: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Institute for Occupational Safety and Health, DHHS (NIOSH) Publication No. 2019-133, Retrieved from https://doi.org/10.26616/NIOSHPUB2019133.

[52] Child Welfare Information Gateway. (2014). Parental substance use and the child welfare system. Washington, DC: U.S. Department of Health and Human Services, Children's Bureau. Retrieved 27 Nov. 2019, from https://www.childwelfare.gov/pubPDFs/parentalsubabuse.pdf.

[53] Child Welfare Information Gateway. (2009). Protecting Children in Families Affected by Substance Use Disorders. Washington, DC: U.S. Department of Health and Human Services, Children's Bureau. Retrieved 27 Nov. 2019, from https://www.childwelfare.gov/pubPDFs/substanceuse.pdf.

[54] Child Welfare Information Gateway. (2003). Substance Abuse and Child Maltreatment. Washington, DC: U.S. Department of Health and Human Services, Children's Bureau. Retrieved 27 Nov. 2019, from https://www.childwelfare.gov/pubPDFs/subabuse_childmal.pdf.

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regulate stress and other emotions, it may lead to impulsive and reactive behaviors, which can escalate to physical abuse.[55]

Gaps in Available Services and Resources:

According to the Statewide Substance Use Prevention Needs Assessment from 2018, Arizona counties experiencing the most severe effects of substance use, resulting in hospitalizations and deaths, are: Gila, Navajo, Mohave and Pima counties. Their report also showed that opioid-induced death rates from 2016 were the highest in Gila, La Paz, Mohave, and Pima counties.[56] This overlap in counties indicates opioid addictions may account for a large majority of severe substance misuse incidents and emphasizes the need for increased availability of medically assisted treatment (MAT) providers in these areas. Gaps in appropriate levels of healthcare service providers for many rural areas is reflected in the Arizona State Health Assessment (2019). There are currently 37 federally designated Medically Underserved Areas (MUAs) and 177 Mental Health Professional Shortage Areas (HPSAs), which reflects the unmet need for medical and mental healthcare service providers in Arizona.[57]

These statewide gaps in access to medical services are also supported through a recent analysis conducted by the Morrison Institute for Public Policy (2019).[58] After compiling a list of service providers and creating a composite risk index, comprised of 14 federally identified indicators across five domains (including socioeconomic, perinatal, substance use, crime, and child maltreatment), researchers searched for a list of communities that had few or zero MAT service providers. Their findings revealed that 26% of Arizona's Primary Care Areas (PCAs) have one or no providers in their area offering medically assisted substance abuse treatment.[59] This analysis uncovered similar geographic risk areas as the recent statewide needs assessments. These areas may benefit from increased MAT services. They include PCA's like Colorado City, located in Mohave County, and Parker, located in La Paz County, which has no MAT service providers. And while lack of available of MAT service providers in geographic areas may indicate increased need, the composite risk index created by Morrison Institute also highlighted PCAs with increased overall risk. For instance, the Fort McDowell Yavapai Nation PCA has the highest risk in Arizona when comparing communities on the total average risk across all indicators. Although this area has two MAT service providers, the high level of overall risk in this area deserves attention.

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[55] Chaplin, T., & Sinha, R. (2013-03). Stress and Parental Addiction. In Parenting and Substance Abuse: Developmental Approaches to Intervention. New York, NY: Oxford University Press. Retrieved 27 Nov. 2019, from https://www.oxfordclinicalpsych.com/view/10.1093/med:psych/9780199743100.001.0001/med-9780199743100-chapter-2.

[56] LeCroy & Milligan Associates, Inc. (2018). Arizona Statewide Prevention Needs Assessment. Tucson, AZ. Retrieved from: https://www.azahcccs.gov/Resources/Downloads/Grants/ArizonaSubstanceAbusePreventionNeedsAssessment.pdf.

[57] Arizona Department of Health Services. (2019). 2019 Arizona State Health Assessment. Retrieved from https://www.azdhs.gov/documents/operations/managing-excellence/2019-state-health-assessment.pdf.

[58] Quintana, E., Cleaver, A., Olsen-Medina, K. (2019). Child Abuse and Neglect Prevention Resources in Arizona. Morrison Institute for Public Policy, Phoenix Arizona. Retrieved from https://asu.maps.arcgis.com/apps/MapSeries/index.html?appid=9d01b55cdc224806a2df4741612f7363.

[59] Thirty-three primary care areas out of 126 total primary care areas is 26%. Quintana, E., Cleaver, A., Olsen-Medina, K. (2019). Child Abuse and Neglect Prevention Resources in Arizona. Morrison Institute for Public Policy, Phoenix Arizona. Retrieved from https://asu.maps.arcgis.com/apps/MapSeries/index.html?appid=9d01b55cdc224806a2df4741612f7363.

Chart 4: Availability, or Lack of, Medically Assisted Treatment (MAT)

Zero MAT Service Providers by PCA	1 MAT Service Provider by PCA
• Colorado City • Fortuna Foothills • Golden Valley • Grand Canyon Village • Hualapai Tribe • Parker • Saddlebrooke • Somerton	• Bisbee • Buckeye • Chino Valley • Colorado River Indian Tribe • Drexel Heights • Eloy • Gold Canyon • Hopi Tribe • Morenci • Nogales • Page • Payson • Quartzsite • Rio Rico • San Luis • Show Low • Snowflake/Heber • Springerville/Eager • Surprise North & Wickenburg • Surprise South • Thatcher • Willcox & Bowie • Williamson • Winslow • Yuma

Source: Morrison Institute for Public Policy Child Abuse and Neglect Prevention Resources in Arizona.

Barriers to Substance Use Disorder Treatment and Counseling Services:

There has been a wealth of research[60] and government data[61] linking the co-occurrence of mental illness with substance use disorders, which is only further exacerbated by lack of access to adequate treatment.[62] In fact, the National Institute on Drug Abuse reported that one in four individuals with a serious mental illness (SMI) also experience substance use disorder (SUD);[63] however, research has indicated that individuals with co-occurring mental health and substance use disorders access treatment at much lower rates when compared to individuals without co-occurring disorders. A variety of vulnerabilities are associated with co-occurring disorders (COD) that make it harder to access treatment. For instance, substance use often worsens mental health symptoms, creates psychosocial instability, and ultimately decreases an individual's ability to seek treatment.[64] Furthermore, dually diagnosed individuals in crisis may be too psychologically vulnerable to effectively participate in treatment.[65]

[60] Morisano, D., Babor, T., & Robaina, K. (2014). Co-occurrence of substance use disorders with other psychiatric disorders: Implications for treatment services. Nordic Studies On Alcohol And Drugs, 31(1), 5-25. Retrieved from: https://journals.sagepub.com/doi/pdf/10.2478/nsad-2014-0002.

[61] Substance Abuse and Mental Health Services Administration. (2019). Key Substance Use and Mental Health Indicators in the United States: Results from the 2018 National Survey on Drug Use and Health (HHS Publication No. PEP19-5068, NSDUH Series H-54). Rockville, MD: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. Retrieved from https://www.samhsa.gov/data/sites/default/files/cbhsq-reports/NSDUHNationalFindingsReport2018/NSDUHNationalFindingsReport2018.pdf.

[62] Appalachian Regional Commission and the National Opinion Research Center. (2008). An Analysis of Mental Health and Substance Abuse Disparities & Access to Treatment Services in the Appalachian Region. Retrieved from https://permanent.access.gpo.gov/lps100133/www.arc.gov/images/reports/2008/norc/NORC_final1_full.pdf.

[63] National Institute on Drug Abuse. (2018). Common Comorbidities with Substance Use Disorders. Retrieved from https://www.drugabuse.gov/publications/research-reports/common-comorbidities-substance-use-disorders/part-1-connection-between-substance-use-disorders-mental-illness.

[64] Priester, M.A., Browne, T., Iachini, A., Clone, S., DeHart, D., and Seay, K.D. (February 2016). Treatment Access Barriers and Disparities Among Individuals with Co-occurring Mental Health and Substance Use Disorders: An Integrative Literature Review. Journal of Substance Abuse Treatment, 61, 47-59. doi:10.1016/j.jsat.2015.09.006. Retrieved from https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4695242/pdf/nihms-735587.pdf.

[65] Little, J. (2001). Treatment of Dually Diagnosed Clients. Journal of Psychoactive Drugs, 33(1), 27-31. Retrieved from https://www.tandfonline.com/doi/pdf/10.1080/02791072.2001.10400465?needAccess=true&.

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Additional barriers to seeking substance use disorder treatment and counseling services exist in Arizona's rural areas. Approximately 5% of the population in Arizona, 351,316 people, live in rural areas.[66] There is a wealth of research showing that rural communities have a more difficult time accessing these types of services. Additionally, research shows that shorter travel distances to substance abuse treatment services are associated with longer treatment stays and greater completion rates in treatment.[67] Research also well documents the lower supply of medical care professionals practicing in rural areas and fewer facilities in rural areas.[68] Additional barriers that many rural residents face that prevent substance abuse treatment and counseling include lack of transportation options, lower rates of insurance coverage, increased community stigma with seeking mental health treatment, and the lack of anonymity in seeking treatment in small rural communities.[69]

Opportunities for Collaboration with State and Local Partners:

One study, which sought to better understand the barriers for accessing MAT treatment, acknowledged that organizational deficiencies, specifically the lack of access to medical personnel with expertise for implementing MAT, has negatively impacted the availability of MAT treatment programs.[70] The study recommended expanding MAT-specific training for physicians and nurses currently employed in the substance abuse field, and incentivizing future medical personnel to obtain MAT-specific training to buildcapacity for treatment.

In support of these findings, a recent study (Jones et al., 2015) found that a majority of states within the U.S. have higher rates of MAT treatment need than treatment capacity.[71] Other factors that could be limiting the utilization of MAT treatment include a long history of stigma associated with drug addiction,[72] in addition to the stigmatization of MAT interventions specifically.[73] This combination of condition and intervention stigmatizations illustrates the potential marginalization of opioid-addicted patients who might otherwise benefit from MAT treatments.

[66] Rural Health Information Hub. (2019). Arizona. Retrieved from https://www.ruralhealthinfo.org/states/arizona.

[67] Pullen, E., and Oser, C. (2014). Barriers to Substance Abuse Treatment in Rural and Urban Communities: Counselor Perspectives. Substance Use & Misuse, 49, 891-901. doi: 10.3109/10826084.2014.891615.

[68] Smalley, B.K., and Warren, J. (2013) Rural Public Health: Best Practices and Preventive Models. Springer Publishing Company. [69] Smalley, B.K., and Warren, J. (2013) Rural Public Health: Best Practices and Preventive Models. Springer Publishing Company. [70] Knudsen, H., Abraham, A., & Oser, C. (2011). Barriers to the implementation of medication-assisted treatment for substance use disorders: The importance of funding policies and medical infrastructure. Evaluation and Program Planning, 34(4), 375-381. Retrieved from: https://www-sciencedirect-com.ezproxy1.lib.asu.edu/science/article/pii/S0149718911000164.

[71] Jones, C., Campopiano, M., Baldwin, G., & Mccance-Katz, E. (2015). National and State Treatment Need and Capacity for Opioid Agonist Medication-Assisted Treatment. American Journal of Public Health, 105(8), E55-63. Retrieved from: https://search-proquest-com.ezproxy1.lib.asu.edu/docview/1697734095?accountid=4485&rfr_id=info%3Axri%2Fsid%3Aprimo.

[72] Earnshaw, V., Smith, L., & Copenhaver, M. (2013). Drug Addiction Stigma in the Context of Methadone Maintenance Therapy: An Investigation into Understudied Sources of Stigma. International Journal of Mental Health and Addiction, 11(1), 110-122. Retrieved from: https://link-springer-com.ezproxy1.lib.asu.edu/article/10.1007/s11469-012-9402-5.

[73] Madden, E. (2019). Intervention stigma: How medication-assisted treatment marginalizes patients and providers. Social Science & Medicine, 232, 324-331. Retrieved from: https://www-sciencedirect-com.ezproxy1.lib.asu.edu/science/article/pii/S0277953619302916.

Coordination with Title V MCH Block Grant, Head Start, and CAPTA Needs Assessments

Coordination with Other Needs Assessments and Incorporation of Other Assessment Findings:

During the course of the MIECHV Needs Assessment, previous needs assessments from various state agencies were reviewed and incorporated into the needs assessment narrative. Many needs assessments found similar challenges and barriers in Arizona. For example, the Arizona Head Start Needs Assessment stated that transportation is a barrier in many communities. That was echoed in the Arizona Health Care Cost Containment System's report and in the 2015 Title V Needs Assessment report.

While this needs assessment was being conducted, Arizona's Title V Needs Assessment was also being conducted. Although the Title V Needs Assessment results were not finalized prior to the completion of this needs assessment, the preliminary data from the Title V Assessment informed components and directions on this MIECHV Needs Assessment. For example, one preliminary finding from the Title V Needs Assessment indicated that infant mortality in Arizona was higher than the national average for 2017-2018. For this reason, infant mortality was added as a data indicator for the risk assessment by primary care area in Arizona. Similarly, lack of prenatal care for AHCCCS mothers and their infants was included as a data indicator for the risk assessment because communications with the lead of the Title V needs assessment indicated that this was an area of concern for maternal and child health in the state. Additionally, the MIECHV needs assessment team served on the steering committee of the Title V Needs Assessment. The maps identifying areas of higher risk will be shared with the Title V Needs Assessment team and steering committee to facilitate the development of the statewide maternal and child health priorities. The feedback from parents and home visitors will also be shared with the Title V assessment team and steering committee to provide examples and context of experiences of mothers with the home visiting services received.

We also coordinated with other agencies during the course of the MIECHV Needs Assessment by holding conference calls with other state agencies regarding their needs assessment results or plans for their upcoming needs assessments. For example, we held calls with the Department of Child Safety regarding their concurrent needs assessment activities to identify potential areas of collaboration and with First Things First (an early childhood education agency in the state) to discuss the preliminary results of the MIECHV needs assessment and how this will inform the design of their biennial needs assessment so as to avoid duplication.

Conclusion

The general findings from this needs assessment were not significantly different from the needs assessment conducted in 2010.

The most significant difference identified during the course of this needs assessment, as compared to the 2010 needs assessment, was that many tribes in Arizona are considered at-risk. ADHS offers home visiting in different tribal nations and this new information will help to inform whether home visiting programs should be expanded for currently served tribes.

Interviews with home visitors and parents indicates that there is general satisfaction with experiences in the program, although some home visitors say they would benefit from expanded mental health resources to better deal with the emotional and mental demands of the profession.

This needs assessment helped ADHS identify an opportunity to improve domestic violence screenings during home visits. Plus, this review of the AHCCCS needs assessment along with other research in the state helped to highlight gaps in medically assisted substance abuse treatment provision across the state. Review of the AHCCCS needs assessment also confirmed findings of this needs assessment that Mohave County and Pima County are areas of need for substance abuse treatment services and home visiting services.

This needs assessment also revealed that continuous monitoring systems are effectively helping ADHS to oversee and track the quality and capacity of home visiting programs and quickly work towards solutions when issues arise.

Chart 5: MIECHV Needs Assessment Dissemination Plan

Product	Target Date	Audience	Responsible Party	Notes
Online Published Report	**October 2020**	**Public**	**MIECHV Program Staff**	**Partners would be notified via newsletter** **Director's blog entry**
Webinar	**November 2020**	**Home Visitors from Evidence-Based and Evidence-Informed Programs**	**OAE Chief and MIECHV Program Staff**	**Strong Families AZ - Arizona's Home Visiting Alliance Webinar will be recorded and posted to the MIECHV Program website (https://www.azdhs.gov/ prevention/womens-childrens-health/childrens-health/index. php#home-visiting)**
Online Community Profiles	**October 2020**	**Public**	**MIECHV Program Staff**	**Partners would be notified via newsletter** **Director's blog entry**
Community Presentations/ Webinars	1. **September 2020** 2. **October 2020** 3. **October 2020** 4. **December 2020**	**Varied**	**OAE Chief/ MIECHV Program Staff**	1. **Interagency Leadership Team** 2. **Local Implementing Agency Meeting** 3. **Bureau Meeting** 4. **Maternal Health Taskforce Meeting**
Title V MCH Needs Assessment Report	**September 2020**	**Title V MCH Needs Assessment Steering Committee**	**OAE Chief**	**Incorporate findings in the statewide MCH needs assessment to be submitted HRSA MCHB**
Town Hall Meeting Presentations	**October 2020 - December 2020**	**Community Audience**	**OAE Chief**	**Incorporate with MCH Needs Assessment Town Hall Presentations planned dissemination activities**

Notes: Develop a standard slide deck with possible targeted content depending on the community we are presenting to. The standard deck can be used by MIECHV program staff and the Office of Assessment and Evaluation Chief to present on the needs assessment process, findings, and recommendations.

ARIZONA DEPARTMENT OF HEALTH SERVICES

Arizona Needs Assessment Phase II

Maternal, Infant and Early Childhood Home Visiting Program

Martín F. Celaya, MPH

Chief, Assessment and Evaluation

Bureau of Women's and Children's Health

Arizona Department of Health Services

July 2021

Background and Rationale

Arizona's MIECHV program compared those identified at-risk communities in Phase 1 of the analysis with the current list of communities that currently benefit from home visiting services. The comparison showed that under Phase I, a considerable number of communities would stop receiving MIECHV support. These communities reside in the counties of: Yuma, Apache, Yavapai, and Cochise. A review of these communities led the assessment team to discover that migrant, border, monolingual Spanish-speaking, and tribal communities would be negatively affected by their omission in the identified list of Phase I. A review of each standardized metric as prescribed in the 'simplified method' showed that the main reason for the deletion of these sites was data unavailability and not a true lower prevalence or incidence for most HRSA-prescribed indicators.

The unavailability of data in these regions placed these communities at a disadvantage for receiving much-needed services that the communities themselves expressed as part of the HRSA Title V Maternal, and Child Health Block Grant Needs Assessment for Arizona. Arizona designed a comprehensive needs assessment including several components. These included: an analysis of trend data on Maternal and Child Health Indicators in Arizona; an Online Public Survey; an Assessment of the Capacity of Arizona Department of Health Services to implement Title V; Focus Groups with under-served communities; a Tribal Needs Assessment; Community Forums; and a Priority Setting informed by a steering committee to guide and oversee the process.

The AZ MIECHV program would like to leverage the findings of this needs assessment and proceed with Phase II of the Home Visiting Needs Assessment to identify ways that these communities can be beneficiaries of continued MIECHV support.

Approach

The assessment team conducted a mixed-method approach to determine the need for home visitation services in counties not identified as at-risk in Phase I. The team utilized qualitative findings from the Arizona Title V Maternal and Child Health Needs Assessment to better understand the need for maternal and child health programming (including home visitation services) in the rural, migrant, border, and tribal communities.

Qualitative data was paired with quantitative to highlight the need for services further. Infant mortality and the absence of prenatal care were two indicators used under the Perinatal Outcomes domain in Phase I. These indicators are included due to their alignment with Arizona's 2020-2025 Title V Maternal and Child Health Priorities.

The approach to Phase II utilized updated data from Arizona's Vital Records to calculate the infant mortality rate and the proportion of live births where the mother indicated having 'no prenatal care during pregnancy'. These rates were calculated for all 15 of Arizona's counties to provide a comparison across the state. The team utilized a simple prioritization technique to design a supplemental list of counties to adjoin the at-risk communities identified in Phase I (refer to Chart 1 in Phase I). The assessment team used the statewide rate for infant mortality and the overall proportion of no prenatal care for comparison. Any county whose infant mortality rate was higher than the state's received 1 point in prioritization. Any county whose proportion of no prenatal care was higher than the state's average receives an additional point in the prioritization. Counties with a priority score of '2' are in the supplemental list.

Each primary care area within the prioritized counties is included in the final list of primary care areas identified at-risk for Arizona's MIECHV Program.

Summary of Qualitative

Findings

The findings below are a summary of results reported in the Arizona Title V Maternal and Child Health Needs Assessment Report. The reports can be found here. The purpose of the focus groups and community forums from the assessment was to provide spaces for families and youth from under-served communities to discuss their health needs and their experiences of using health services. Communities were invited to participate in these events to help identify needed services for the state of Arizona, including preventive and primary care services for pregnant women, mothers, and infants up to age one; preventive and primary care services for children; services for children with special health care needs (age 0 - 26); and youth services (age 10 - 26). The team conducted 17 focus groups with adults and 8 with youth, giving a total of 25. Each focus group included between 4-12 participants. In addition, 14 individual interviews were conducted. Six were with service providers, and eight were with individuals from communities of interest who were unable or unwilling to attend focus groups. With the help of many partners, we reached 135 individuals from several hard-to-reach communities (i.e., rural communities, youth, communities of color, monolingual Spanish speaking, border/migrant, and tribal).

The overarching themes for this methodology include: 1) Health Problems and Related Health Services; 2) Issues that apply to all Health Services; and 3) Other community Services that impact health. The top four health problems people talked about were: reproductive health, mental health, substance abuse, and oral health. The availability of services, access to services, affordability of services, information about health and health services, discrimination by health care providers, and continuity of health services over time were issues mentioned many times by health care providers and communities.

Lastly, participants mentioned several factors that influence their health and their access to health services in their communities. These included childcare services that enable parents to work and access health care; good quality housing that allows people to practice good health and hygiene in the home; access to good nutritious foods in the community; and access to safe places for work, leisure, and sport, for all ages. Home visitation is considered a promising or evidence-based approach to address the needs indicated above. In addition, the qualitative assessment yielded the following recommendations from participants:

Participants came up with many suggestions and recommendations concerning the problems that they identified. Many times, the same suggestions came from different communities.

1. Service provision needs to be more holistic, shifting from a focus on individual medical conditions to focusing on the person, family, and social context. This will involve the increased provision of mental health services and services that continue over the life course, especially for children with special health care needs.

2. Navigators are needed to help families navigate the health services. This includes: (i) finding out about health conditions and services; (ii) how to access health services; (iii) eligibility for health services and health insurance; and (iv) how to minimize risks of discrimination.

3. Information hub is needed – the same information on health and health services should be available in all government offices (schools, libraries, clinics, police stations etc.)

4. Health services should be available in community centers such as schools, libraries, churches

5. There should be better coordination across services so that families can apply with one set of forms to access multiple services they need

6. Community members should participate in the planning and provision of health services. For example, there should be a community health worker advisory board to advise the government

7. Quality of services needs to improve in two key areas: (i) increasing motivation for health care workers so that they do not keep leaving their positions, particularly in rural, frontier, and other under-served areas (ii) increasing training of health personnel in how to communicate respectfully within the patient's cultural understanding; in treatment of children with gender care needs; and in trust-building especially with those from under-served communities.

8. AHCCCS health insurance limits need to be extended so that working people on low incomes can have access to health care.

9. Dental care for adults should be included under AHCCCS and affordable to those not on AHCCCS.

10. Child-care services need to be more widely available so that parents can work and get access to health care services.

11. Health education in schools needs to be relatable. Students are less interested in dire warnings and statistics and more interested in personal testimonies of people like them.

12. Schools and communities need to provide more opportunities and career support to youth to address mental health and substance abuse issues.

13. Training and screening for foster families should include accommodations for gender and sexual minorities to ensure their safety and health care needs are met in their new homes.

14. There should be more parenting classes and foster care training to promote healthy family relationships.

15. Public transportation services should be expanded.

Quantitative Approach

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Findings

Infant mortality is the death of an infant before their first birthday. The infant mortality rate is the number of infant deaths for every 1,000 live births. In Arizona, the infant mortality rate is specific to residents of Arizona, and infant deaths to non-Arizona residents in Arizona are not included in the calculation. Below is a table of infant mortality counts rates for each county in Arizona, along with the state's rate in 2019.

Infant Deaths by County		
County	**Number of Infant Deaths**	**Rate**
Arizona	430	5.4
Apache	*	**
Cochise	10	7.4
Coconino	9	6.6
Gila	*	**
Greenlee	*	**
La Paz	0	**
Maricopa	250	4.9
Mohave	9	5.2
Navajo	10	7.4
Pima	61	5.9
Pinal	29	6.4
Santa Cruz	*	**
Yavapai	13	7.2
Yuma		6.8

* Cell suppressed due to non-zero count less than 6
 ** Cell suppressed due to rate/ratio/percent based on non-zero count less than 6

The chart below depicts the counties selected to be part of Phase II and their infant mortality rates since

2010, and the state's infant mortality rate. Greenlee county was omitted from the chart due to low infant mortality counts, which prevented the team from calculating a reliable estimate of infant mortality. The chart below demonstrates a trend analysis where all of the phase 2 counties have had a higher infant mortality rate than the state rate during the majority of 10 years. The chart also demonstrates Apache and Santa Cruz county's challenges with stabilizing their infant mortality rates over time.

Infant Mortality Rates per 1,000 Live Births for Phase 2 Counties (Greenlee-excluded), 2010-2019
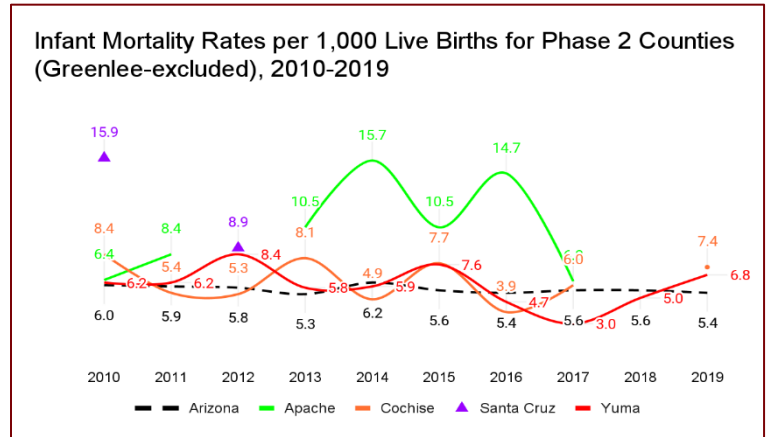
The absence of prenatal care is then the percent of live births with no prenatal care from the birth certificate vital records database. Below is the number of births with no prenatal care and their proportions for each county in Arizona in 2019.

County	Number of Births with No Prenatal Care	%	County	Number of Births with No Prenatal Care	%
Arizona	2,040†	2.6	Maricopa	797	1.6
Apache	50	5.6	Mohave	43	2.5
Cochise	126	9.4	Navajo	45	3.3
Coconino	18	1.3	Pima	573	5.5
Gila	18	3.8	Pinal	75	1.7
Graham	11	2.2	Santa Cruz	73	12.2
Greenlee	*	**	Yavapai	31	1.7
La Paz	6	3.2	Yuma	166	5.6

Notes:
* Cell suppressed due to non-zero count less than 6;
** Cell suppressed due to rate/ratio/percent based on non-zero count less than 6;
 † Sum rounded to nearest tens unit due to non-zero addend less than 6.

The assessment team plotted the above proportions in a map using Tableau 2020.4.3 software to identify the list of counties that were above the state's proportion of live births with no prenatal care. The image below shows that the Phase 2 counties of Yuma, Santa Cruz, and Apache had larger percentages of live births with no prenatal care compared to the state. Greenlee county had no data available for 2019.

Percent of live births with no prenatal care by county, 2019

State average = 2.6%

Legend
> State average
<= State average

Data source: 2019 Arizona Vital Records

OF HEALTH SERVICES
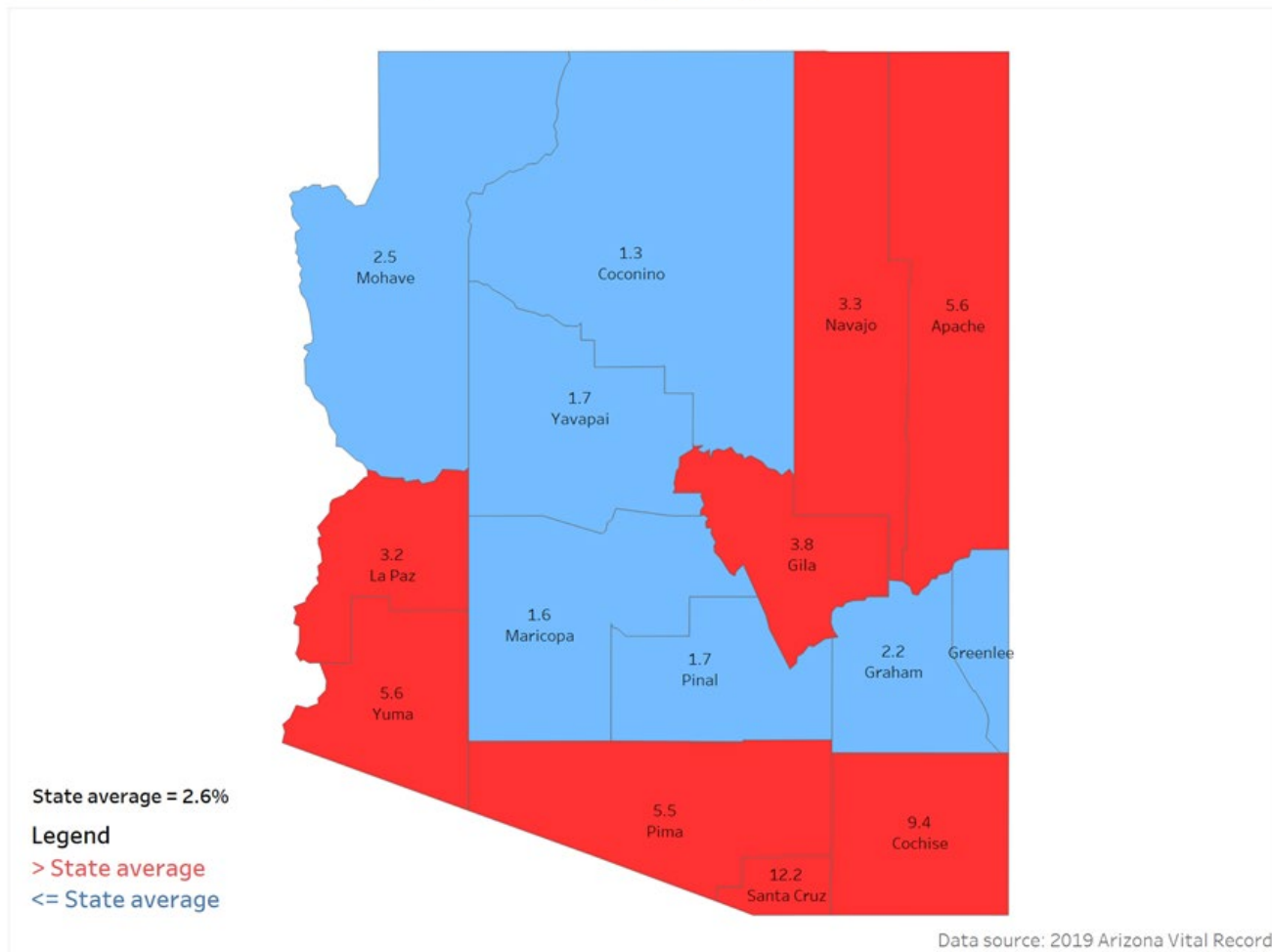
Community Prioritization

The data from the quantitative approach was plotted in a prioritization matrix. A prioritization matrix is one of the more commonly used tools for prioritization and can be of use when health problems are considered against a number of criteria or when an agency is restricted to focusing on only one priority health issue.

In this priority matrix we listed all counties that are eligible in Phase II of the assessment in the first column of the matrix. The second and third columns of the matrix include our criterion to evaluate each county on, specific in regards to infant mortality and no prenatal care.

A score of '1' on each of these cells indicate that a county was above the average estimate for that specific indicator. For simplicity purposes weights were not assigned to any criteria. The fourth column is the priority score which is a summation of columns two and three. Only counties that received a priority score of '2' were deemed as new 'at-risk' counties of which all the primary care areas within that county are automatically added as 'at-risk' communities in the final list of identified communities in the Arizona MIECHV needs assessment. This table displays the prioritization matrix.

County	PCAs	County IMR* > AZ IMR	County NPC** % > AZ NPC %	Priority Score
Apache	Navajo Nation Springerville/Eager	Suppressed +	1	1
Cochise	Benson Bisbee Douglas & Pirtleville Wilcox and Bowie	1	1	2
Greenlee	Morenci	Suppressed	0	0
Santa Cruz	Nogales Rio Rico	Suppressed	1	1
Yavapai	Black Canyon City Chino Valley Cottonwood/Sedona Prescott Prescott Valley Williamson	1	0	1
Yuma	Fortuna Foothills San Luis Somerton Yuma	1	1	2
*IMR: Infant Mortality Rate ** NPC: No Prenatal Care + Cell suppressed due to rate/ratio/percent based on non-zero count less than 6				

OF HEALTH SERVICES

Tribal Communities

Arizona has the third-largest American Indian/Alaska Native (AI/AN) population in the United States and is home to 22 federally recognized tribes. AI/AN communities experience lower infant deaths from low birthweight/short gestation; lower tobacco use during pregnancy and lower incidences of sexually transmitted diseases compared to other racial groups. Nonetheless, on average, members of the AI/AN population were 15 years younger at the time of death compared to all racial/ethnic groups in Arizona. Additionally, these communities experience lower levels of educational attainment, lower-income, higher levels of unemployment, higher levels of chronic diseases, and are ranked poorly on measures of maternal lifestyle and health, and low use of prenatal care.

In 2019, American Indian residents of Arizona ranked worse than the statewide average on 53 of 65 health indicators listed in the Health Status Profile of American Indians in Arizona: 2019 Databook. Some of these indicators include no prenatal care, prenatal care started in the 1st trimester, infant mortality, post-neonatal mortality, drowning, and sudden infant death syndrome.

The image on the following page is a risk profile that summarizes how American Indians as a group compared in 2019 to the state average on 65 measures of health status. The 65 indicators used in the profile are individual measures of the various dimensions or facets of health status. The profile uses the percentages a racial/ethnic group is above or below the statewide average on each of the specific measures. In order to represent the level of each indicator for American Indians in comparison to the overall state level, the following formula was used:

$$\left[\frac{\text{THE VALUE OF A RATE OR RATIO IN A SPECIFIED GROUP}}{\text{THE AVERAGE VALUE OF A RATE OR RATIO FOR ALL GROUPS}} - 1.0 \right] \times 100$$

The formula produces a score of 0.0 for a group with the same value as the statewide average. A negative value indicates better than average standing on an indicator. A positive value indicates worse than average standing on an indicator. The profile visually describes the better than-average and worse-than-average clusters of health status characteristics for American Indian residents of Arizona. This publication is available online at: https://pub.azdhs.gov/health-stats/report/hspam/2019/indian2019.pdf

2019 RISK PROFILE OF AMERICAN INDIANS

(Percent above or below the average rate or ratio of all Arizona residents in 2019

		BETTER THAN AVERAGE	WORSE THAN AVERAGE
4-8.	Mortality of infants from low birthweight/short gestation	-71.4	
5-7.	Lung cancer	-69.1	
5-5.	Chronic lower respiratory diseases	-53.8	
5-17.	Alzheimer's disease	-38.6	
2-2.	Tobacco use during pregnancy	-27.9	
5-9.	Cervical cancer	-25.0	
5-3.	Coronary heart disease	-10.6	
4-9.	Neonatal mortality	-8.8	
5-8.	Breast cancer (female)	-6.4	
5-2.	Diseases of the heart	-3.3	
6-5.	Injury by firearms	-2.6	
5-6.	Malignant neoplasm (cancer)	-1.8	
2-6.	Gestational weight gain - Inadequate		3.7
2-7.	Gestational weight gain - Excessive		3.8
5-1.	Cardiovascular disease		4.2
5-10.	Colorectal cancer		4.9
4-3.	Born too small: <2,500 grams		6.8
5-11.	Prostate cancer		9.2
4-1.	Incidence of newborn intensive care		11.7
4-2.	Born too early (preterm or < 37 weeks)		14.0
5-4.	Cerebrovascular disease		15.2
8-3.	Median age at death among females		15.2
4-4.	Born too small: <1,500 grams		18.2
8-1.	Median age at death from all causes		18.4
9-4.	Incidence of HIV/AIDS		20.4
6-6.	Drug-induced deaths		20.8
8-2.	Median age at death among males		21.6
4-6.	Infant mortality		27.8
6-3.	Fall-related injuries		29.5
9-3.	Incidence of chlamydia		30.8
3-1.	No care in the 1st trimester		37.0
8-4.	Deaths before expected years of life reached		39.9
6-8.	Intentional self-harm (suicide)		41.8
1-4.	Pregnancies among females 18-19 years		51.6
2-3.	Pre-existing hypertension		53.3
5-20.	Total mortality from all causes		55.3
1-1.	Pregnancies among females 19 and younger		58.0
2-5.	Gestational hypertension		65.0
9-2.	Incidence of gonorrhea		69.6
2-1.	Unmarried mothers		74.2
4-5.	Incidence of congenital anomalies (birth defects)		75.0
4-10.	Postneonatal mortality		81.0
7-4.	Mortality of middle-aged adults 45-64 years		92.6
5-19.	Essential (primary) hypertension		94.5
1-3.	Pregnancies among females 15-17 years		96.1
2-4.	Gestational diabetes		100.0
3-3.	No prenatal care		103.8
7-2.	Mortality of adolescents 15-19 years		110.3
7-1.	Mortality of children 1-14 years		110.3
5-15.	HIV disease		111.1
3-2.	Fewer than five prenatal visits		112.2
6-1.	Unintentional injuries		118.6
5-12.	Influenza and pneumonia		165.4
6-2.	Motor vehicle-related injuries		180.2
5-18.	Nephritis, nephrotic syndrome and nephrosis		180.7
6-4.	Drowning mortality		184.6
9-1.	Incidence of early syphilis		189.0
1-2.	Pregnancies among females 14 and younger		200.0
7-3.	Mortality of young adults 20-44 years		206.1
6-9.	Assault (homicide)		244.1
4-7.	Sudden Infant Death Syndrome (SIDS)		250.0
5-16.	Septicemia		268.4
5-13.	Diabetes		282.4
5-14.	Chronic liver disease and cirrhosis		462.6
6-7.	Alcohol-induced deaths		495.7

0.0

AVERAGE
FOR ALL RESIDENTS

Phase II MIECHV Needs Assessment Results

This phase of the needs assessment helped ADHS identify additional areas that can benefit from home visitation services. The analysis identified an additional 8 'communities at-risk' in 2 counties to include in the final list of 'Primary Care Areas Identified as At-Risk.'

Limitations for this approach included the lack of infant mortality data for Apache, Greenlee, and Santa Cruz counties. The lack of data indicates that the number of infant deaths in those counties were less than 6, estimating an infant mortality rate for these counties would result in an unstable estimate and can result in inappropriate allocation of resources in communities that may have as great of a need for home visitation services as others identified in this analysis.

In addition, an intentional decision was made to include all federally recognized tribal communities in Arizona as communities of risk due to data identified in the 2019 Risk Profile of American Indians. The map to the right shows the tribal homelands in Arizona. Tribes that were not included in Phase I of the assessment have been included in Phase II. This approach to the Arizona MIECHV Needs Assessment ensures areas of greatest need are eligible to receive MIECHV funded services.

Tribal Homelands In Arizona
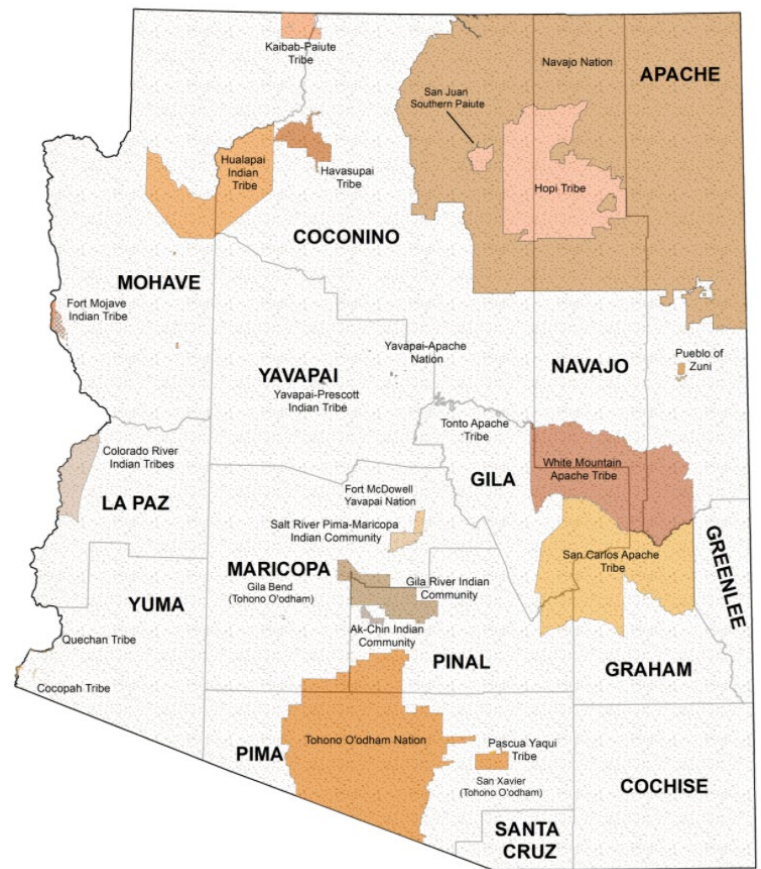
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At Risk Communities

The following is the finalized list of primary care areas and tribal communities identified as at-risk for the Arizona MIECHV Needs Assessment.

A county is considered at risk if at least one primary care area or tribal community resides within that county boundary.

Phase I Primary Care Areas Identified as 'At-Risk'		Phase II Primary Care Areas and Tribal Communities Identified as 'At-Risk'	
PCA	County	PCA	County
Ajo	Pima	Benson	Cochise
Alhambra Village	Maricopa	Ak-Chin Indian Community	Pinal
Bullhead City	Mohave	Bisbee	Cochise
Camelback East Village	Maricopa	Cocopah Indian Tribe	Yuma
Central City Village	Maricopa	Douglass & Pirtleville	Cochise
Colorado River Indian Tribe	La Paz	Fort Mohave Indian Tribe	Mohave
Fort McDowell Yavapai Nation	Maricopa	Fort Yuma Quechan Tribe	Yuma
Gila River Indian Community	Maricopa, Pinal	Fortuna Foothills	Yuma
Glendale Central	Maricopa	Havasupai Tribe	Coconino
Globe	Gila	Hopi Tribe	Coconino, Navajo
Hualapai Tribe	Coconino, Mohave	Kaibab Band of Paiute Indians	Coconino, Mohave
Maryvale Village	Maricopa	Navajo Nation	Apache, Coconino, Navajo
Mesa West	Maricopa	Pueblo of Zuni	Apache
North Mountain Village	Maricopa	San Juan Southern Paiute Tribe	Coconino
Pascua Yaqui Tribe	Pima	San Luis	Yuma
Payson	Gila	Sierra Vista	Cochise
Safford	Graham	Somerton	Yuma
Salt River Pima-Maricopa Indian Community	Maricopa	Tonto Apache Tribe	Gila
San Carlos Apache Tribe	Gila, Graham, Pinal	Wilcox and Bowie	Cochise
Scottsdale South	Maricopa	Yavapai-Apache Tribe	Yavapai
South Mountain Village and Guadalupe	Maricopa	Yavapai-Prescott Indian Tribe	Yavapai
Tohono O'odham Nation	Pima, Pinal, Maricopa	Yuma	Yuma
Tucson Foothills	Pima	**AT RISK COUNTIES:**	
Tucson South	Pima	**Apache, Cochise, Coconino, Gila, Graham, La Paz, Maricopa,**	
White Mountain Apache Tribe	Apache, Gila, Navajo	**Mohave, Navajo, Pima, Pinal, Yavapai, Yuma**	
Winslow	Navajo		

ARIZONA DEPARTMENT OF HEALTH SERVICES

Appendices

Appendix A: Alcohol-related ICD-10 codes

- F10.20   Addiction, alcohol, alcoholic (ethyl) (methyl) (wood) (without remission)
- F10.220 Addiction, alcohol, alcoholic (ethyl) (methyl) (wood) (without remission), with intoxication uncomplicated
- F10.221 Addiction, alcohol, alcoholic (ethyl) (methyl) (wood) (without remission), with intoxication with delirium
- F10.229 Addiction, alcohol, alcoholic (ethyl) (methyl) (wood) (without remission), with intoxication
- F10.230 Addiction, alcohol, alcoholic (ethyl) (methyl) (wood) (without remission), with withdrawal uncomplicated
- F10.231 Addiction, alcohol, alcoholic (ethyl) (methyl) (wood) (without remission), with withdrawal with delirium
- F10.232 Addiction, alcohol, alcoholic (ethyl) (methyl) (wood) (without remission), with withdrawal with perceptual disturbance
- F10.239 Addiction, alcohol, alcoholic (ethyl) (methyl) (wood) (without remission), with withdrawal
- F10.24   Addiction, alcohol, alcoholic (ethyl) (methyl) (wood) (without remission), with mood disorder
- F10.250 Addiction, alcohol, alcoholic (ethyl) (methyl) (wood) (without remission), with delusions
- F10.251 Addiction, alcohol, alcoholic (ethyl) (methyl) (wood) (without remission), with hallucinations
- F10.259 Addiction, alcohol, alcoholic (ethyl) (methyl) (wood) (without remission), with psychotic disorder
- F10.26   Addiction, alcohol, alcoholic (ethyl) (methyl) (wood) (without remission), with amnestic disorder, persisting
- F10.27   Addiction, alcohol, alcoholic (ethyl) (methyl) (wood) (without remission), with dementia, persisting
- F10.280 Addiction, alcohol, alcoholic (ethyl) (methyl) (wood) (without remission), with anxiety disorder
- F10.281 Addiction, alcohol, alcoholic (ethyl) (methyl) (wood) (without remission), with sexual dysfunction
- F10.282 Addiction, alcohol, alcoholic (ethyl) (methyl) (wood) (without remission), with sleep disorder
- F10.288 Addiction, alcohol, alcoholic (ethyl) (methyl) (wood) (without remission), with specified disorder

Appendix B: Marijuana-related ICD-10 codes

- F12.20   Addiction/Dependence cannabis
- F12.220 Addiction/Dependence cannabis with intoxication uncomplicated
- F12.221 Addiction/Dependence cannabis with intoxication with delirium
- F12.222 Addiction/Dependence cannabis with intoxication with perceptual disturbance

- F12.229 Addiction/Dependence cannabis with intoxication
- F12.23   Addiction/Dependence cannabis with withdrawal
- F12.250 Addiction/Dependence cannabis with intoxication with psychosis with delusions
- F12.251 Addiction/Dependence cannabis with intoxication with psychosis with hallucinations
- F12.259 Addiction/Dependence cannabis with intoxication with psychosis
- F12.280 Addiction/Dependence cannabis with anxiety disorder
- F12.288 Addiction/Dependence cannabis with intoxication with other specified disorder
- F12.29   Addiction/Dependence cannabis with intoxication with unspecified disorder

Appendix C: Opioid-related ICD-10 codes

- F11.20   Addiction/Dependence opioid
- F11.21   Addiction/Dependence opioid in remission
- F11.220   Addiction/Dependence opioid with intoxication uncomplicated
- F11.221   Addiction/Dependence opioid with intoxication with delirium
- F11.222   Addiction/Dependence opioid with intoxication with perceptual disturbance
- F11.229   Addiction/Dependence opioid with intoxication
- F11.23   Addiction/Dependence opioid withdrawal
- F11.24   Addiction/Dependence opioid with mood disorder
- F11.250   Addiction/Dependence opioid with psychosis with delusions
- F11.251   Addiction/Dependence opioid with psychosis with hallucinations
- F11.259   Addiction/Dependence opioid with psychosis
- F11.281   Addiction/Dependence opioid with sexual dysfunction
- F11.282   Addiction/Dependence opioid with sleep disorder
- F11.288   Addiction/Dependence opioid with other specified disorder
- F11.29   Addiction/Dependence opioid with unspecified disorder

Appendix D: Illicit substance-related ICD-10 codes

- F13.20   Addiction/Dependence sedative, hypnotic or anxiolytic
- F13.21   Addiction/Dependence sedative, hypnotic or anxiolytic in remission
- F13.220   Addiction/Dependence sedative, hypnotic or anxiolytic with intoxication uncomplicated
- F13.221   Addiction/Dependence sedative, hypnotic or anxiolytic with intoxication with delirium
- F13.229   Addiction/Dependence sedative, hypnotic or anxiolytic with intoxication
- F13.230   Addiction/Dependence sedative, hypnotic or anxiolytic with withdrawal uncomplicated
- F13.231   Addiction/Dependence sedative, hypnotic or anxiolytic with withdrawal with delirium
- F13.232   Addiction/Dependence sedative, hypnotic or anxiolytic with withdrawal with delirium perceptual disturbance
- F13.239   Addiction/Dependence sedative, hypnotic or anxiolytic with withdrawal
- F13.24   Addiction/Dependence sedative, hypnotic or anxiolytic with mood disorder
- F13.250   Addiction/Dependence sedative, hypnotic or anxiolytic with psychosis with delusions
- F13.251   Addiction/Dependence sedative, hypnotic or anxiolytic with psychosis with hallucinations
- F13.259   Addiction/Dependence sedative, hypnotic or anxiolytic with psychosis
- F13.26   Addiction/Dependence sedative, hypnotic or anxiolytic with amnestic disorder
- F13.27   Addiction/Dependence sedative, hypnotic or anxiolytic with dementia, persisting

- F13.280 Addiction/Dependence sedative, hypnotic or anxiolytic with anxiety disorder
- F13.281 Addiction/Dependence sedative, hypnotic or anxiolytic with sexual dysfunction
- F13.282 Addiction/Dependence sedative, hypnotic or anxiolytic with sleep disorder
- F13.288 Addiction/Dependence sedative, hypnotic or anxiolytic with other specified disorder
- F13.29 Addiction/Dependence sedative, hypnotic or anxiolytic with unspecified disorder
- F14.20 Addiction/Dependence cocaine
- F14.220 Addiction/Dependence cocaine with intoxication uncomplicated
- F14.221 Addiction/Dependence cocaine with intoxication with delirium
- F14.222 Addiction/Dependence cocaine with intoxication with perceptual disturbance
- F14.229 Addiction/Dependence cocaine with intoxication
- F14.23 Addiction/Dependence cocaine with withdrawal
- F14.24 Addiction/Dependence cocaine with mood disorder
- F14.250 Addiction/Dependence cocaine with psychosis with delusions
- F14.251 Addiction/Dependence cocaine with psychosis with hallucinations
- F14.259 Addiction/Dependence cocaine with psychosis
- F14.280 Addiction/Dependence cocaine with anxiety disorder
- F14.281 Addiction/Dependence cocaine with sexual dysfunction
- F14.282 Addiction/Dependence cocaine with sleep disorder
- F14.288 Addiction/Dependence cocaine with other specified disorder
- F14.29 Addiction/Dependence cocaine with unspecified disorder
- F15.20 Addiction/Dependence stimulant
- F15.21 Addiction/Dependence stimulant in remission
- F15.220 Addiction/Dependence stimulant with intoxication uncomplicated
- F15.221 Addiction/Dependence stimulant with intoxication with delirium
- F15.222 Addiction/Dependence stimulant with intoxication with perceptual disturbance
- F15.229 Addiction/Dependence stimulant with intoxication
- F15.23 Addiction/Dependence stimulant with withdrawal
- F15.24 Addiction/Dependence stimulant with mood disorder
- F15.250 Addiction/Dependence stimulant with psychosis with delusions
- F15.251 Addiction/Dependence stimulant with psychosis with hallucinations
- F15.259 Addiction/Dependence stimulant with psychosis
- F15.280 Addiction/Dependence stimulant with anxiety disorder
- F15.281 Addiction/Dependence stimulant with sexual dysfunction
- F15.282 Addiction/Dependence stimulant with sleep disorder
- F15.288 Addiction/Dependence stimulant with other specified disorder
- F15.29 Addiction/Dependence stimulant with unspecified disorder
- F16.20 Addiction/Dependence hallucinogen
- F16.21 Addiction/Dependence hallucinogen in remission
- F16.220 Addiction/Dependence hallucinogen with intoxication uncomplicated
- F16.221 Addiction/Dependence hallucinogen with intoxication with delirium
- F16.229 Addiction/Dependence hallucinogen with intoxication
- F16.24 Addiction/Dependence hallucinogen with mood disorder
- F16.250 Addiction/Dependence hallucinogen with psychosis with delusions
- F16.251 Addiction/Dependence hallucinogen with psychosis with hallucinations
- F16.259 Addiction/Dependence hallucinogen with psychosis
- F16.280 Addiction/Dependence hallucinogen with anxiety disorder

- F16.283 Addiction/Dependence hallucinogen with flashbacks
- F16.283 Addiction/Dependence hallucinogen with perception disorder, persisting
- F16.288 Addiction/Dependence hallucinogen with other specified disorder
- F16.29   Addiction/Dependence hallucinogen with psychosis with unspecified disorder
- F17.200 Addiction/Dependence nicotine
- F17.201 Addiction/Dependence nicotine in remission
- F17.203 Addiction/Dependence nicotine with withdrawal
- F17.208 Addiction/Dependence nicotine with specified disorder
- F17.209 Addiction/Dependence nicotine with disorder
- F17.210 Addiction/Dependence nicotine cigarettes
- F17.211   Addiction/Dependence nicotine cigarettes in remission
- F17.213 Addiction/Dependence nicotine cigarettes withdrawal
- F17.218 Addiction/Dependence nicotine cigarettes with specified disorder
- F17.219 Addiction/Dependence nicotine cigarettes with disorder
- F17.220 Addiction/Dependence nicotine chewing tobacco
- F17.221 Addiction/Dependence nicotine chewing tobacco in remission
- F17.223 Addiction/Dependence nicotine chewing tobacco with withdrawal
- F17.228 Addiction/Dependence nicotine chewing tobacco with specified disorder
- F17.229 Addiction/Dependence nicotine chewing tobacco with disorder
- F17.290 Addiction/Dependence nicotine cigarettes specified product
- F17.291 Addiction/Dependence nicotine cigarettes specified product with disorder remission
- F17.293 Addiction/Dependence nicotine cigarettes specified product with disorder withdrawal
- F17.298 Addiction/Dependence nicotine cigarettes specified product with disorder with specified disorder
- F17.299 Addiction/Dependence nicotine cigarettes specified product with disorder
- F18.20   Addiction/Dependence inhalant
- F18.21   Addiction/Dependence inhalant in remission
- F18.220 Addiction/Dependence inhalant with intoxication uncomplicated
- F18.221 Addiction/Dependence inhalant with intoxication with delirium
- F18.229 Addiction/Dependence inhalant with intoxication
- F18.24   Addiction/Dependence inhalant with mood disorder
- F18.250 Addiction/Dependence inhalant with psychosis with delusions
- F18.251 Addiction/Dependence inhalant with psychosis with hallucinations
- F18.259 Addiction/Dependence inhalant with psychosis
- F18.27   Addiction/Dependence inhalant with dementia, persisting
- F18.280 Addiction/Dependence inhalant with anxiety disorder
- F18.288 Addiction/Dependence inhalant with other specified disorder
- F18.29   Addiction/Dependence inhalant with unspecified disorder
- F19.20   Addiction/Dependence psychoactive
- F19.21   Addiction/Dependence psychoactive in remission
- F19.220 Addiction/Dependence psychoactive with intoxication uncomplicated
- F19.221 Addiction/Dependence psychoactive with intoxication with delirium
- F19.222 Addiction/Dependence psychoactive with intoxication with perceptual disturbance
- F19.229 Addiction/Dependence psychoactive with intoxication
- F19.230 Addiction/Dependence psychoactive with withdrawal uncomplicated
- F19.231 Addiction/Dependence psychoactive with withdrawal with delirium

- F19.232 Addiction/Dependence psychoactive with withdrawal with perceptual disturbance
- F19.239 Addiction/Dependence psychoactive with withdrawal
- F19.24   Addiction/Dependence psychoactive with mood disorder
- F19.250 Addiction/Dependence psychoactive with psychosis with delusions
- F19.251 Addiction/Dependence psychoactive with psychosis with hallucinations
- F19.259 Addiction/Dependence psychoactive with psychosis
- F19.26   Addiction/Dependence psychoactive with amnestic disorder
- F19.27   Addiction/Dependence psychoactive with dementia
- F19.280 Addiction/Dependence psychoactive with anxiety disorder
- F19.281 Addiction/Dependence psychoactive with sexual dysfunction
- F19.282 Addiction/Dependence psychoactive with sleep disorder
- F19.282 Addiction/Dependence psychoactive with sleep disorder
- F19.288 Addiction/Dependence psychoactive with other specified disorder
- F19.29   Addiction/Dependence psychoactive with unspecified disorder
- F55.8   Addiction/Dependence analgesic

Appendix E: Domestic Violence-related ICD-10 codes

Assault Codes:
- T74.11   Maltreatment, adult, physical abuse, confirmed
- T74.21   Maltreatment, adult, sexual abuse, confirmed
- T74.31   Maltreatment, adult, bullying, confirmed
- T74.31   Maltreatment, adult, bullying, suspected
- T74.31   Maltreatment, adult, psychological abuse, confirmed
- T74.91   Maltreatment, adult, confirmed
- T76.11   Maltreatment, adult, physical abuse, suspected
- T76.21   Maltreatment, adult, sexual abuse, confirmed
- T76.31   Maltreatment, adult, psychological abuse, suspected
- T76.91   Maltreatment, adult, suspected
- X92.0   Assault, homicidal, by drowning, bathtub
- X92.1   Assault, homicidal, by drowning, swimming pool
- X92.2   Assault, homicidal, by drowning, following fall
- X92.3   Assault, homicidal, by drowning, natural water
- X92.8   Assault, homicidal, by drowning, specified NEC
- X92.9   Assault, homicidal, by drowning
- X93   Assault, homicidal, by handgun
- X94.1   Assault, homicidal, by hunting rifle
- X94.2   Assault, homicidal, by machine gun
- X94.2   Assault, homicidal, by shotgun
- X94.8   Assault, homicidal, by larger firearm, specified NEC
- X94.9   Assault, homicidal, by larger firearm
- X95.01   Assault, homicidal, by air gun
- X95.8   Assault, homicidal, by firearm, specified NEC
- X95.9   Assault, homicidal, by firearm
- X96.1   Assault, homicidal, by bomb, gasoline or petrol
- X96.2   Assault, homicidal, by bomb, letter

- X96.3   Assault, homicidal, by bomb, fertilizer or pipe
- X96.8   Assault, homicidal, by bomb, specified NEC
- X96.8   Assault, homicidal, by dynamite
- X96.9   Assault, homicidal, by bomb
- X97   Assault, homicidal, by burning
- X98.0   Assault, homicidal, by hot object, by vapors
- X98.1   Assault, homicidal, by hot object, by tap water
- X98.2   Assault, homicidal, by hot object, by fluid
- X98.3   Assault, homicidal, by object, by household appliance
- X98.8   Assault, homicidal, by hot object, by steam
- X98.9   Assault, homicidal, by hot object
- X99.0   Assault, homicidal, by cutting or piercing instrument, by glass
- X99.1   Assault, homicidal, by cutting or piercing instrument, by knife
- X99.2   Assault, homicidal, by cutting or piercing instrument, by dagger or sword
- X99.9   Assault, homicidal, by cutting or piercing instrument
- Y02.0   Assault, homicidal, by crashing, motor vehicle, pushing in front of
- Y02.1   Assault, homicidal, by pushing before a moving object, train
- Y02.8   Assault, homicidal, by pushing before a moving object NEC
- Y03.0   Assault, homicidal, by crashing, motor vehicle, run over
- Y03.8   Assault, homicidal, by crashing, motor vehicle
- Y04.0   Assault, homicidal, by bodily force, unarmed fight
- Y04.1   Assault, homicidal, by bite of human being
- Y04.2   Assault, homicidal, by bodily force bumping into
- Y04.8   Assault, homicidal, by bodily force
- Y08.01   Assault, homicidal, by striking, hockey stick
- Y08.02   Assault, homicidal, by striking, baseball bat
- Y08.09   Assault, homicidal, by striking, sports equipment
- Y08.81   Assault, homicidal, by crashing, airplane
- Y08.89   Assault, acid throwing
- Y08.89   Assault, homicidal, by burning, caustic, corrosive substance
- Y09   Assault, homicidal, by injury

Perpetrator Codes:
- Y07.01   Perpetrator of assault, maltreatment, or neglect, husband
- Y07.02   Perpetrator of assault, maltreatment, or neglect, wife
- Y07.03   Perpetrator of assault, maltreatment, or neglect, boyfriend
- Y07.04   Perpetrator of assault, maltreatment, or neglect, girlfriend

Ahwatukee Foothills Village

As part of a statewide needs assessment, each community was evaluated on a series of indicators that are related to increased risk for families. The presence of risk in a community provides important information to the Department of Health Services (DHS) and helps inform decisions about where programs and services should be increased or maintained.

The presence of multiple risk factors in a community can indicate that more services are needed to support families and children and help them be happy, healthy, and thriving.

The assessment of Ahwatukee Foothills Village revealed that there are no concerns with community risks as compared to other communities across Arizona.

Risk Domain	At Risk
Socioeconomic Status	No
Adverse Perinatal Outcomes	No
Substance Abuse	No
Crime	No
Child Maltreatment	No

To assist in prioritizing areas in the state for continued or increased services, DHS has implemented a tiered system. Tier 1 contains the highest priority areas that have 2-4 domains at risk. Tier 2 contains medium priority areas with one domain at risk. Tier 3 contains areas with low priority or zero areas at risk.

Ahwatukee Foothills Village is a tier 3, low priority primary care area with no domains at risk.

Indicators in each domain assessed:
Socioeconomic Status: Poverty, Unemployment, High School Dropout Rate, Income Inequality
Adverse Perinatal Outcomes: Low Birth Weight, Preterm Birth, Infant Mortality, No Prenatal Care
Substance Abuse: Alcohol, Marijuana, Illicit Drugs, Opioids
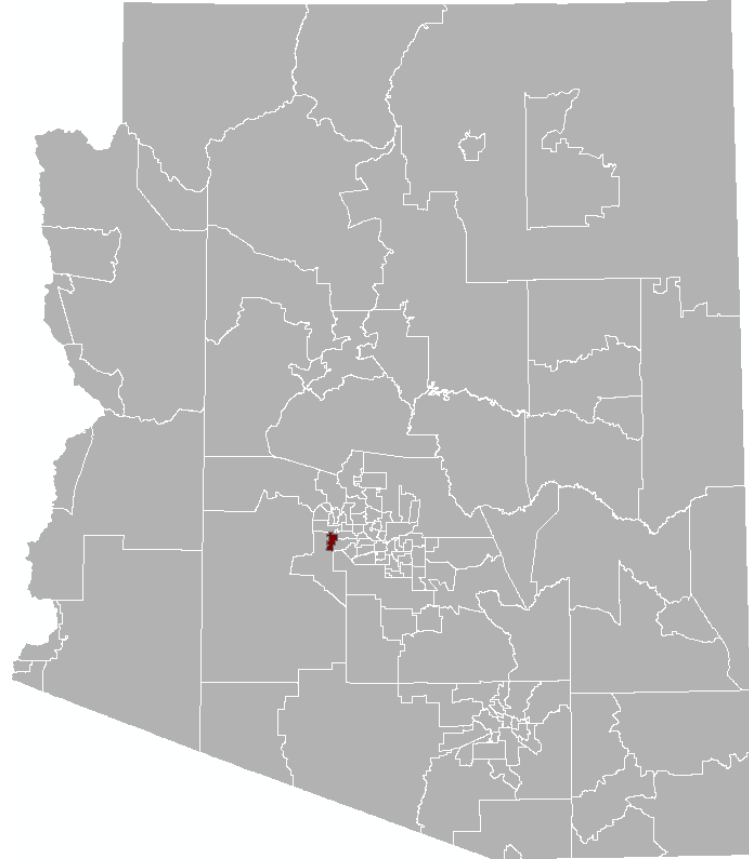Crime: Crime Rate, Domestic Violence
Child Maltreatment: Child Maltreatment

Ajo

As part of a statewide needs assessment, each community was evaluated on a series of indicators that are related to increased risk for families. The presence of risk in a community provides important information to the Department of Health Services (DHS) and helps inform decisions about where programs and services should be increased or maintained.

The presence of multiple risk factors in a community can indicate that more services are needed to support families and children and help them be happy, healthy, and thriving.

The assessment of Ajo revealed that there are risks in the community within the socioeconomic status, adverse perinatal outcomes, and child maltreatment domains as compared to other communities across Arizona.
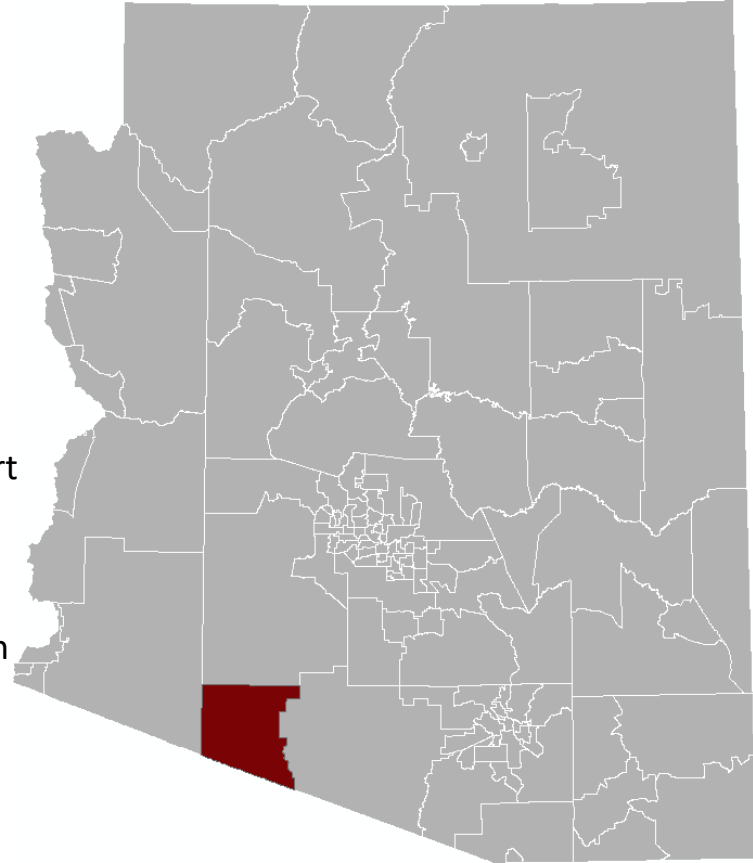
Risk Domain	At Risk
Socioeconomic Status	Yes
Adverse Perinatal Outcomes	Yes
Substance Abuse	No
Crime	No
Child Maltreatment	Yes

To assist in prioritizing areas in the state for continued or increased services, DHS has implemented a tiered system. Tier 1 contains the highest priority areas that have 2-4 domains at risk. Tier 2 contains medium priority areas with one domain at risk. Tier 3 contains areas with low priority or zero areas at risk.

Ajo is a tier 1, high priority primary care area with three domains at risk.

Indicators in each domain assessed:
Socioeconomic Status: Poverty, Unemployment, High School Dropout Rate, Income Inequality
Adverse Perinatal Outcomes: Low Birth Weight, Preterm Birth, Infant Mortality, No Prenatal Care
Substance Abuse: Alcohol, Marijuana, Illicit Drugs, Opioids
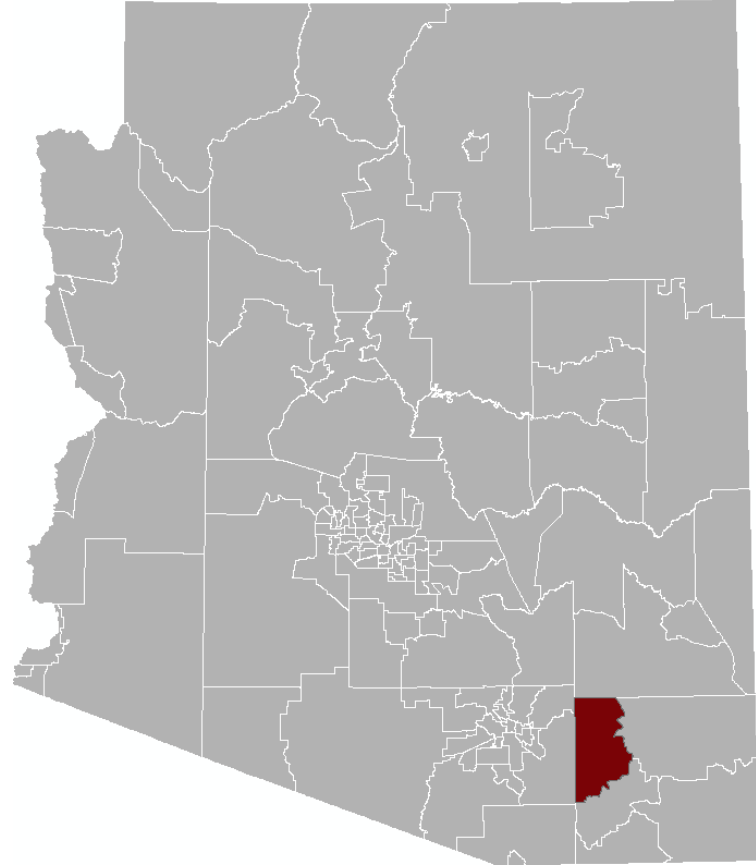Crime: Crime Rate, Domestic Violence
Child Maltreatment: Child Maltreatment

Alhambra Village

As part of a statewide needs assessment, each community was evaluated on a series of indicators that are related to increased risk for families. The presence of risk in a community provides important information to the Department of Health Services (DHS) and helps inform decisions about where programs and services should be increased or maintained.

The presence of multiple risk factors in a community can indicate that more services are needed to support families and children and help them be happy, healthy, and thriving.

The assessment of Alhambra Village revealed that there are risks in the community within the substance abuse and child maltreatment domains as compared to other communities across Arizona.

Risk Domain	At Risk
Socioeconomic Status	No
Adverse Perinatal Outcomes	No
Substance Abuse	Yes
Crime	No
Child Maltreatment	Yes

To assist in prioritizing areas in the state for continued or increased services, DHS has implemented a tiered system. Tier 1 contains the highest priority areas that have 2-4 domains at risk. Tier 2 contains medium priority areas with one domain at risk. Tier 3 contains areas with low priority or zero areas at risk.

Alhambra Village is a tier 1, high priority primary care area with two domains at risk.

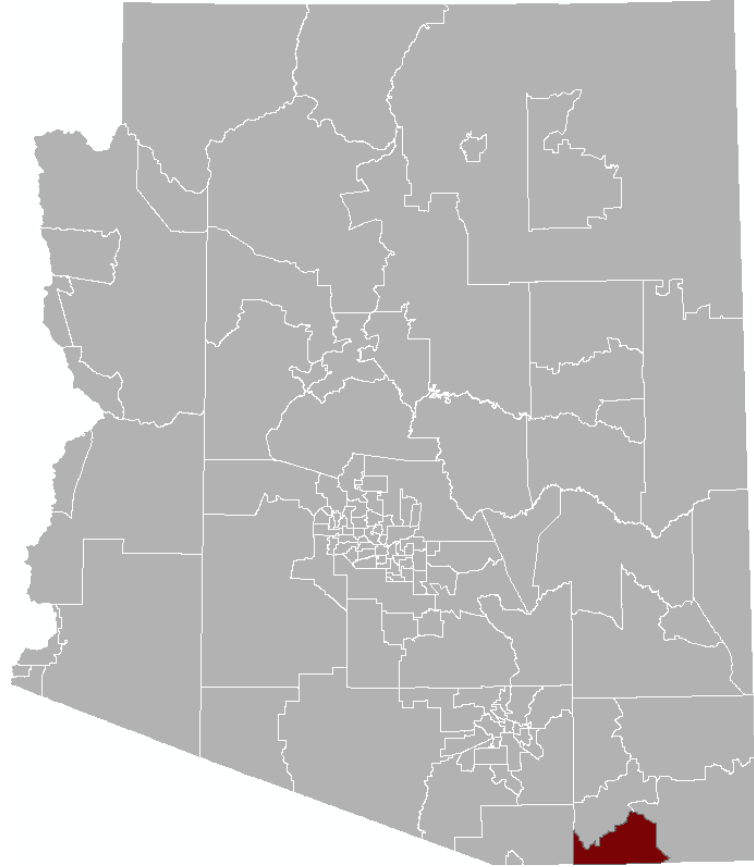Indicators in each domain assessed:
Socioeconomic Status: Poverty, Unemployment, High School Dropout Rate, Income Inequality
Adverse Perinatal Outcomes: Low Birth Weight, Preterm Birth, Infant Mortality, No Prenatal Care
Substance Abuse: Alcohol, Marijuana, Illicit Drugs, Opioids
Crime: Crime Rate, Domestic Violence
Child Maltreatment: Child Maltreatment

Anthem

As part of a statewide needs assessment, each community was evaluated on a series of indicators that are related to increased risk for families. The presence of risk in a community provides important information to the Department of Health Services (DHS) and helps inform decisions about where programs and services should be increased or maintained.

The presence of multiple risk factors in a community can indicate that more services are needed to support families and children and help them be happy, healthy, and thriving.

The assessment of Anthem revealed that there are no concerns with community risks as compared to other communities across Arizona.

Risk Domain	At Risk
Socioeconomic Status	No
Adverse Perinatal Outcomes	No
Substance Abuse	No
Crime	No
Child Maltreatment	No

To assist in prioritizing areas in the state for continued or increased services, DHS has implemented a tiered system. Tier 1 contains the highest priority areas that have 2-4 domains at risk. Tier 2 contains medium priority areas with one domain at risk. Tier 3 contains areas with low priority or zero areas at risk.

Anthem is a tier 3, low priority primary care area with no domains at risk.
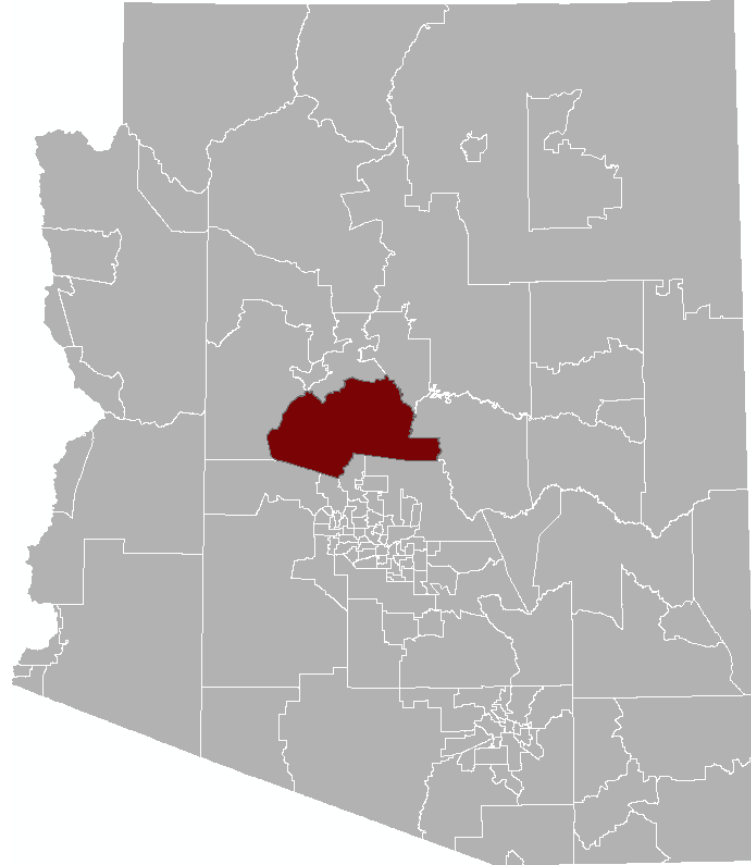
Indicators in each domain assessed:
Socioeconomic Status: Poverty, Unemployment, High School Dropout Rate, Income Inequality
Adverse Perinatal Outcomes: Low Birth Weight, Preterm Birth, Infant Mortality, No Prenatal Care
Substance Abuse: Alcohol, Marijuana, Illicit Drugs, Opioids
Crime: Crime Rate, Domestic Violence
Child Maltreatment: Child Maltreatment

Apache Junction

As part of a statewide needs assessment, each community was evaluated on a series of indicators that are related to increased risk for families. The presence of risk in a community provides important information to the Department of Health Services (DHS) and helps inform decisions about where programs and services should be increased or maintained.

The presence of multiple risk factors in a community can indicate that more services are needed to support families and children and help them be happy, healthy, and thriving.

The assessment of Apache Junction revealed that there are risks in the community within the child maltreatment domain as compared to other communities across Arizona.

Risk Domain	At Risk
Socioeconomic Status	No
Adverse Perinatal Outcomes	No
Substance Abuse	No
Crime	No
Child Maltreatment	Yes

To assist in prioritizing areas in the state for continued or increased services, DHS has implemented a tiered system. Tier 1 contains the highest priority areas that have 2-4 domains at risk. Tier 2 contains medium priority areas with one domain at risk. Tier 3 contains areas with low priority or zero areas at risk.

Apache Junction is a tier 2, medium priority primary care area with one domain at risk.
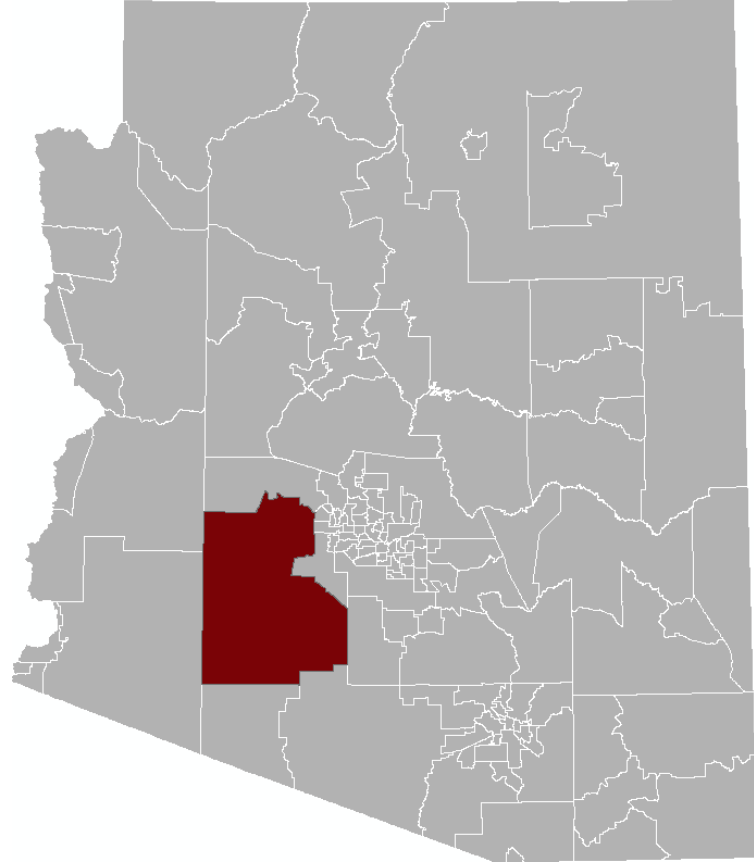
Indicators in each domain assessed:
Socioeconomic Status: Poverty, Unemployment, High School Dropout Rate, Income Inequality
Adverse Perinatal Outcomes: Low Birth Weight, Preterm Birth, Infant Mortality, No Prenatal Care
Substance Abuse: Alcohol, Marijuana, Illicit Drugs, Opioids
Crime: Crime Rate, Domestic Violence
Child Maltreatment: Child Maltreatment

Avondale

As part of a statewide needs assessment, each community was evaluated on a series of indicators that are related to increased risk for families. The presence of risk in a community provides important information to the Department of Health Services (DHS) and helps inform decisions about where programs and services should be increased or maintained.

The presence of multiple risk factors in a community can indicate that more services are needed to support families and children and help them be happy, healthy, and thriving.

The assessment of Avondale revealed that there are no concerns with community risks as compared to other communities across Arizona.

Risk Domain	At Risk
Socioeconomic Status	No
Adverse Perinatal Outcomes	No
Substance Abuse	No
Crime	No
Child Maltreatment	No

To assist in prioritizing areas in the state for continued or increased services, DHS has implemented a tiered system. Tier 1 contains the highest priority areas that have 2-4 domains at risk. Tier 2 contains medium priority areas with one domain at risk. Tier 3 contains areas with low priority or zero areas at risk.

Avondale is a tier 3, low priority primary care area with no domains at risk.

Indicators in each domain assessed:
Socioeconomic Status: Poverty, Unemployment, High School Dropout Rate, Income Inequality
Adverse Perinatal Outcomes: Low Birth Weight, Preterm Birth, Infant Mortality, No Prenatal Care
Substance Abuse: Alcohol, Marijuana, Illicit Drugs, Opioids
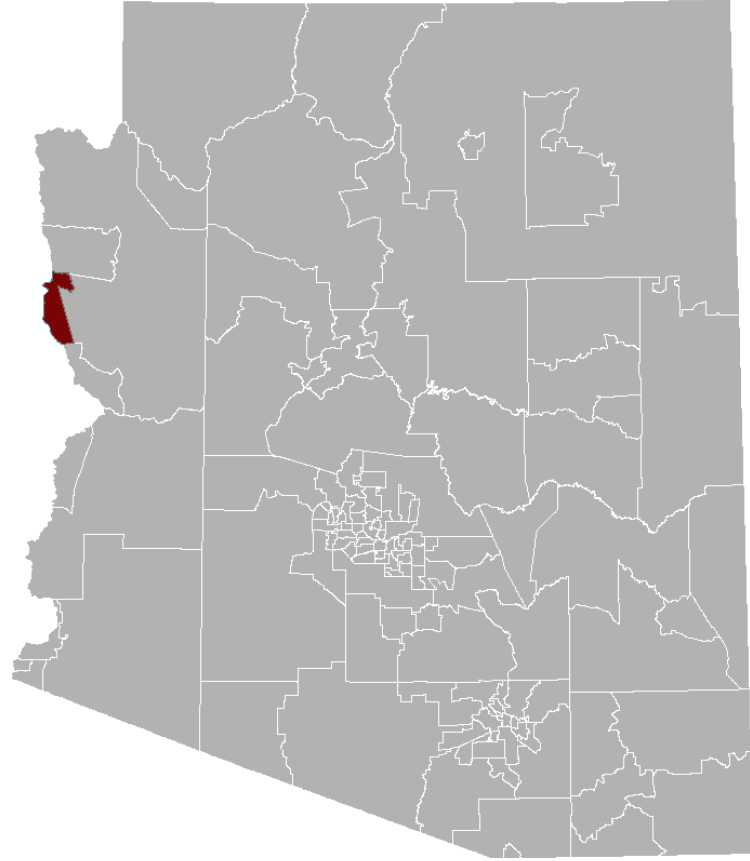Crime: Crime Rate, Domestic Violence
Child Maltreatment: Child Maltreatment

Benson

As part of a statewide needs assessment, each community was evaluated on a series of indicators that are related to increased risk for families. The presence of risk in a community provides important information to the Department of Health Services (DHS) and helps inform decisions about where programs and services should be increased or maintained.

The presence of multiple risk factors in a community can indicate that more services are needed to support families and children and help them be happy, healthy, and thriving.

The assessment of Benson revealed that there are no concerns with community risks as compared to other communities across Arizona.

Risk Domain	At Risk
Socioeconomic Status	No
Adverse Perinatal Outcomes	No
Substance Abuse	No
Crime	No
Child Maltreatment	No
Phase II – Infant Mortality	Yes
Phase II – No Prenatal Care	Yes

To assist in prioritizing areas in the state for continued or increased services, DHS has implemented a tiered system. Tier 1 contains the highest priority areas that have 2-4 domains at risk. Tier 2 contains medium priority areas with one domain at risk. Tier 3 contains areas with low priority or zero areasat risk.

Benson is a tier 3, low priority primary care area with no domains identified as at risk in Phase I.

Phase II of the Needs Assessment indicated Benson has two indicators at risk elevating it to a tier 1, high priority primary care area.

Indicators in each domain assessed:
Socioeconomic Status: Poverty, Unemployment, High School Dropout Rate, Income Inequality Adverse Perinatal Outcomes: Low Birth Weight, Preterm Birth, Infant Mortality, No Prenatal Care Substance Abuse: Alcohol, Marijuana, Illicit Drugs, Opioids
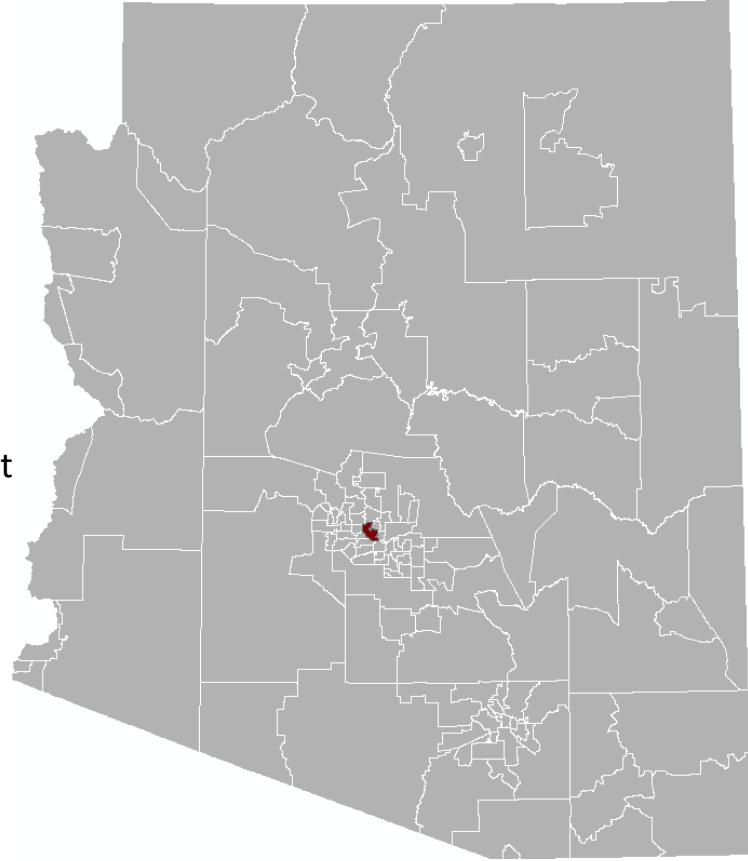Crime: Crime Rate, Domestic Violence Child Maltreatment: Child Maltreatment

Bisbee

As part of a statewide needs assessment, each community was evaluated on a series of indicators that are related to increased risk for families. The presence of risk in a community provides important information to the Department of Health Services (DHS) and helps inform decisions about where programs and services should be increased or maintained.

The presence of multiple risk factors in a community can indicate that more services are needed to support families and children and help them be happy, healthy, and thriving.

The assessment of Bisbee revealed that there are no concerns with community risks as compared to other communities across Arizona.

Risk Domain	At Risk
Socioeconomic Status	No
Adverse Perinatal Outcomes	No
Substance Abuse	No
Crime	No
Child Maltreatment	No
Phase II – Infant Mortality	Yes
Phase II – No Prenatal Care	Yes

Indicators in each domain assessed:
Socioeconomic Status: Poverty, Unemployment, High School Dropout Rate, Income Inequality Adverse Perinatal Outcomes: Low Birth Weight, Preterm Birth, Infant Mortality, No Prenatal Care Substance Abuse: Alcohol, Marijuana, Illicit Drugs, Opioids
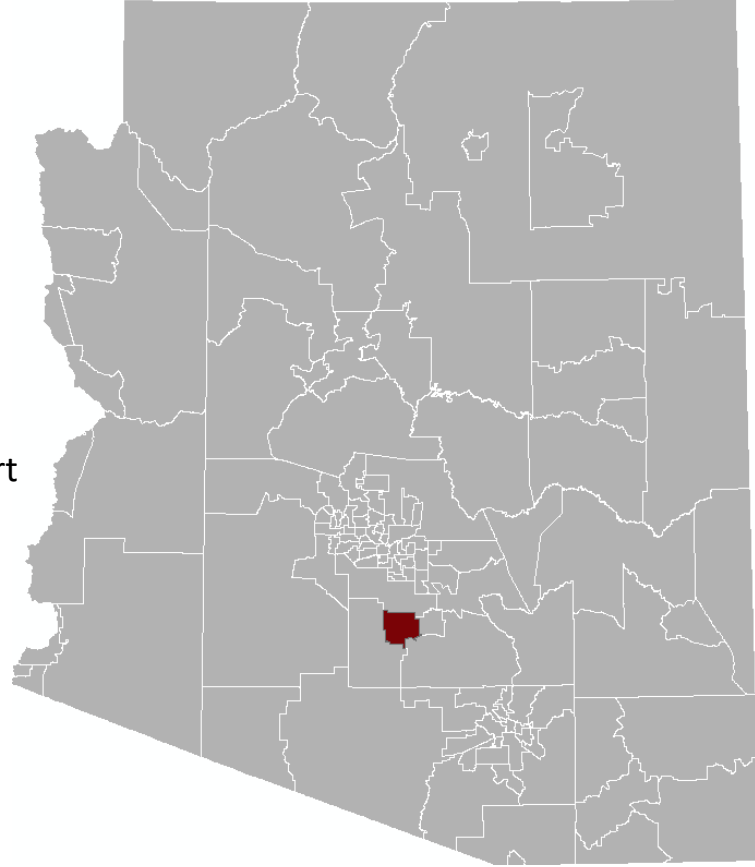Crime: Crime Rate, Domestic Violence Child Maltreatment: Child Maltreatment

To assist in prioritizing areas in the state for continued or increased services, DHS has implemented a tiered system. Tier 1 containsthe highest priority areas that have 2-4 domains at risk. Tier 2 contains medium priority areas with one domain at risk. Tier 3 contains areas with low priority or zero areasat risk.

Bisbee is a tier 3, low priority primary care area with no domains identified as at risk in Phase I.

Phase II of the Needs Assessment indicated Bisbee has two indicators at risk elevating it to a tier 1, high priority primary care area.

Black Canyon City

As part of a statewide needs assessment, each community was evaluated on a series of indicators that are related to increased risk for families. The presence of risk in a community provides important information to the Department of Health Services (DHS) and helps inform decisions about where programs and services should be increased or maintained.

The presence of multiple risk factors in a community can indicate that more services are needed to support families and children and help them be happy, healthy, and thriving.

The assessment of Black Canyon City revealed that there are no concerns with community risks as compared to other communities across Arizona.

Risk Domain	At Risk
Socioeconomic Status	No
Adverse Perinatal Outcomes	No
Substance Abuse	No
Crime	No
Child Maltreatment	No
Phase II – Infant Mortality	Yes
Phase II – No Prenatal Care	No

To assist in prioritizing areas in the state for continued or increased services, DHS has implemented a tiered system. Tier 1 containsthe highest priority areas that have 2-4 domains at risk. Tier 2 contains medium priority areas with one domain at risk. Tier 3 contains areas with low priority or zero areasat risk.

Black Canyon City is a tier 3, low priority primary care area with no domains at risk in the Phase I needs assessment.

Black Canyon City had one indicator at risk in the Phase II needs assessment. Black Canyon City remains a tier 3, low priority primary care area.

Indicators in each domain assessed:
Socioeconomic Status: Poverty, Unemployment, High School Dropout Rate, Income Inequality Adverse Perinatal Outcomes: Low Birth Weight, Preterm Birth, Infant Mortality, No Prenatal Care Substance Abuse: Alcohol, Marijuana, Illicit Drugs, Opioids
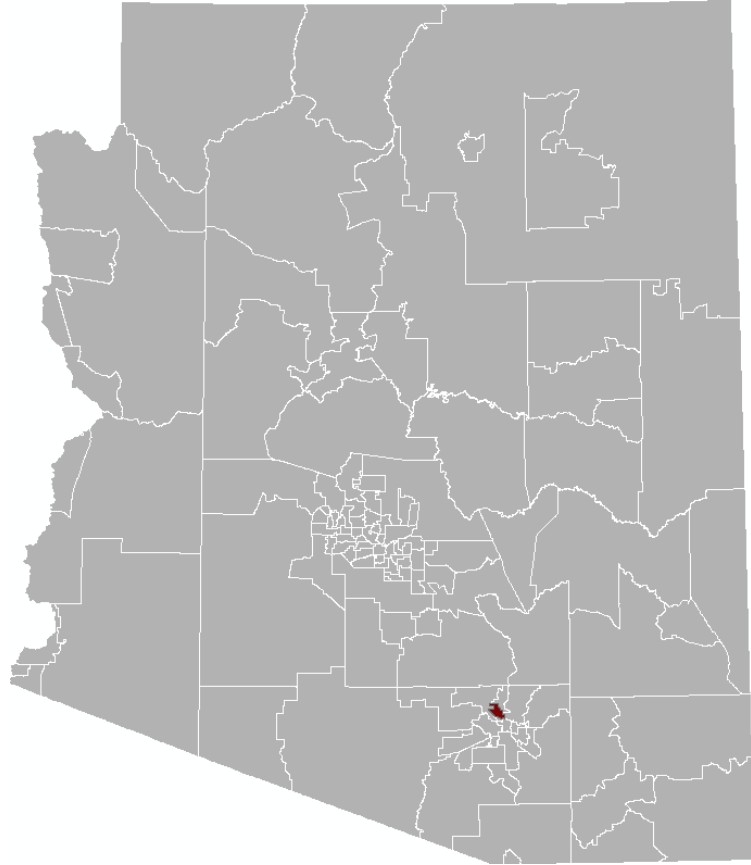Crime: Crime Rate, Domestic Violence Child Maltreatment: Child Maltreatment

Buckeye

As part of a statewide needs assessment, each community was evaluated on a series of indicators that are related to increased risk for families. The presence of risk in a community provides important information to the Department of Health Services (DHS) and helps inform decisions about where programs and services should be increased or maintained.

The presence of multiple risk factors in a community can indicate that more services are needed to support families and children and help them be happy, healthy, and thriving.

The assessment of Buckeye revealed that there are no concerns with community risks as compared to other communities across Arizona.

Risk Domain	At Risk
Socioeconomic Status	No
Adverse Perinatal Outcomes	No
Substance Abuse	No
Crime	No
Child Maltreatment	No

To assist in prioritizing areas in the state for continued or increased services, DHS has implemented a tiered system. Tier 1 contains the highest priority areas that have 2-4 domains at risk. Tier 2 contains medium priority areas with one domain at risk. Tier 3 contains areas with low priority or zero areas at risk.

Buckeye is a tier 3, low priority primary care area with no domains at risk.

Indicators in each domain assessed:
Socioeconomic Status: Poverty, Unemployment, High School Dropout Rate, Income Inequality
Adverse Perinatal Outcomes: Low Birth Weight, Preterm Birth, Infant Mortality, No Prenatal Care
Substance Abuse: Alcohol, Marijuana, Illicit Drugs, Opioids
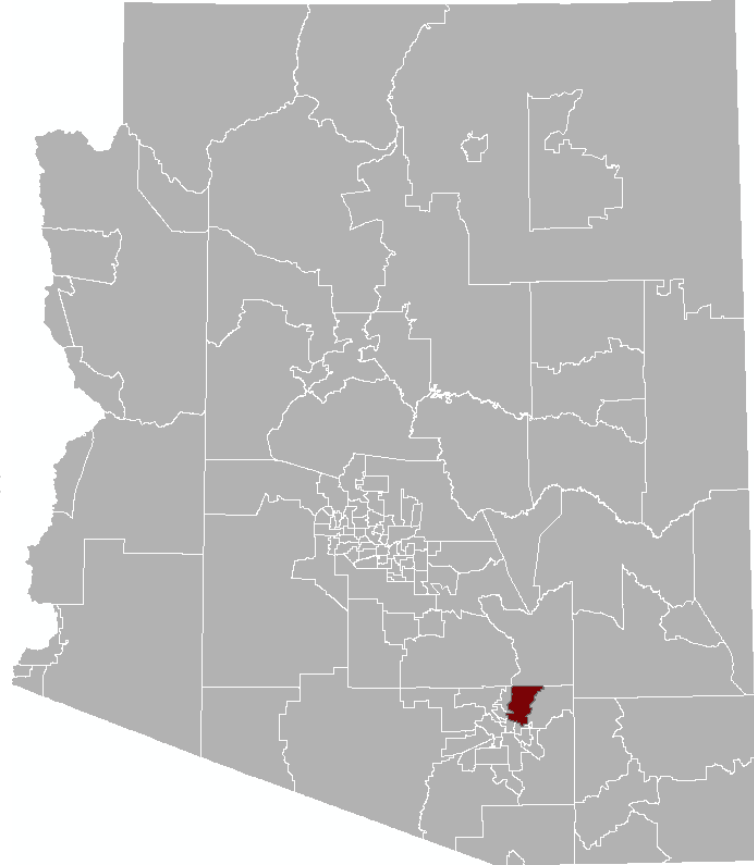Crime: Crime Rate, Domestic Violence
Child Maltreatment: Child Maltreatment

Bullhead City

As part of a statewide needs assessment, each community was evaluated on a series of indicators that are related to increased risk for families. The presence of risk in a community provides important information to the Department of Health Services (DHS) and helps inform decisions about where programs and services should be increased or maintained.

The presence of multiple risk factors in a community can indicate that more services are needed to support families and children and help them be happy, healthy, and thriving.

The assessment of Bullhead City revealed that there are risks in the community within the substance abuse and child maltreatment domains as compared to other communities across Arizona.

Risk Domain	At Risk
Socioeconomic Status	No
Adverse Perinatal Outcomes	No
Substance Abuse	Yes
Crime	No
Child Maltreatment	Yes

To assist in prioritizing areas in the state for continued or increased services, DHS has implemented a tiered system. Tier 1 contains the highest priority areas that have 2-4 domains at risk. Tier 2 contains medium priority areas with one domain at risk. Tier 3 contains areas with low priority or zero areas at risk.

Bullhead City is a tier 1, high priority primary care area with two domains at risk.

Indicators in each domain assessed:
Socioeconomic Status: Poverty, Unemployment, High School Dropout Rate, Income Inequality
Adverse Perinatal Outcomes: Low Birth Weight, Preterm Birth, Infant Mortality, No Prenatal Care
Substance Abuse: Alcohol, Marijuana, Illicit Drugs, Opioids
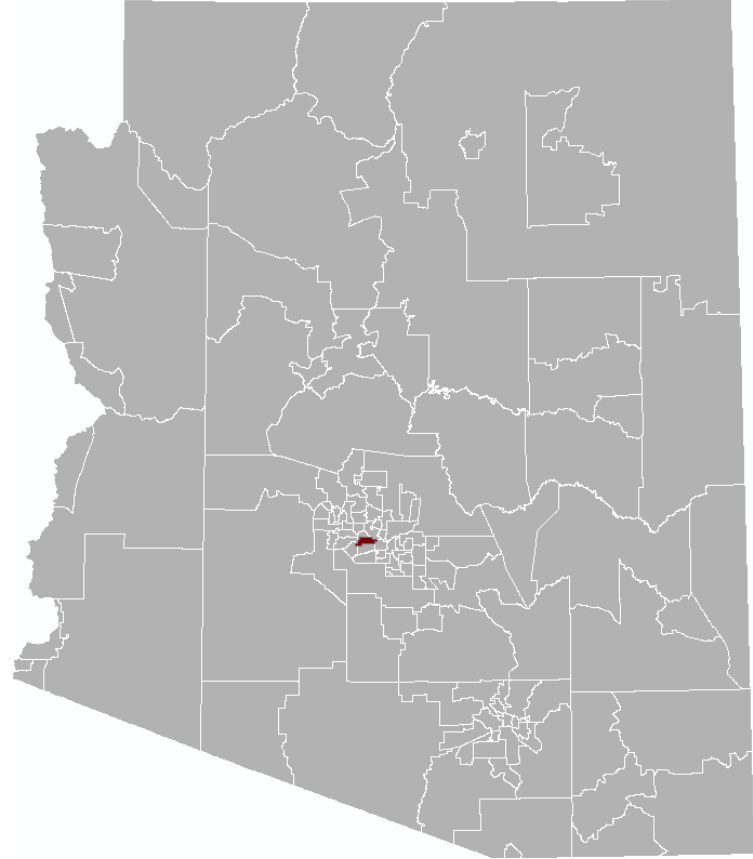Crime: Crime Rate, Domestic Violence
Child Maltreatment: Child Maltreatment

Camelback East Village

As part of a statewide needs assessment, each community was evaluated on a series of indicators that are related to increased risk for families. The presence of risk in a community provides important information to the Department of Health Services (DHS) and helps inform decisions about where programs and services should be increased or maintained.

The presence of multiple risk factors in a community can indicate that more services are needed to support families and children and help them be happy, healthy, and thriving.

The assessment of Camelback East Village revealed that there are risks in the community within the substance abuse and crime domains as compared to other communities across Arizona.

Risk Domain	At Risk
Socioeconomic Status	No
Adverse Perinatal Outcomes	No
Substance Abuse	Yes
Crime	Yes
Child Maltreatment	No

To assist in prioritizing areas in the state for continued or increased services, DHS has implemented a tiered system. Tier 1 contains the highest priority areas that have 2-4 domains at risk. Tier 2 contains medium priority areas with one domain at risk. Tier 3 contains areas with low priority or zero areas at risk.

Camelback East Village is a tier 1, high priority primary care area with two domains at risk.

Indicators in each domain assessed:
Socioeconomic Status: Poverty, Unemployment, High School Dropout Rate, Income Inequality
Adverse Perinatal Outcomes: Low Birth Weight, Preterm Birth, Infant Mortality, No Prenatal Care
Substance Abuse: Alcohol, Marijuana, Illicit Drugs, Opioids
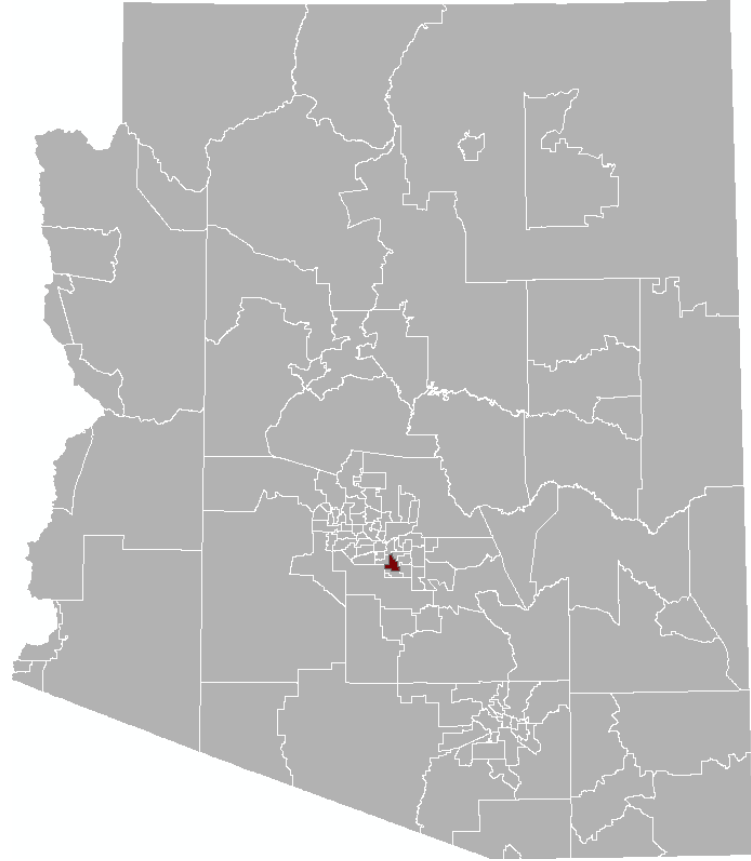Crime: Crime Rate, Domestic Violence
Child Maltreatment: Child Maltreatment

Casa Grande

As part of a statewide needs assessment, each community was evaluated on a series of indicators that are related to increased risk for families. The presence of risk in a community provides important information to the Department of Health Services (DHS) and helps inform decisions about where programs and services should be increased or maintained.

The presence of multiple risk factors in a community can indicate that more services are needed to support families and children and help them be happy, healthy, and thriving.

The assessment of Casa Grande revealed that there are risks in the community within the child maltreatment domain as compared to other communities across Arizona.

Risk Domain	At Risk
Socioeconomic Status	No
Adverse Perinatal Outcomes	No
Substance Abuse	No
Crime	No
Child Maltreatment	Yes

To assist in prioritizing areas in the state for continued or increased services, DHS has implemented a tiered system. Tier 1 contains the highest priority areas that have 2-4 domains at risk. Tier 2 contains medium priority areas with one domain at risk. Tier 3 contains areas with low priority or zero areas at risk.

Casa Grande is a tier 2, medium priority primary care area with one domain at risk.

Indicators in each domain assessed:
Socioeconomic Status: Poverty, Unemployment, High School Dropout Rate, Income Inequality
Adverse Perinatal Outcomes: Low Birth Weight, Preterm Birth, Infant Mortality, No Prenatal Care
Substance Abuse: Alcohol, Marijuana, Illicit Drugs, Opioids
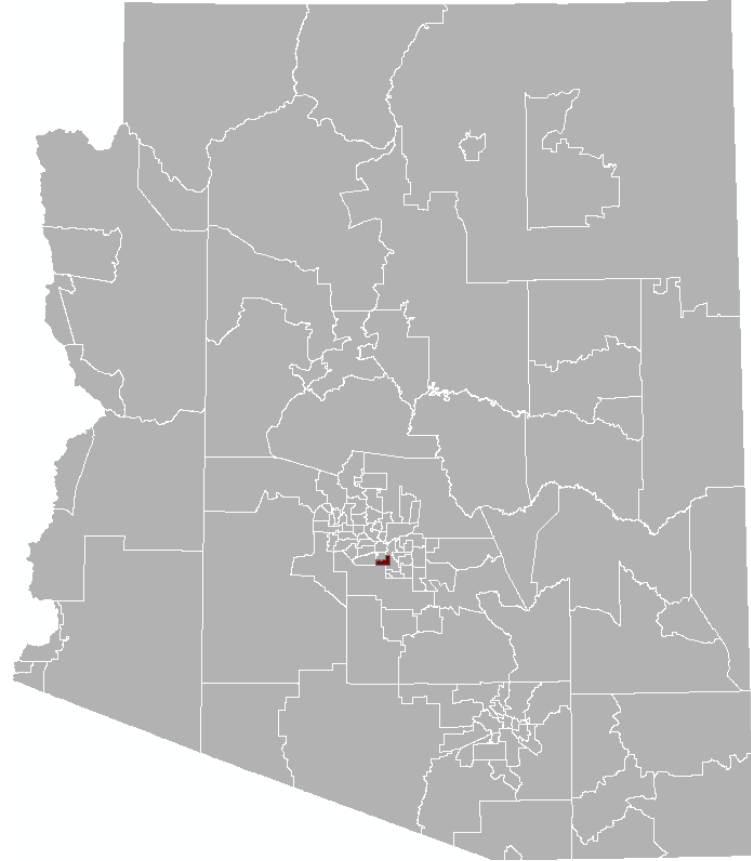Crime: Crime Rate, Domestic Violence
Child Maltreatment: Child Maltreatment

Casas Adobes

As part of a statewide needs assessment, each community was evaluated on a series of indicators that are related to increased risk for families. The presence of risk in a community provides important information to the Department of Health Services (DHS) and helps inform decisions about where programs and services should be increased or maintained.

The presence of multiple risk factors in a community can indicate that more services are needed to support families and children and help them be happy, healthy, and thriving.

The assessment of Casas Adobes revealed that there are no concerns with community risks as compared to other communities across Arizona.

Risk Domain	At Risk
Socioeconomic Status	No
Adverse Perinatal Outcomes	No
Substance Abuse	No
Crime	No
Child Maltreatment	No

To assist in prioritizing areas in the state for continued or increased services, DHS has implemented a tiered system. Tier 1 contains the highest priority areas that have 2-4 domains at risk. Tier 2 contains medium priority areas with one domain at risk. Tier 3 contains areas with low priority or zero areas at risk.

Casas Adobes is a tier 3, low priority primary care area with no domains at risk.

Indicators in each domain assessed:
Socioeconomic Status: Poverty, Unemployment, High School Dropout Rate, Income Inequality
Adverse Perinatal Outcomes: Low Birth Weight, Preterm Birth, Infant Mortality, No Prenatal Care
Substance Abuse: Alcohol, Marijuana, Illicit Drugs, Opioids
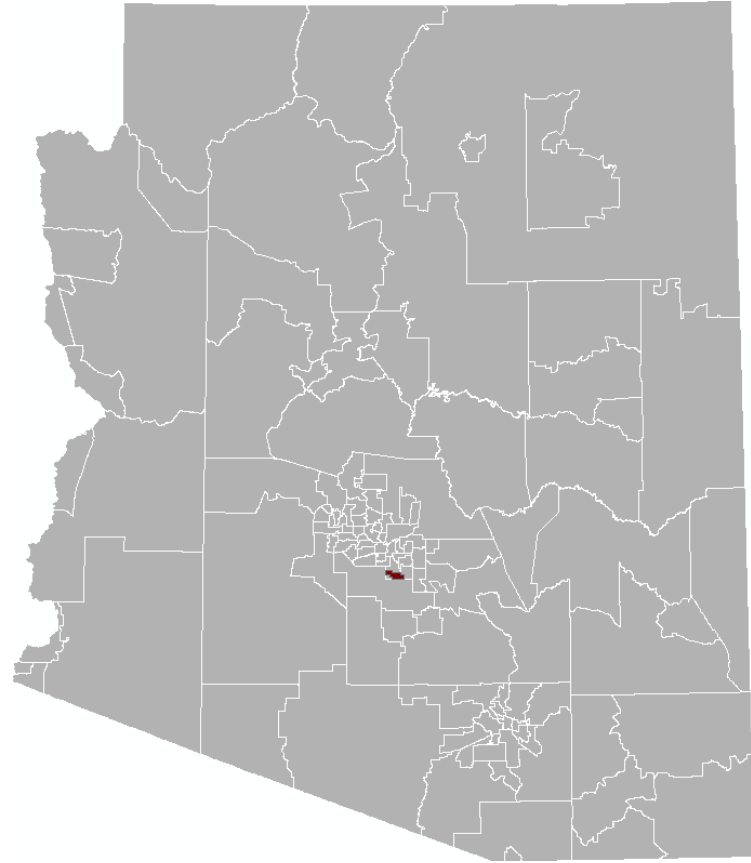Crime: Crime Rate, Domestic Violence
Child Maltreatment: Child Maltreatment

Catalina Foothills

As part of a statewide needs assessment, each community was evaluated on a series of indicators that are related to increased risk for families. The presence of risk in a community provides important information to the Department of Health Services (DHS) and helps inform decisions about where programs and services should be increased or maintained.

The presence of multiple risk factors in a community can indicate that more services are needed to support families and children and help them be happy, healthy, and thriving.

The assessment of Catalina Foothills revealed that there are no concerns with community risks as compared to other communities across Arizona.

Risk Domain	At Risk
Socioeconomic Status	No
Adverse Perinatal Outcomes	No
Substance Abuse	No
Crime	No
Child Maltreatment	No

To assist in prioritizing areas in the state for continued or increased services, DHS has implemented a tiered system. Tier 1 contains the highest priority areas that have 2-4 domains at risk. Tier 2 contains medium priority areas with one domain at risk. Tier 3 contains areas with low priority or zero areas at risk.

Catalina Foothills is a tier 3, low priority primary care area with no domains at risk.

Indicators in each domain assessed:
Socioeconomic Status: Poverty, Unemployment, High School Dropout Rate, Income Inequality
Adverse Perinatal Outcomes: Low Birth Weight, Preterm Birth, Infant Mortality, No Prenatal Care
Substance Abuse: Alcohol, Marijuana, Illicit Drugs, Opioids
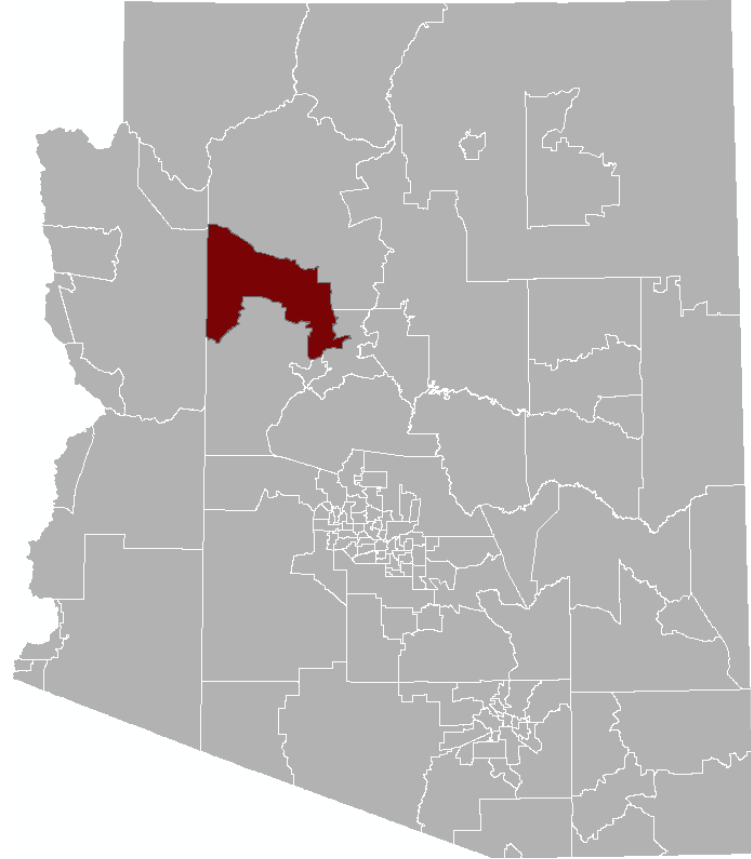Crime: Crime Rate, Domestic Violence
Child Maltreatment: Child Maltreatment

Central City Village

As part of a statewide needs assessment, each community was evaluated on a series of indicators that are related to increased risk for families. The presence of risk in a community provides important information to the Department of Health Services (DHS) and helps inform decisions about where programs and services should be increased or maintained.

The presence of multiple risk factors in a community can indicate that more services are needed to support families and children and help them be happy, healthy, and thriving.

The assessment of Central City Village revealed that there are risks in the community within the substance abuse and crime domains as compared to other communities across Arizona.

Risk Domain	At Risk
Socioeconomic Status	No
Adverse Perinatal Outcomes	No
Substance Abuse	Yes
Crime	Yes
Child Maltreatment	No

To assist in prioritizing areas in the state for continued or increased services, DHS has implemented a tiered system. Tier 1 contains the highest priority areas that have 2-4 domains at risk. Tier 2 contains medium priority areas with one domain at risk. Tier 3 contains areas with low priority or zero areas at risk.

Central City Village is a tier 1, high priority primary care area with three domains at risk.
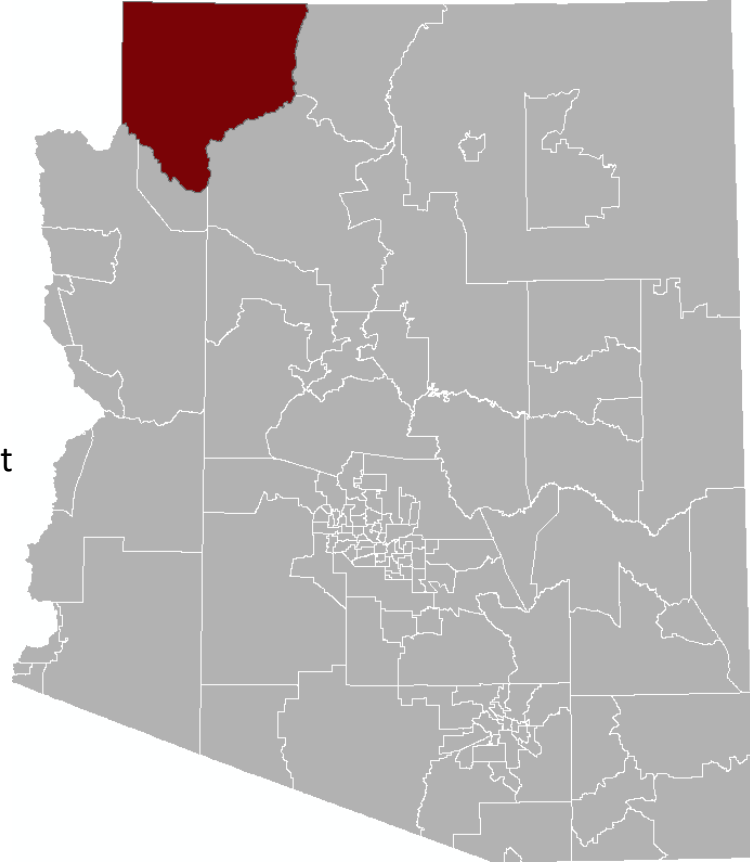
Indicators in each domain assessed:
Socioeconomic Status: Poverty, Unemployment, High School Dropout Rate, Income Inequality
Adverse Perinatal Outcomes: Low Birth Weight, Preterm Birth, Infant Mortality, No Prenatal Care
Substance Abuse: Alcohol, Marijuana, Illicit Drugs, Opioids
Crime: Crime Rate, Domestic Violence
Child Maltreatment: Child Maltreatment

Chandler Central

As part of a statewide needs assessment, each community was evaluated on a series of indicators that are related to increased risk for families. The presence of risk in a community provides important information to the Department of Health Services (DHS) and helps inform decisions about where programs and services should be increased or maintained.

The presence of multiple risk factors in a community can indicate that more services are needed to support families and children and help them be happy, healthy, and thriving.

The assessment of Chandler Central revealed that there are no concerns with community risks as compared to other communities across Arizona.

Risk Domain	At Risk
Socioeconomic Status	No
Adverse Perinatal Outcomes	No
Substance Abuse	No
Crime	No
Child Maltreatment	No

To assist in prioritizing areas in the state for continued or increased services, DHS has implemented a tiered system. Tier 1 contains the highest priority areas that have 2-4 domains at risk. Tier 2 contains medium priority areas with one domain at risk. Tier 3 contains areas with low priority or zero areas at risk.

Chandler Central is a tier 3, low priority primary care area with no domains at risk.

Indicators in each domain assessed:
Socioeconomic Status: Poverty, Unemployment, High School Dropout Rate, Income Inequality
Adverse Perinatal Outcomes: Low Birth Weight, Preterm Birth, Infant Mortality, No Prenatal Care
Substance Abuse: Alcohol, Marijuana, Illicit Drugs, Opioids
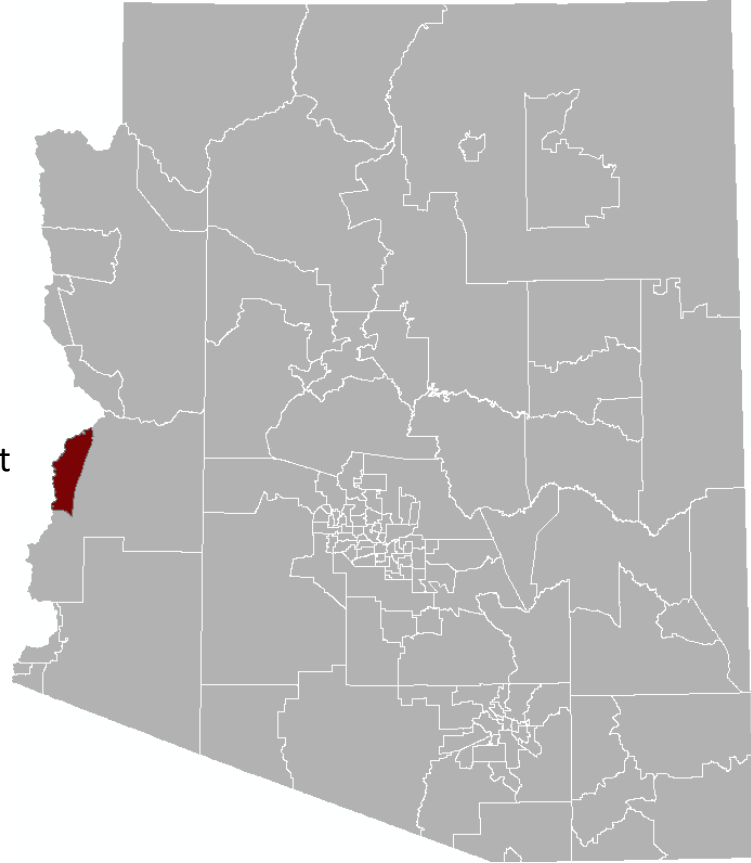Crime: Crime Rate, Domestic Violence
Child Maltreatment: Child Maltreatment

Chandler North

As part of a statewide needs assessment, each community was evaluated on a series of indicators that are related to increased risk for families. The presence of risk in a community provides important information to the Department of Health Services (DHS) and helps inform decisions about where programs and services should be increased or maintained.

The presence of multiple risk factors in a community can indicate that more services are needed to support families and children and help them be happy, healthy, and thriving.

The assessment of Chandler North revealed that there are no concerns with community risks as compared to other communities across Arizona.

Risk Domain	At Risk
Socioeconomic Status	No
Adverse Perinatal Outcomes	No
Substance Abuse	No
Crime	No
Child Maltreatment	No

To assist in prioritizing areas in the state for continued or increased services, DHS has implemented a tiered system. Tier 1 contains the highest priority areas that have 2-4 domains at risk. Tier 2 contains medium priority areas with one domain at risk. Tier 3 contains areas with low priority or zero areas at risk.

Chandler North is a tier 3, low priority primary care area with no domains at risk.

Indicators in each domain assessed:
Socioeconomic Status: Poverty, Unemployment, High School Dropout Rate, Income Inequality
Adverse Perinatal Outcomes: Low Birth Weight, Preterm Birth, Infant Mortality, No Prenatal Care
Substance Abuse: Alcohol, Marijuana, Illicit Drugs, Opioids
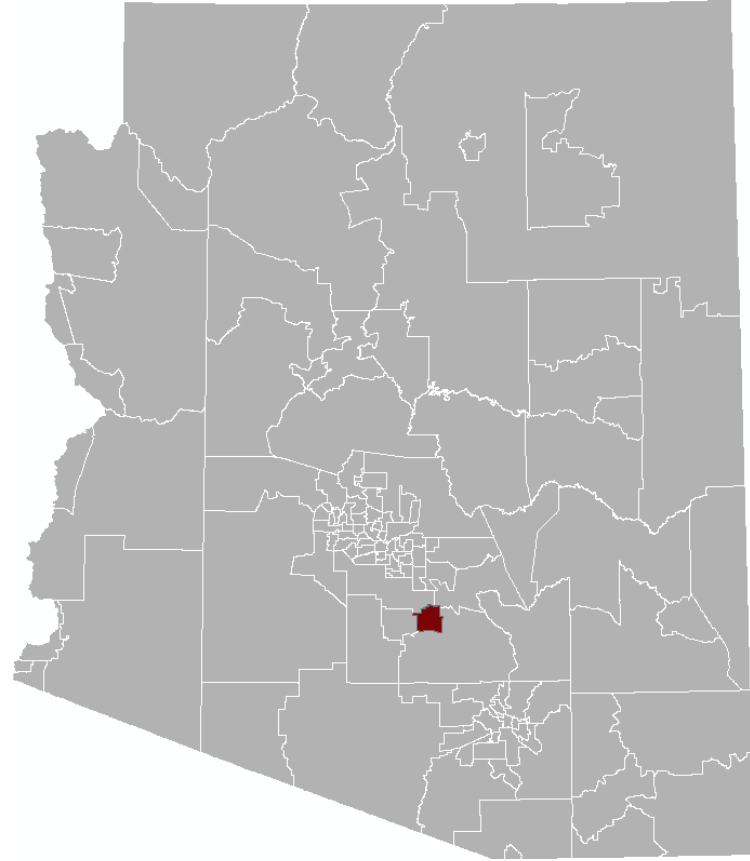Crime: Crime Rate, Domestic Violence
Child Maltreatment: Child Maltreatment

Chandler South

As part of a statewide needs assessment, each community was evaluated on a series of indicators that are related to increased risk for families. The presence of risk in a community provides important information to the Department of Health Services (DHS) and helps inform decisions about where programs and services should be increased or maintained.

The presence of multiple risk factors in a community can indicate that more services are needed to support families and children and help them be happy, healthy, and thriving.

The assessment of Chandler South revealed that there are no concerns with community risks as compared to other communities across Arizona.

Risk Domain	At Risk
Socioeconomic Status	No
Adverse Perinatal Outcomes	No
Substance Abuse	No
Crime	No
Child Maltreatment	No

To assist in prioritizing areas in the state for continued or increased services, DHS has implemented a tiered system. Tier 1 contains the highest priority areas that have 2-4 domains at risk. Tier 2 contains medium priority areas with one domain at risk. Tier 3 contains areas with low priority or zero areas at risk.

Chandler South is a tier 3, low priority primary care area with no domains at risk.

Indicators in each domain assessed:
Socioeconomic Status: Poverty, Unemployment, High School Dropout Rate, Income Inequality
Adverse Perinatal Outcomes: Low Birth Weight, Preterm Birth, Infant Mortality, No Prenatal Care
Substance Abuse: Alcohol, Marijuana, Illicit Drugs, Opioids
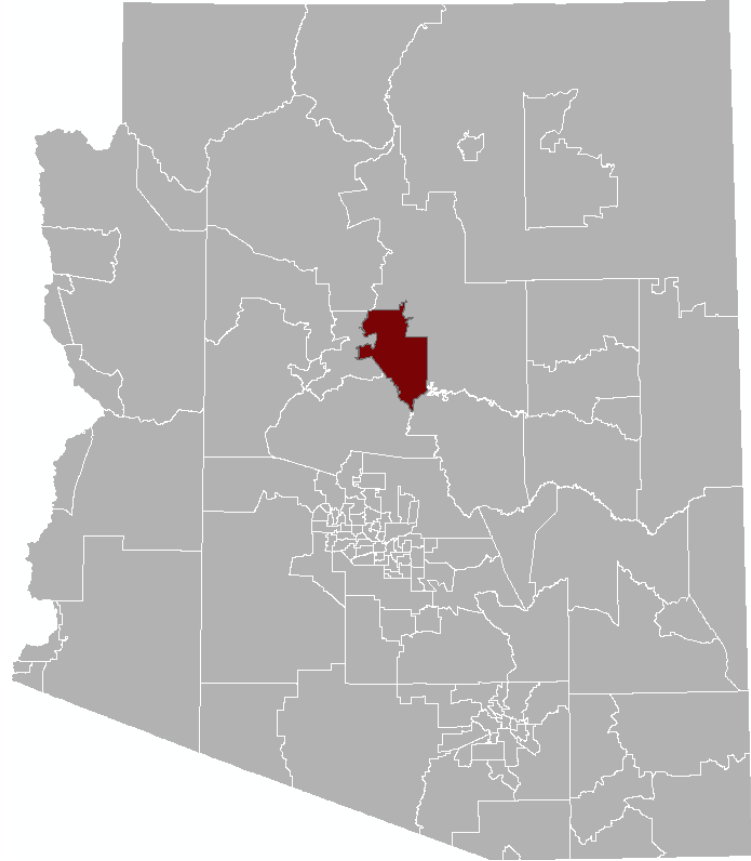Crime: Crime Rate, Domestic Violence
Child Maltreatment: Child Maltreatment

Chino Valley

As part of a statewide needs assessment, each community was evaluated on a series of indicators that are related to increased risk for families. The presence of risk in a community provides important information to the Department of Health Services (DHS) and helps inform decisions about where programs and services should be increased or maintained.

The presence of multiple risk factors in a community can indicate that more services are needed to support families and children and help them be happy, healthy, and thriving.

The assessment of Chino Valley revealed that there are no concerns with community risks as compared to other communities across Arizona.

Risk Domain	At Risk
Socioeconomic Status	No
Adverse Perinatal Outcomes	No
Substance Abuse	No
Crime	No
Child Maltreatment	No
Phase II – Infant Mortality	Yes
Phase II – No Prenatal Care	No

To assist in prioritizing areas in the state for continued or increased services, DHS has implemented a tiered system. Tier 1 containsthe highest priority areas that have 2-4 domains at risk. Tier 2 contains medium priority areas with one domain at risk. Tier 3 contains areas with low priority or zero areasat risk.

Chino Valley is a tier 3, low priority primary area with no domains at risk in the Phase I Needs Assessment.

Chino Valley has one indicator at risk in the Phase II Needs Assessment. Chino Valley remains a tier 3, low priority primary care area.

Indicators in each domain assessed:
Socioeconomic Status: Poverty, Unemployment, High School Dropout Rate, Income Inequality Adverse Perinatal Outcomes: Low Birth Weight, Preterm Birth, Infant Mortality, No Prenatal Care Substance Abuse: Alcohol, Marijuana, Illicit Drugs, Opioids Crime: Crime Rate, Domestic Violence Child Maltreatment: Child Maltreatment

Colorado City

As part of a statewide needs assessment, each community was evaluated on a series of indicators that are related to increased risk for families. The presence of risk in a community provides important information to the Department of Health Services (DHS) and helps inform decisions about where programs and services should be increased or maintained.

The presence of multiple risk factors in a community can indicate that more services are needed to support families and children and help them be happy, healthy, and thriving.

The assessment of Colorado City revealed that there are risks in the community within the socioeconomic status domain as compared to other communities across Arizona.

Risk Domain	At Risk
Socioeconomic Status	Yes
Adverse Perinatal Outcomes	No
Substance Abuse	No
Crime	No
Child Maltreatment	No

To assist in prioritizing areas in the state for continued or increased services, DHS has implemented a tiered system. Tier 1 contains the highest priority areas that have 2-4 domains at risk. Tier 2 contains medium priority areas with one domain at risk. Tier 3 contains areas with low priority or zero areas at risk.

Colorado City is a tier 2, medium priority primary care area with one domain at risk.

Indicators in each domain assessed:
Socioeconomic Status: Poverty, Unemployment, High School Dropout Rate, Income Inequality
Adverse Perinatal Outcomes: Low Birth Weight, Preterm Birth, Infant Mortality, No Prenatal Care
Substance Abuse: Alcohol, Marijuana, Illicit Drugs, Opioids
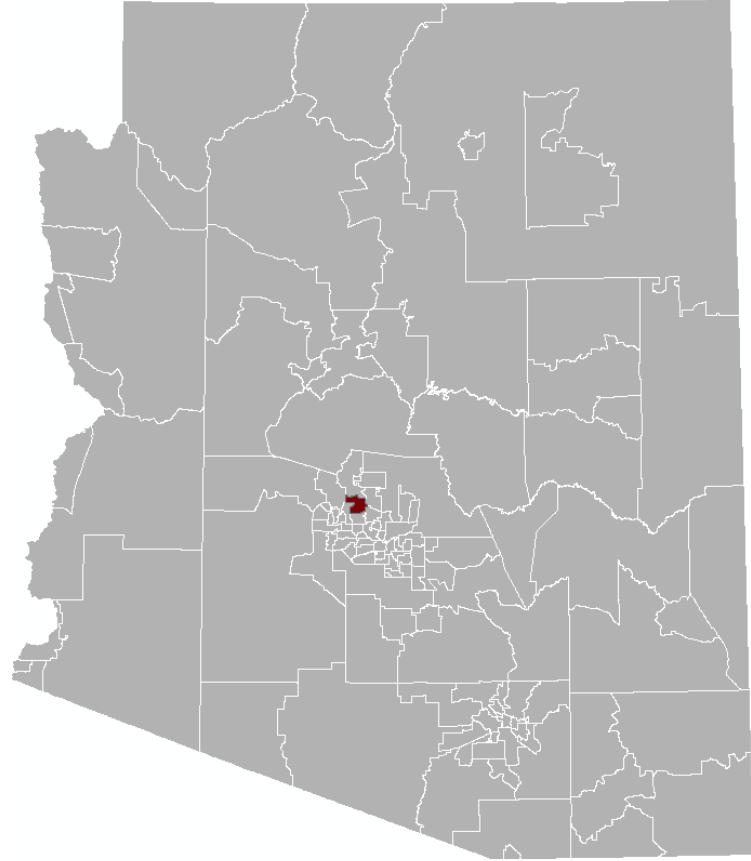Crime: Crime Rate, Domestic Violence
Child Maltreatment: Child Maltreatment

Colorado River Indian Tribe

As part of a statewide needs assessment, each community was evaluated on a series of indicators that are related to increased risk for families. The presence of risk in a community provides important information to the Department of Health Services (DHS) and helps inform decisions about where programs and services should be increased or maintained.

The presence of multiple risk factors in a community can indicate that more services are needed to support families and children and help them be happy, healthy, and thriving.

The assessment of Colorado River Indian Tribe revealed that there are risks in the community within the socioeconomic status and adverse perinatal outcomes domains as compared to other communities across Arizona.

Risk Domain	At Risk
Socioeconomic Status	Yes
Adverse Perinatal Outcomes	Yes
Substance Abuse	No
Crime	No
Child Maltreatment	No

To assist in prioritizing areas in the state for continued or increased services, DHS has implemented a tiered system. Tier 1 contains the highest priority areas that have 2-4 domains at risk. Tier 2 contains medium priority areas with one domain at risk. Tier 3 contains areas with low priority or zero areas at risk.

Colorado River Indian Tribe is a tier 1, high priority primary care area with two domains at risk.

Indicators in each domain assessed:
Socioeconomic Status: Poverty, Unemployment, High School Dropout Rate, Income Inequality
Adverse Perinatal Outcomes: Low Birth Weight, Preterm Birth, Infant Mortality, No Prenatal Care
Substance Abuse: Alcohol, Marijuana, Illicit Drugs, Opioids
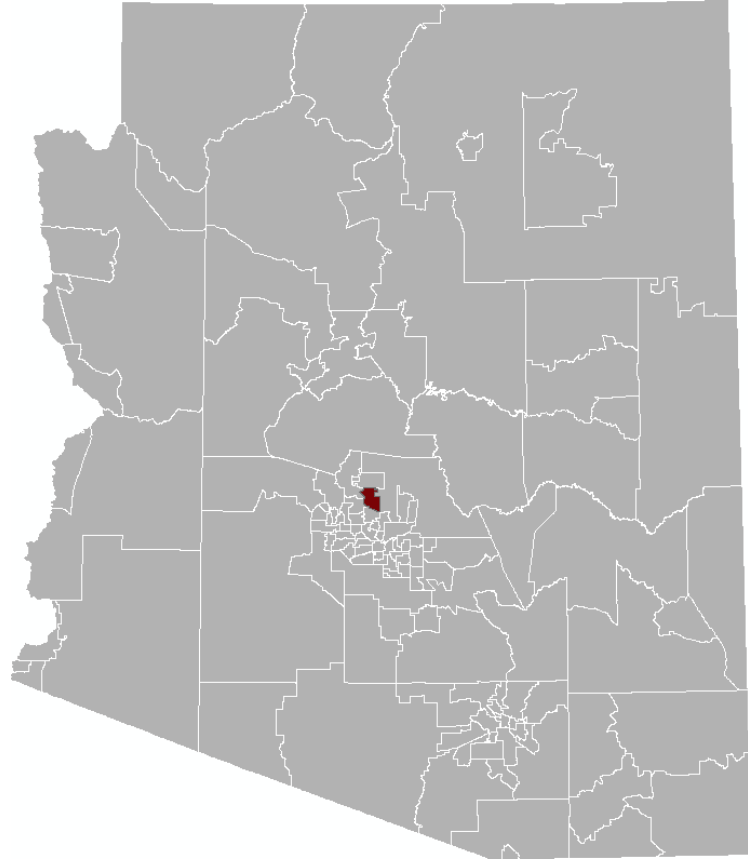Crime: Crime Rate, Domestic Violence
Child Maltreatment: Child Maltreatment

Coolidge

As part of a statewide needs assessment, each community was evaluated on a series of indicators that are related to increased risk for families. The presence of risk in a community provides important information to the Department of Health Services (DHS) and helps inform decisions about where programs and services should be increased or maintained.

The presence of multiple risk factors in a community can indicate that more services are needed to support families and children and help them be happy, healthy, and thriving.

The assessment of Coolidge revealed that there are no concerns with community risks as compared to other communities across Arizona.

Risk Domain	At Risk
Socioeconomic Status	No
Adverse Perinatal Outcomes	No
Substance Abuse	No
Crime	No
Child Maltreatment	No

To assist in prioritizing areas in the state for continued or increased services, DHS has implemented a tiered system. Tier 1 contains the highest priority areas that have 2-4 domains at risk. Tier 2 contains medium priority areas with one domain at risk. Tier 3 contains areas with low priority or zero areas at risk.

Coolidge is a tier 3, low priority primary care area with no domains at risk.

Indicators in each domain assessed:
Socioeconomic Status: Poverty, Unemployment, High School Dropout Rate, Income Inequality
Adverse Perinatal Outcomes: Low Birth Weight, Preterm Birth, Infant Mortality, No Prenatal Care
Substance Abuse: Alcohol, Marijuana, Illicit Drugs, Opioids
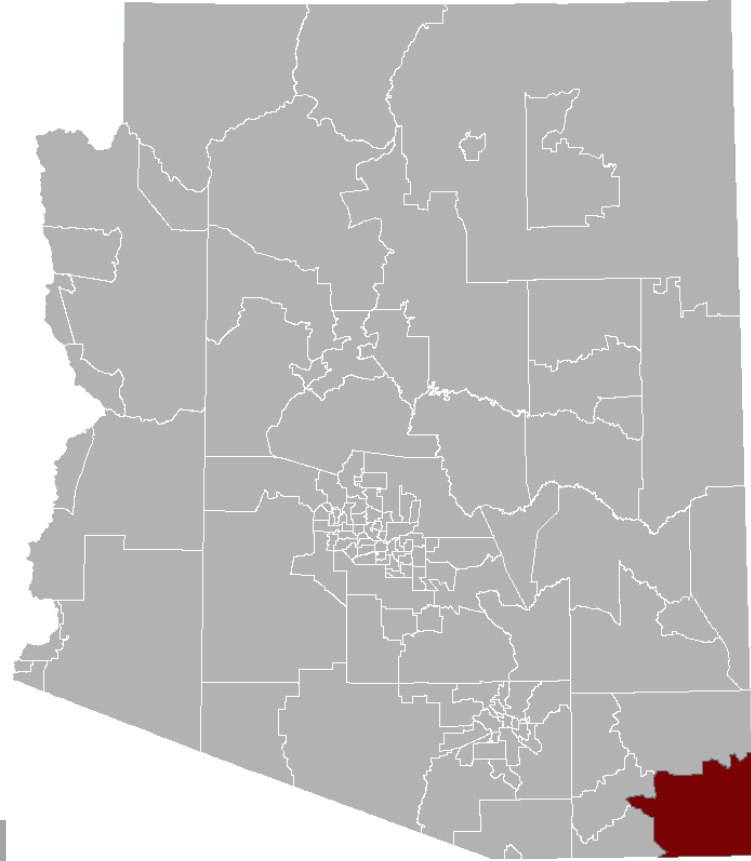Crime: Crime Rate, Domestic Violence
Child Maltreatment: Child Maltreatment

Cottonwood/Sedona

As part of a statewide needs assessment, each community was evaluated on a series of indicators that are related to increased risk for families. The presence of risk in a community provides important information to the Department of Health Services (DHS) and helps inform decisions about where programs and services should be increased or maintained.

The presence of multiple risk factors in a community can indicate that more services are needed to support families and children and help them be happy, healthy, and thriving.

The assessment of Cottonwood/Sedona revealed that there are risks in the community within the crime domain as compared to other communities across Arizona.

Risk Domain	At Risk
Socioeconomic Status	No
Adverse Perinatal Outcomes	No
Substance Abuse	No
Crime	Yes
Child Maltreatment	No
Phase II – Infant Mortality	Yes
Phase II – No Prenatal Care	No

To assist in prioritizing areas in the state for continued or increased services, DHS has implemented a tiered system. Tier 1 containsthe highest priority areas that have 2-4 domains at risk. Tier 2 contains medium priority areas with one domain at risk. Tier 3 contains areas with low priority or zero areasat risk.

Cottonwood/Sedona is a tier 2, medium priority primary care area with one domain atrisk in the Phase I Needs Assessment.

Cottonwood/Sedona has one indicator at risk in the Phase II Needs Assessment.

Cottonwood/Sedona remains a tier 2, medium priority primary care area.
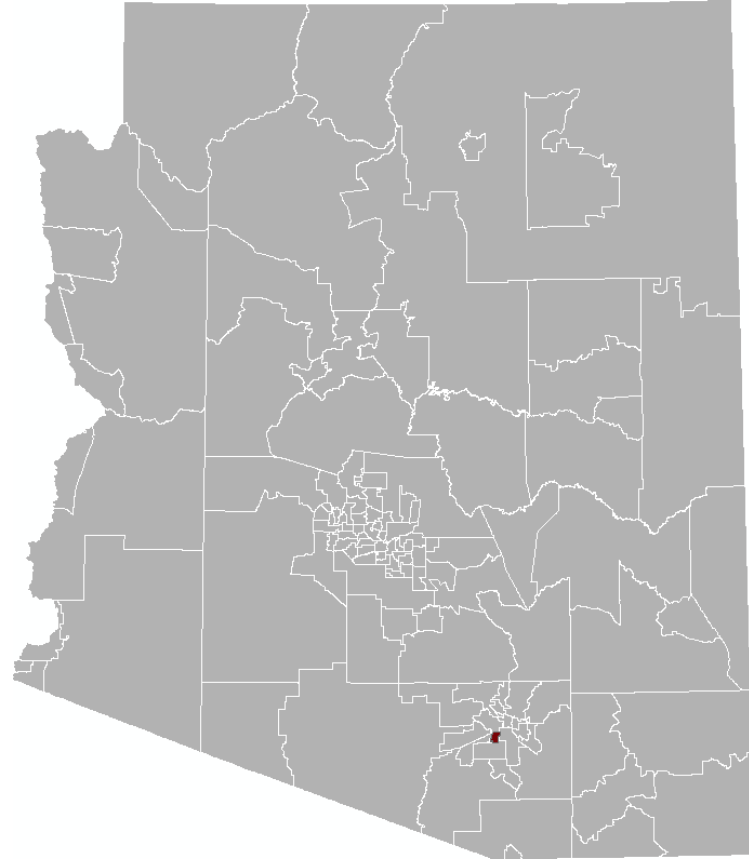
Indicators in each domain assessed:
Socioeconomic Status: Poverty, Unemployment, High School Dropout Rate, Income Inequality
Adverse Perinatal Outcomes: Low Birth Weight, Preterm Birth, Infant Mortality, No Prenatal Care
Substance Abuse: Alcohol, Marijuana, Illicit Drugs, Opioids
Crime: Crime Rate, Domestic Violence
Child Maltreatment: Child Maltreatment

Deer Valley Village

As part of a statewide needs assessment, each community was evaluated on a series of indicators that are related to increased risk for families. The presence of risk in a community provides important information to the Department of Health Services (DHS) and helps inform decisions about where programs and services should be increased or maintained.

The presence of multiple risk factors in a community can indicate that more services are needed to support families and children and help them be happy, healthy, and thriving.

The assessment of Deer Valley Village revealed that there are no concerns with community risks as compared to other communities across Arizona.

Risk Domain	At Risk
Socioeconomic Status	No
Adverse Perinatal Outcomes	No
Substance Abuse	No
Crime	No
Child Maltreatment	No

To assist in prioritizing areas in the state for continued or increased services, DHS has implemented a tiered system. Tier 1 contains the highest priority areas that have 2-4 domains at risk. Tier 2 contains medium priority areas with one domain at risk. Tier 3 contains areas with low priority or zero areas at risk.

Deer Valley Village is a tier 3, low priority primary care area with no domains at risk.

Indicators in each domain assessed:
Socioeconomic Status: Poverty, Unemployment, High School Dropout Rate, Income Inequality
Adverse Perinatal Outcomes: Low Birth Weight, Preterm Birth, Infant Mortality, No Prenatal Care
Substance Abuse: Alcohol, Marijuana, Illicit Drugs, Opioids
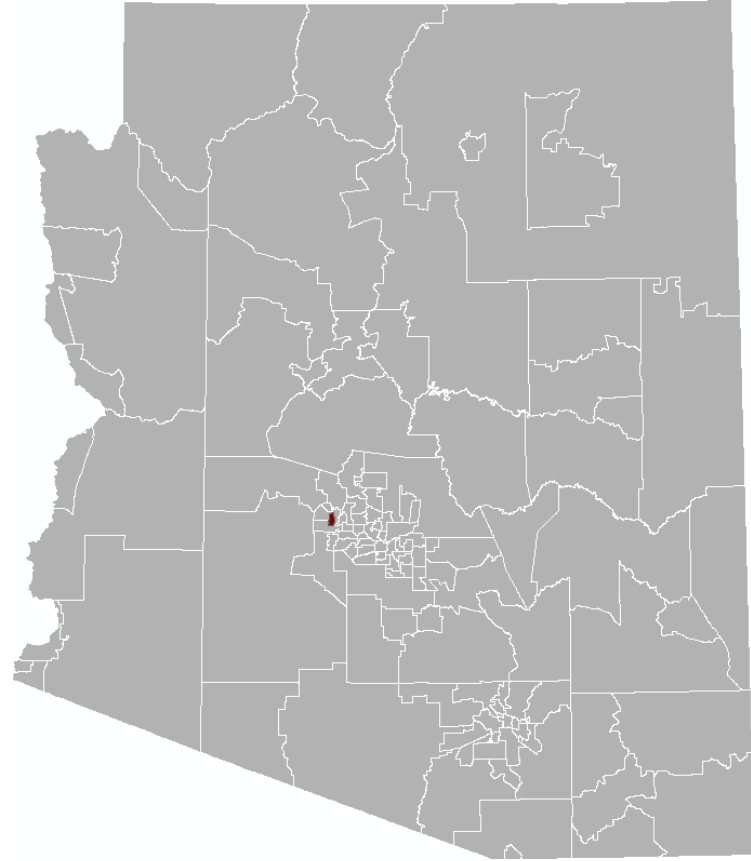Crime: Crime Rate, Domestic Violence
Child Maltreatment: Child Maltreatment

Desert View Village

As part of a statewide needs assessment, each community was evaluated on a series of indicators that are related to increased risk for families. The presence of risk in a community provides important information to the Department of Health Services (DHS) and helps inform decisions about where programs and services should be increased or maintained.

The presence of multiple risk factors in a community can indicate that more services are needed to support families and children and help them be happy, healthy, and thriving.

The assessment of Desert View Village revealed that there are no concerns with community risks as compared to other communities across Arizona.

Risk Domain	At Risk
Socioeconomic Status	No
Adverse Perinatal Outcomes	No
Substance Abuse	No
Crime	No
Child Maltreatment	No

To assist in prioritizing areas in the state for continued or increased services, DHS has implemented a tiered system. Tier 1 contains the highest priority areas that have 2-4 domains at risk. Tier 2 contains medium priority areas with one domain at risk. Tier 3 contains areas with low priority or zero areas at risk.

Desert View Village is a tier 3, low priority primary care area with no domains at risk.

Indicators in each domain assessed:
Socioeconomic Status: Poverty, Unemployment, High School Dropout Rate, Income Inequality
Adverse Perinatal Outcomes: Low Birth Weight, Preterm Birth, Infant Mortality, No Prenatal Care
Substance Abuse: Alcohol, Marijuana, Illicit Drugs, Opioids
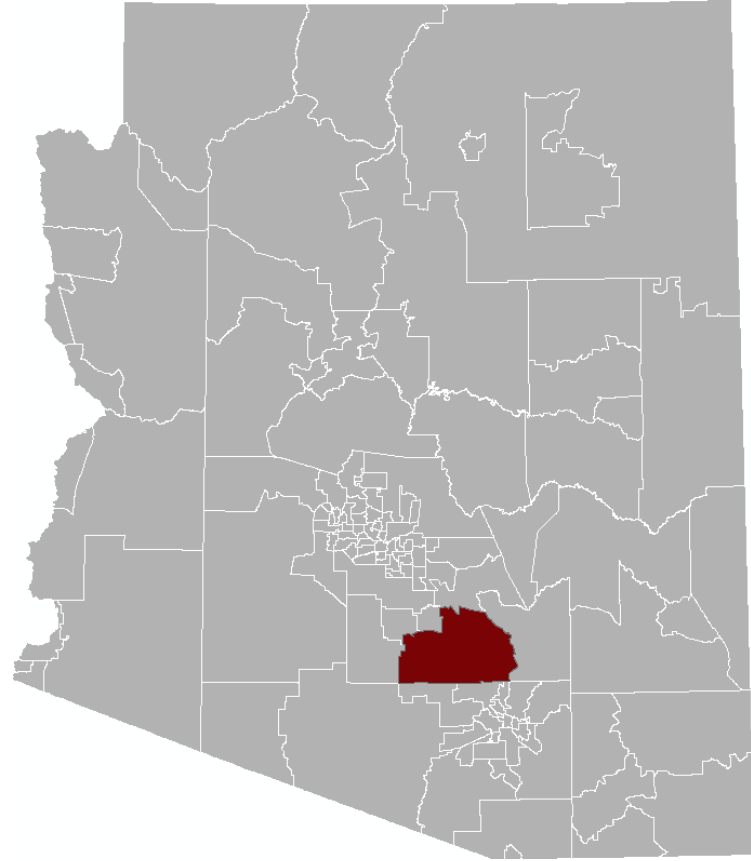Crime: Crime Rate, Domestic Violence
Child Maltreatment: Child Maltreatment

Douglas & Pirtleville

As part of a statewide needs assessment, each community was evaluated on a series of indicators that are related to increased risk for families. The presence of risk in a community provides important information to the Department of Health Services (DHS) and helps inform decisions about where programs and services should be increased or maintained.

The presence of multiple risk factors in a community can indicate that more services are needed to support families and children and help them be happy, healthy, and thriving.

The assessment of Douglas & Pirtleville revealed that there are no concerns with community risks as compared to other communities across Arizona.

Risk Domain	At Risk
Socioeconomic Status	No
Adverse Perinatal Outcomes	No
Substance Abuse	No
Crime	No
Child Maltreatment	No
Phase II – Infant Mortality	Yes
Phase II – No Prenatal Care	Yes

To assist in prioritizing areas in the state for continued or increased services, DHS has implemented a tiered system. Tier 1 containsthe highest priority areas that have 2-4 domains at risk. Tier 2 contains medium priority areas with one domain at risk. Tier 3 contains areas with low priority or zero areasat risk.

Douglas & Pirtleville is a tier 3, low priority primary care area with no domains identified as at risk in Phase I.

Phase II of the Needs Assessment indicates Douglas & Pirtleville has the two indicators at risk elevating it to a tier 1, high priority primary care area.

Indicators in each domain assessed:
Socioeconomic Status: Poverty, Unemployment, High School Dropout Rate, Income Inequality Adverse Perinatal Outcomes: Low Birth Weight, Preterm Birth, Infant Mortality, No Prenatal Care Substance Abuse: Alcohol, Marijuana, Illicit Drugs, Opioids
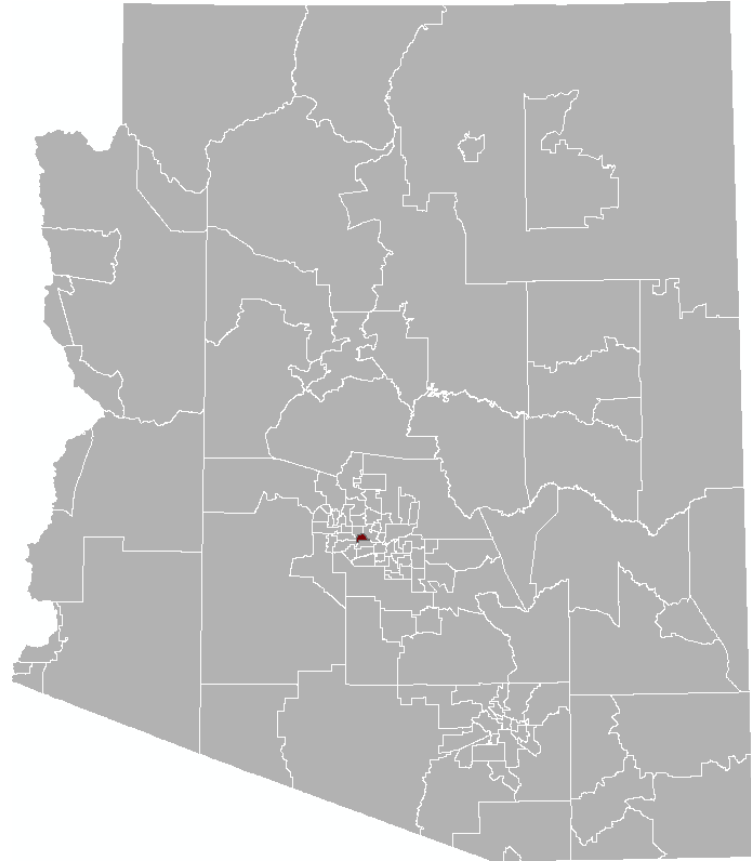Crime: Crime Rate, Domestic Violence Child Maltreatment: Child Maltreatment

Drexel Heights

As part of a statewide needs assessment, each community was evaluated on a series of indicators that are related to increased risk for families. The presence of risk in a community provides important information to the Department of Health Services (DHS) and helps inform decisions about where programs and services should be increased or maintained.

The presence of multiple risk factors in a community can indicate that more services are needed to support families and children and help them be happy, healthy, and thriving.

The assessment of Drexel Heights revealed that there are no concerns with community risks as compared to other communities across Arizona.

Risk Domain	At Risk
Socioeconomic Status	No
Adverse Perinatal Outcomes	No
Substance Abuse	No
Crime	No
Child Maltreatment	No

To assist in prioritizing areas in the state for continued or increased services, DHS has implemented a tiered system. Tier 1 contains the highest priority areas that have 2-4 domains at risk. Tier 2 contains medium priority areas with one domain at risk. Tier 3 contains areas with low priority or zero areas at risk.

Drexel Heights is a tier 3, low priority primary care area with no domains at risk.

Indicators in each domain assessed:
Socioeconomic Status: Poverty, Unemployment, High School Dropout Rate, Income Inequality
Adverse Perinatal Outcomes: Low Birth Weight, Preterm Birth, Infant Mortality, No Prenatal Care
Substance Abuse: Alcohol, Marijuana, Illicit Drugs, Opioids
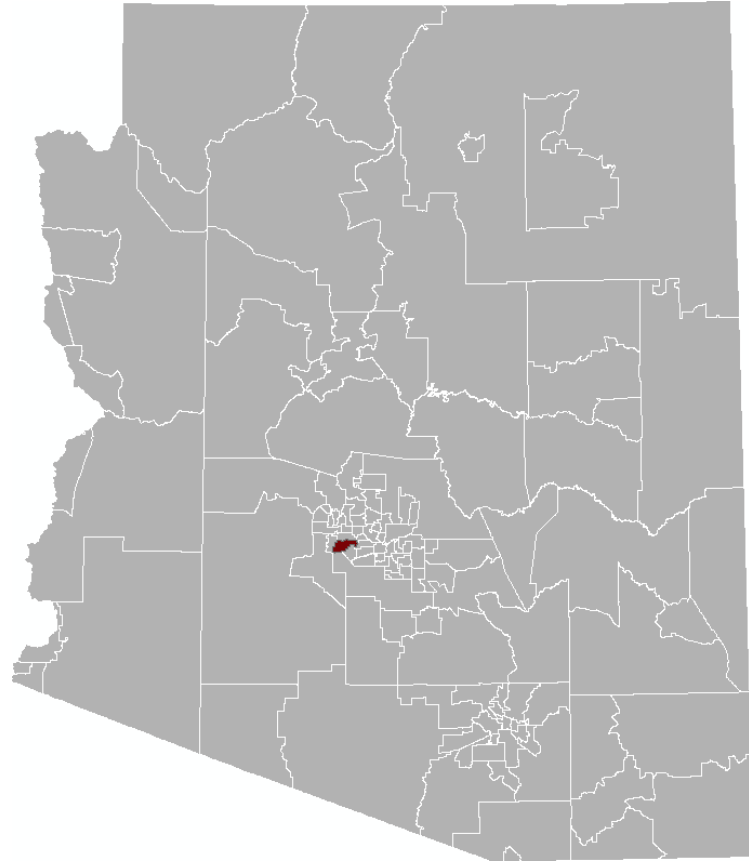Crime: Crime Rate, Domestic Violence
Child Maltreatment: Child Maltreatment

El Mirage & Youngtown

As part of a statewide needs assessment, each community was evaluated on a series of indicators that are related to increased risk for families. The presence of risk in a community provides important information to the Department of Health Services (DHS) and helps inform decisions about where programs and services should be increased or maintained.

The presence of multiple risk factors in a community can indicate that more services are needed to support families and children and help them be happy, healthy, and thriving.

The assessment of El Mirage & Youngtown revealed that there are risks in the community within the child maltreatment domain as compared to other communities across Arizona.

Risk Domain	At Risk
Socioeconomic Status	No
Adverse Perinatal Outcomes	No
Substance Abuse	No
Crime	No
Child Maltreatment	Yes

To assist in prioritizing areas in the state for continued or increased services, DHS has implemented a tiered system. Tier 1 contains the highest priority areas that have 2-4 domains at risk. Tier 2 contains medium priority areas with one domain at risk. Tier 3 contains areas with low priority or zero areas at risk.

El Mirage & Youngtown is a tier 2, medium priority primary care area with one domain at risk.

Indicators in each domain assessed:
Socioeconomic Status: Poverty, Unemployment, High School Dropout Rate, Income Inequality
Adverse Perinatal Outcomes: Low Birth Weight, Preterm Birth, Infant Mortality, No Prenatal Care
Substance Abuse: Alcohol, Marijuana, Illicit Drugs, Opioids
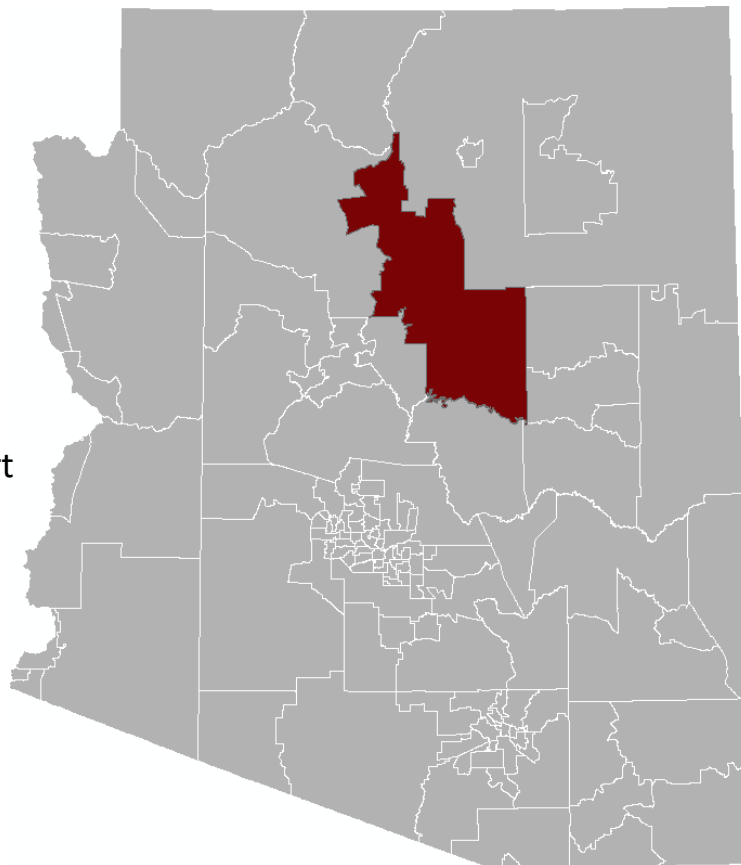Crime: Crime Rate, Domestic Violence
Child Maltreatment: Child Maltreatment

Eloy

As part of a statewide needs assessment, each community was evaluated on a series of indicators that are related to increased risk for families. The presence of risk in a community provides important information to the Department of Health Services (DHS) and helps inform decisions about where programs and services should be increased or maintained.

The presence of multiple risk factors in a community can indicate that more services are needed to support families and children and help them be happy, healthy, and thriving.

The assessment of Eloy revealed that there are no concerns with community risks as compared to other communities across Arizona.

Risk Domain	At Risk
Socioeconomic Status	No
Adverse Perinatal Outcomes	No
Substance Abuse	No
Crime	No
Child Maltreatment	No

To assist in prioritizing areas in the state for continued or increased services, DHS has implemented a tiered system. Tier 1 contains the highest priority areas that have 2-4 domains at risk. Tier 2 contains medium priority areas with one domain at risk. Tier 3 contains areas with low priority or zero areas at risk.

Eloy is a tier 3, low priority primary care area with no domains at risk.

Indicators in each domain assessed:
Socioeconomic Status: Poverty, Unemployment, High School Dropout Rate, Income Inequality
Adverse Perinatal Outcomes: Low Birth Weight, Preterm Birth, Infant Mortality, No Prenatal Care
Substance Abuse: Alcohol, Marijuana, Illicit Drugs, Opioids
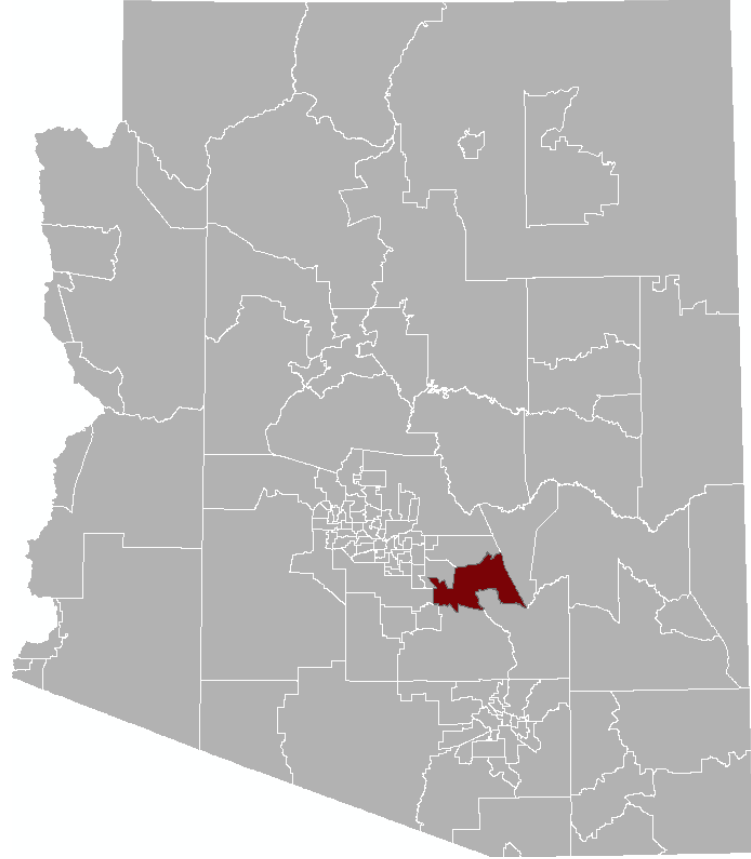Crime: Crime Rate, Domestic Violence
Child Maltreatment: Child Maltreatment

Encanto Village

As part of a statewide needs assessment, each community was evaluated on a series of indicators that are related to increased risk for families. The presence of risk in a community provides important information to the Department of Health Services (DHS) and helps inform decisions about where programs and services should be increased or maintained.

The presence of multiple risk factors in a community can indicate that more services are needed to support families and children and help them be happy, healthy, and thriving.

The assessment of Encanto Village revealed that there are risks in the community within the crime domain as compared to other communities across Arizona.

Risk Domain	At Risk
Socioeconomic Status	No
Adverse Perinatal Outcomes	No
Substance Abuse	No
Crime	Yes
Child Maltreatment	No

To assist in prioritizing areas in the state for continued or increased services, DHS has implemented a tiered system. Tier 1 contains the highest priority areas that have 2-4 domains at risk. Tier 2 contains medium priority areas with one domain at risk. Tier 3 contains areas with low priority or zero areas at risk.

Encanto Village is a tier 2, medium priority primary care area with one domain at risk.

Indicators in each domain assessed:
Socioeconomic Status: Poverty, Unemployment, High School Dropout Rate, Income Inequality
Adverse Perinatal Outcomes: Low Birth Weight, Preterm Birth, Infant Mortality, No Prenatal Care
Substance Abuse: Alcohol, Marijuana, Illicit Drugs, Opioids
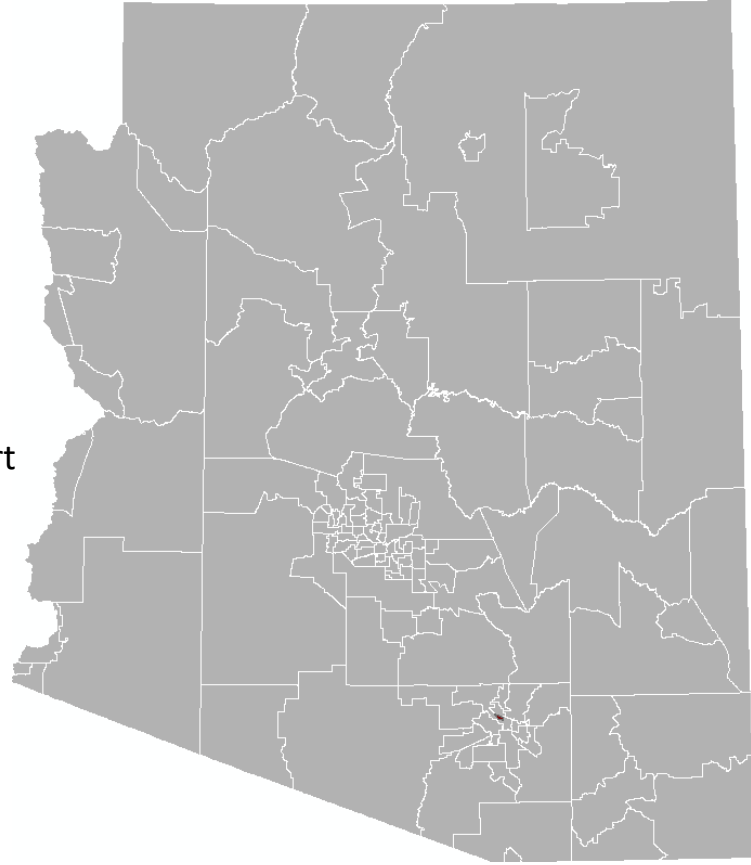Crime: Crime Rate, Domestic Violence
Child Maltreatment: Child Maltreatment

Estrella Village & Tolleson

As part of a statewide needs assessment, each community was evaluated on a series of indicators that are related to increased risk for families. The presence of risk in a community provides important information to the Department of Health Services (DHS) and helps inform decisions about where programs and services should be increased or maintained.

The presence of multiple risk factors in a community can indicate that more services are needed to support families and children and help them be happy, healthy, and thriving.

The assessment of Estrella Village & Tolleson revealed that there are risks in the community within the crime domain as compared to other communities across Arizona.

Risk Domain	At Risk
Socioeconomic Status	No
Adverse Perinatal Outcomes	No
Substance Abuse	No
Crime	Yes
Child Maltreatment	No

To assist in prioritizing areas in the state for continued or increased services, DHS has implemented a tiered system. Tier 1 contains the highest priority areas that have 2-4 domains at risk. Tier 2 contains medium priority areas with one domain at risk. Tier 3 contains areas with low priority or zero areas at risk.

Estrella Village & Tolleson is a tier 2, medium priority primary care area with one domain at risk.

Indicators in each domain assessed:
Socioeconomic Status: Poverty, Unemployment, High School Dropout Rate, Income Inequality
Adverse Perinatal Outcomes: Low Birth Weight, Preterm Birth, Infant Mortality, No Prenatal Care
Substance Abuse: Alcohol, Marijuana, Illicit Drugs, Opioids
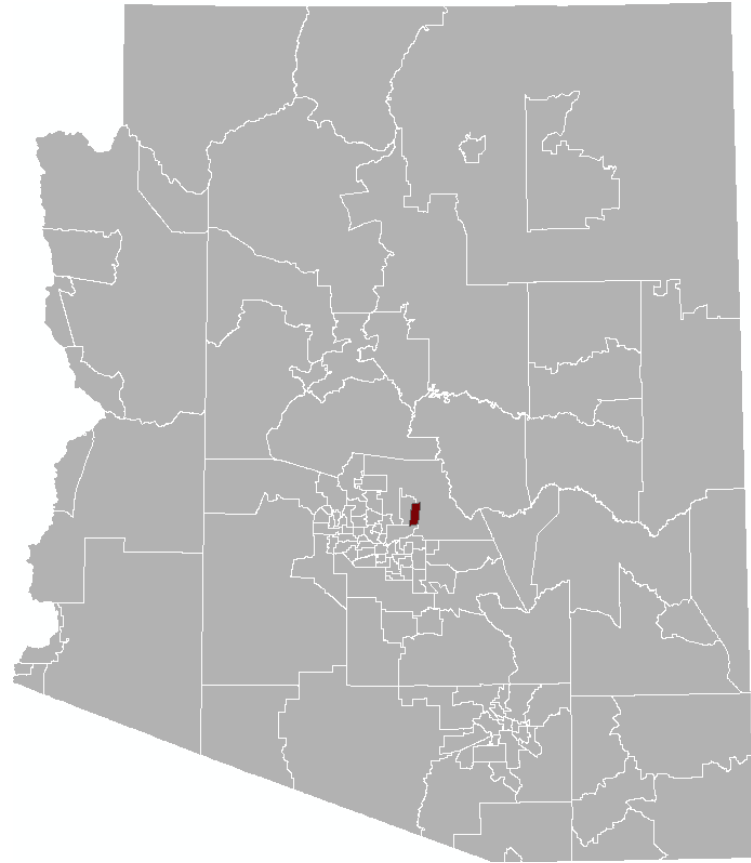Crime: Crime Rate, Domestic Violence
Child Maltreatment: Child Maltreatment

Flagstaff

As part of a statewide needs assessment, each community was evaluated on a series of indicators that are related to increased risk for families. The presence of risk in a community provides important information to the Department of Health Services (DHS) and helps inform decisions about where programs and services should be increased or maintained.

The presence of multiple risk factors in a community can indicate that more services are needed to support families and children and help them be happy, healthy, and thriving.

The assessment of Flagstaff revealed that there are risks in the community within the crime domain as compared to other communities across Arizona.

Risk Domain	At Risk
Socioeconomic Status	No
Adverse Perinatal Outcomes	No
Substance Abuse	No
Crime	Yes
Child Maltreatment	No

To assist in prioritizing areas in the state for continued or increased services, DHS has implemented a tiered system. Tier 1 contains the highest priority areas that have 2-4 domains at risk. Tier 2 contains medium priority areas with one domain at risk. Tier 3 contains areas with low priority or zero areas at risk.

Flagstaff is a tier 2, medium priority primary care area with one domain at risk.

Indicators in each domain assessed:
Socioeconomic Status: Poverty, Unemployment, High School Dropout Rate, Income Inequality
Adverse Perinatal Outcomes: Low Birth Weight, Preterm Birth, Infant Mortality, No Prenatal Care
Substance Abuse: Alcohol, Marijuana, Illicit Drugs, Opioids
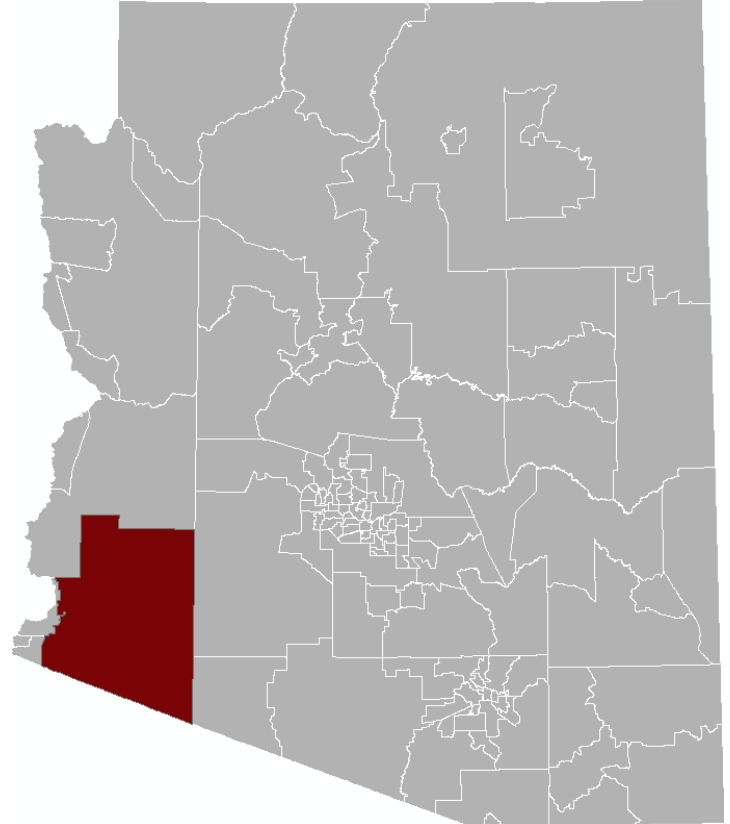Crime: Crime Rate, Domestic Violence
Child Maltreatment: Child Maltreatment

Florence

As part of a statewide needs assessment, each community was evaluated on a series of indicators that are related to increased risk for families. The presence of risk in a community provides important information to the Department of Health Services (DHS) and helps inform decisions about where programs and services should be increased or maintained.

The presence of multiple risk factors in a community can indicate that more services are needed to support families and children and help them be happy, healthy, and thriving.

The assessment of Florence revealed that there are no concerns with community risks as compared to other communities across Arizona.

Risk Domain	At Risk
Socioeconomic Status	No
Adverse Perinatal Outcomes	No
Substance Abuse	No
Crime	No
Child Maltreatment	No

To assist in prioritizing areas in the state for continued or increased services, DHS has implemented a tiered system. Tier 1 contains the highest priority areas that have 2-4 domains at risk. Tier 2 contains medium priority areas with one domain at risk. Tier 3 contains areas with low priority or zero areas at risk.

Florence is a tier 3, low priority primary care area with no domains at risk.

Indicators in each domain assessed:
Socioeconomic Status: Poverty, Unemployment, High School Dropout Rate, Income Inequality
Adverse Perinatal Outcomes: Low Birth Weight, Preterm Birth, Infant Mortality, No Prenatal Care
Substance Abuse: Alcohol, Marijuana, Illicit Drugs, Opioids
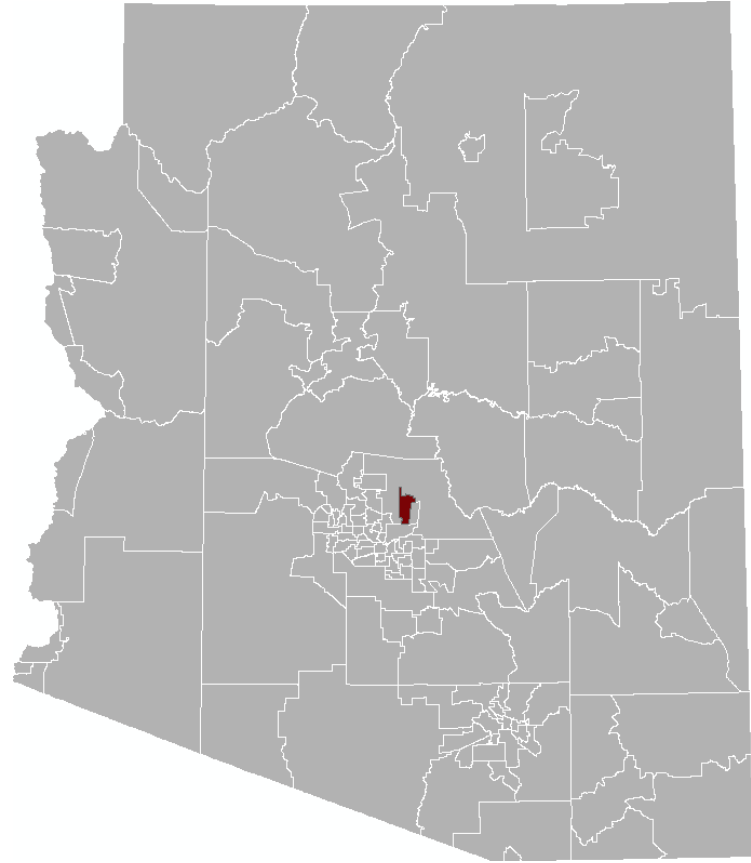Crime: Crime Rate, Domestic Violence
Child Maltreatment: Child Maltreatment

Flowing Wells

As part of a statewide needs assessment, each community was evaluated on a series of indicators that are related to increased risk for families. The presence of risk in a community provides important information to the Department of Health Services (DHS) and helps inform decisions about where programs and services should be increased or maintained.

The presence of multiple risk factors in a community can indicate that more services are needed to support families and children and help them be happy, healthy, and thriving.

The assessment of Flowing Wells revealed that there are risks in the community within the child maltreatment domain as compared to other communities across Arizona.

Risk Domain	At Risk
Socioeconomic Status	No
Adverse Perinatal Outcomes	No
Substance Abuse	No
Crime	No
Child Maltreatment	Yes

To assist in prioritizing areas in the state for continued or increased services, DHS has implemented a tiered system. Tier 1 contains the highest priority areas that have 2-4 domains at risk. Tier 2 contains medium priority areas with one domain at risk. Tier 3 contains areas with low priority or zero areas at risk.

Flowing Wells is a tier 2, medium priority primary care area with one domain at risk.

Indicators in each domain assessed:
Socioeconomic Status: Poverty, Unemployment, High School Dropout Rate, Income Inequality
Adverse Perinatal Outcomes: Low Birth Weight, Preterm Birth, Infant Mortality, No Prenatal Care
Substance Abuse: Alcohol, Marijuana, Illicit Drugs, Opioids
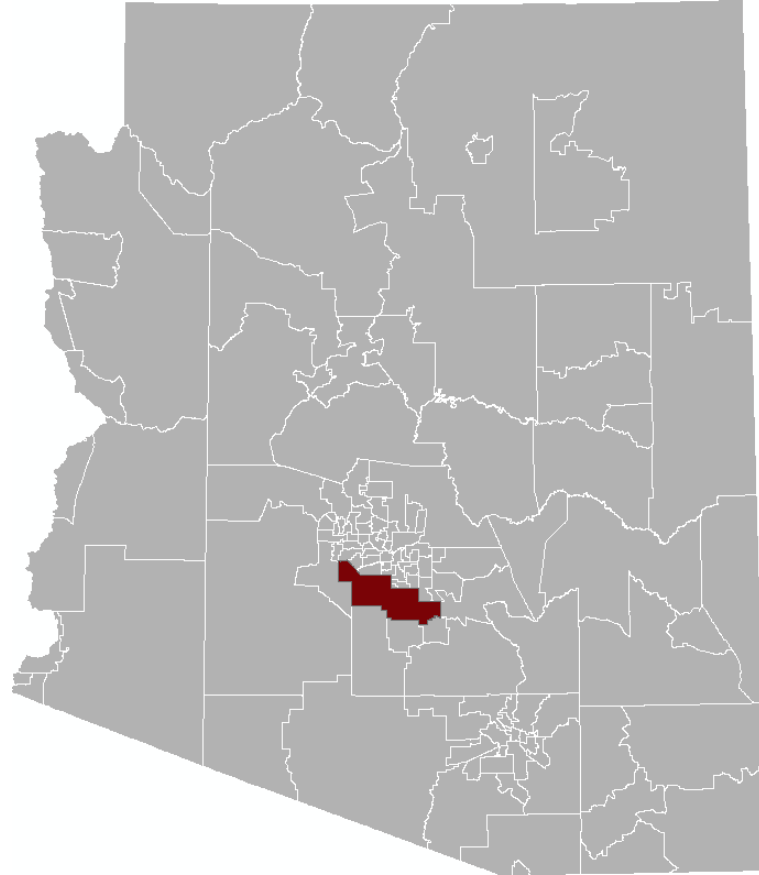Crime: Crime Rate, Domestic Violence
Child Maltreatment: Child Maltreatment

Fort McDowell Yavapai Nation

As part of a statewide needs assessment, each community was evaluated on a series of indicators that are related to increased risk for families. The presence of risk in a community provides important information to the Department of Health Services (DHS) and helps inform decisions about where programs and services should be increased or maintained.

The presence of multiple risk factors in a community can indicate that more services are needed to support families and children and help them be happy, healthy, and thriving.

The assessment of Fort McDowell Yavapai Nation revealed that there are risks in the community within the socioeconomic status, adverse perinatal outcomes, and crime domains as compared to other communities across Arizona.

Risk Domain	At Risk
Socioeconomic Status	Yes
Adverse Perinatal Outcomes	Yes
Substance Abuse	No
Crime	Yes
Child Maltreatment	No

To assist in prioritizing areas in the state for continued or increased services, DHS has implemented a tiered system. Tier 1 contains the highest priority areas that have 2-4 domains at risk. Tier 2 contains medium priority areas with one domain at risk. Tier 3 contains areas with low priority or zero areas at risk.

Fort McDowell Yavapai Nation is a tier 1, high priority primary care area with three domains at risk.

Indicators in each domain assessed:
Socioeconomic Status: Poverty, Unemployment, High School Dropout Rate, Income Inequality
Adverse Perinatal Outcomes: Low Birth Weight, Preterm Birth, Infant Mortality, No Prenatal Care
Substance Abuse: Alcohol, Marijuana, Illicit Drugs, Opioids
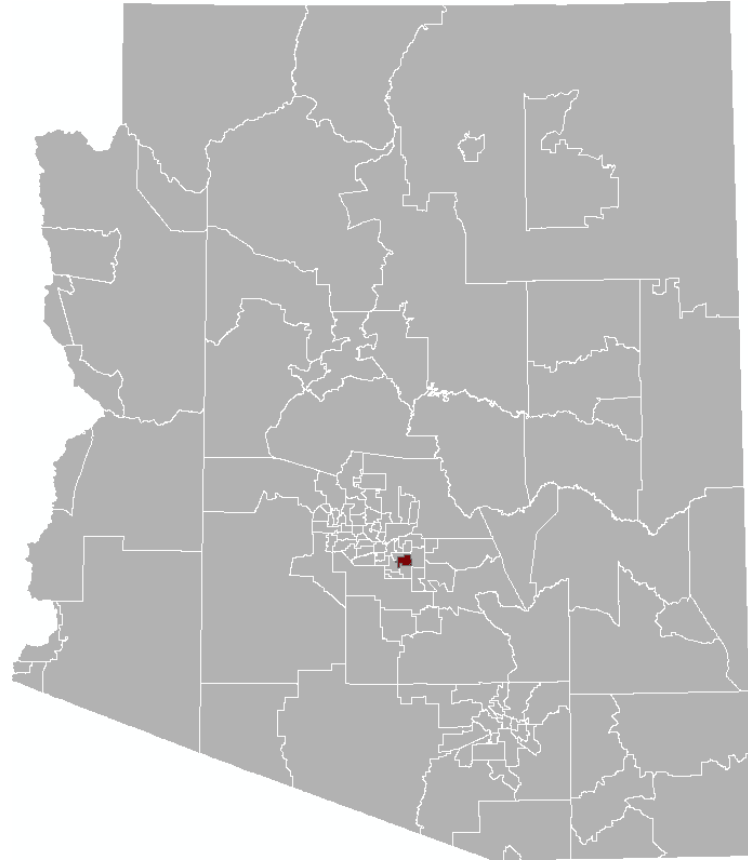Crime: Crime Rate, Domestic Violence
Child Maltreatment: Child Maltreatment

Fortuna Foothills

As part of a statewide needs assessment, each community was evaluated on a series of indicators that are related to increased risk for families. The presence of risk in a community provides important information to the Department of Health Services (DHS) and helps inform decisions about where programs and services should be increased or maintained.

The presence of multiple risk factors in a community can indicate that more services are needed to support families and children and help them be happy, healthy, and thriving.

The assessment of Fortuna Foothills revealed that there are no concerns with community risks as compared to other communities across Arizona.

Risk Domain	At Risk
Socioeconomic Status	No
Adverse Perinatal Outcomes	No
Substance Abuse	No
Crime	No
Child Maltreatment	No
Phase II – Infant Mortality	Yes
Phase II – No Prenatal Care	Yes

To assist in prioritizing areas in the state for continued or increased services, DHS has implemented a tiered system. Tier 1 containsthe highest priority areas that have 2-4 domains at risk. Tier 2 contains medium priority areas with one domain at risk. Tier 3 contains areas with low priority or zero areasat risk.

Fortuna Foothills is a tier 3, low priority primary care area with no domains at risk in the Phase I Needs Assessment.

Fortuna Foothills has two indicators at risk in the Phase II Needs Assessment.

Fortuna Foothills has been elevated to a tier 1, high priority primary care area.

Indicators in each domain assessed:
Socioeconomic Status: Poverty, Unemployment, High School Dropout Rate, Income Inequality
Adverse Perinatal Outcomes: Low Birth Weight, Preterm Birth, Infant Mortality, No Prenatal Care
Substance Abuse: Alcohol, Marijuana, Illicit Drugs, Opioids
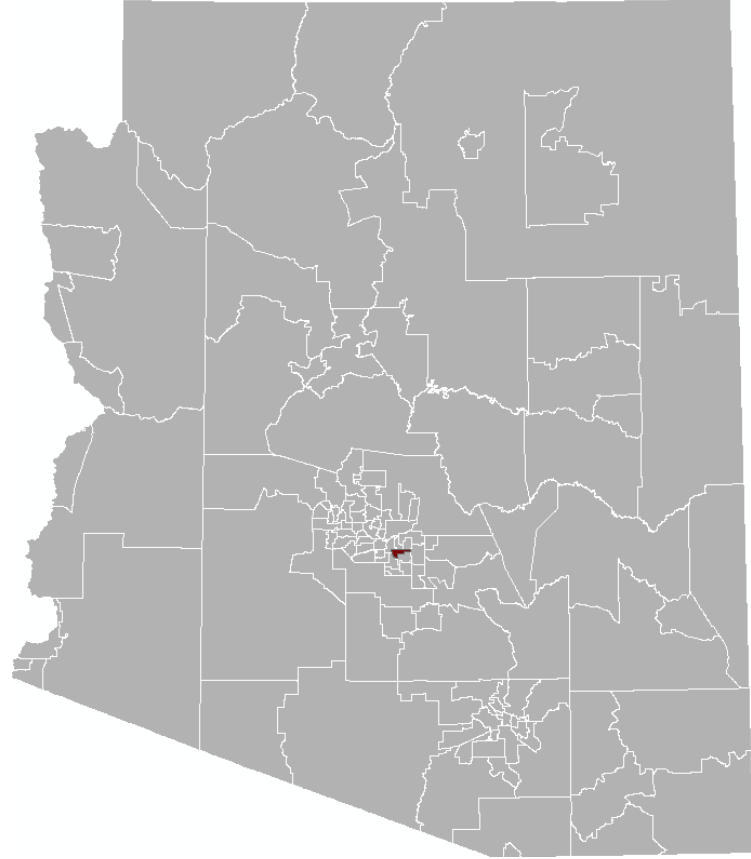Crime: Crime Rate, Domestic Violence
Child Maltreatment: Child Maltreatment

Fountain Hills/Rio Verde

As part of a statewide needs assessment, each community was evaluated on a series of indicators that are related to increased risk for families. The presence of risk in a community provides important information to the Department of Health Services (DHS) and helps inform decisions about where programs and services should be increased or maintained.

The presence of multiple risk factors in a community can indicate that more services are needed to support families and children and help them be happy, healthy, and thriving.

The assessment of Fountain Hills/Rio Verde revealed that there are risks in the community within the crime domain as compared to other communities across Arizona.

Risk Domain	At Risk
Socioeconomic Status	No
Adverse Perinatal Outcomes	No
Substance Abuse	No
Crime	Yes
Child Maltreatment	No

To assist in prioritizing areas in the state for continued or increased services, DHS has implemented a tiered system. Tier 1 contains the highest priority areas that have 2-4 domains at risk. Tier 2 contains medium priority areas with one domain at risk. Tier 3 contains areas with low priority or zero areas at risk.

Fountain Hills/Rio Verde is a tier 2, medium priority primary care area with one domain at risk.

Indicators in each domain assessed:
Socioeconomic Status: Poverty, Unemployment, High School Dropout Rate, Income Inequality
Adverse Perinatal Outcomes: Low Birth Weight, Preterm Birth, Infant Mortality, No Prenatal Care
Substance Abuse: Alcohol, Marijuana, Illicit Drugs, Opioids
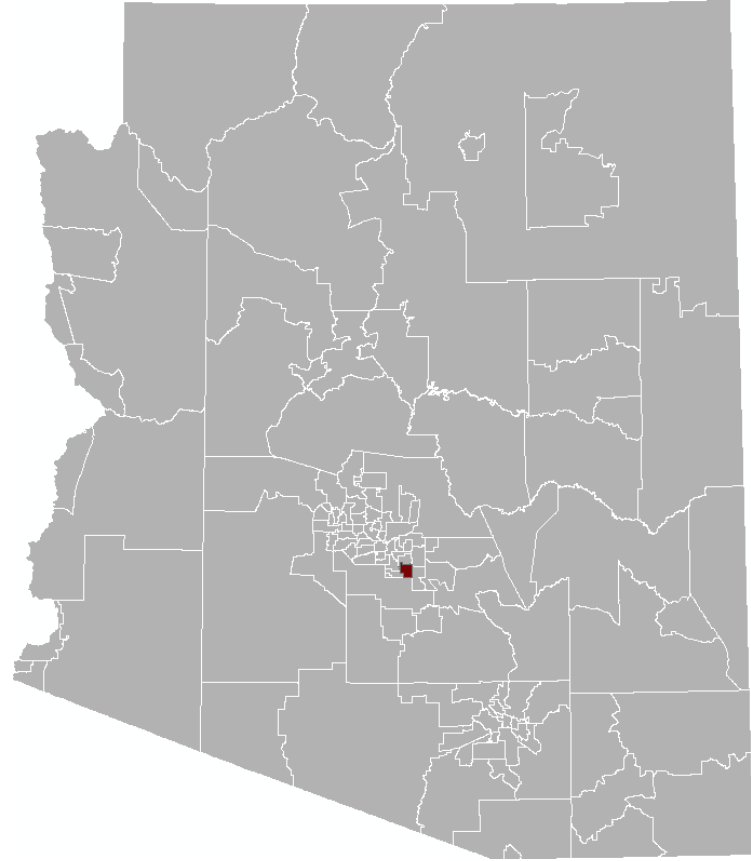Crime: Crime Rate, Domestic Violence
Child Maltreatment: Child Maltreatment

Gila River Indian Community

As part of a statewide needs assessment, each community was evaluated on a series of indicators that are related to increased risk for families. The presence of risk in a community provides important information to the Department of Health Services (DHS) and helps inform decisions about where programs and services should be increased or maintained.

The presence of multiple risk factors in a community can indicate that more services are needed to support families and children and help them be happy, healthy, and thriving.

The assessment of Gila River Indian Community revealed that there are risks in the community within the socioeconomic status, adverse perinatal outcomes, and crime domains as compared to other communities across Arizona.

Risk Domain	At Risk
Socioeconomic Status	Yes
Adverse Perinatal Outcomes	Yes
Substance Abuse	No
Crime	Yes
Child Maltreatment	No

To assist in prioritizing areas in the state for continued or increased services, DHS has implemented a tiered system. Tier 1 contains the highest priority areas that have 2-4 domains at risk. Tier 2 contains medium priority areas with one domain at risk. Tier 3 contains areas with low priority or zero areas at risk.

Gila River Indian Community is a tier 1, high priority primary care area with three domains at risk.

Indicators in each domain assessed:
Socioeconomic Status: Poverty, Unemployment, High School Dropout Rate, Income Inequality
Adverse Perinatal Outcomes: Low Birth Weight, Preterm Birth, Infant Mortality, No Prenatal Care
Substance Abuse: Alcohol, Marijuana, Illicit Drugs, Opioids
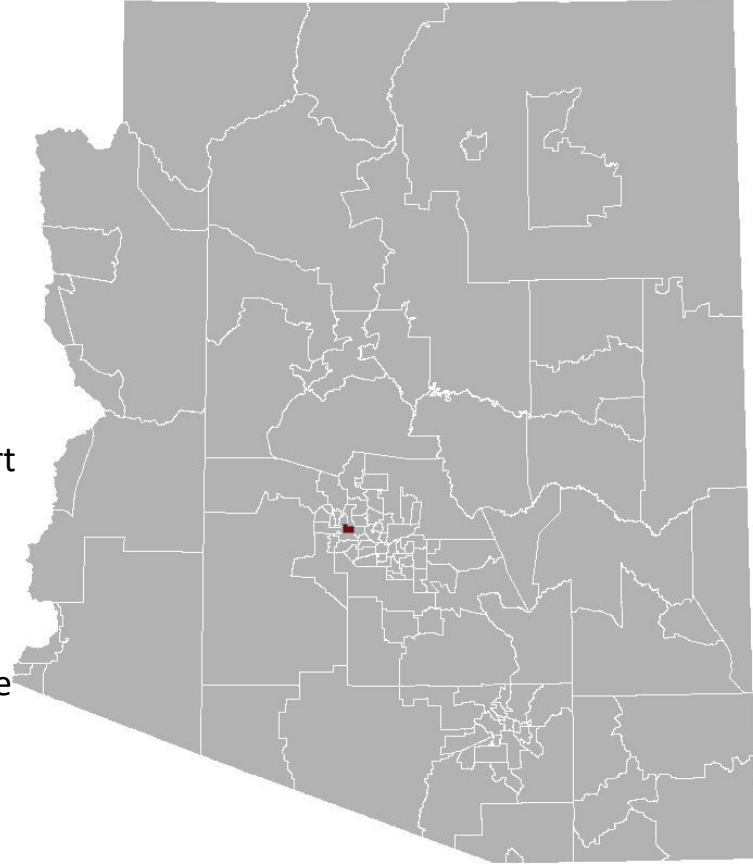Crime: Crime Rate, Domestic Violence
Child Maltreatment: Child Maltreatment

Gilbert Central

As part of a statewide needs assessment, each community was evaluated on a series of indicators that are related to increased risk for families. The presence of risk in a community provides important information to the Department of Health Services (DHS) and helps inform decisions about where programs and services should be increased or maintained.

The presence of multiple risk factors in a community can indicate that more services are needed to support families and children and help them be happy, healthy, and thriving.

The assessment of Gilbert Central revealed that there are no concerns with community risks as compared to other communities across Arizona.

Risk Domain	At Risk
Socioeconomic Status	No
Adverse Perinatal Outcomes	No
Substance Abuse	No
Crime	No
Child Maltreatment	No

To assist in prioritizing areas in the state for continued or increased services, DHS has implemented a tiered system. Tier 1 contains the highest priority areas that have 2-4 domains at risk. Tier 2 contains medium priority areas with one domain at risk. Tier 3 contains areas with low priority or zero areas at risk.

Gilbert Central is a tier 3, low priority primary care area with no domains at risk.

Indicators in each domain assessed:
Socioeconomic Status: Poverty, Unemployment, High School Dropout Rate, Income Inequality
Adverse Perinatal Outcomes: Low Birth Weight, Preterm Birth, Infant Mortality, No Prenatal Care
Substance Abuse: Alcohol, Marijuana, Illicit Drugs, Opioids
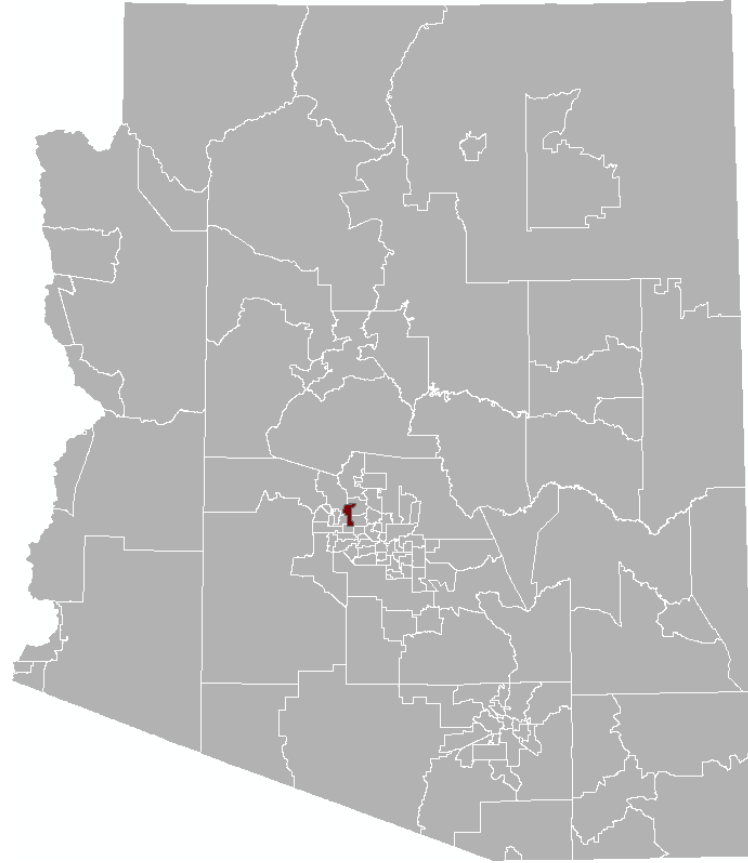Crime: Crime Rate, Domestic Violence
Child Maltreatment: Child Maltreatment

Gilbert North

As part of a statewide needs assessment, each community was evaluated on a series of indicators that are related to increased risk for families. The presence of risk in a community provides important information to the Department of Health Services (DHS) and helps inform decisions about where programs and services should be increased or maintained.

The presence of multiple risk factors in a community can indicate that more services are needed to support families and children and help them be happy, healthy, and thriving.

The assessment of Gilbert North revealed that there are no concerns with community risks as compared to other communities across Arizona.

Risk Domain	At Risk
Socioeconomic Status	No
Adverse Perinatal Outcomes	No
Substance Abuse	No
Crime	No
Child Maltreatment	No

To assist in prioritizing areas in the state for continued or increased services, DHS has implemented a tiered system. Tier 1 contains the highest priority areas that have 2-4 domains at risk. Tier 2 contains medium priority areas with one domain at risk. Tier 3 contains areas with low priority or zero areas at risk.

Gilbert North is a tier 3, low priority primary care area with no domains at risk.

Indicators in each domain assessed:
Socioeconomic Status: Poverty, Unemployment, High School Dropout Rate, Income Inequality
Adverse Perinatal Outcomes: Low Birth Weight, Preterm Birth, Infant Mortality, No Prenatal Care
Substance Abuse: Alcohol, Marijuana, Illicit Drugs, Opioids
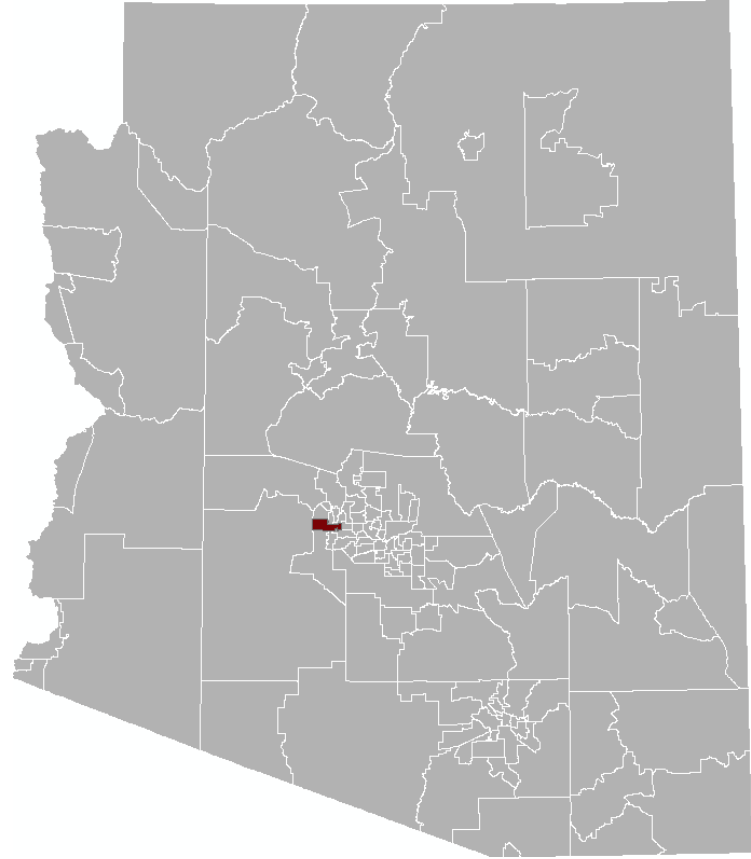Crime: Crime Rate, Domestic Violence
Child Maltreatment: Child Maltreatment

Gilbert South

As part of a statewide needs assessment, each community was evaluated on a series of indicators that are related to increased risk for families. The presence of risk in a community provides important information to the Department of Health Services (DHS) and helps inform decisions about where programs and services should be increased or maintained.

The presence of multiple risk factors in a community can indicate that more services are needed to support families and children and help them be happy, healthy, and thriving.

The assessment of Gilbert South revealed that there are no concerns with community risks as compared to other communities across Arizona.

Risk Domain	At Risk
Socioeconomic Status	No
Adverse Perinatal Outcomes	No
Substance Abuse	No
Crime	No
Child Maltreatment	No

To assist in prioritizing areas in the state for continued or increased services, DHS has implemented a tiered system. Tier 1 contains the highest priority areas that have 2-4 domains at risk. Tier 2 contains medium priority areas with one domain at risk. Tier 3 contains areas with low priority or zero areas at risk.

Gilbert South is a tier 3, low priority primary care area with no domains at risk.

Indicators in each domain assessed:
Socioeconomic Status: Poverty, Unemployment, High School Dropout Rate, Income Inequality
Adverse Perinatal Outcomes: Low Birth Weight, Preterm Birth, Infant Mortality, No Prenatal Care
Substance Abuse: Alcohol, Marijuana, Illicit Drugs, Opioids
Crime: Crime Rate, Domestic Violence
Child Maltreatment: Child Maltreatment

Glendale Central

As part of a statewide needs assessment, each community was evaluated on a series of indicators that are related to increased risk for families. The presence of risk in a community provides important information to the Department of Health Services (DHS) and helps inform decisions about where programs and services should be increased or maintained.

The presence of multiple risk factors in a community can indicate that more services are needed to support families and children and help them be happy, healthy, and thriving.

The assessment of Glendale Central revealed that there are risks in the community within the substance abuse and crime domains as compared to other communities across Arizona.

Risk Domain	At Risk
Socioeconomic Status	No
Adverse Perinatal Outcomes	No
Substance Abuse	Yes
Crime	Yes
Child Maltreatment	No

To assist in prioritizing areas in the state for continued or increased services, DHS has implemented a tiered system. Tier 1 contains the highest priority areas that have 2-4 domains at risk. Tier 2 contains medium priority areas with one domain at risk. Tier 3 contains areas with low priority or zero areas at risk.

Glendale Central is a tier 1, high priority primary care area with two domains at risk.

Indicators in each domain assessed:
Socioeconomic Status: Poverty, Unemployment, High School Dropout Rate, Income Inequality
Adverse Perinatal Outcomes: Low Birth Weight, Preterm Birth, Infant Mortality, No Prenatal Care
Substance Abuse: Alcohol, Marijuana, Illicit Drugs, Opioids
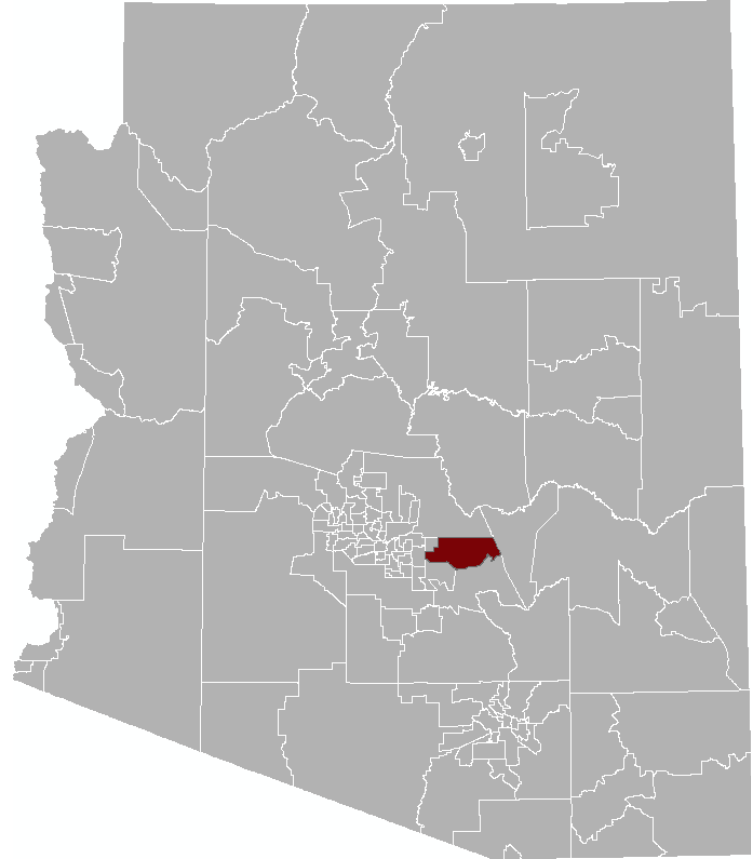Crime: Crime Rate, Domestic Violence
Child Maltreatment: Child Maltreatment

Glendale North

As part of a statewide needs assessment, each community was evaluated on a series of indicators that are related to increased risk for families. The presence of risk in a community provides important information to the Department of Health Services (DHS) and helps inform decisions about where programs and services should be increased or maintained.

The presence of multiple risk factors in a community can indicate that more services are needed to support families and children and help them be happy, healthy, and thriving.

The assessment of Glendale North revealed that there are no concerns with community risks as compared to other communities across Arizona.

Risk Domain	At Risk
Socioeconomic Status	No
Adverse Perinatal Outcomes	No
Substance Abuse	No
Crime	No
Child Maltreatment	No

To assist in prioritizing areas in the state for continued or increased services, DHS has implemented a tiered system. Tier 1 contains the highest priority areas that have 2-4 domains at risk. Tier 2 contains medium priority areas with one domain at risk. Tier 3 contains areas with low priority or zero areas at risk.

Glendale North is a tier 3, low priority primary care area with no domains at risk.

Indicators in each domain assessed:
Socioeconomic Status: Poverty, Unemployment, High School Dropout Rate, Income Inequality
Adverse Perinatal Outcomes: Low Birth Weight, Preterm Birth, Infant Mortality, No Prenatal Care
Substance Abuse: Alcohol, Marijuana, Illicit Drugs, Opioids
Crime: Crime Rate, Domestic Violence
Child Maltreatment: Child Maltreatment

Glendale West

As part of a statewide needs assessment, each community was evaluated on a series of indicators that are related to increased risk for families. The presence of risk in a community provides important information to the Department of Health Services (DHS) and helps inform decisions about where programs and services should be increased or maintained.

The presence of multiple risk factors in a community can indicate that more services are needed to support families and children and help them be happy, healthy, and thriving.

The assessment of Glendale West revealed that there are risks in the community within the crime domain as compared to other communities across Arizona.

Risk Domain	At Risk
Socioeconomic Status	No
Adverse Perinatal Outcomes	No
Substance Abuse	No
Crime	Yes
Child Maltreatment	No

To assist in prioritizing areas in the state for continued or increased services, DHS has implemented a tiered system. Tier 1 contains the highest priority areas that have 2-4 domains at risk. Tier 2 contains medium priority areas with one domain at risk. Tier 3 contains areas with low priority or zero areas at risk.

Glendale West is a tier 2, medium priority primary care area with one domain at risk.

Indicators in each domain assessed:
Socioeconomic Status: Poverty, Unemployment, High School Dropout Rate, Income Inequality
Adverse Perinatal Outcomes: Low Birth Weight, Preterm Birth, Infant Mortality, No Prenatal Care
Substance Abuse: Alcohol, Marijuana, Illicit Drugs, Opioids
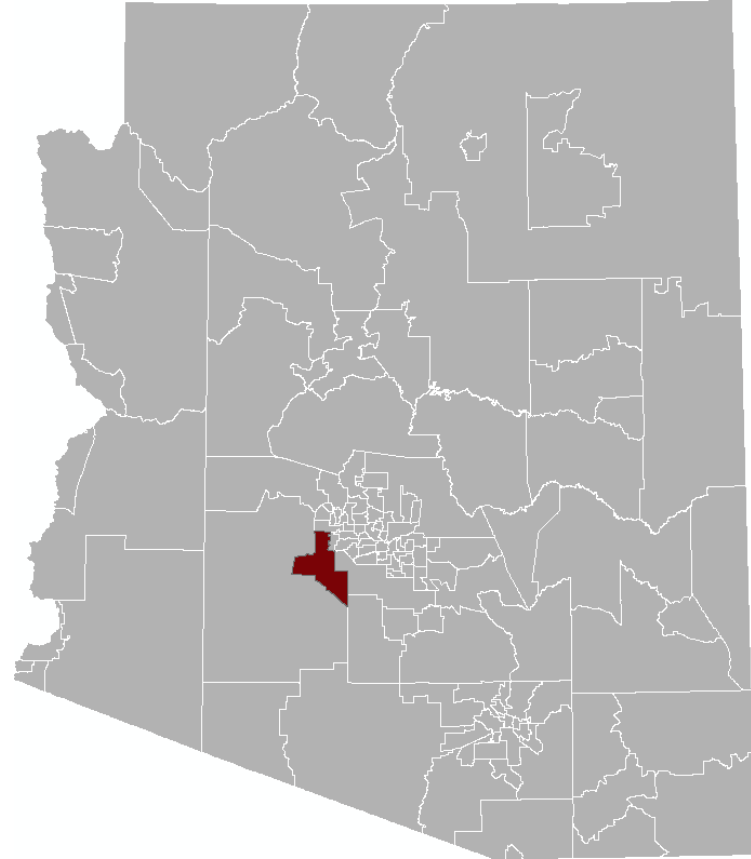Crime: Crime Rate, Domestic Violence
Child Maltreatment: Child Maltreatment

Globe

As part of a statewide needs assessment, each community was evaluated on a series of indicators that are related to increased risk for families. The presence of risk in a community provides important information to the Department of Health Services (DHS) and helps inform decisions about where programs and services should be increased or maintained.

The presence of multiple risk factors in a community can indicate that more services are needed to support families and children and help them be happy, healthy, and thriving.

The assessment of Globe revealed that there are risks in the community within the crime and child maltreatment domains as compared to other communities across Arizona.
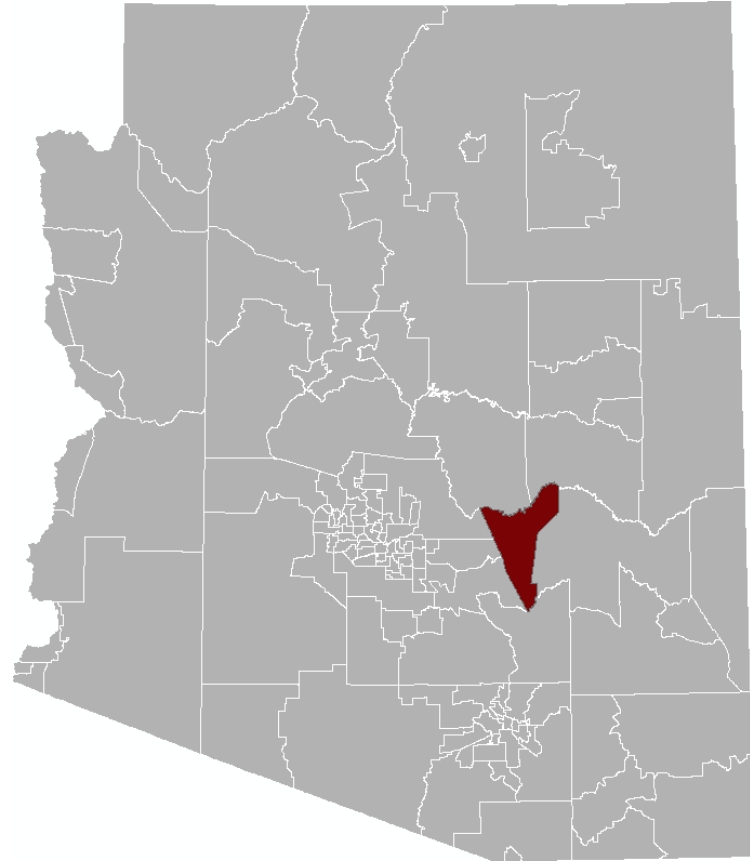
Risk Domain	At Risk
Socioeconomic Status	No
Adverse Perinatal Outcomes	No
Substance Abuse	No
Crime	Yes
Child Maltreatment	Yes

To assist in prioritizing areas in the state for continued or increased services, DHS has implemented a tiered system. Tier 1 contains the highest priority areas that have 2-4 domains at risk. Tier 2 contains medium priority areas with one domain at risk. Tier 3 contains areas with low priority or zero areas at risk.

Globe is a tier 1, high priority primary care area with two domains at risk.

Indicators in each domain assessed:
Socioeconomic Status: Poverty, Unemployment, High School Dropout Rate, Income Inequality
Adverse Perinatal Outcomes: Low Birth Weight, Preterm Birth, Infant Mortality, No Prenatal Care
Substance Abuse: Alcohol, Marijuana, Illicit Drugs, Opioids
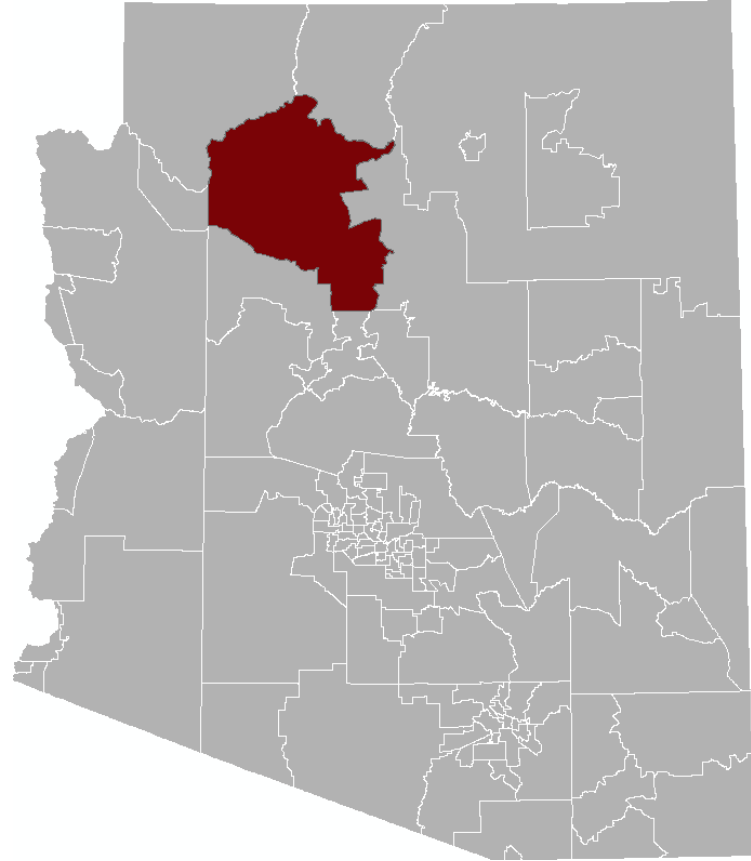Crime: Crime Rate, Domestic Violence
Child Maltreatment: Child Maltreatment

Gold Canyon

As part of a statewide needs assessment, each community was evaluated on a series of indicators that are related to increased risk for families. The presence of risk in a community provides important information to the Department of Health Services (DHS) and helps inform decisions about where programs and services should be increased or maintained.

The presence of multiple risk factors in a community can indicate that more services are needed to support families and children and help them be happy, healthy, and thriving.

The assessment of Gold Canyon revealed that there are no concerns with community risks as compared to other communities across Arizona.

Risk Domain	At Risk
Socioeconomic Status	No
Adverse Perinatal Outcomes	No
Substance Abuse	No
Crime	No
Child Maltreatment	No

To assist in prioritizing areas in the state for continued or increased services, DHS has implemented a tiered system. Tier 1 contains the highest priority areas that have 2-4 domains at risk. Tier 2 contains medium priority areas with one domain at risk. Tier 3 contains areas with low priority or zero areas at risk.

Gold Canyon is a tier 3, low priority primary care area with no domains at risk.

Indicators in each domain assessed:
Socioeconomic Status: Poverty, Unemployment, High School Dropout Rate, Income Inequality
Adverse Perinatal Outcomes: Low Birth Weight, Preterm Birth, Infant Mortality, No Prenatal Care
Substance Abuse: Alcohol, Marijuana, Illicit Drugs, Opioids
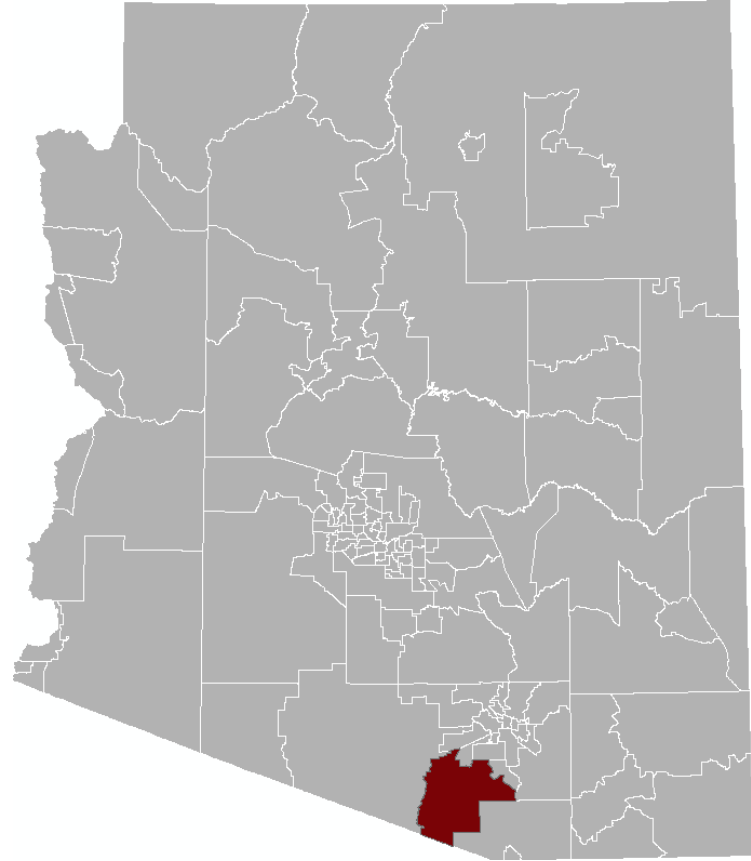Crime: Crime Rate, Domestic Violence
Child Maltreatment: Child Maltreatment

Golden Valley

As part of a statewide needs assessment, each community was evaluated on a series of indicators that are related to increased risk for families. The presence of risk in a community provides important information to the Department of Health Services (DHS) and helps inform decisions about where programs and services should be increased or maintained.

The presence of multiple risk factors in a community can indicate that more services are needed to support families and children and help them be happy, healthy, and thriving.

The assessment of Golden Valley revealed that there are risks in the community within the adverse perinatal outcome domain as compared to other communities across Arizona.
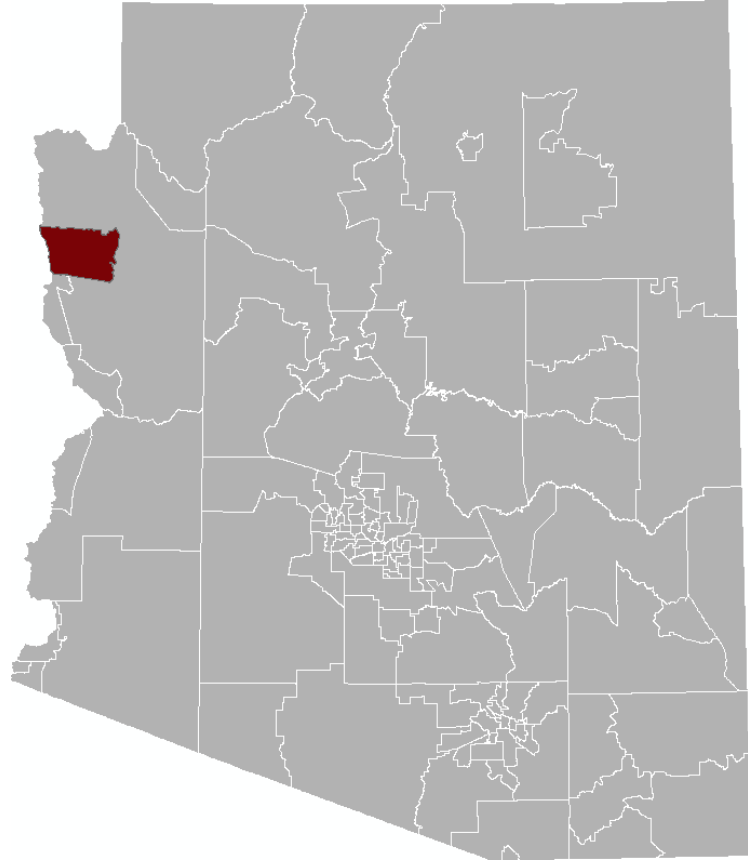
Risk Domain	At Risk
Socioeconomic Status	No
Adverse Perinatal Outcomes	Yes
Substance Abuse	No
Crime	No
Child Maltreatment	No

To assist in prioritizing areas in the state for continued or increased services, DHS has implemented a tiered system. Tier 1 contains the highest priority areas that have 2-4 domains at risk. Tier 2 contains medium priority areas with one domain at risk. Tier 3 contains areas with low priority or zero areas at risk.

Golden Valley is a tier 2, medium priority primary care area with one domain at risk.

Indicators in each domain assessed:
Socioeconomic Status: Poverty, Unemployment, High School Dropout Rate, Income Inequality
Adverse Perinatal Outcomes: Low Birth Weight, Preterm Birth, Infant Mortality, No Prenatal Care
Substance Abuse: Alcohol, Marijuana, Illicit Drugs, Opioids
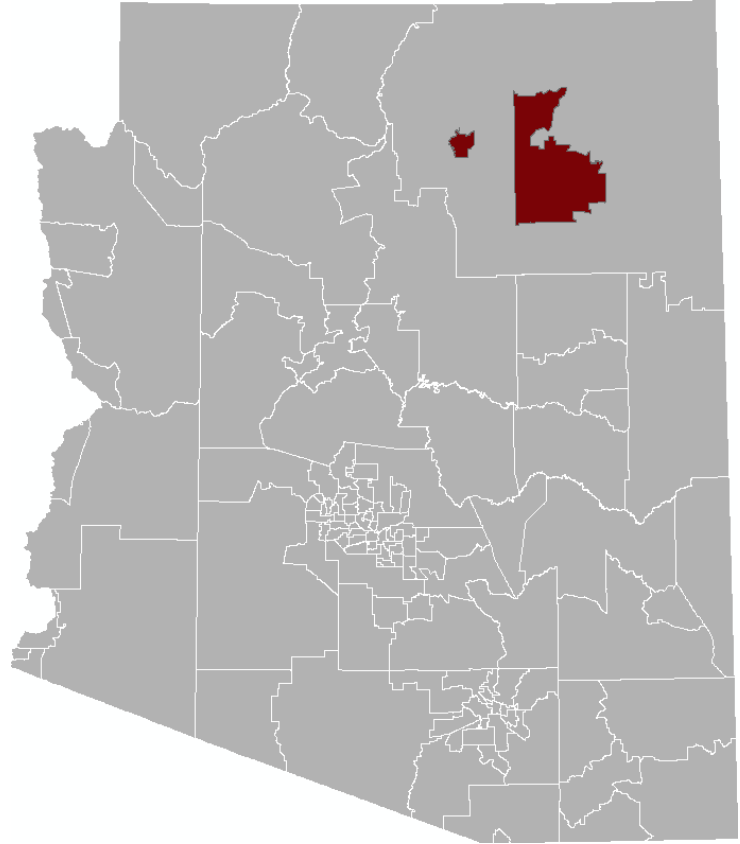Crime: Crime Rate, Domestic Violence
Child Maltreatment: Child Maltreatment

Goodyear & Litchfield Park

As part of a statewide needs assessment, each community was evaluated on a series of indicators that are related to increased risk for families. The presence of risk in a community provides important information to the Department of Health Services (DHS) and helps inform decisions about where programs and services should be increased or maintained.

The presence of multiple risk factors in a community can indicate that more services are needed to support families and children and help them be happy, healthy, and thriving.

The assessment of Goodyear and Litchfield Park revealed that there are no concerns with community risks as compared to other communities across Arizona.

Risk Domain	At Risk
Socioeconomic Status	No
Adverse Perinatal Outcomes	No
Substance Abuse	No
Crime	No
Child Maltreatment	No

To assist in prioritizing areas in the state for continued or increased services, DHS has implemented a tiered system. Tier 1 contains the highest priority areas that have 2-4 domains at risk. Tier 2 contains medium priority areas with one domain at risk. Tier 3 contains areas with low priority or zero areas at risk.

Goodyear & Litchfield Park is a tier 3, low priority primary care area with no domains at risk.

Indicators in each domain assessed:
Socioeconomic Status: Poverty, Unemployment, High School Dropout Rate, Income Inequality
Adverse Perinatal Outcomes: Low Birth Weight, Preterm Birth, Infant Mortality, No Prenatal Care
Substance Abuse: Alcohol, Marijuana, Illicit Drugs, Opioids
Crime: Crime Rate, Domestic Violence
Child Maltreatment: Child Maltreatment

Grand Canyon Village

As part of a statewide needs assessment, each community was evaluated on a series of indicators that are related to increased risk for families. The presence of risk in a community provides important information to the Department of Health Services (DHS) and helps inform decisions about where programs and services should be increased or maintained.

The presence of multiple risk factors in a community can indicate that more services are needed to support families and children and help them be happy, healthy, and thriving.

The assessment of Grand Canyon Village revealed that there are risks in the community within the adverse perinatal outcomes domain as compared to other communities across Arizona.

Risk Domain	At Risk
Socioeconomic Status	No
Adverse Perinatal Outcomes	Yes
Substance Abuse	No
Crime	No
Child Maltreatment	No

To assist in prioritizing areas in the state for continued or increased services, DHS has implemented a tiered system. Tier 1 contains the highest priority areas that have 2-4 domains at risk. Tier 2 contains medium priority areas with one domain at risk. Tier 3 contains areas with low priority or zero areas at risk.

Grand Canyon Village is a tier 2, medium priority primary care area with one domain at risk.

Indicators in each domain assessed:
Socioeconomic Status: Poverty, Unemployment, High School Dropout Rate, Income Inequality
Adverse Perinatal Outcomes: Low Birth Weight, Preterm Birth, Infant Mortality, No Prenatal Care
Substance Abuse: Alcohol, Marijuana, Illicit Drugs, Opioids
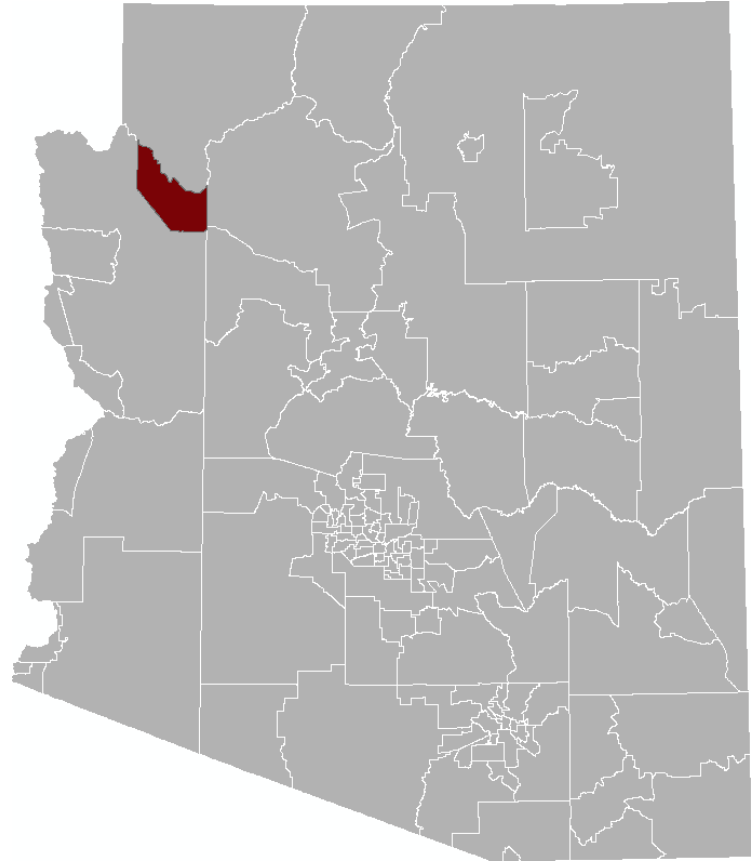Crime: Crime Rate, Domestic Violence
Child Maltreatment: Child Maltreatment

Green Valley

As part of a statewide needs assessment, each community was evaluated on a series of indicators that are related to increased risk for families. The presence of risk in a community provides important information to the Department of Health Services (DHS) and helps inform decisions about where programs and services should be increased or maintained.

The presence of multiple risk factors in a community can indicate that more services are needed to support families and children and help them be happy, healthy, and thriving.

The assessment of Green Valley revealed that there are risks in the community within the adverse perinatal outcomes domain as compared to other communities across Arizona.

Risk Domain	At Risk
Socioeconomic Status	No
Adverse Perinatal Outcomes	Yes
Substance Abuse	No
Crime	No
Child Maltreatment	No

To assist in prioritizing areas in the state for continued or increased services, DHS has implemented a tiered system. Tier 1 contains the highest priority areas that have 2-4 domains at risk. Tier 2 contains medium priority areas with one domain at risk. Tier 3 contains areas with low priority or zero areas at risk.

Green Valley is a tier 2, medium priority primary care area with one domain at risk.

Indicators in each domain assessed:
Socioeconomic Status: Poverty, Unemployment, High School Dropout Rate, Income Inequality
Adverse Perinatal Outcomes: Low Birth Weight, Preterm Birth, Infant Mortality, No Prenatal Care
Substance Abuse: Alcohol, Marijuana, Illicit Drugs, Opioids
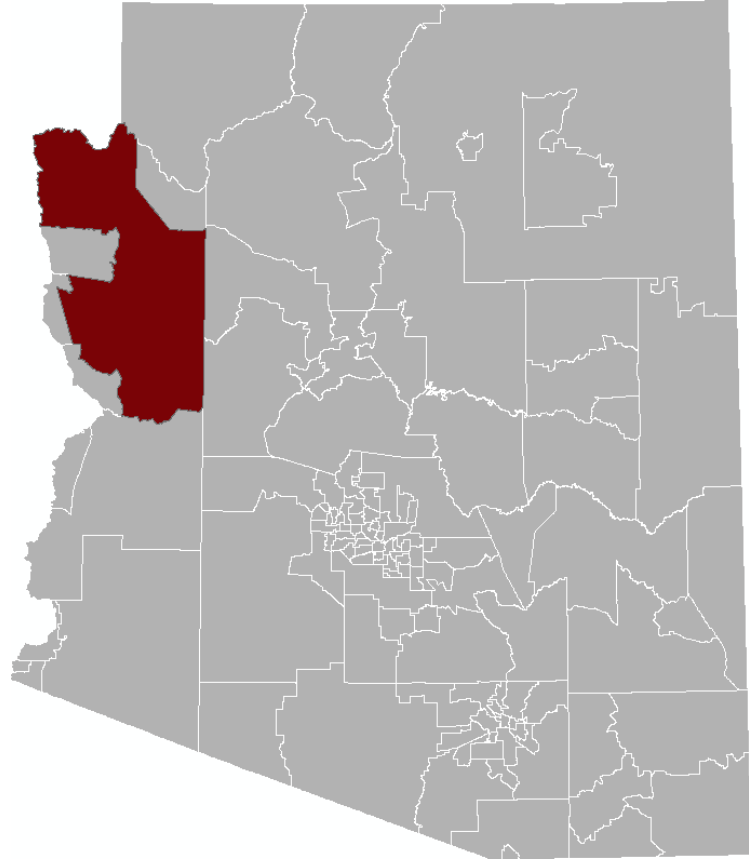Crime: Crime Rate, Domestic Violence
Child Maltreatment: Child Maltreatment

Hopi Tribe

As part of a statewide needs assessment, each community was evaluated on a series of indicators that are related to increased risk for families. The presence of risk in a community provides important information to the Department of Health Services (DHS) and helps inform decisions about where programs and services should be increased or maintained.

The presence of multiple risk factors in a community can indicate that more services are needed to support families and children and help them be happy, healthy, and thriving.

The assessment of Hopi Tribe revealed that there are risks in the community within the socioeconomic status domain as compared to other communities across Arizona.

Risk Domain	At Risk
Socioeconomic Status	Yes
Adverse Perinatal Outcomes	No
Substance Abuse	No
Crime	No
Child Maltreatment	No

To assist in prioritizing areas in the state for continued or increased services, DHS has implemented a tiered system. Tier 1 containsthe highest priority areas that have 2-4 domains at risk. Tier 2 contains medium priority areas with one domain at risk. Tier 3 contains areas with low priority or zero areasat risk.

Phase I of the Needs Assessment identified Hopi Tribe as a tier 2, medium priority primary care area with one domain at risk.

Phase II of the needs assessment identifies all federally recognized tribal homeland as a tier 1 priority. Therefore, Hopi Tribe is elevated to a tier 1, high priority community.

Indicators in each domain assessed:
Socioeconomic Status: Poverty, Unemployment, High School Dropout Rate, Income Inequality
Adverse Perinatal Outcomes: Low Birth Weight, Preterm Birth, Infant Mortality, No Prenatal Care
Substance Abuse: Alcohol, Marijuana, Illicit Drugs, Opioids
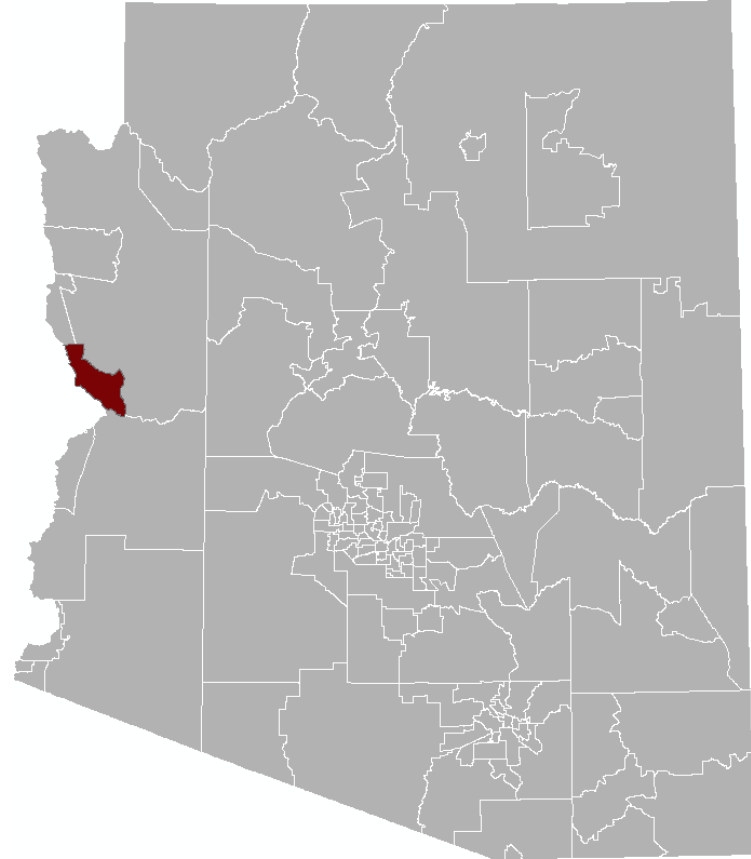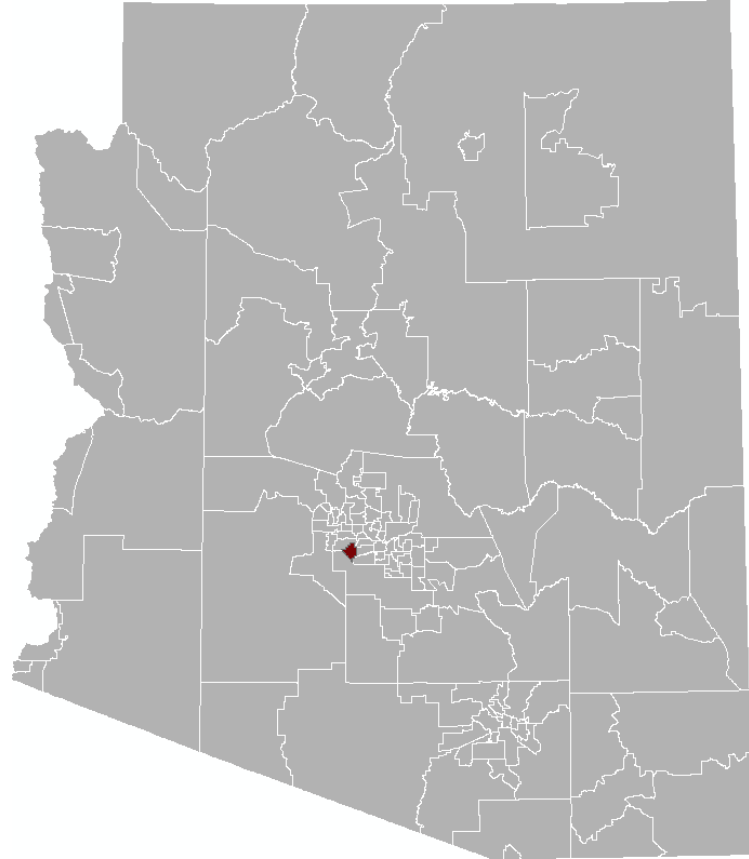Crime: Crime Rate, Domestic Violence
Child Maltreatment: Child Maltreatment

Hualapai Tribe

As part of a statewide needs assessment, each community was evaluated on a series of indicators that are related to increased risk for families. The presence of risk in a community provides important information to the Department of Health Services (DHS) and helps inform decisions about where programs and services should be increased or maintained.

The presence of multiple risk factors in a community can indicate that more services are needed to support families and children and help them be happy, healthy, and thriving.

The assessment of Hualapai Tribe revealed that there are risks in the community within the socioeconomic status and adverse perinatal outcomes domains as compared to other communities across Arizona.

Risk Domain	At Risk
Socioeconomic Status	Yes
Adverse Perinatal Outcomes	Yes
Substance Abuse	No
Crime	No
Child Maltreatment	No

To assist in prioritizing areas in the state for continued or increased services, DHS has implemented a tiered system. Tier 1 contains the highest priority areas that have 2-4 domains at risk. Tier 2 contains medium priority areas with one domain at risk. Tier 3 contains areas with low priority or zero areas at risk.

Hualapai Tribe is a tier 1, high priority primary care area with two domains at risk.

Indicators in each domain assessed:
Socioeconomic Status: Poverty, Unemployment, High School Dropout Rate, Income Inequality
Adverse Perinatal Outcomes: Low Birth Weight, Preterm Birth, Infant Mortality, No Prenatal Care
Substance Abuse: Alcohol, Marijuana, Illicit Drugs, Opioids
Crime: Crime Rate, Domestic Violence
Child Maltreatment: Child Maltreatment

Kingman

As part of a statewide needs assessment, each community was evaluated on a series of indicators that are related to increased risk for families. The presence of risk in a community provides important information to the Department of Health Services (DHS) and helps inform decisions about where programs and services should be increased or maintained.

The presence of multiple risk factors in a community can indicate that more services are needed to support families and children and help them be happy, healthy, and thriving.

The assessment of Kingman revealed that there are risks in the community within the child maltreatment domain as compared to other communities across Arizona.

Risk Domain	At Risk
Socioeconomic Status	No
Adverse Perinatal Outcomes	No
Substance Abuse	No
Crime	No
Child Maltreatment	Yes

To assist in prioritizing areas in the state for continued or increased services, DHS has implemented a tiered system. Tier 1 contains the highest priority areas that have 2-4 domains at risk. Tier 2 contains medium priority areas with one domain at risk. Tier 3 contains areas with low priority or zero areas at risk.

Kingman is a tier 2, medium priority primary care area with one domain at risk.

Indicators in each domain assessed:
Socioeconomic Status: Poverty, Unemployment, High School Dropout Rate, Income Inequality
Adverse Perinatal Outcomes: Low Birth Weight, Preterm Birth, Infant Mortality, No Prenatal Care
Substance Abuse: Alcohol, Marijuana, Illicit Drugs, Opioids
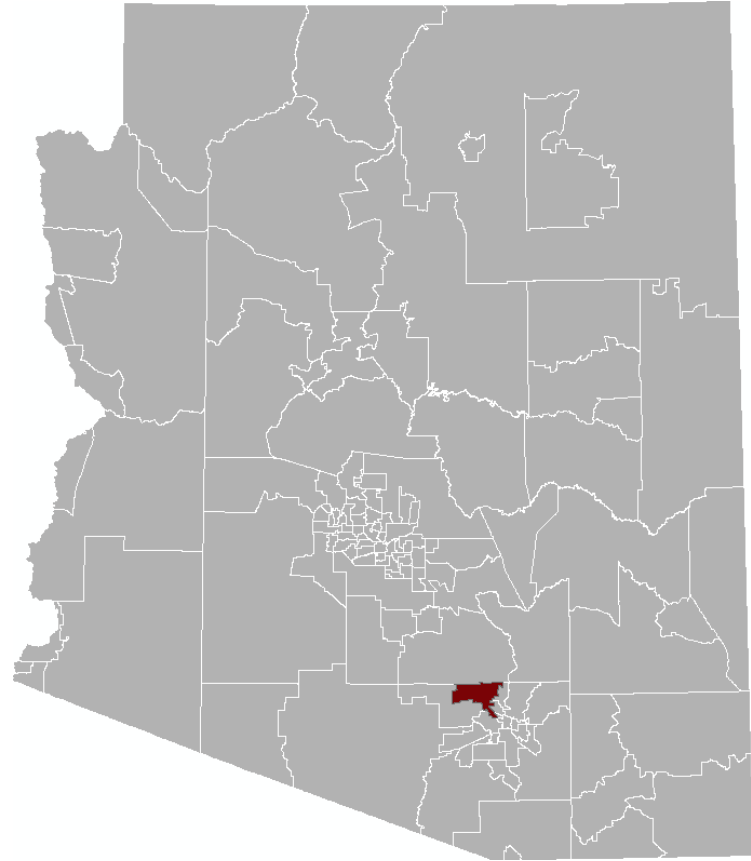Crime: Crime Rate, Domestic Violence
Child Maltreatment: Child Maltreatment

Lake Havasu City

As part of a statewide needs assessment, each community was evaluated on a series of indicators that are related to increased risk for families. The presence of risk in a community provides important information to the Department of Health Services (DHS) and helps inform decisions about where programs and services should be increased or maintained.

The presence of multiple risk factors in a community can indicate that more services are needed to support families and children and help them be happy, healthy, and thriving.

The assessment of Lake Havasu City revealed that there are risks in the community within the child maltreatment domain as compared to other communities across Arizona.

Risk Domain	At Risk
Socioeconomic Status	No
Adverse Perinatal Outcomes	No
Substance Abuse	No
Crime	No
Child Maltreatment	Yes

To assist in prioritizing areas in the state for continued or increased services, DHS has implemented a tiered system. Tier 1 containsthe highest priority areas that have 2-4 domains at risk. Tier 2 contains medium priority areas with one domain at risk. Tier 3 contains areas with low priority or zero areasat risk.

Lake Havasu City is a tier 2, medium priority primary care area with one domain at risk.

Indicators in each domain assessed:
Socioeconomic Status: Poverty, Unemployment, High School Dropout Rate, Income Inequality
Adverse Perinatal Outcomes: Low Birth Weight, Preterm Birth, Infant Mortality, No Prenatal Care
Substance Abuse: Alcohol, Marijuana, Illicit Drugs, Opioids
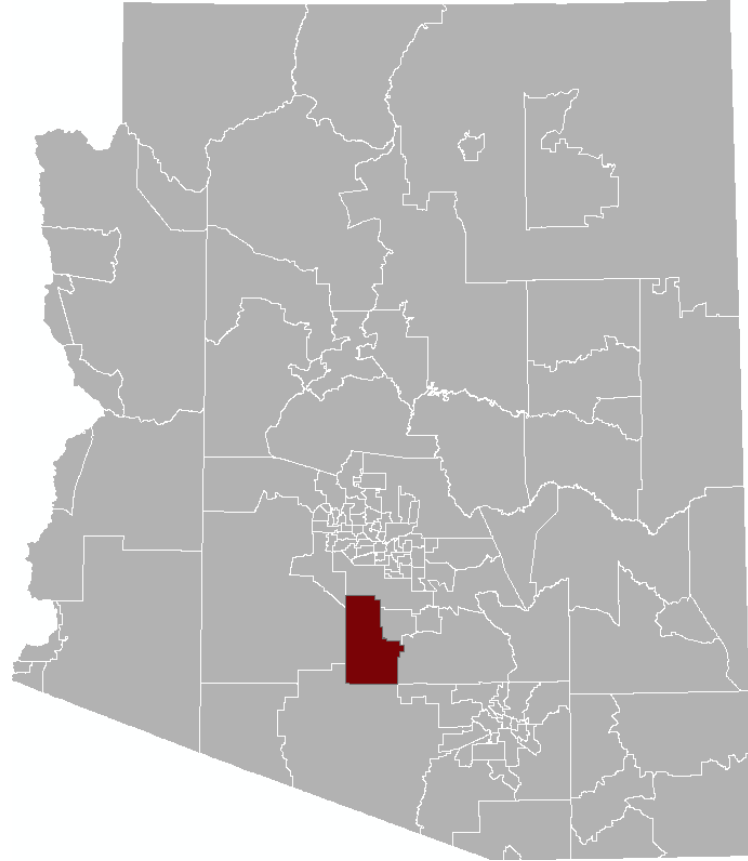Crime: Crime Rate, Domestic Violence
Child Maltreatment: Child Maltreatment

Laveen Village

As part of a statewide needs assessment, each community was evaluated on a series of indicators that are related to increased risk for families. The presence of risk in a community provides important information to the Department of Health Services (DHS) and helps inform decisions about where programs and services should be increased or maintained.

The presence of multiple risk factors in a community can indicate that more services are needed to support families and children and help them be happy, healthy, and thriving.

The assessment of Laveen Village revealed that there are risks in the community within the Crime domain as compared to other communities across Arizona.

Risk Domain	At Risk
Socioeconomic Status	No
Adverse Perinatal Outcomes	No
Substance Abuse	No
Crime	Yes
Child Maltreatment	No

To assist in prioritizing areas in the state for continued or increased services, DHS has implemented a tiered system. Tier 1 contains the highest priority areas that have 2-4 domains at risk. Tier 2 contains medium priority areas with one domain at risk. Tier 3 contains areas with low priority or zero areas at risk.

Laveen Village is a tier 2, medium priority primary care area with one domain at risk.

Indicators in each domain assessed:
Socioeconomic Status: Poverty, Unemployment, High School Dropout Rate, Income Inequality
Adverse Perinatal Outcomes: Low Birth Weight, Preterm Birth, Infant Mortality, No Prenatal Care
Substance Abuse: Alcohol, Marijuana, Illicit Drugs, Opioids
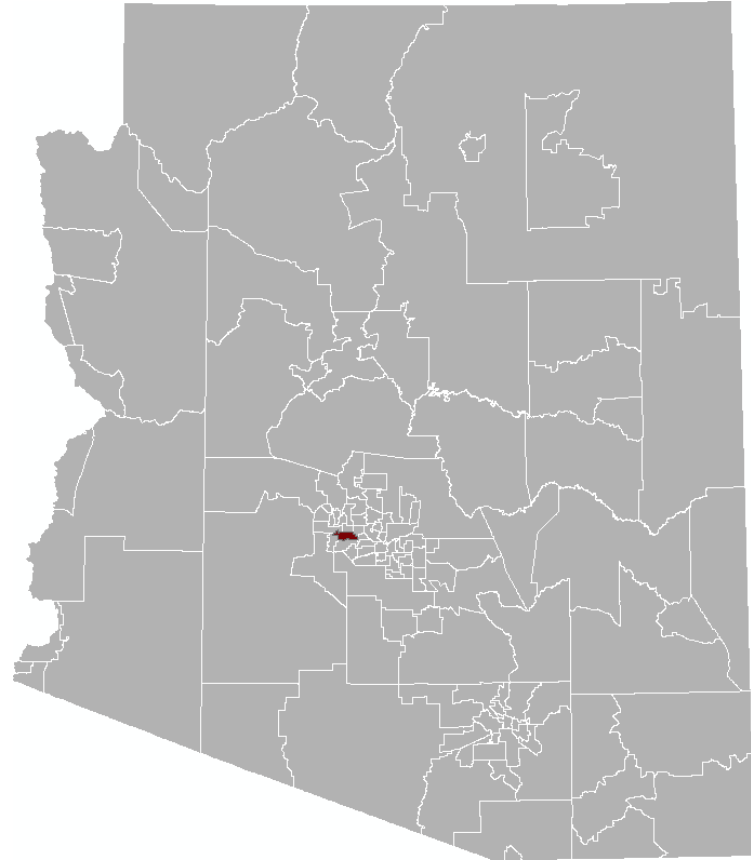Crime: Crime Rate, Domestic Violence
Child Maltreatment: Child Maltreatment

Marana

As part of a statewide needs assessment, each community was evaluated on a series of indicators that are related to increased risk for families. The presence of risk in a community provides important information to the Department of Health Services (DHS) and helps inform decisions about where programs and services should be increased or maintained.

The presence of multiple risk factors in a community can indicate that more services are needed to support families and children and help them be happy, healthy, and thriving.

The assessment of Marana revealed that there are no concerns with community risks as compared to other communities across Arizona.

Risk Domain	At Risk
Socioeconomic Status	No
Adverse Perinatal Outcomes	No
Substance Abuse	No
Crime	No
Child Maltreatment	No

To assist in prioritizing areas in the state for continued or increased services, DHS has implemented a tiered system. Tier 1 contains the highest priority areas that have 2-4 domains at risk. Tier 2 contains medium priority areas with one domain at risk. Tier 3 contains areas with low priority or zero areas at risk.

Marana is a tier 3, low priority primary care area with no domains at risk.

Indicators in each domain assessed:
Socioeconomic Status: Poverty, Unemployment, High School Dropout Rate, Income Inequality
Adverse Perinatal Outcomes: Low Birth Weight, Preterm Birth, Infant Mortality, No Prenatal Care
Substance Abuse: Alcohol, Marijuana, Illicit Drugs, Opioids
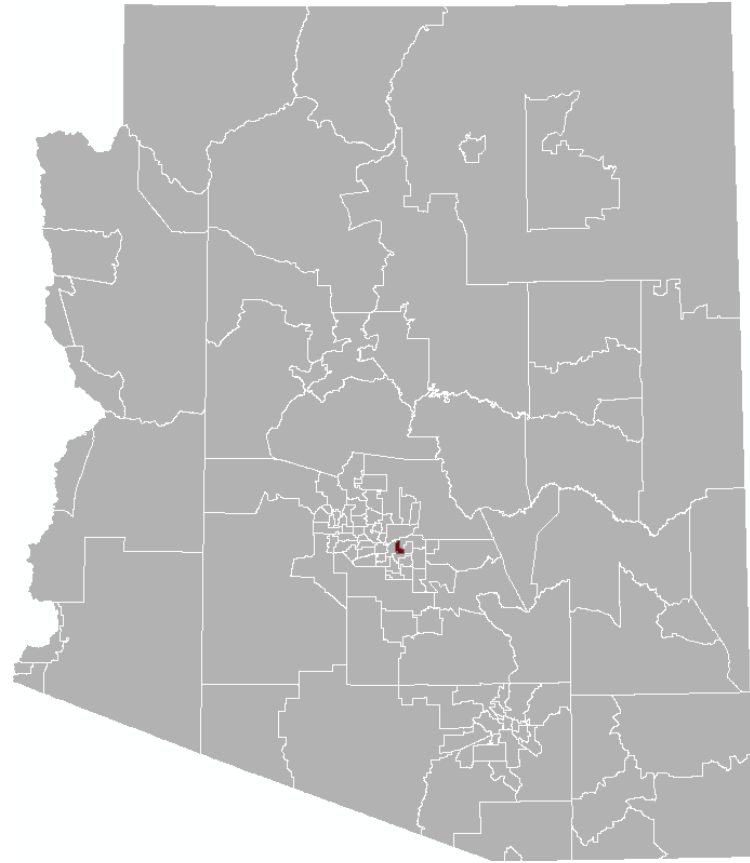Crime: Crime Rate, Domestic Violence
Child Maltreatment: Child Maltreatment

Maricopa

As part of a statewide needs assessment, each community was evaluated on a series of indicators that are related to increased risk for families. The presence of risk in a community provides important information to the Department of Health Services (DHS) and helps inform decisions about where programs and services should be increased or maintained.

The presence of multiple risk factors in a community can indicate that more services are needed to support families and children and help them be happy, healthy, and thriving.

The assessment of Maricopa revealed that there are risks in the community within the child maltreatment domain as compared to other communities across Arizona.

Risk Domain	At Risk
Socioeconomic Status	No
Adverse Perinatal Outcomes	No
Substance Abuse	No
Crime	No
Child Maltreatment	Yes

To assist in prioritizing areas in the state for continued or increased services, DHS has implemented a tiered system. Tier 1 contains the highest priority areas that have 2-4 domains at risk. Tier 2 contains medium priority areas with one domain at risk. Tier 3 contains areas with low priority or zero areas at risk.

Maricopa is a tier 2, medium priority primary carearea with one domain at risk.

Indicators in each domain assessed:
Socioeconomic Status: Poverty, Unemployment, High School Dropout Rate, Income Inequality
Adverse Perinatal Outcomes: Low Birth Weight, Preterm Birth, Infant Mortality, No Prenatal Care
Substance Abuse: Alcohol, Marijuana, Illicit Drugs, Opioids
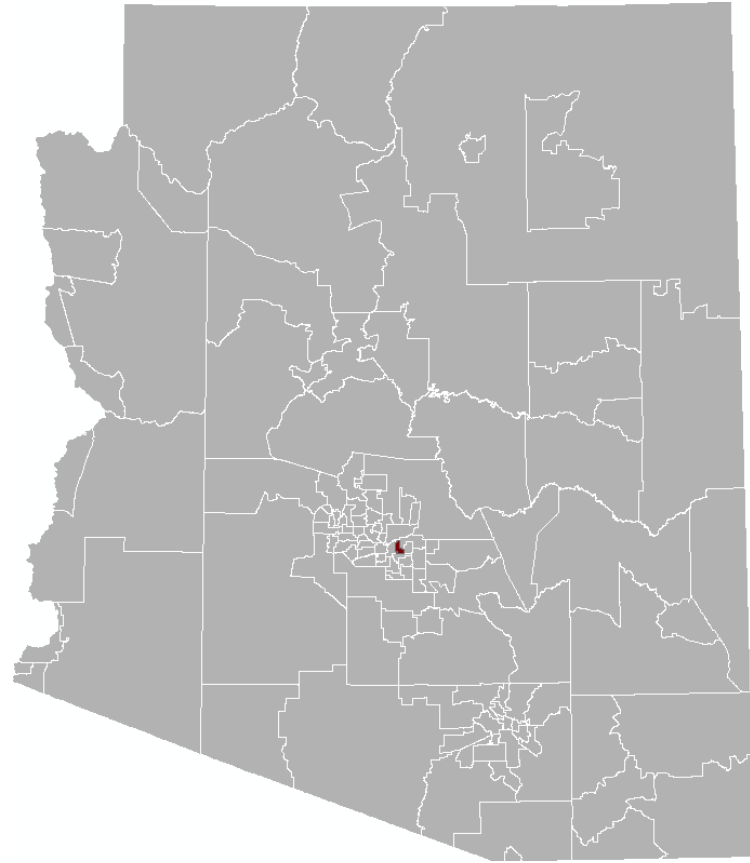Crime: Crime Rate, Domestic Violence
Child Maltreatment: Child Maltreatment

Maryvale Village

As part of a statewide needs assessment, each community was evaluated on a series of indicators that are related to increased risk for families. The presence of risk in a community provides important information to the Department of Health Services (DHS) and helps inform decisions about where programs and services should be increased or maintained.

The presence of multiple risk factors in a community can indicate that more services are needed to support families and children and help them be happy, healthy, and thriving.

The assessment of Maryvale Village revealed that there are risks in the community within the substance abuse and child maltreatment domains as compared to other communities across Arizona.

Risk Domain	At Risk
Socioeconomic Status	No
Adverse Perinatal Outcomes	No
Substance Abuse	Yes
Crime	No
Child Maltreatment	Yes

To assist in prioritizing areas in the state for continued or increased services, DHS has implemented a tiered system. Tier 1 contains the highest priority areas that have 2-4 domains at risk. Tier 2 contains medium priority areas with one domain at risk. Tier 3 contains areas with low priority or zero areas at risk.

Maryvale Village is a tier 1, high priority primary care area with two domains at risk.

Indicators in each domain assessed:
Socioeconomic Status: Poverty, Unemployment, High School Dropout Rate, Income Inequality
Adverse Perinatal Outcomes: Low Birth Weight, Preterm Birth, Infant Mortality, No Prenatal Care
Substance Abuse: Alcohol, Marijuana, Illicit Drugs, Opioids
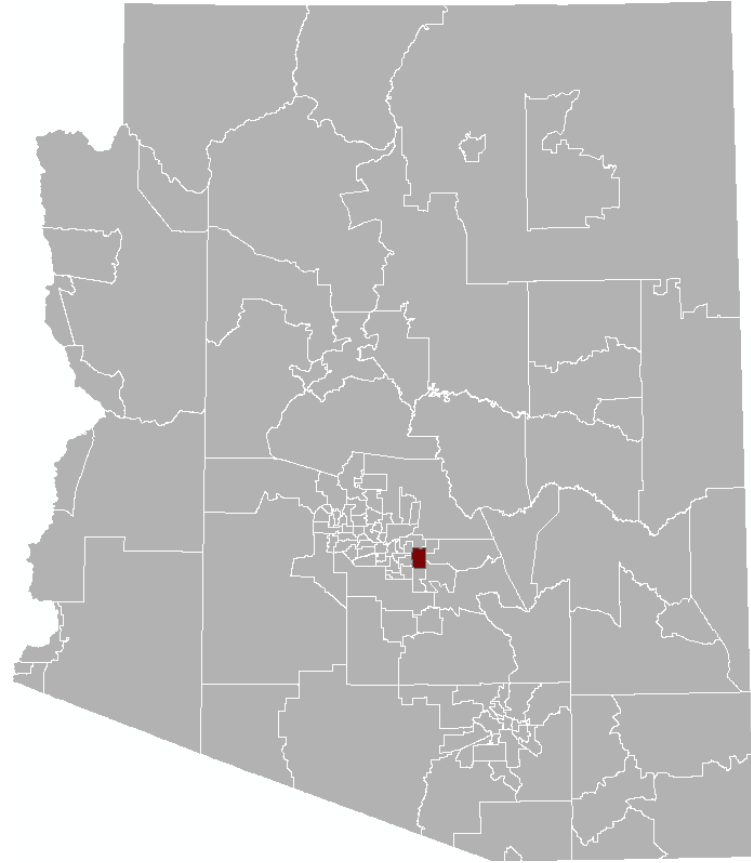Crime: Crime Rate, Domestic Violence
Child Maltreatment: Child Maltreatment

Mesa Central

As part of a statewide needs assessment, each community was evaluated on a series of indicators that are related to increased risk for families. The presence of risk in a community provides important information to the Department of Health Services (DHS) and helps inform decisions about where programs and services should be increased or maintained.

The presence of multiple risk factors in a community can indicate that more services are needed to support families and children and help them be happy, healthy, and thriving.

The assessment of Mesa Central revealed that there are no concerns with community risks as compared to other communities across Arizona.

Risk Domain	At Risk
Socioeconomic Status	No
Adverse Perinatal Outcomes	No
Substance Abuse	No
Crime	No
Child Maltreatment	No

To assist in prioritizing areas in the state for continued or increased services, DHS has implemented a tiered system. Tier 1 contains the highest priority areas that have 2-4 domains at risk. Tier 2 contains medium priority areas with one domain at risk. Tier 3 contains areas with low priority or zero areas at risk.

Mesa Central is a tier 3, low priority primary care area with no domains at risk.

Indicators in each domain assessed:
Socioeconomic Status: Poverty, Unemployment, High School Dropout Rate, Income Inequality
Adverse Perinatal Outcomes: Low Birth Weight, Preterm Birth, Infant Mortality, No Prenatal Care
Substance Abuse: Alcohol, Marijuana, Illicit Drugs, Opioids
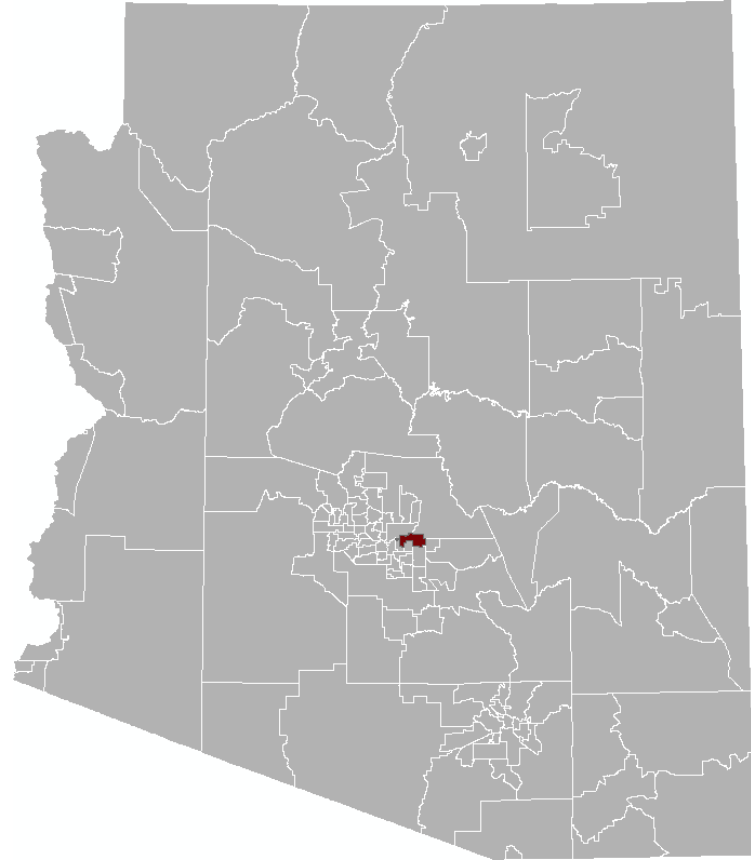Crime: Crime Rate, Domestic Violence
Child Maltreatment: Child Maltreatment

Mesa East

As part of a statewide needs assessment, each community was evaluated on a series of indicators that are related to increased risk for families. The presence of risk in a community provides important information to the Department of Health Services (DHS) and helps inform decisions about where programs and services should be increased or maintained.

The presence of multiple risk factors in a community can indicate that more services are needed to support families and children and help them be happy, healthy, and thriving.

The assessment of Mesa East revealed that there are no concerns with community risks as compared to other communities across Arizona.

Risk Domain	At Risk
Socioeconomic Status	No
Adverse Perinatal Outcomes	No
Substance Abuse	No
Crime	No
Child Maltreatment	No

To assist in prioritizing areas in the state for continued or increased services, DHS has implemented a tiered system. Tier 1 contains the highest priority areas that have 2-4 domains at risk. Tier 2 contains medium priority areas with one domain at risk. Tier 3 contains areas with low priority or zero areas at risk.

Mesa East is a tier 3, low priority primary care area with no domains at risk.

Indicators in each domain assessed:
Socioeconomic Status: Poverty, Unemployment, High School Dropout Rate, Income Inequality
Adverse Perinatal Outcomes: Low Birth Weight, Preterm Birth, Infant Mortality, No Prenatal Care
Substance Abuse: Alcohol, Marijuana, Illicit Drugs, Opioids
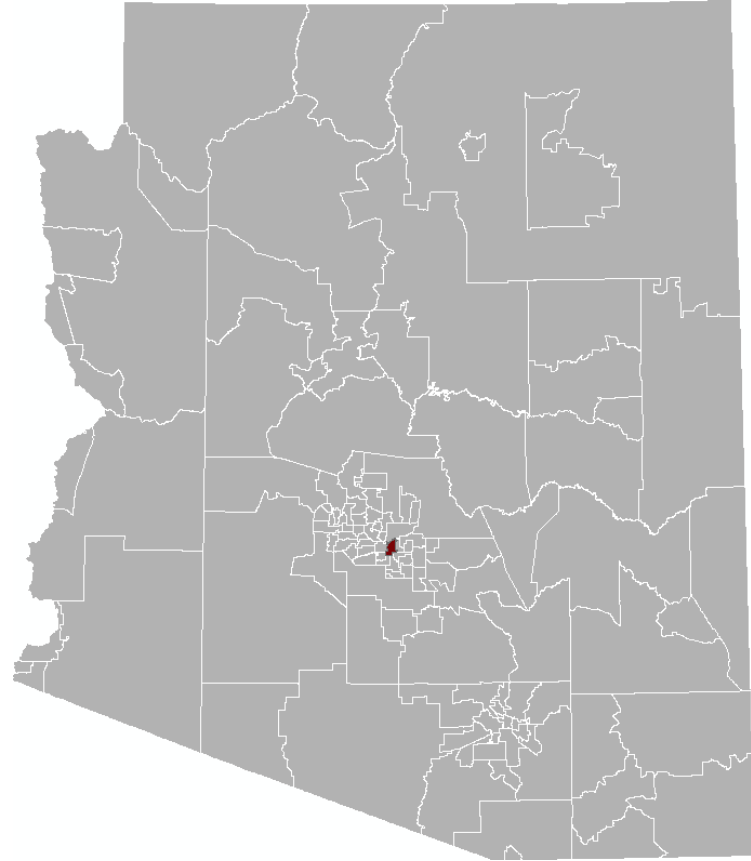Crime: Crime Rate, Domestic Violence
Child Maltreatment: Child Maltreatment

Mesa Gateway

As part of a statewide needs assessment, each community was evaluated on a series of indicators that are related to increased risk for families. The presence of risk in a community provides important information to the Department of Health Services (DHS) and helps inform decisions about where programs and services should be increased or maintained.

The presence of multiple risk factors in a community can indicate that more services are needed to support families and children and help them be happy, healthy, and thriving.

The assessment of Mesa Gateway revealed that there are no concerns with community risks as compared to other communities across Arizona.

Risk Domain	At Risk
Socioeconomic Status	No
Adverse Perinatal Outcomes	No
Substance Abuse	No
Crime	No
Child Maltreatment	No

To assist in prioritizing areas in the state for continued or increased services, DHS has implemented a tiered system. Tier 1 contains the highest priority areas that have 2-4 domains at risk. Tier 2 contains medium priority areas with one domain at risk. Tier 3 contains areas with low priority or zero areas at risk.

Mesa Gateway is a tier 3, low priority primary care area with no domains at risk.

Indicators in each domain assessed:
Socioeconomic Status: Poverty, Unemployment, High School Dropout Rate, Income Inequality
Adverse Perinatal Outcomes: Low Birth Weight, Preterm Birth, Infant Mortality, No Prenatal Care
Substance Abuse: Alcohol, Marijuana, Illicit Drugs, Opioids
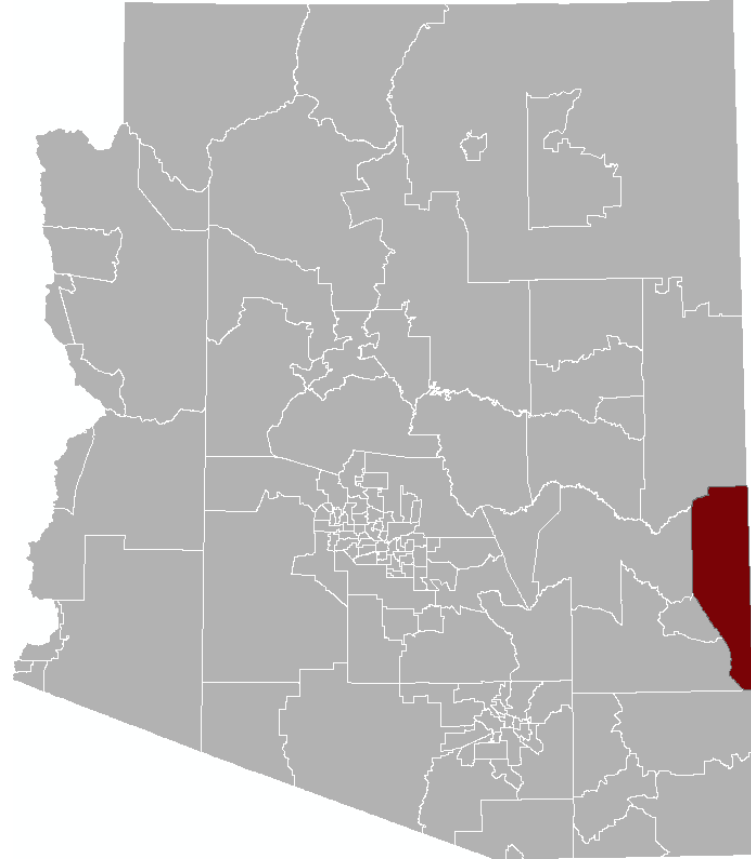Crime: Crime Rate, Domestic Violence
Child Maltreatment: Child Maltreatment

Mesa North

As part of a statewide needs assessment, each community was evaluated on a series of indicators that are related to increased risk for families. The presence of risk in a community provides important information to the Department of Health Services (DHS) and helps inform decisions about where programs and services should be increased or maintained.

The presence of multiple risk factors in a community can indicate that more services are needed to support families and children and help them be happy, healthy, and thriving.

The assessment of Mesa North revealed that there are no concerns with community risks as compared to other communities across Arizona.

Risk Domain	At Risk
Socioeconomic Status	No
Adverse Perinatal Outcomes	No
Substance Abuse	No
Crime	No
Child Maltreatment	No

To assist in prioritizing areas in the state for continued or increased services, DHS has implemented a tiered system. Tier 1 contains the highest priority areas that have 2-4 domains at risk. Tier 2 contains medium priority areas with one domain at risk. Tier 3 contains areas with low priority or zero areas at risk.

Mesa North is a tier 3, low priority primary care area with no domains at risk.

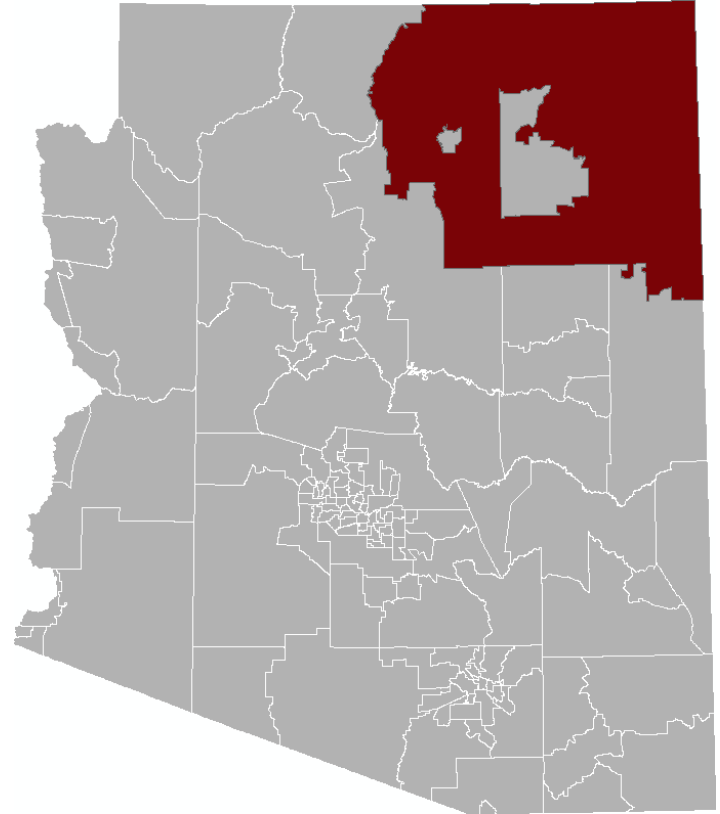Indicators in each domain assessed:
Socioeconomic Status: Poverty, Unemployment, High School Dropout Rate, Income Inequality
Adverse Perinatal Outcomes: Low Birth Weight, Preterm Birth, Infant Mortality, No Prenatal Care
Substance Abuse: Alcohol, Marijuana, Illicit Drugs, Opioids
Crime: Crime Rate, Domestic Violence
Child Maltreatment: Child Maltreatment

Mesa West

As part of a statewide needs assessment, each community was evaluated on a series of indicators that are related to increased risk for families. The presence of risk in a community provides important information to the Department of Health Services (DHS) and helps inform decisions about where programs and services should be increased or maintained.

The presence of multiple risk factors in a community can indicate that more services are needed to support families and children and help them be happy, healthy, and thriving.

The assessment of Mesa West revealed that there are risks in the community within the substance abuse and child maltreatment domains as compared to other communities across Arizona.

Risk Domain	At Risk
Socioeconomic Status	No
Adverse Perinatal Outcomes	No
Substance Abuse	Yes
Crime	No
Child Maltreatment	Yes

To assist in prioritizing areas in the state for continued or increased services, DHS has implemented a tiered system. Tier 1 contains the highest priority areas that have 2-4 domains at risk. Tier 2 contains medium priority areas with one domain at risk. Tier 3 contains areas with low priority or zero areas at risk.

Mesa West is a tier 1, high priority primary care area with two domains at risk.
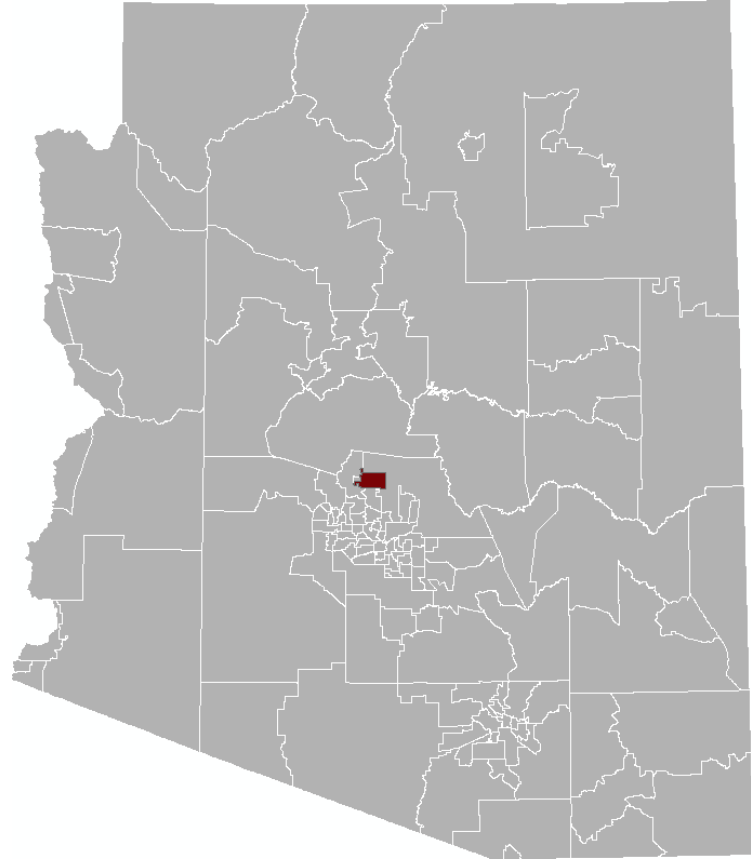
Indicators in each domain assessed:
Socioeconomic Status: Poverty, Unemployment, High School Dropout Rate, Income Inequality
Adverse Perinatal Outcomes: Low Birth Weight, Preterm Birth, Infant Mortality, No Prenatal Care
Substance Abuse: Alcohol, Marijuana, Illicit Drugs, Opioids
Crime: Crime Rate, Domestic Violence
Child Maltreatment: Child Maltreatment

Morenci

As part of a statewide needs assessment, each community was evaluated on a series of indicators that are related to increased risk for families. The presence of risk in a community provides important information to the Department of Health Services (DHS) and helps inform decisions about where programs and services should be increased or maintained.

The presence of multiple risk factors in a community can indicate that more services are needed to support families and children and help them be happy, healthy, and thriving.

The assessment of Morenci revealed that there are no concerns with community risks as compared to other communities across Arizona.

Risk Domain	At Risk
Socioeconomic Status	No
Adverse Perinatal Outcomes	No
Substance Abuse	No
Crime	No
Child Maltreatment	No
Phase II – Infant Mortality	NA
Phase II – No Prenatal Care	Yes

To assist in prioritizing areas in the state for continued or increased services, DHS has implemented a tiered system. Tier 1 contains the highest priority areas that have 2-4 domains at risk. Tier 2 contains medium priority areas with one domain at risk. Tier 3 contains areas with low priority or zero areas at risk.

Morenci is a tier 3, low priority primary care area with no domains identified as at risk in Phase I.

Phase II of the Needs Assessment indicated Morenci has one indicator at risk. Morenci remains a tier 3, low priority primary care area.

Indicators in each domain assessed:
Socioeconomic Status: Poverty, Unemployment, High School Dropout Rate, Income Inequality Adverse Perinatal Outcomes: Low Birth Weight, Preterm Birth, Infant Mortality, No Prenatal Care Substance Abuse: Alcohol, Marijuana, Illicit Drugs, Opioids
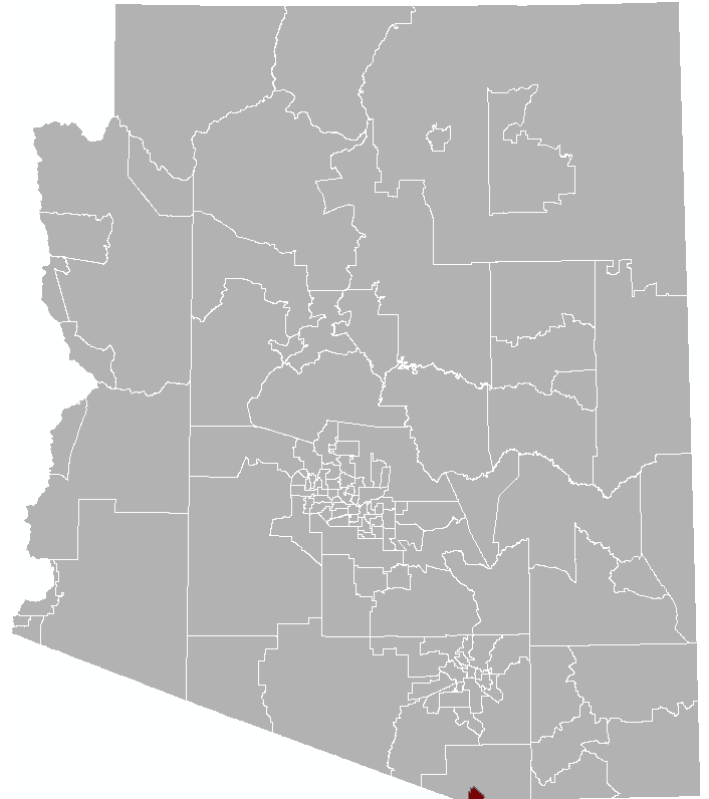Crime: Crime Rate, Domestic Violence Child Maltreatment: Child Maltreatment

Navajo Nation

As part of a statewide needs assessment, each community was evaluated on a series of indicators that are related to increased risk for families. The presence of risk in a community provides important information to the Department of Health Services (DHS) and helps inform decisions about where programs and services should be increased or maintained.

The presence of multiple risk factors in a community can indicate that more services are needed to support families and children and help them be happy, healthy, and thriving.

The assessment of Navajo Nation revealed that there are risks in the community within the socioeconomic status domain as compared to other communities across Arizona.

Risk Domain	At Risk
Socioeconomic Status	Yes
Adverse Perinatal Outcomes	No
Substance Abuse	No
Crime	No
Child Maltreatment	No
Phase II – Infant Mortality	NA
Phase II – No Prenatal Care	Yes

To assist in prioritizing areas in the state for continued or increased services, DHS has implemented a tiered system. Tier 1 containsthe highest priority areas that have 2-4 domains at risk. Tier 2 contains medium priority areas with one domain at risk. Tier 3 contains areas with low priority or zero areasat risk.

Phase I of the Needs Assessment identified Navajo Nation is a tier 2, medium priority primary care area with one domain at risk.

Phase II of the needs assessment identified that one additional indicator is at risk and a federally recognized tribal homeland. Therefore, Navajo Nation is elevated to a tier 1, high priority community.
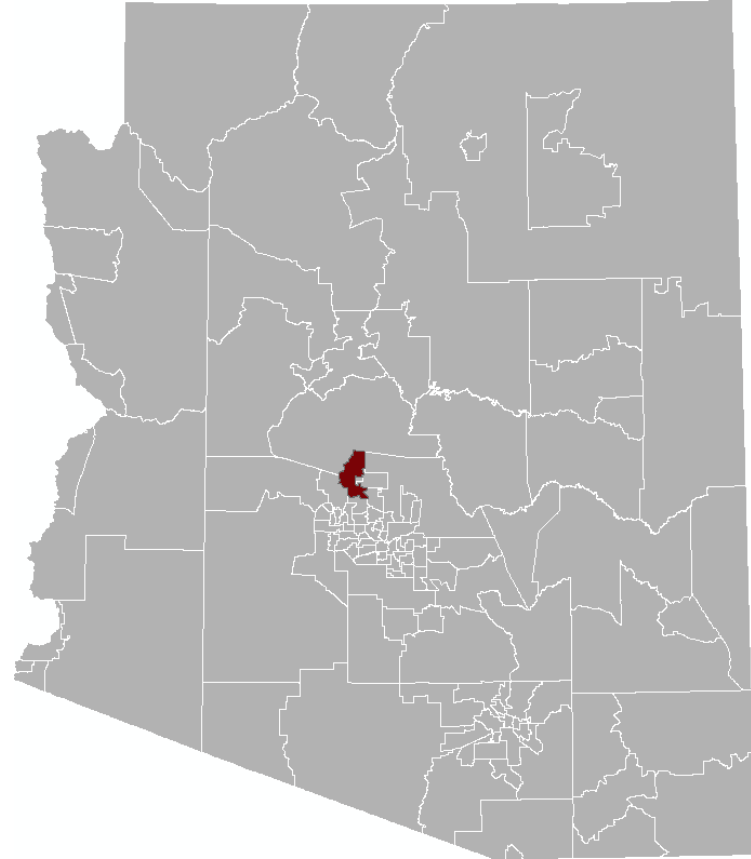
Indicators in each domain assessed:
Socioeconomic Status: Poverty, Unemployment, High School Dropout Rate, Income Inequality Adverse Perinatal Outcomes: Low Birth Weight, Preterm Birth, Infant Mortality, No Prenatal Care Substance Abuse: Alcohol, Marijuana, Illicit Drugs, Opioids
Crime: Crime Rate, Domestic Violence Child Maltreatment: Child Maltreatment

New River/Cave Creek

As part of a statewide needs assessment, each community was evaluated on a series of indicators that are related to increased risk for families. The presence of risk in a community provides important information to the Department of Health Services (DHS) and helps inform decisions about where programs and services should be increased or maintained.

The presence of multiple risk factors in a community can indicate that more services are needed to support families and children and help them be happy, healthy, and thriving.

The assessment of New River/Cave Creek revealed that there are no concerns with community risks as compared to other communities across Arizona.

Risk Domain	At Risk
Socioeconomic Status	No
Adverse Perinatal Outcomes	No
Substance Abuse	No
Crime	No
Child Maltreatment	No

To assist in prioritizing areas in the state for continued or increased services, DHS has implemented a tiered system. Tier 1 contains the highest priority areas that have 2-4 domains at risk. Tier 2 contains medium priority areas with one domain at risk. Tier 3 contains areas with low priority or zero areas at risk.

New River/Cave Creek is a tier 3, low priority primary care area with no domains at risk.

Indicators in each domain assessed:
Socioeconomic Status: Poverty, Unemployment, High School Dropout Rate, Income Inequality
Adverse Perinatal Outcomes: Low Birth Weight, Preterm Birth, Infant Mortality, No Prenatal Care
Substance Abuse: Alcohol, Marijuana, Illicit Drugs, Opioids
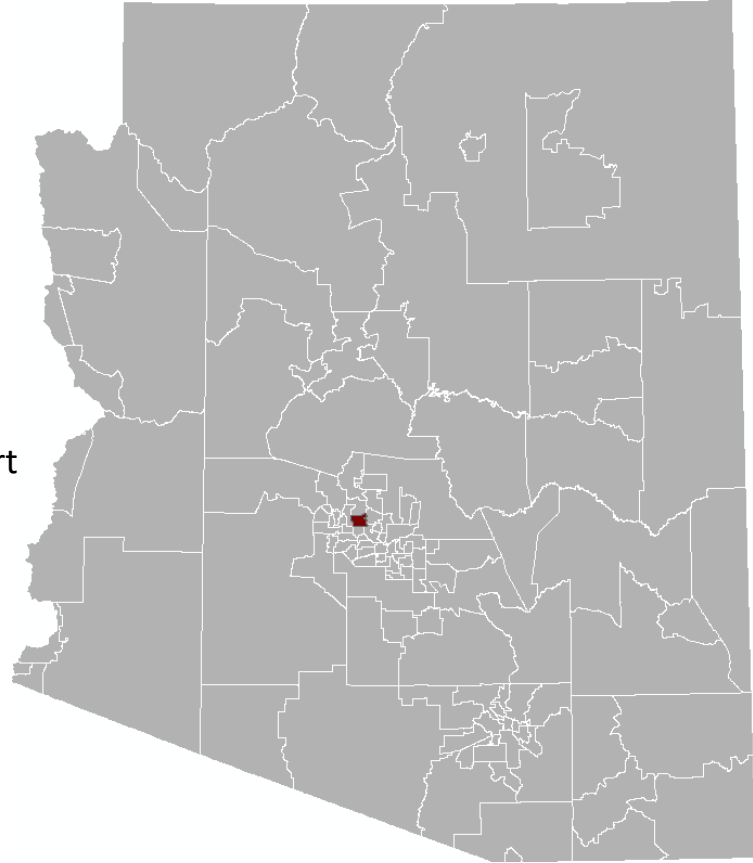Crime: Crime Rate, Domestic Violence
Child Maltreatment: Child Maltreatment

Nogales

As part of a statewide needs assessment, each community was evaluated on a series of indicators that are related to increased risk for families. The presence of risk in a community provides importantinformation to the Department of Health Services (DHS) and helps inform decisions about where programs and services should be increased or maintained.

The presence of multiple risk factors in a community can indicate that more services are needed to supportfamilies and children and help them be happy, healthy, and thriving.

The assessment of Nogales revealed that there arerisks in the community within the socioeconomic status domain as compared to other communities across Arizona.

Risk Domain	At Risk
Socioeconomic Status	Yes
Adverse Perinatal Outcomes	No
Substance Abuse	No
Crime	No
Child Maltreatment	No
Phase II – Infant Mortality	NA
Phase II – No Prenatal Care	Yes

To assist in prioritizing areas in the state for continued or increased services, DHS has implemented a tiered system. Tier 1 containsthe highest priority areas that have 2-4 domains at risk. Tier 2 contains medium priority areas with one domain at risk. Tier 3 contains areas with low priority or zero areasat risk.

Nogales is a tier 2, medium priority primarycare area with one domain at risk in the Phase I needs assessment. One indicator was identified as at risk in the Phase II needs assessment. Nogales remains at tier 2, medium priority primary care area.

Indicators in each domain assessed:
Socioeconomic Status: Poverty, Unemployment, High School Dropout Rate, Income Inequality Adverse Perinatal Outcomes: Low Birth Weight, Preterm Birth, Infant Mortality, No Prenatal Care Substance Abuse: Alcohol, Marijuana, Illicit Drugs, Opioids
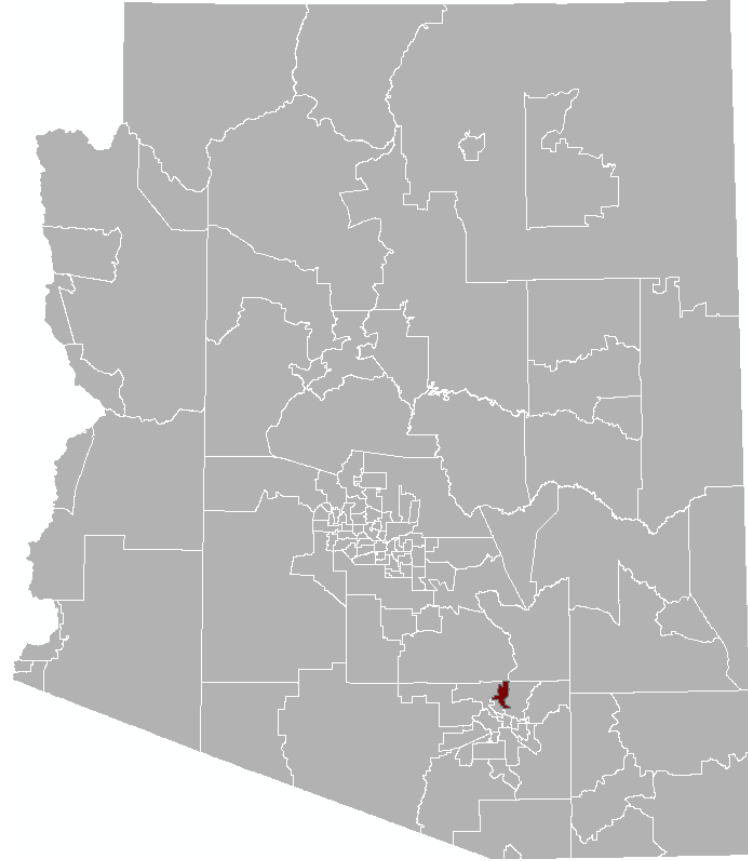Crime: Crime Rate, Domestic Violence Child Maltreatment: Child Maltreatment

North Gateway/Rio Vista Village

As part of a statewide needs assessment, each community was evaluated on a series of indicators that are related to increased risk for families. The presence of risk in a community provides important information to the Department of Health Services (DHS) and helps inform decisions about where programs and services should be increased or maintained.

The presence of multiple risk factors in a community can indicate that more services are needed to support families and children and help them be happy, healthy, and thriving.

The assessment of North Gateway/Rio Vista Village revealed that there are no concerns with community risks as compared to other communities across Arizona.

Risk Domain	At Risk
Socioeconomic Status	No
Adverse Perinatal Outcomes	No
Substance Abuse	No
Crime	No
Child Maltreatment	No

To assist in prioritizing areas in the state for continued or increased services, DHS has implemented a tiered system. Tier 1 contains the highest priority areas that have 2-4 domains at risk. Tier 2 contains medium priority areas with one domain at risk. Tier 3 contains areas with low priority or zero areas at risk.

North Gateway/Rio Vista Village is a tier 3, low priority primary care area with no domains at risk.

Indicators in each domain assessed:
Socioeconomic Status: Poverty, Unemployment, High School Dropout Rate, Income Inequality
Adverse Perinatal Outcomes: Low Birth Weight, Preterm Birth, Infant Mortality, No Prenatal Care
Substance Abuse: Alcohol, Marijuana, Illicit Drugs, Opioids
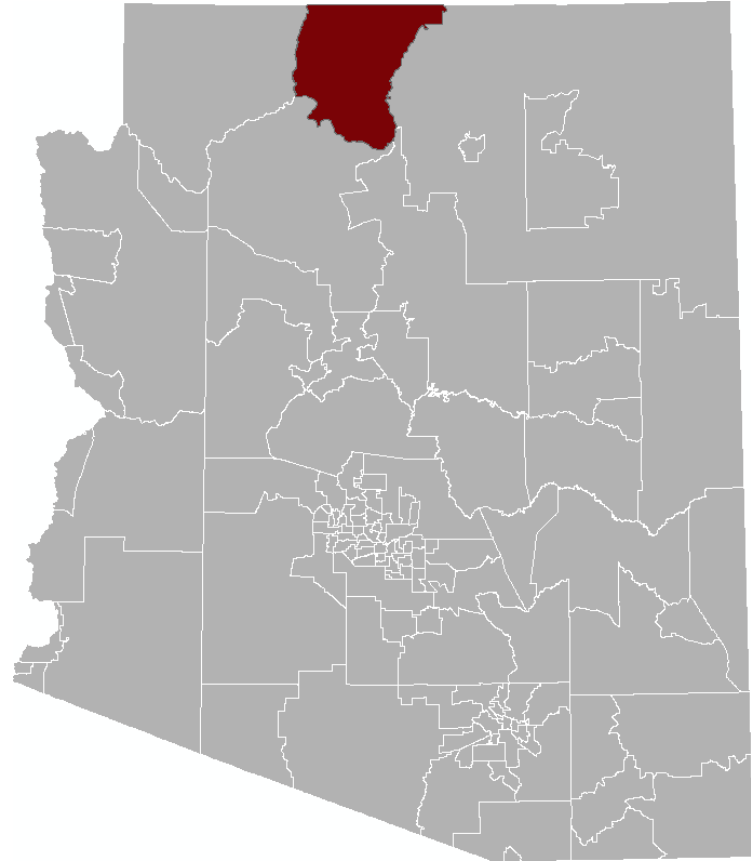Crime: Crime Rate, Domestic Violence
Child Maltreatment: Child Maltreatment

North Mountain Village

As part of a statewide needs assessment, each community was evaluated on a series of indicators that are related to increased risk for families. The presence of risk in a community provides important information to the Department of Health Services (DHS) and helps inform decisions about where programs and services should be increased or maintained.

The presence of multiple risk factors in a community can indicate that more services are needed to support families and children and help them be happy, healthy, and thriving.

The assessment of North Mountain Village revealed that there are risks in the community within the substance abuse and child maltreatment domain as compared to other communities across Arizona.

Risk Domain	At Risk
Socioeconomic Status	No
Adverse Perinatal Outcomes	No
Substance Abuse	Yes
Crime	No
Child Maltreatment	Yes

To assist in prioritizing areas in the state for continued or increased services, DHS has implemented a tiered system. Tier 1 contains the highest priority areas that have 2-4 domains at risk. Tier 2 contains medium priority areas with one domain at risk. Tier 3 contains areas with low priority or zero areas at risk.

North Mountain Village is a tier 1, high priority primary care area with two domains at risk.

Indicators in each domain assessed:
Socioeconomic Status: Poverty, Unemployment, High School Dropout Rate, Income Inequality
Adverse Perinatal Outcomes: Low Birth Weight, Preterm Birth, Infant Mortality, No Prenatal Care
Substance Abuse: Alcohol, Marijuana, Illicit Drugs, Opioids
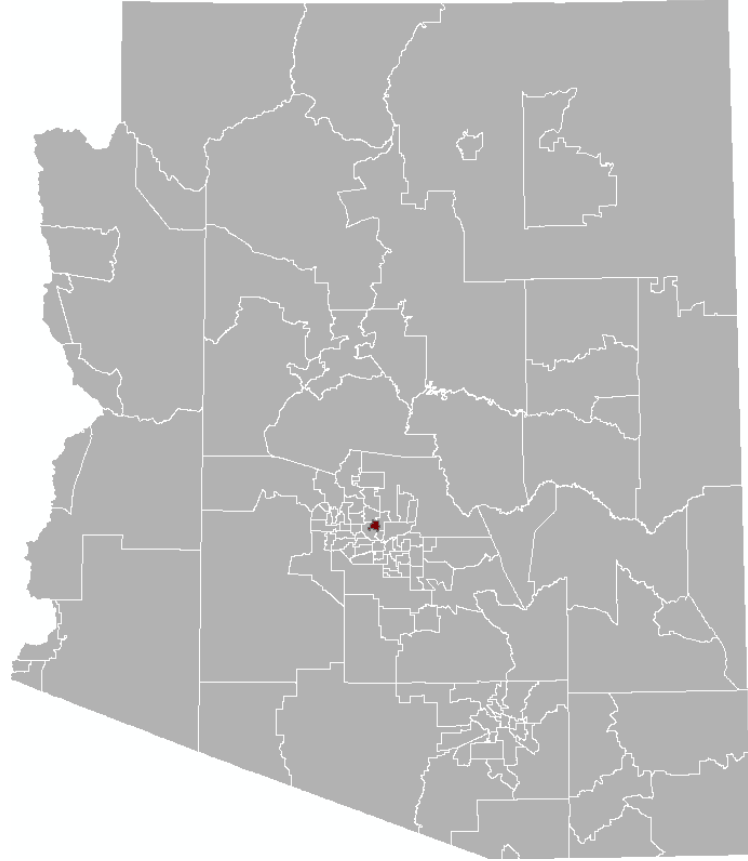Crime: Crime Rate, Domestic Violence
Child Maltreatment: Child Maltreatment

Oro Valley

As part of a statewide needs assessment, each community was evaluated on a series of indicators that are related to increased risk for families. The presence of risk in a community provides important information to the Department of Health Services (DHS) and helps inform decisions about where programs and services should be increased or maintained.

The presence of multiple risk factors in a community can indicate that more services are needed to support families and children and help them be happy, healthy, and thriving.

The assessment of Oro Valley revealed that there are no concerns with community risks as compared to other communities across Arizona.

Risk Domain	At Risk
Socioeconomic Status	No
Adverse Perinatal Outcomes	No
Substance Abuse	No
Crime	No
Child Maltreatment	No

To assist in prioritizing areas in the state for continued or increased services, DHS has implemented a tiered system. Tier 1 contains the highest priority areas that have 2-4 domains at risk. Tier 2 contains medium priority areas with one domain at risk. Tier 3 contains areas with low priority or zero areas at risk.

Oro Valley is a tier 3, low priority primary care area with no domains at risk.

Indicators in each domain assessed:
Socioeconomic Status: Poverty, Unemployment, High School Dropout Rate, Income Inequality
Adverse Perinatal Outcomes: Low Birth Weight, Preterm Birth, Infant Mortality, No Prenatal Care
Substance Abuse: Alcohol, Marijuana, Illicit Drugs, Opioids
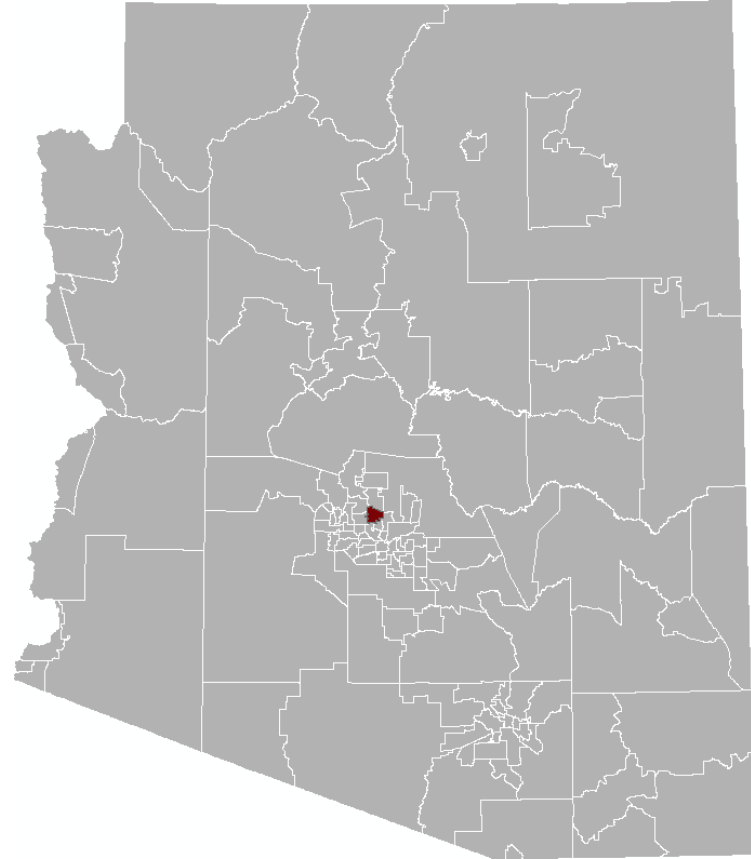Crime: Crime Rate, Domestic Violence
Child Maltreatment: Child Maltreatment

Page

As part of a statewide needs assessment, each community was evaluated on a series of indicators that are related to increased risk for families. The presence of risk in a community provides important information to the Department of Health Services (DHS) and helps inform decisions about where programs and services should be increased or maintained.

The presence of multiple risk factors in a community can indicate that more services are needed to support families and children and help them be happy, healthy, and thriving.

The assessment of Page revealed that there are no concerns with community risks as compared to other communities across Arizona.

Risk Domain	At Risk
Socioeconomic Status	No
Adverse Perinatal Outcomes	No
Substance Abuse	No
Crime	No
Child Maltreatment	No

To assist in prioritizing areas in the state for continued or increased services, DHS has implemented a tiered system. Tier 1 contains the highest priority areas that have 2-4 domains at risk. Tier 2 contains medium priority areas with one domain at risk. Tier 3 contains areas with low priority or zero areas at risk.

Page is a tier 3, low priority primary care area with no domains at risk.

Indicators in each domain assessed:
Socioeconomic Status: Poverty, Unemployment, High School Dropout Rate, Income Inequality
Adverse Perinatal Outcomes: Low Birth Weight, Preterm Birth, Infant Mortality, No Prenatal Care
Substance Abuse: Alcohol, Marijuana, Illicit Drugs, Opioids
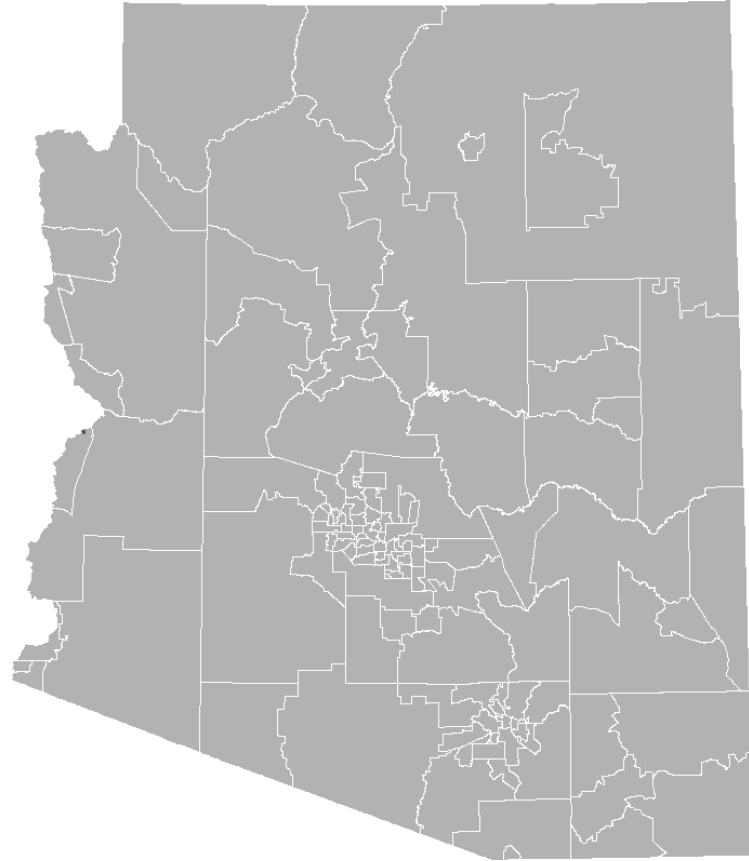Crime: Crime Rate, Domestic Violence
Child Maltreatment: Child Maltreatment

Paradise Valley

As part of a statewide needs assessment, each community was evaluated on a series of indicators that are related to increased risk for families. The presence of risk in a community provides important information to the Department of Health Services (DHS) and helps inform decisions about where programs and services should be increased or maintained.

The presence of multiple risk factors in a community can indicate that more services are needed to support families and children and help them be happy, healthy, and thriving.

The assessment of Paradise Valley revealed that there are risks in the community within the adverse perinatal outcomes domain as compared to other communities across Arizona.

Risk Domain	At Risk
Socioeconomic Status	No
Adverse Perinatal Outcomes	Yes
Substance Abuse	No
Crime	No
Child Maltreatment	No

To assist in prioritizing areas in the state for continued or increased services, DHS has implemented a tiered system. Tier 1 contains the highest priority areas that have 2-4 domains at risk. Tier 2 contains medium priority areas with one domain at risk. Tier 3 contains areas with low priority or zero areas at risk.

Paradise Valley is a tier 2, medium priority primary care area with one domain at risk.

Indicators in each domain assessed:
Socioeconomic Status: Poverty, Unemployment, High School Dropout Rate, Income Inequality
Adverse Perinatal Outcomes: Low Birth Weight, Preterm Birth, Infant Mortality, No Prenatal Care
Substance Abuse: Alcohol, Marijuana, Illicit Drugs, Opioids
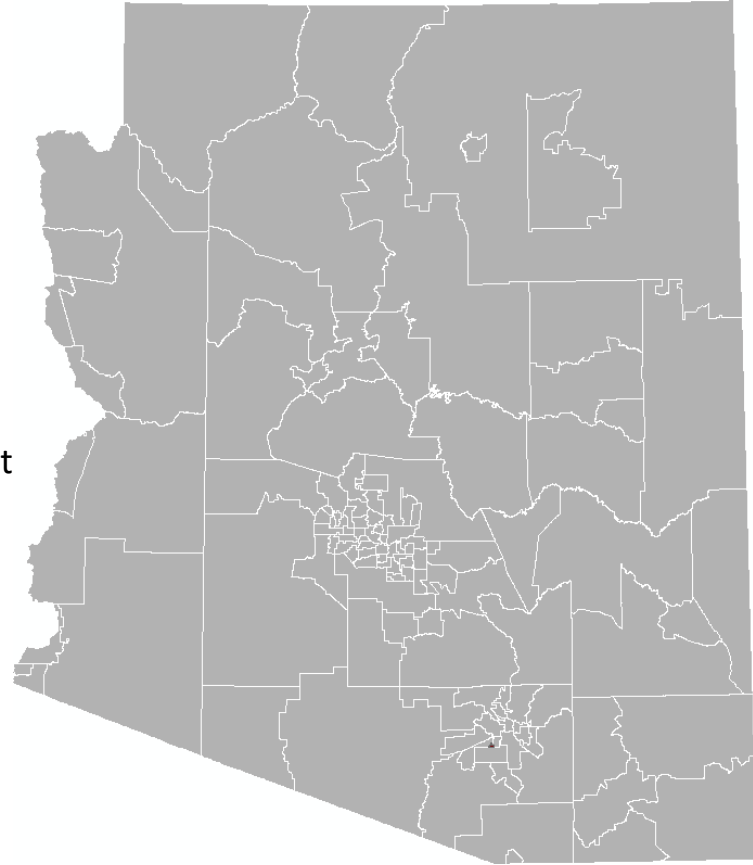Crime: Crime Rate, Domestic Violence
Child Maltreatment: Child Maltreatment

Paradise Valley Village

As part of a statewide needs assessment, each community was evaluated on a series of indicators that are related to increased risk for families. The presence of risk in a community provides important information to the Department of Health Services (DHS) and helps inform decisions about where programs and services should be increased or maintained.

The presence of multiple risk factors in a community can indicate that more services are needed to support families and children and help them be happy, healthy, and thriving.

The assessment of Paradise Valley Village revealed that there are no concerns with community risks as compared to other communities across Arizona.

Risk Domain	At Risk
Socioeconomic Status	No
Adverse Perinatal Outcomes	No
Substance Abuse	No
Crime	No
Child Maltreatment	No

To assist in prioritizing areas in the state for continued or increased services, DHS has implemented a tiered system. Tier 1 contains the highest priority areas that have 2-4 domains at risk. Tier 2 contains medium priority areas with one domain at risk. Tier 3 contains areas with low priority or zero areas at risk.

Paradise Valley Village is a tier 3, low priority primary care area with no domains at risk.

Indicators in each domain assessed:
Socioeconomic Status: Poverty, Unemployment, High School Dropout Rate, Income Inequality
Adverse Perinatal Outcomes: Low Birth Weight, Preterm Birth, Infant Mortality, No Prenatal Care
Substance Abuse: Alcohol, Marijuana, Illicit Drugs, Opioids
Crime: Crime Rate, Domestic Violence
Child Maltreatment: Child Maltreatment

Parker

As part of a statewide needs assessment, each community was evaluated on a series of indicators that are related to increased risk for families. The presence of risk in a community provides important information to the Department of Health Services (DHS) and helps inform decisions about where programs and services should be increased or maintained.

The presence of multiple risk factors in a community can indicate that more services are needed to support families and children and help them be happy, healthy, and thriving.

The assessment of Parker revealed that there are risks in the community within the adverse perinatal outcomes domain as compared to other communities across Arizona.

Risk Domain	At Risk
Socioeconomic Status	No
Adverse Perinatal Outcomes	Yes
Substance Abuse	No
Crime	No
Child Maltreatment	No

To assist in prioritizing areas in the state for continued or increased services, DHS has implemented a tiered system. Tier 1 contains the highest priority areas that have 2-4 domains at risk. Tier 2 contains medium priority areas with one domain at risk. Tier 3 contains areas with low priority or zero areas at risk.

Parker is a tier 2, medium priority primary care area with one domain at risk.

Indicators in each domain assessed:
Socioeconomic Status: Poverty, Unemployment, High School Dropout Rate, Income Inequality
Adverse Perinatal Outcomes: Low Birth Weight, Preterm Birth, Infant Mortality, No Prenatal Care
Substance Abuse: Alcohol, Marijuana, Illicit Drugs, Opioids
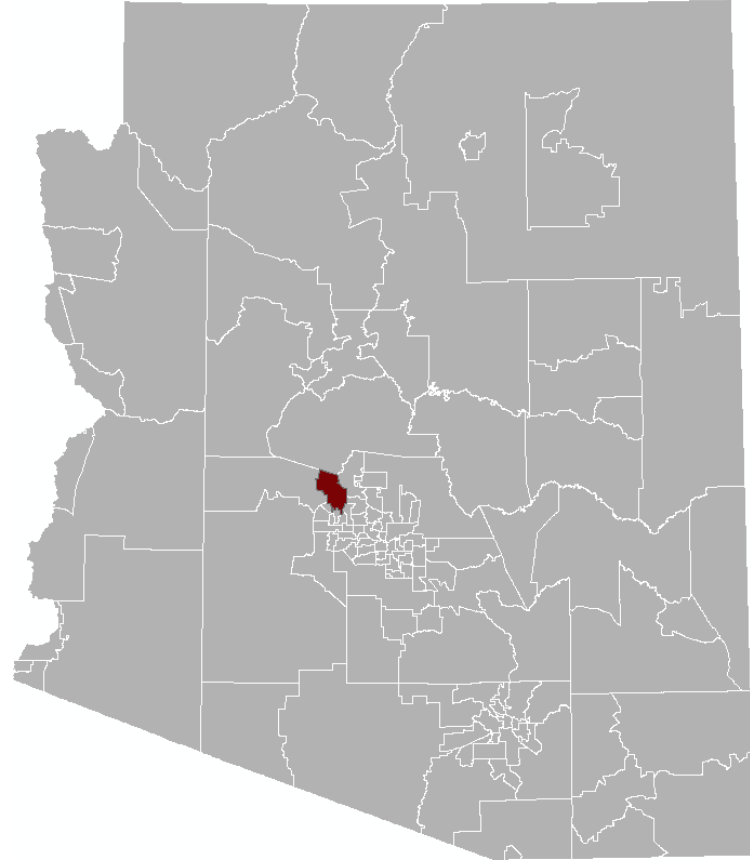Crime: Crime Rate, Domestic Violence
Child Maltreatment: Child Maltreatment

Pascua Yaqui Tribe

As part of a statewide needs assessment, each community was evaluated on a series of indicators that are related to increased risk for families. The presence of risk in a community provides important information to the Department of Health Services (DHS) and helps inform decisions about where programs and services should be increased or maintained.

The presence of multiple risk factors in a community can indicate that more services are needed to support families and children and help them be happy, healthy, and thriving.

The assessment of Pascua Yaqui Tribe revealed that there are risks in the community within the socioeconomic status, adverse perinatal outcomes, and crime domains as compared to other communities across Arizona.

Risk Domain	At Risk
Socioeconomic Status	Yes
Adverse Perinatal Outcomes	Yes
Substance Abuse	No
Crime	Yes
Child Maltreatment	No

To assist in prioritizing areas in the state for continued or increased services, DHS has implemented a tiered system. Tier 1 contains the highest priority areas that have 2-4 domains at risk. Tier 2 contains medium priority areas with one domain at risk. Tier 3 contains areas with low priority or zero areas at risk.

Pascua Yaqui Tribe is a tier 1, high priority primary care area with four domains at risk.

Indicators in each domain assessed:
Socioeconomic Status: Poverty, Unemployment, High School Dropout Rate, Income Inequality
Adverse Perinatal Outcomes: Low Birth Weight, Preterm Birth, Infant Mortality, No Prenatal Care
Substance Abuse: Alcohol, Marijuana, Illicit Drugs, Opioids
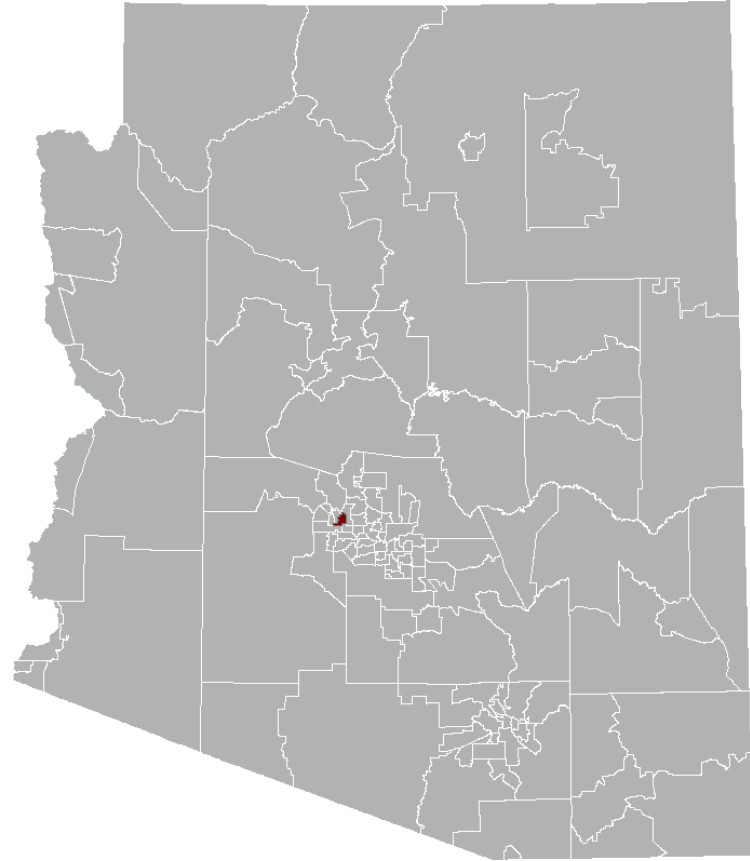Crime: Crime Rate, Domestic Violence
Child Maltreatment: Child Maltreatment

Payson

As part of a statewide needs assessment, each community was evaluated on a series of indicators that are related to increased risk for families. The presence of risk in a community provides important information to the Department of Health Services (DHS) and helps inform decisions about where programs and services should be increased or maintained.

The presence of multiple risk factors in a community can indicate that more services are needed to support families and children and help them be happy, healthy, and thriving.

The assessment of Payson revealed that there are risks in the community within the adverse perinatal outcomes and substance abuse domains as compared to other communities across Arizona.
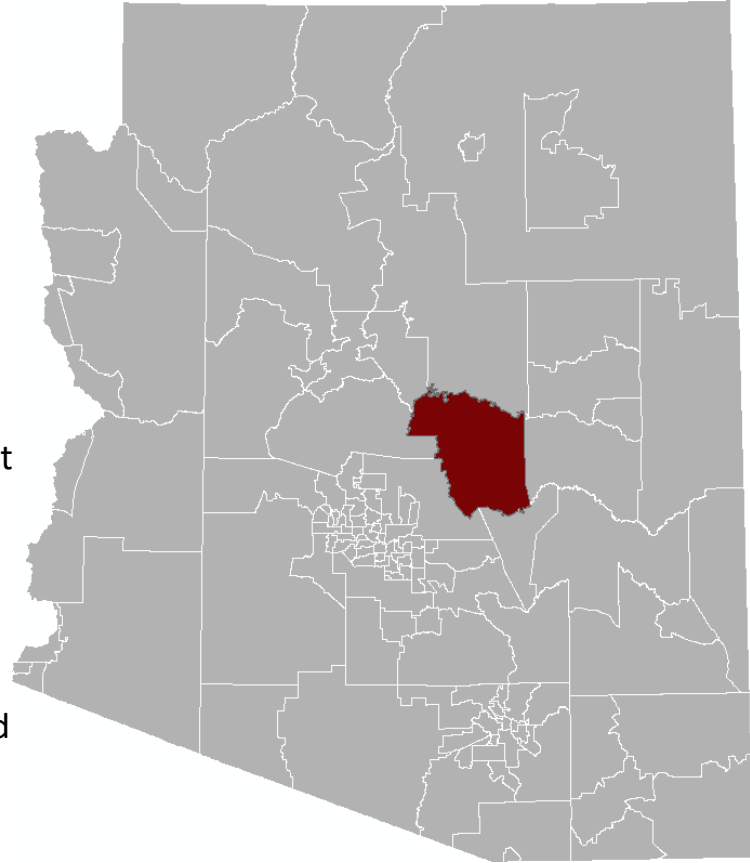
Risk Domain	At Risk
Socioeconomic Status	No
Adverse Perinatal Outcomes	Yes
Substance Abuse	Yes
Crime	No
Child Maltreatment	No

To assist in prioritizing areas in the state for continued or increased services, DHS has implemented a tiered system. Tier 1 contains the highest priority areas that have 2-4 domains at risk. Tier 2 contains medium priority areas with one domain at risk. Tier 3 contains areas with low priority or zero areas at risk.

Payson is a tier 1, high priority primary care area with two domains at risk.

Indicators in each domain assessed:
Socioeconomic Status: Poverty, Unemployment, High School Dropout Rate, Income Inequality
Adverse Perinatal Outcomes: Low Birth Weight, Preterm Birth, Infant Mortality, No Prenatal Care
Substance Abuse: Alcohol, Marijuana, Illicit Drugs, Opioids
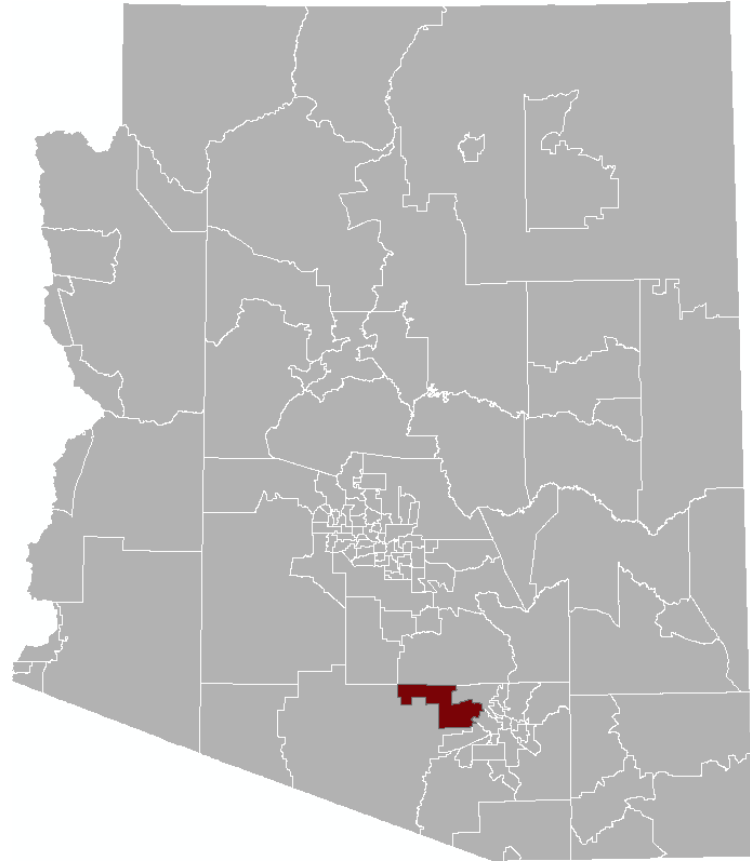Crime: Crime Rate, Domestic Violence
Child Maltreatment: Child Maltreatment

Peoria North

As part of a statewide needs assessment, each community was evaluated on a series of indicators that are related to increased risk for families. The presence of risk in a community provides important information to the Department of Health Services (DHS) and helps inform decisions about where programs and services should be increased or maintained.

The presence of multiple risk factors in a community can indicate that more services are needed to support families and children and help them be happy, healthy, and thriving.

The assessment of Peoria North revealed that there are no concerns with community risks as compared to other communities across Arizona.

Risk Domain	At Risk
Socioeconomic Status	No
Adverse Perinatal Outcomes	No
Substance Abuse	No
Crime	No
Child Maltreatment	No

To assist in prioritizing areas in the state for continued or increased services, DHS has implemented a tiered system. Tier 1 contains the highest priority areas that have 2-4 domains at risk. Tier 2 contains medium priority areas with one domain at risk. Tier 3 contains areas with low priority or zero areas at risk.

Peoria North is a tier 3, low priority primary care area with no domains at risk.

Indicators in each domain assessed:
Socioeconomic Status: Poverty, Unemployment, High School Dropout Rate, Income Inequality
Adverse Perinatal Outcomes: Low Birth Weight, Preterm Birth, Infant Mortality, No Prenatal Care
Substance Abuse: Alcohol, Marijuana, Illicit Drugs, Opioids
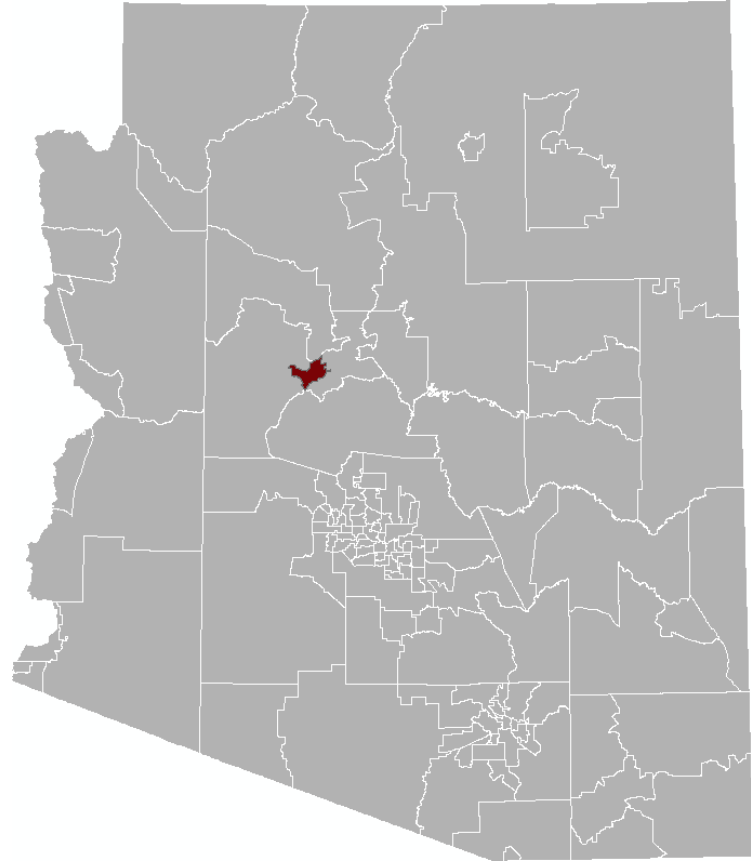Crime: Crime Rate, Domestic Violence
Child Maltreatment: Child Maltreatment

Peoria South

As part of a statewide needs assessment, each community was evaluated on a series of indicators that are related to increased risk for families. The presence of risk in a community provides important information to the Department of Health Services (DHS) and helps inform decisions about where programs and services should be increased or maintained.

The presence of multiple risk factors in a community can indicate that more services are needed to support families and children and help them be happy, healthy, and thriving.

The assessment of Peoria South revealed that there are no concerns with community risks as compared to other communities across Arizona.

Risk Domain	At Risk
Socioeconomic Status	No
Adverse Perinatal Outcomes	No
Substance Abuse	No
Crime	No
Child Maltreatment	No

To assist in prioritizing areas in the state for continued or increased services, DHS has implemented a tiered system. Tier 1 contains the highest priority areas that have 2-4 domains at risk. Tier 2 contains medium priority areas with one domain at risk. Tier 3 contains areas with low priority or zero areas at risk.

Peoria South is a tier 3, low priority primary care area with no domains at risk.

Indicators in each domain assessed:
Socioeconomic Status: Poverty, Unemployment, High School Dropout Rate, Income Inequality
Adverse Perinatal Outcomes: Low Birth Weight, Preterm Birth, Infant Mortality, No Prenatal Care
Substance Abuse: Alcohol, Marijuana, Illicit Drugs, Opioids
Crime: Crime Rate, Domestic Violence
Child Maltreatment: Child Maltreatment

Picture Rocks

As part of a statewide needs assessment, each community was evaluated on a series of indicators that are related to increased risk for families. The presence of risk in a community provides important information to the Department of Health Services (DHS) and helps inform decisions about where programs and services should be increased or maintained.

The presence of multiple risk factors in a community can indicate that more services are needed to support families and children and help them be happy, healthy, and thriving.

The assessment of Picture Rocks revealed that there are risks in the community within the adverse perinatal outcomes domain as compared to other communities across Arizona.

Risk Domain	At Risk
Socioeconomic Status	No
Adverse Perinatal Outcomes	Yes
Substance Abuse	No
Crime	No
Child Maltreatment	No

To assist in prioritizing areas in the state for continued or increased services, DHS has implemented a tiered system. Tier 1 contains the highest priority areas that have 2-4 domains at risk. Tier 2 contains medium priority areas with one domain at risk. Tier 3 contains areas with low priority or zero areas at risk.

Picture Rocks is a tier 2, medium priority primary care area with one domain at risk.

Indicators in each domain assessed:
Socioeconomic Status: Poverty, Unemployment, High School Dropout Rate, Income Inequality
Adverse Perinatal Outcomes: Low Birth Weight, Preterm Birth, Infant Mortality, No Prenatal Care
Substance Abuse: Alcohol, Marijuana, Illicit Drugs, Opioids
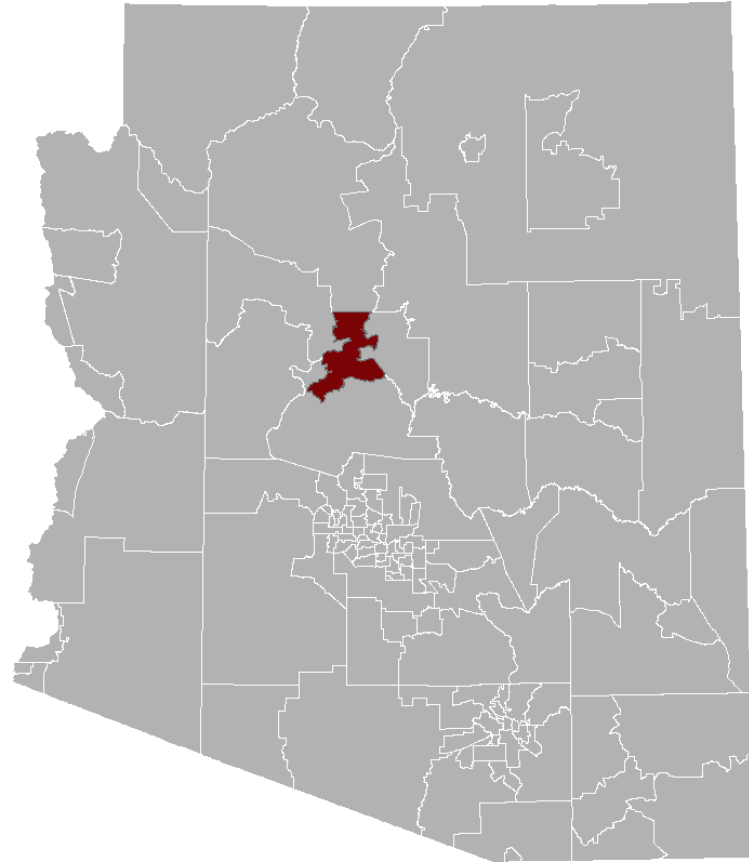Crime: Crime Rate, Domestic Violence
Child Maltreatment: Child Maltreatment

Prescott

As part of a statewide needs assessment, each community was evaluated on a series of indicators that are related to increased risk for families. The presence of risk in a community provides important information to the Department of Health Services (DHS) and helps inform decisions about where programs and services should be increased or maintained.

The presence of multiple risk factors in a community can indicate that more services are needed to support families and children and help them be happy, healthy, and thriving.

The assessment of Prescott revealed that there are no concerns with community risks as compared to other communities across Arizona.

Risk Domain	At Risk
Socioeconomic Status	No
Adverse Perinatal Outcomes	No
Substance Abuse	No
Crime	No
Child Maltreatment	No
Phase II – Infant Mortality	Yes
Phase II – No Prenatal Care	No

To assist in prioritizing areas in the state for continued or increased services, DHS has implemented a tiered system. Tier 1 containsthe highest priority areas that have 2-4 domains at risk. Tier 2 contains medium priority areas with one domain at risk. Tier 3 contains areas with low priority or zero areasat risk.

Prescott is a tier 3, low priority primary carearea with no domains at risk in the Phase I Needs Assessment. Prescott has one indicator at risk in the Phase II Needs Assessment. Prescott remains a tier 3, low priority primary care area.

Indicators in each domain assessed:
Socioeconomic Status: Poverty, Unemployment, High School Dropout Rate, Income Inequality
Adverse Perinatal Outcomes: Low Birth Weight, Preterm Birth, Infant Mortality, No Prenatal Care
Substance Abuse: Alcohol, Marijuana, Illicit Drugs, Opioids
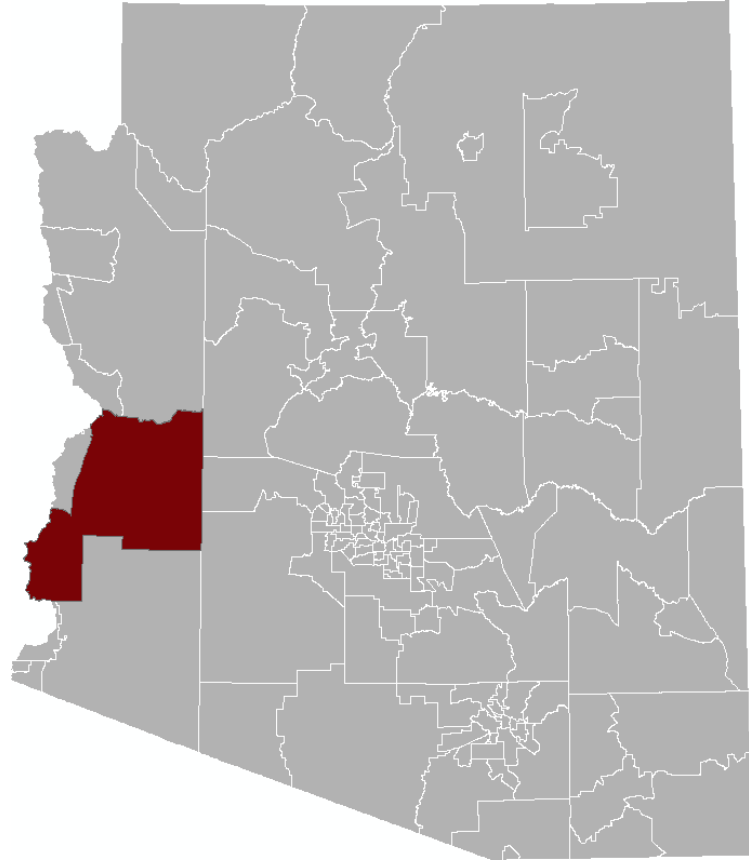Crime: Crime Rate, Domestic Violence
Child Maltreatment: Child Maltreatment

Prescott Valley

As part of a statewide needs assessment, each community was evaluated on a series of indicators that are related to increased risk for families. The presence of risk in a community provides important information to the Department of Health Services (DHS) and helps inform decisions about where programs and services should be increased or maintained.

The presence of multiple risk factors in a community can indicate that more services are needed to support families and children and help them be happy, healthy, and thriving.

The assessment of Prescott Valley revealed that there are no concerns with community risks as compared to other communities across Arizona.

Risk Domain	At Risk
Socioeconomic Status	No
Adverse Perinatal Outcomes	No
Substance Abuse	No
Crime	No
Child Maltreatment	No
Phase II – Infant Mortality	Yes
Phase II – No Prenatal Care	No

To assist in prioritizing areas in the state for continued or increased services, DHS has implemented a tiered system. Tier 1 containsthe highest priority areas that have 2-4 domains at risk. Tier 2 contains medium priority areas with one domain at risk. Tier 3 contains areas with low priority or zero areasat risk.

Prescott Valley is a tier 3, low priority primarycare area with no domains at risk in the Phase I Needs Assessment. Prescott Valley has one indicator at risk in the Phase II Needs Assessment. Prescott Valley remains a tier 3, low priority primary care area.

Indicators in each domain assessed:
Socioeconomic Status: Poverty, Unemployment, High School Dropout Rate, Income Inequality
Adverse Perinatal Outcomes: Low Birth Weight, Preterm Birth, Infant Mortality, No Prenatal Care
Substance Abuse: Alcohol, Marijuana, Illicit Drugs, Opioids
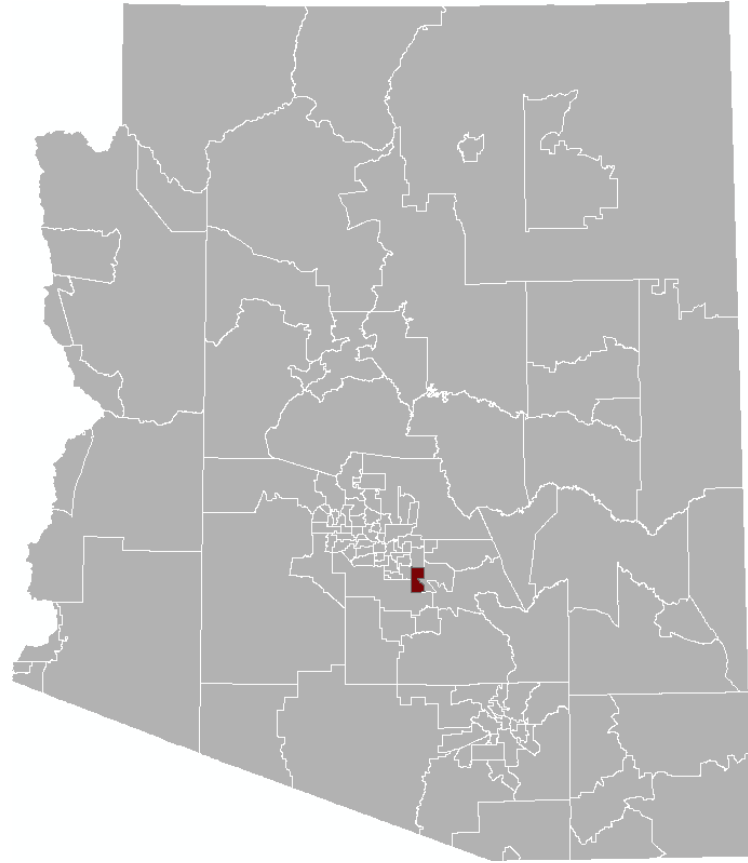Crime: Crime Rate, Domestic Violence
Child Maltreatment: Child Maltreatment

Quartzsite

As part of a statewide needs assessment, each community was evaluated on a series of indicators that are related to increased risk for families. The presence of risk in a community provides important information to the Department of Health Services (DHS) and helps inform decisions about where programs and services should be increased or maintained.

The presence of multiple risk factors in a community can indicate that more services are needed to support families and children and help them be happy, healthy, and thriving.

The assessment of Quartzsite revealed that there are no concerns with community risks as compared to other communities across Arizona.

Risk Domain	At Risk
Socioeconomic Status	No
Adverse Perinatal Outcomes	No
Substance Abuse	No
Crime	No
Child Maltreatment	No

To assist in prioritizing areas in the state for continued or increased services, DHS has implemented a tiered system. Tier 1 contains the highest priority areas that have 2-4 domains at risk. Tier 2 contains medium priority areas with one domain at risk. Tier 3 contains areas with low priority or zero areas at risk.

Quartzsite is a tier 3, low priority primary care area with no domains at risk.

Indicators in each domain assessed:
Socioeconomic Status: Poverty, Unemployment, High School Dropout Rate, Income Inequality
Adverse Perinatal Outcomes: Low Birth Weight, Preterm Birth, Infant Mortality, No Prenatal Care
Substance Abuse: Alcohol, Marijuana, Illicit Drugs, Opioids
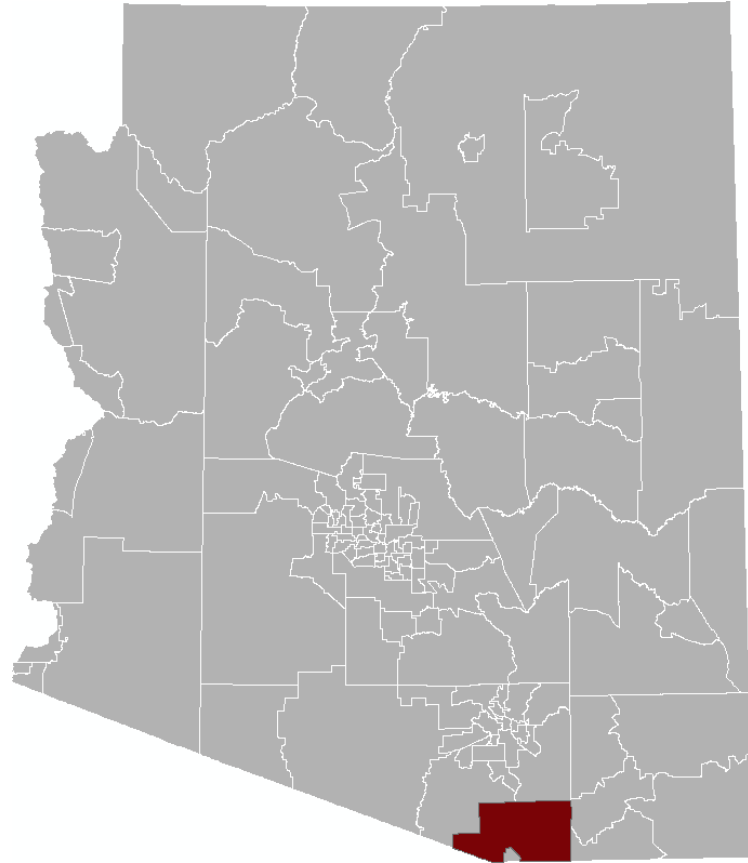Crime: Crime Rate, Domestic Violence
Child Maltreatment: Child Maltreatment

Queen Creek

As part of a statewide needs assessment, each community was evaluated on a series of indicators that are related to increased risk for families. The presence of risk in a community provides important information to the Department of Health Services (DHS) and helps inform decisions about where programs and services should be increased or maintained.

The presence of multiple risk factors in a community can indicate that more services are needed to support families and children and help them be happy, healthy, and thriving.

The assessment of Queen Creek revealed that there are no concerns with community risks as compared to other communities across Arizona.

Risk Domain	At Risk
Socioeconomic Status	No
Adverse Perinatal Outcomes	No
Substance Abuse	No
Crime	No
Child Maltreatment	No

To assist in prioritizing areas in the state for continued or increased services, DHS has implemented a tiered system. Tier 1 contains the highest priority areas that have 2-4 domains at risk. Tier 2 contains medium priority areas with one domain at risk. Tier 3 contains areas with low priority or zero areas at risk.

Queen Creek is a tier 3, low priority primary care area with no domains at risk.

Indicators in each domain assessed:
Socioeconomic Status: Poverty, Unemployment, High School Dropout Rate, Income Inequality
Adverse Perinatal Outcomes: Low Birth Weight, Preterm Birth, Infant Mortality, No Prenatal Care
Substance Abuse: Alcohol, Marijuana, Illicit Drugs, Opioids
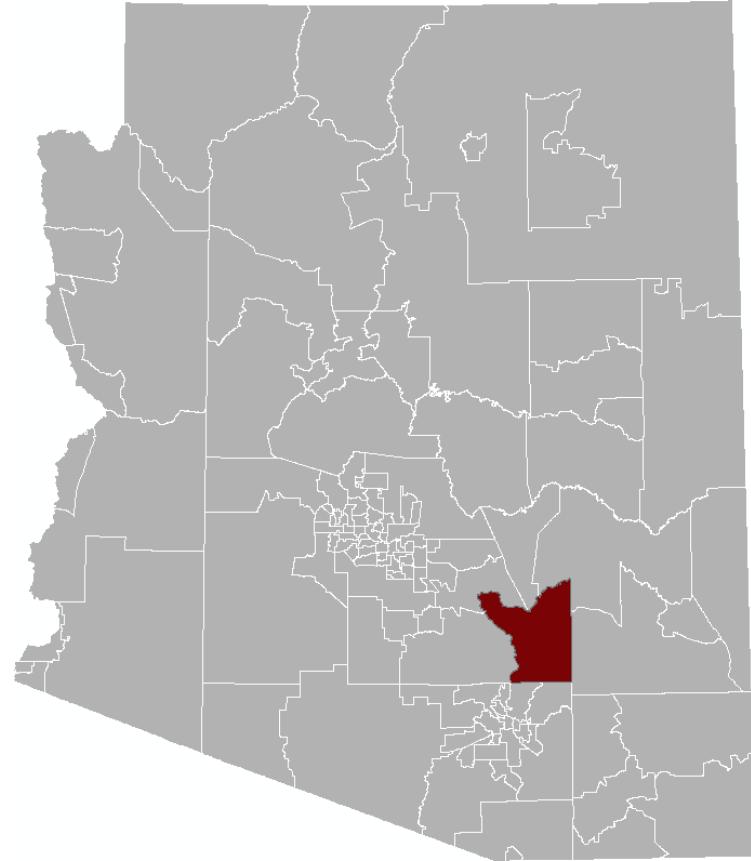Crime: Crime Rate, Domestic Violence
Child Maltreatment: Child Maltreatment

Rio Rico

As part of a statewide needs assessment, each community was evaluated on a series of indicators that are related to increased risk for families. The presence of risk in a community provides important information to the Department of Health Services (DHS) and helps inform decisions about where programs and services should be increased or maintained.

The presence of multiple risk factors in a community can indicate that more services are needed to support families and children and help them be happy, healthy, and thriving.

The assessment of Rio Rico revealed that there are no concerns with community risks as compared to other communities across Arizona.

Risk Domain	At Risk
Socioeconomic Status	No
Adverse Perinatal Outcomes	No
Substance Abuse	No
Crime	No
Child Maltreatment	No
Phase II – Infant Mortality	NA
Phase II – No Prenatal Care	Yes

To assist in prioritizing areas in the state for continued or increased services, DHS has implemented a tiered system. Tier 1 containsthe highest priority areas that have 2-4 domains at risk. Tier 2 contains medium priority areas with one domain at risk. Tier 3 contains areas with low priority or zero areasat risk.

Rio Rico is a tier 3, low priority primary care area with no domains at risk in the Phase I needs assessment. Rio Rico had one indicator at risk in the Phase II needs assessment. Rio Rico remains a tier 3, low priority primary care area.

Indicators in each domain assessed:
Socioeconomic Status: Poverty, Unemployment, High School Dropout Rate, Income Inequality
Adverse Perinatal Outcomes: Low Birth Weight, Preterm Birth, Infant Mortality, No Prenatal Care
Substance Abuse: Alcohol, Marijuana, Illicit Drugs, Opioids
Crime: Crime Rate, Domestic Violence
Child Maltreatment: Child Maltreatment

Saddlebrooke

As part of a statewide needs assessment, each community was evaluated on a series of indicators that are related to increased risk for families. The presence of risk in a community provides important information to the Department of Health Services (DHS) and helps inform decisions about where programs and services should be increased or maintained.

The presence of multiple risk factors in a community can indicate that more services are needed to support families and children and help them be happy, healthy, and thriving.

The assessment of Saddlebrooke revealed that there are no concerns with community risks as compared to other communities across Arizona.

Risk Domain	At Risk
Socioeconomic Status	No
Adverse Perinatal Outcomes	No
Substance Abuse	No
Crime	No
Child Maltreatment	No

To assist in prioritizing areas in the state for continued or increased services, DHS has implemented a tiered system. Tier 1 contains the highest priority areas that have 2-4 domains at risk. Tier 2 contains medium priority areas with one domain at risk. Tier 3 contains areas with low priority or zero areas at risk.

Saddlebrooke is a tier 3, low priority primary care area with no domains at risk.

Indicators in each domain assessed:
Socioeconomic Status: Poverty, Unemployment, High School Dropout Rate, Income Inequality
Adverse Perinatal Outcomes: Low Birth Weight, Preterm Birth, Infant Mortality, No Prenatal Care
Substance Abuse: Alcohol, Marijuana, Illicit Drugs, Opioids
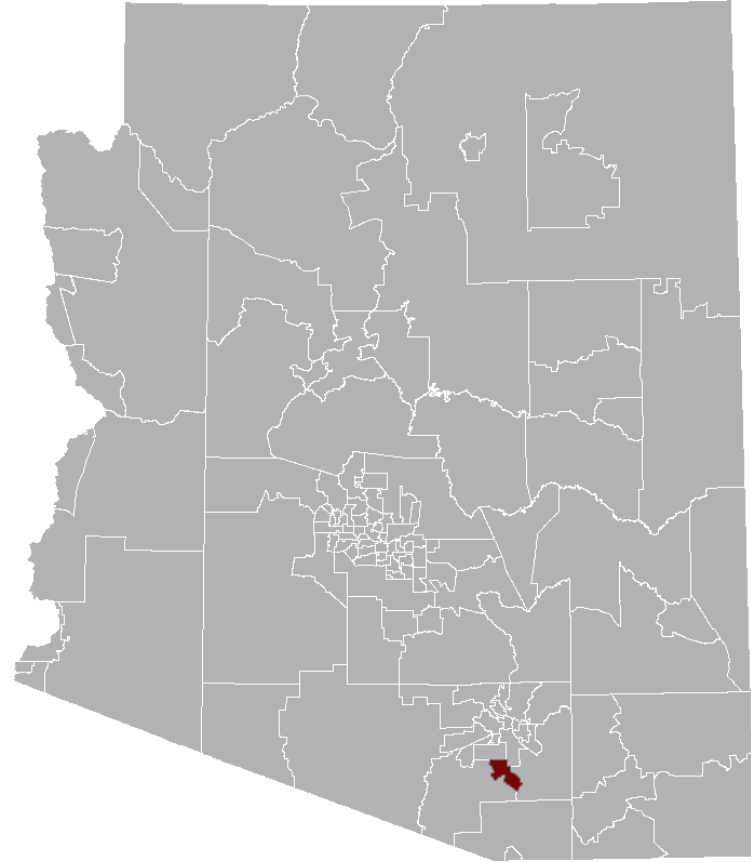Crime: Crime Rate, Domestic Violence
Child Maltreatment: Child Maltreatment

Safford

As part of a statewide needs assessment, each community was evaluated on a series of indicators that are related to increased risk for families. The presence of risk in a community provides important information to the Department of Health Services (DHS) and helps inform decisions about where programs and services should be increased or maintained.

The presence of multiple risk factors in a community can indicate that more services are needed to support families and children and help them be happy, healthy, and thriving.

The assessment of Safford revealed that there are risks in the community within the adverse perinatal outcomes and crime domain as compared to other communities across Arizona.
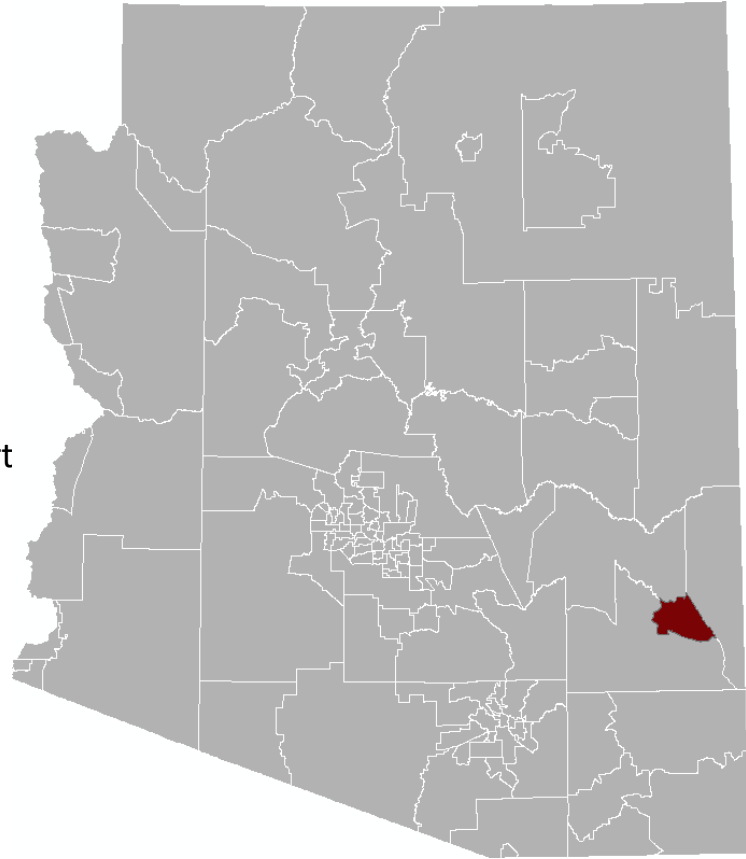
Risk Domain	At Risk
Socioeconomic Status	No
Adverse Perinatal Outcomes	Yes
Substance Abuse	No
Crime	Yes
Child Maltreatment	No

To assist in prioritizing areas in the state for continued or increased services, DHS has implemented a tiered system. Tier 1 contains the highest priority areas that have 2-4 domains at risk. Tier 2 contains medium priority areas with one domain at risk. Tier 3 contains areas with low priority or zero areas at risk.

Safford is a tier 1, high priority primary care area with two domains at risk.

Indicators in each domain assessed:
Socioeconomic Status: Poverty, Unemployment, High School Dropout Rate, Income Inequality
Adverse Perinatal Outcomes: Low Birth Weight, Preterm Birth, Infant Mortality, No Prenatal Care
Substance Abuse: Alcohol, Marijuana, Illicit Drugs, Opioids
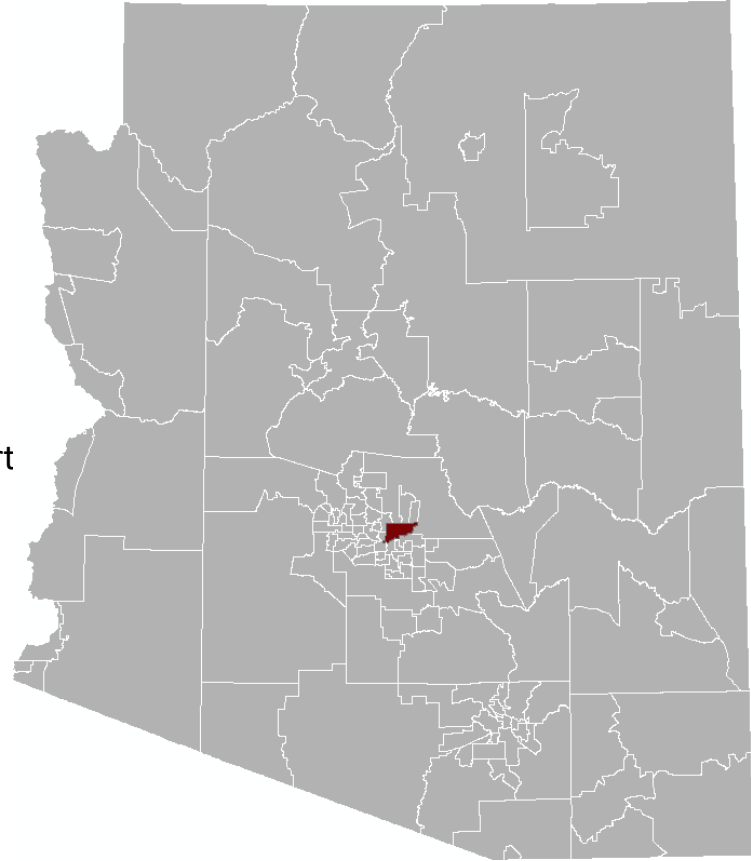Crime: Crime Rate, Domestic Violence
Child Maltreatment: Child Maltreatment

Sahuarita

As part of a statewide needs assessment, each community was evaluated on a series of indicators that are related to increased risk for families. The presence of risk in a community provides important information to the Department of Health Services (DHS) and helps inform decisions about where programs and services should be increased or maintained.

The presence of multiple risk factors in a community can indicate that more services are needed to support families and children and help them be happy, healthy, and thriving.

The assessment of Sahuarita revealed that there are no concerns with community risks as compared to other communities across Arizona.

Risk Domain	At Risk
Socioeconomic Status	No
Adverse Perinatal Outcomes	No
Substance Abuse	No
Crime	No
Child Maltreatment	No

To assist in prioritizing areas in the state for continued or increased services, DHS has implemented a tiered system. Tier 1 contains the highest priority areas that have 2-4 domains at risk. Tier 2 contains medium priority areas with one domain at risk. Tier 3 contains areas with low priority or zero areas at risk.

Sahuarita is a tier 3, low priority primary care area with no domains at risk.

Indicators in each domain assessed:
Socioeconomic Status: Poverty, Unemployment, High School Dropout Rate, Income Inequality
Adverse Perinatal Outcomes: Low Birth Weight, Preterm Birth, Infant Mortality, No Prenatal Care
Substance Abuse: Alcohol, Marijuana, Illicit Drugs, Opioids
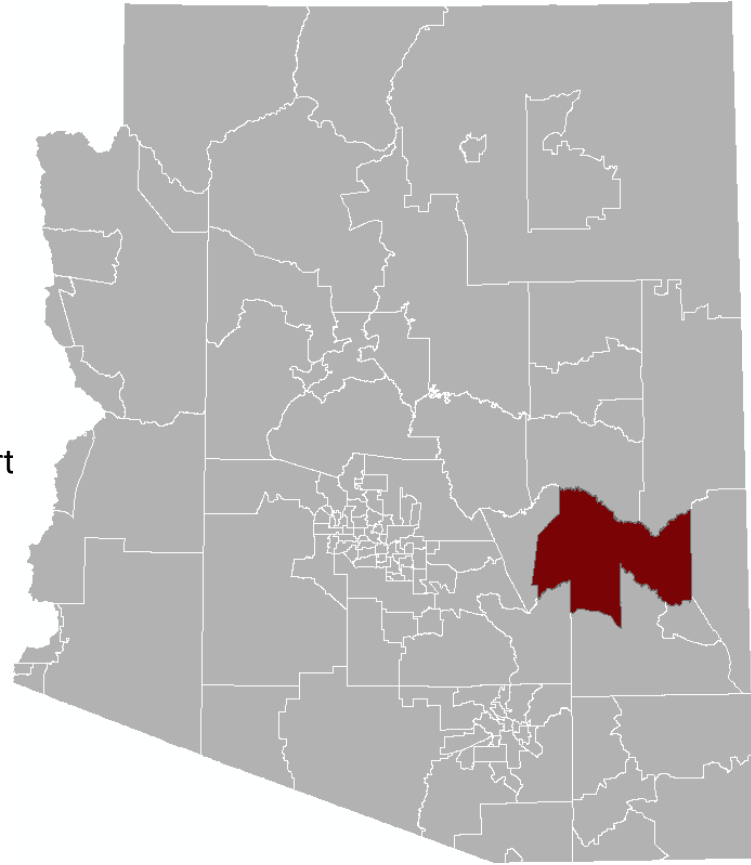Crime: Crime Rate, Domestic Violence
Child Maltreatment: Child Maltreatment

Salt River Pima-Maricopa Indian Community

As part of a statewide needs assessment, each community was evaluated on a series of indicators that are related to increased risk for families. The presence of risk in a community provides important information to the Department of Health Services (DHS) and helps inform decisions about where programs and services should be increased or maintained.

The presence of multiple risk factors in a community can indicate that more services are needed to support families and children and help them be happy, healthy, and thriving.

The assessment of Salt River Pima-Maricopa Indian Community revealed that there are risks in the community within the socioeconomic status and crime domains as compared to other communities across Arizona.

Risk Domain	At Risk
Socioeconomic Status	Yes
Adverse Perinatal Outcomes	No
Substance Abuse	No
Crime	Yes
Child Maltreatment	No

To assist in prioritizing areas in the state for continued or increased services, DHS has implemented a tiered system. Tier 1 contains the highest priority areas that have 2-4 domains at risk. Tier 2 contains medium priority areas with one domain at risk. Tier 3 contains areas with low priority or zero areas at risk.

Salt River Pima-Maricopa Indian Community is a tier 1, high priority primary care area with two domains at risk.

Indicators in each domain assessed:
Socioeconomic Status: Poverty, Unemployment, High School Dropout Rate, Income Inequality
Adverse Perinatal Outcomes: Low Birth Weight, Preterm Birth, Infant Mortality, No Prenatal Care
Substance Abuse: Alcohol, Marijuana, Illicit Drugs, Opioids
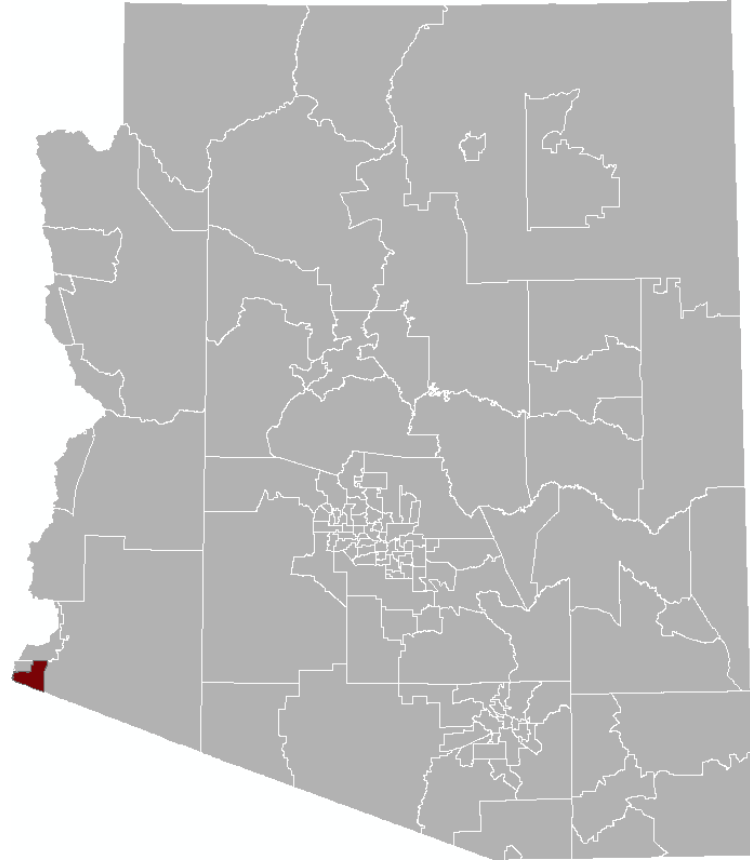Crime: Crime Rate, Domestic Violence
Child Maltreatment: Child Maltreatment

San Carlos Apache Tribe

As part of a statewide needs assessment, each community was evaluated on a series of indicators that are related to increased risk for families. The presence of risk in a community provides important information to the Department of Health Services (DHS) and helps inform decisions about where programs and services should be increased or maintained.

The presence of multiple risk factors in a community can indicate that more services are needed to support families and children and help them be happy, healthy, and thriving.

The assessment of San Carlos Apache Tribe revealed that there are risks in the community within the socioeconomic status and crime domains as compared to other communities across Arizona.

Risk Domain	At Risk
Socioeconomic Status	Yes
Adverse Perinatal Outcomes	No
Substance Abuse	No
Crime	Yes
Child Maltreatment	No

To assist in prioritizing areas in the state for continued or increased services, DHS has implemented a tiered system. Tier 1 contains the highest priority areas that have 2-4 domains at risk. Tier 2 contains medium priority areas with one domain at risk. Tier 3 contains areas with low priority or zero areas at risk.

San Carlos Apache Tribe is a tier 1, high priority primary care area with two domains at risk.

Indicators in each domain assessed:
Socioeconomic Status: Poverty, Unemployment, High School Dropout Rate, Income Inequality
Adverse Perinatal Outcomes: Low Birth Weight, Preterm Birth, Infant Mortality, No Prenatal Care
Substance Abuse: Alcohol, Marijuana, Illicit Drugs, Opioids
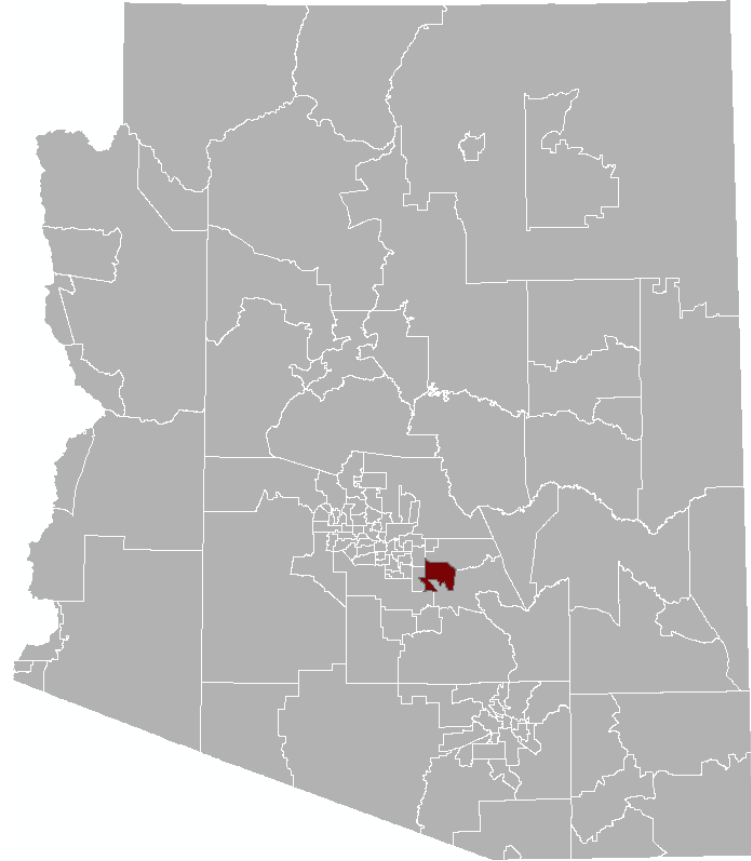Crime: Crime Rate, Domestic Violence
Child Maltreatment: Child Maltreatment

San Luis

As part of a statewide needs assessment, each community was evaluated on a series of indicators that are related to increased risk for families. The presence of risk in a community provides important information to the Department of Health Services (DHS) and helps inform decisions about where programs and services should be increased or maintained.

The presence of multiple risk factors in a community can indicate that more services are needed to support families and children and help them be happy, healthy, and thriving.

The assessment of San Luis revealed that there are no concerns with community risks as compared to other communities across Arizona.

Risk Domain	At Risk
Socioeconomic Status	No
Adverse Perinatal Outcomes	No
Substance Abuse	No
Crime	No
Child Maltreatment	No
Phase II – Infant Mortality	Yes
Phase II – No Prenatal Care	Yes

To assist in prioritizing areas in the state for continued or increased services, DHS has implemented a tiered system. Tier 1 containsthe highest priority areas that have 2-4 domains at risk. Tier 2 contains medium priority areas with one domain at risk. Tier 3 contains areas with low priority or zero areasat risk.

San Luis is a tier 3, low priority primary carearea with no domains at risk in the Phase I Needs Assessment. San Luis has two indicators at risk in the Phase II Needs Assessment. San Luis has been elevated to a tier 1, high priority primary care area.

Indicators in each domain assessed:
Socioeconomic Status: Poverty, Unemployment, High School Dropout Rate, Income Inequality
Adverse Perinatal Outcomes: Low Birth Weight, Preterm Birth, Infant Mortality, No Prenatal Care
Substance Abuse: Alcohol, Marijuana, Illicit Drugs, Opioids
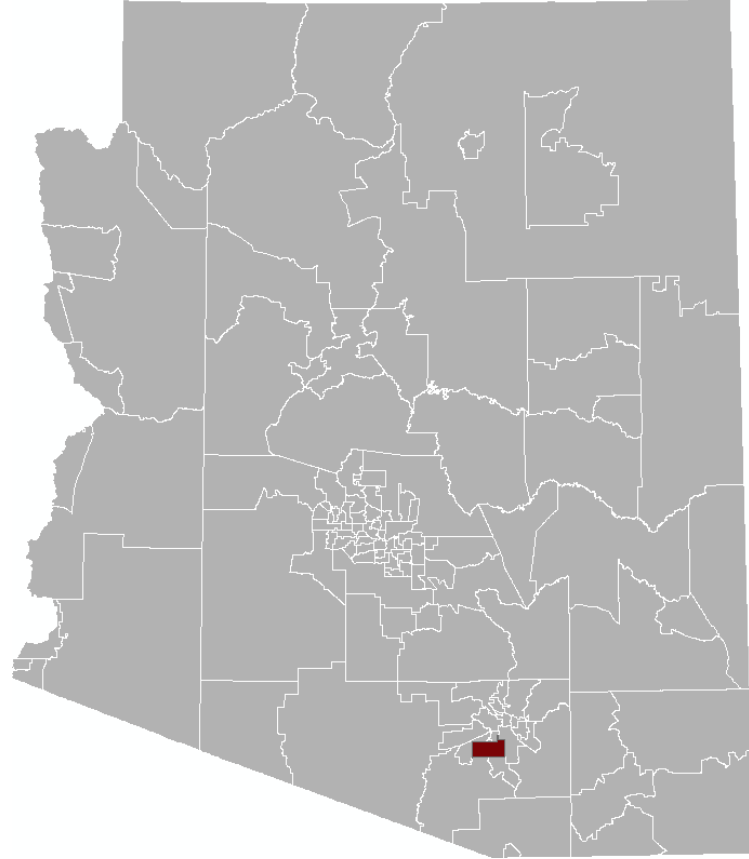Crime: Crime Rate, Domestic Violence
Child Maltreatment: Child Maltreatment

San Tan Valley

As part of a statewide needs assessment, each community was evaluated on a series of indicators that are related to increased risk for families. The presence of risk in a community provides important information to the Department of Health Services (DHS) and helps inform decisions about where programs and services should be increased or maintained.

The presence of multiple risk factors in a community can indicate that more services are needed to support families and children and help them be happy, healthy, and thriving.

The assessment of San Tan Valley revealed that there are no concerns with community risks as compared to other communities across Arizona.

Risk Domain	At Risk
Socioeconomic Status	No
Adverse Perinatal Outcomes	No
Substance Abuse	No
Crime	No
Child Maltreatment	No

To assist in prioritizing areas in the state for continued or increased services, DHS has implemented a tiered system. Tier 1 contains the highest priority areas that have 2-4 domains at risk. Tier 2 contains medium priority areas with one domain at risk. Tier 3 contains areas with low priority or zero areas at risk.

San Tan Valley is a tier 3, low priority primary care area with no domains at risk.

Indicators in each domain assessed:
Socioeconomic Status: Poverty, Unemployment, High School Dropout Rate, Income Inequality
Adverse Perinatal Outcomes: Low Birth Weight, Preterm Birth, Infant Mortality, No Prenatal Care
Substance Abuse: Alcohol, Marijuana, Illicit Drugs, Opioids
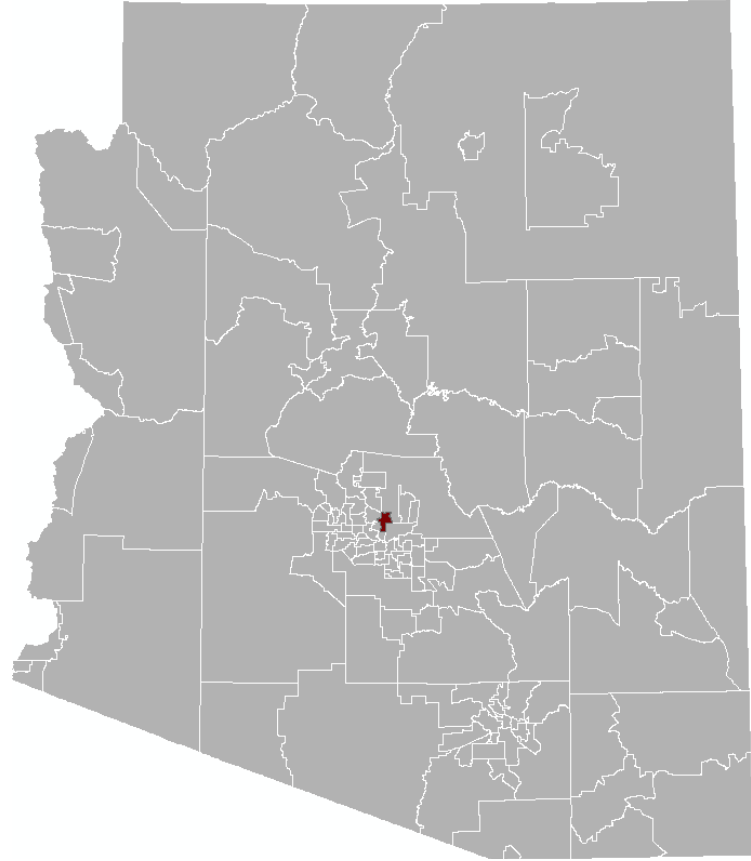Crime: Crime Rate, Domestic Violence
Child Maltreatment: Child Maltreatment

San Xavier

As part of a statewide needs assessment, each community was evaluated on a series of indicators that are related to increased risk for families. The presence of risk in a community provides important information to the Department of Health Services (DHS) and helps inform decisions about where programs and services should be increased or maintained.

The presence of multiple risk factors in a community can indicate that more services are needed to support families and children and help them be happy, healthy, and thriving.

The assessment of San Xavier revealed that there are risks in the community within the adverse perinatal outcomes domain as compared to other communities across Arizona.

Risk Domain	At Risk
Socioeconomic Status	No
Adverse Perinatal Outcomes	Yes
Substance Abuse	No
Crime	No
Child Maltreatment	No

To assist in prioritizing areas in the state for continued or increased services, DHS has implemented a tiered system. Tier 1 contains the highest priority areas that have 2-4 domains at risk. Tier 2 contains medium priority areas with one domain at risk. Tier 3 contains areas with low priority or zero areas at risk.

San Xavier is a tier 2, medium priority primary care area with one domain at risk.

Indicators in each domain assessed:
Socioeconomic Status: Poverty, Unemployment, High School Dropout Rate, Income Inequality
Adverse Perinatal Outcomes: Low Birth Weight, Preterm Birth, Infant Mortality, No Prenatal Care
Substance Abuse: Alcohol, Marijuana, Illicit Drugs, Opioids
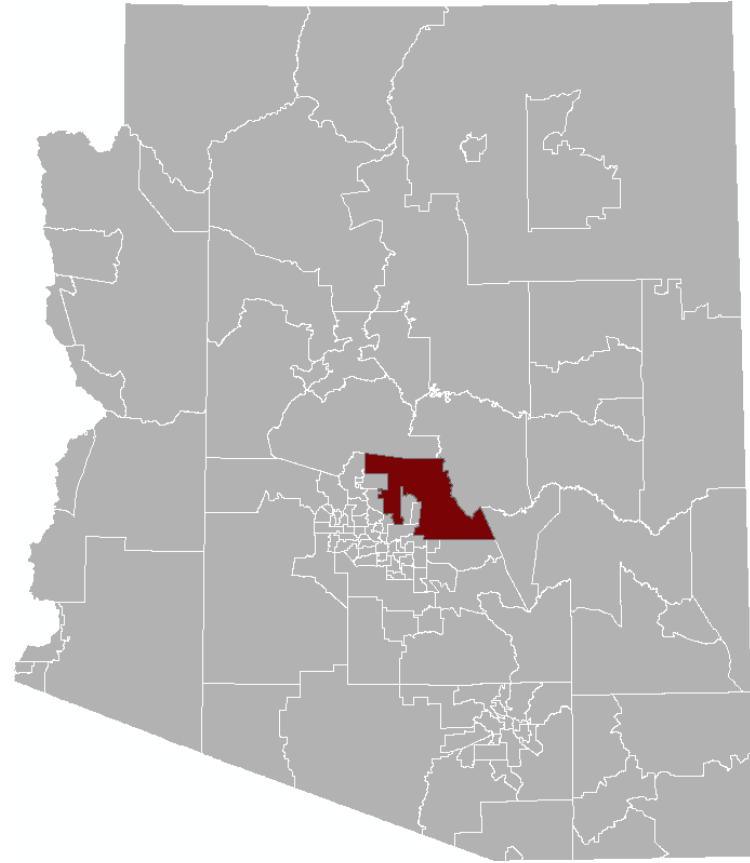Crime: Crime Rate, Domestic Violence
Child Maltreatment: Child Maltreatment

Scottsdale Central

As part of a statewide needs assessment, each community was evaluated on a series of indicators that are related to increased risk for families. The presence of risk in a community provides important information to the Department of Health Services (DHS) and helps inform decisions about where programs and services should be increased or maintained.

The presence of multiple risk factors in a community can indicate that more services are needed to support families and children and help them be happy, healthy, and thriving.

The assessment of Scottsdale Central revealed that there are no concerns with community risks as compared to other communities across Arizona.

Risk Domain	At Risk
Socioeconomic Status	No
Adverse Perinatal Outcomes	No
Substance Abuse	No
Crime	No
Child Maltreatment	No

To assist in prioritizing areas in the state for continued or increased services, DHS has implemented a tiered system. Tier 1 contains the highest priority areas that have 2-4 domains at risk. Tier 2 contains medium priority areas with one domain at risk. Tier 3 contains areas with low priority or zero areas at risk.

Scottsdale Central is a tier 3, low priority primary care area with no domains at risk.

Indicators in each domain assessed:
Socioeconomic Status: Poverty, Unemployment, High School Dropout Rate, Income Inequality
Adverse Perinatal Outcomes: Low Birth Weight, Preterm Birth, Infant Mortality, No Prenatal Care
Substance Abuse: Alcohol, Marijuana, Illicit Drugs, Opioids
Crime: Crime Rate, Domestic Violence
Child Maltreatment: Child Maltreatment

Scottsdale North

As part of a statewide needs assessment, each community was evaluated on a series of indicators that are related to increased risk for families. The presence of risk in a community provides important information to the Department of Health Services (DHS) and helps inform decisions about where programs and services should be increased or maintained.

The presence of multiple risk factors in a community can indicate that more services are needed to support families and children and help them be happy, healthy, and thriving.

The assessment of Scottsdale North revealed that there are no concerns with community risks as compared to other communities across Arizona.

Risk Domain	At Risk
Socioeconomic Status	No
Adverse Perinatal Outcomes	No
Substance Abuse	No
Crime	No
Child Maltreatment	No

To assist in prioritizing areas in the state for continued or increased services, DHS has implemented a tiered system. Tier 1 contains the highest priority areas that have 2-4 domains at risk. Tier 2 contains medium priority areas with one domain at risk. Tier 3 contains areas with low priority or zero areas at risk.

Scottsdale North is a tier 3, low priority primary care area with no domains at risk.

Indicators in each domain assessed:
Socioeconomic Status: Poverty, Unemployment, High School Dropout Rate, Income Inequality
Adverse Perinatal Outcomes: Low Birth Weight, Preterm Birth, Infant Mortality, No Prenatal Care
Substance Abuse: Alcohol, Marijuana, Illicit Drugs, Opioids
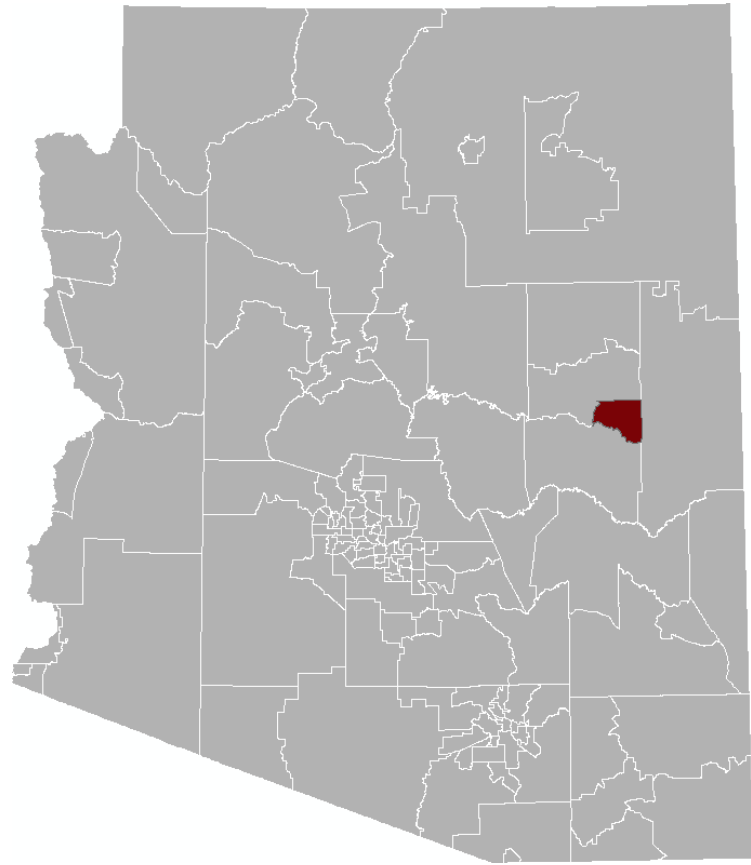Crime: Crime Rate, Domestic Violence
Child Maltreatment: Child Maltreatment

Scottsdale South

As part of a statewide needs assessment, each community was evaluated on a series of indicators that are related to increased risk for families. The presence of risk in a community provides important information to the Department of Health Services (DHS) and helps inform decisions about where programs and services should be increased or maintained.

The presence of multiple risk factors in a community can indicate that more services are needed to support families and children and help them be happy, healthy, and thriving.

The assessment of Scottsdale South revealed that there are risks in the community within the socioeconomic status and substance abuse domain as compared to other communities across Arizona.
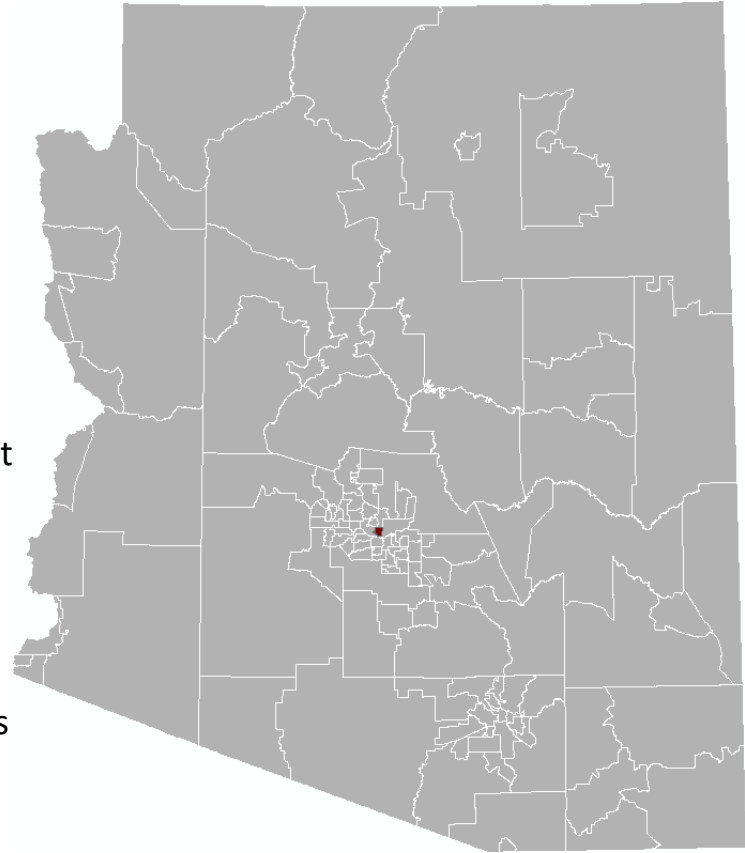
Risk Domain	At Risk
Socioeconomic Status	Yes
Adverse Perinatal Outcomes	No
Substance Abuse	Yes
Crime	No
Child Maltreatment	No

To assist in prioritizing areas in the state for continued or increased services, DHS has implemented a tiered system. Tier 1 contains the highest priority areas that have 2-4 domains at risk. Tier 2 contains medium priority areas with one domain at risk. Tier 3 contains areas with low priority or zero areas at risk.

Scottsdale South is a tier 1, high priority primary care area with two domains at risk.

Indicators in each domain assessed:
Socioeconomic Status: Poverty, Unemployment, High School Dropout Rate, Income Inequality
Adverse Perinatal Outcomes: Low Birth Weight, Preterm Birth, Infant Mortality, No Prenatal Care
Substance Abuse: Alcohol, Marijuana, Illicit Drugs, Opioids
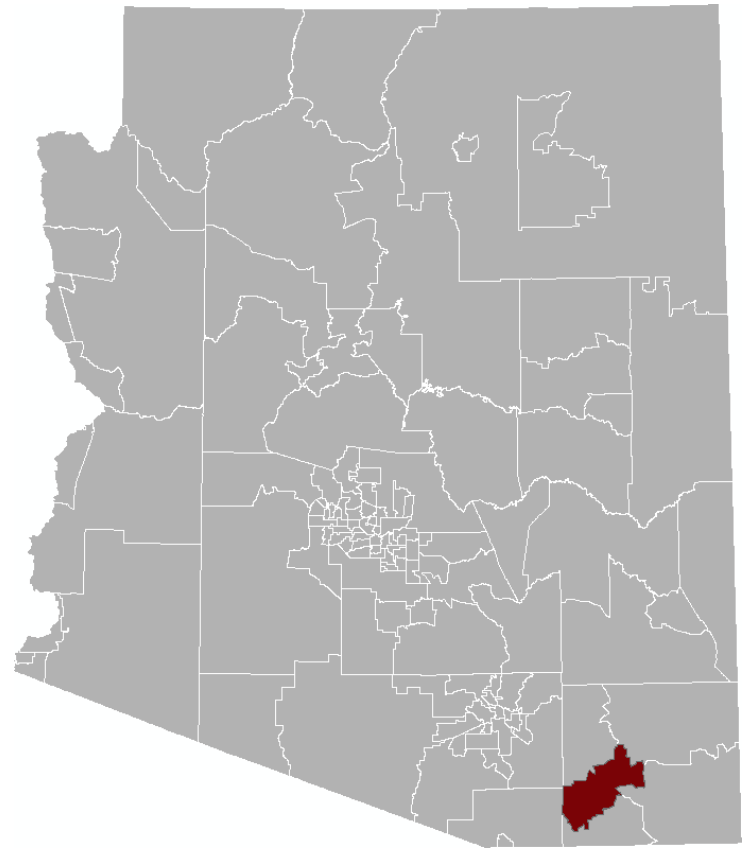Crime: Crime Rate, Domestic Violence
Child Maltreatment: Child Maltreatment

Show Low

As part of a statewide needs assessment, each community was evaluated on a series of indicators that are related to increased risk for families. The presence of risk in a community provides important information to the Department of Health Services (DHS) and helps inform decisions about where programs and services should be increased or maintained.

The presence of multiple risk factors in a community can indicate that more services are needed to support families and children and help them be happy, healthy, and thriving.

The assessment of Show Low revealed that there are no concerns with community risks as compared to other communities across Arizona.

Risk Domain	At Risk
Socioeconomic Status	No
Adverse Perinatal Outcomes	No
Substance Abuse	No
Crime	No
Child Maltreatment	No

To assist in prioritizing areas in the state for continued or increased services, DHS has implemented a tiered system. Tier 1 contains the highest priority areas that have 2-4 domains at risk. Tier 2 contains medium priority areas with one domain at risk. Tier 3 contains areas with low priority or zero areas at risk.

Show Low is a tier 3, low priority primary care area with no domains at risk.

Indicators in each domain assessed:
Socioeconomic Status: Poverty, Unemployment, High School Dropout Rate, Income Inequality
Adverse Perinatal Outcomes: Low Birth Weight, Preterm Birth, Infant Mortality, No Prenatal Care
Substance Abuse: Alcohol, Marijuana, Illicit Drugs, Opioids
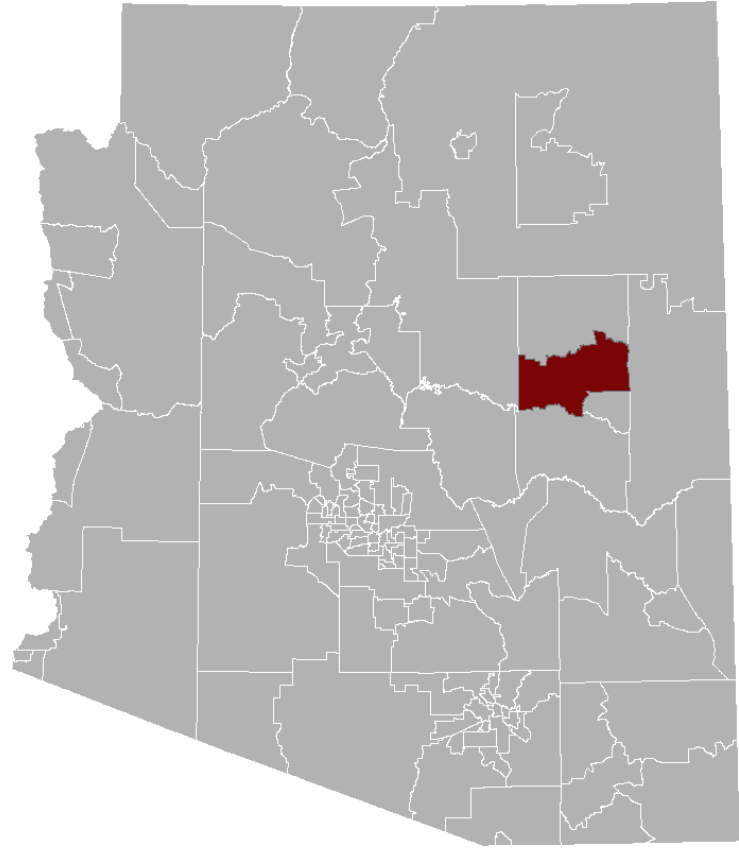Crime: Crime Rate, Domestic Violence
Child Maltreatment: Child Maltreatment

Sierra Vista

As part of a statewide needs assessment, each community was evaluated on a series of indicators that are related to increased risk for families. The presence of risk in a community provides important information to the Department of Health Services (DHS) and helps inform decisions about where programs and services should be increased or maintained.

The presence of multiple risk factors in a community can indicate that more services are needed to support families and children and help them be happy, healthy, and thriving.

The assessment of Sierra Vista revealed that there are no concerns with community risks as compared to other communities across Arizona.

Risk Domain	At Risk
Socioeconomic Status	No
Adverse Perinatal Outcomes	No
Substance Abuse	No
Crime	No
Child Maltreatment	No

To assist in prioritizing areas in the state for continued or increased services, DHS has implemented a tiered system. Tier 1 contains the highest priority areas that have 2-4 domains at risk. Tier 2 contains medium priority areas with one domain at risk. Tier 3 contains areas with low priority or zero areas at risk.

Sierra Vista is a tier 3, low priority primary care area with no domains at risk.

Indicators in each domain assessed:
Socioeconomic Status: Poverty, Unemployment, High School Dropout Rate, Income Inequality
Adverse Perinatal Outcomes: Low Birth Weight, Preterm Birth, Infant Mortality, No Prenatal Care
Substance Abuse: Alcohol, Marijuana, Illicit Drugs, Opioids
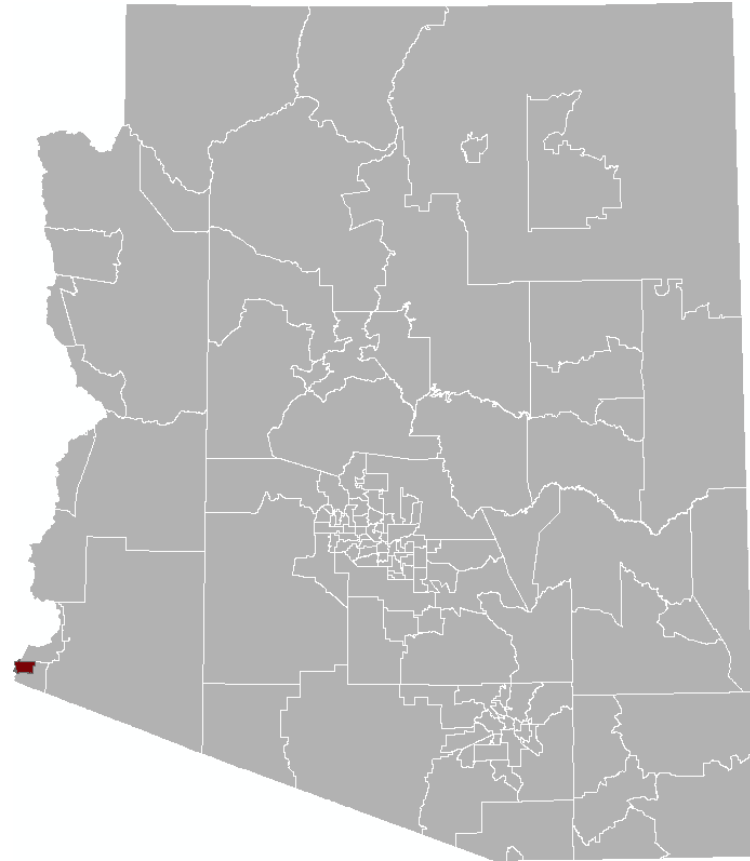Crime: Crime Rate, Domestic Violence
Child Maltreatment: Child Maltreatment

Snowflake/Heber

As part of a statewide needs assessment, each community was evaluated on a series of indicators that are related to increased risk for families. The presence of risk in a community provides important information to the Department of Health Services (DHS) and helps inform decisions about where programs and services should be increased or maintained.

The presence of multiple risk factors in a community can indicate that more services are needed to support families and children and help them be happy, healthy, and thriving.

The assessment of Snowflake/Heber revealed that there are no concerns with community risks as compared to other communities across Arizona.

Risk Domain	At Risk
Socioeconomic Status	No
Adverse Perinatal Outcomes	No
Substance Abuse	No
Crime	No
Child Maltreatment	No

To assist in prioritizing areas in the state for continued or increased services, DHS has implemented a tiered system. Tier 1 contains the highest priority areas that have 2-4 domains at risk. Tier 2 contains medium priority areas with one domain at risk. Tier 3 contains areas with low priority or zero areas at risk.

Snowflake/Heber is a tier 3, low priority primary care area with no domains at risk.

Indicators in each domain assessed:
Socioeconomic Status: Poverty, Unemployment, High School Dropout Rate, Income Inequality
Adverse Perinatal Outcomes: Low Birth Weight, Preterm Birth, Infant Mortality, No Prenatal Care
Substance Abuse: Alcohol, Marijuana, Illicit Drugs, Opioids
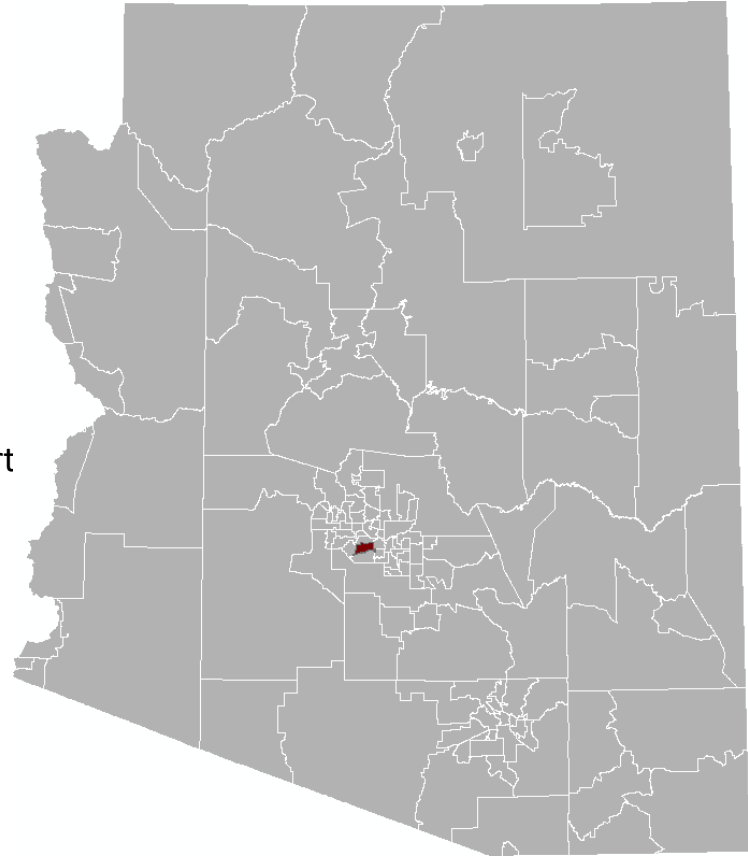Crime: Crime Rate, Domestic Violence
Child Maltreatment: Child Maltreatment

Somerton

As part of a statewide needs assessment, each community was evaluated on a series of indicators that are related to increased risk for families. The presence of risk in a community provides important information to the Department of Health Services (DHS) and helps inform decisions about where programs and services should be increased or maintained.

The presence of multiple risk factors in a community can indicate that more services are needed to support families and children and help them be happy, healthy, and thriving.

The assessment of Somerton revealed that there are no concerns with community risks as compared to other communities across Arizona.

Risk Domain	At Risk
Socioeconomic Status	No
Adverse Perinatal Outcomes	No
Substance Abuse	No
Crime	No
Child Maltreatment	No
Phase II – Infant Mortality	Yes
Phase II – No Prenatal Care	Yes

To assist in prioritizing areas in the state for continued or increased services, DHS has implemented a tiered system. Tier 1 containsthe highest priority areas that have 2-4 domains at risk. Tier 2 contains medium priority areas with one domain at risk. Tier 3 contains areas with low priority or zero areasat risk.

Somerton is a tier 3, low priority primary carearea with no domains at risk in the Phase I Needs Assessment. Somerton has two indicators at risk in the Phase II Needs Assessment. Somerton has been elevated to a tier 1, high priority primary care area.

Indicators in each domain assessed:
Socioeconomic Status: Poverty, Unemployment, High School Dropout Rate, Income Inequality
Adverse Perinatal Outcomes: Low Birth Weight, Preterm Birth, Infant Mortality, No Prenatal Care
Substance Abuse: Alcohol, Marijuana, Illicit Drugs, Opioids
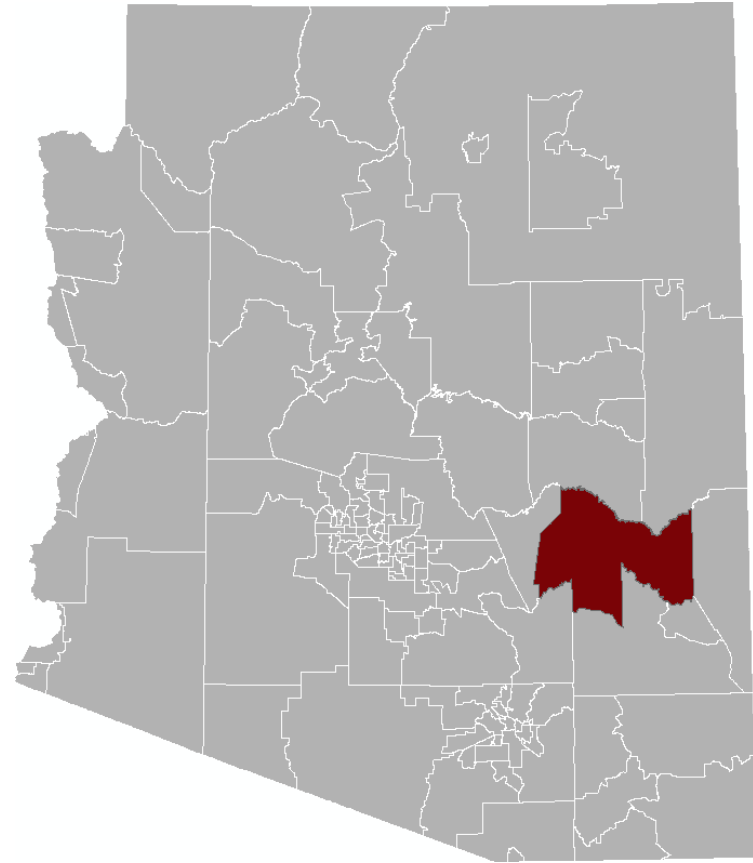Crime: Crime Rate, Domestic Violence
Child Maltreatment: Child Maltreatment

South Mountain Village & Guadalupe

As part of a statewide needs assessment, each community was evaluated on a series of indicators that are related to increased risk for families. The presence of risk in a community provides important information to the Department of Health Services (DHS) and helps inform decisions about where programs and services should be increased or maintained.

The presence of multiple risk factors in a community can indicate that more services are needed to support families and children and help them be happy, healthy, and thriving.

The assessment of South Mountain Village and Guadalupe revealed that there are risks in the community within the substance abuse, crime, and child maltreatment domains as compared to other communities across Arizona.

Risk Domain	At Risk
Socioeconomic Status	No
Adverse Perinatal Outcomes	No
Substance Abuse	Yes
Crime	Yes
Child Maltreatment	Yes

To assist in prioritizing areas in the state for continued or increased services, DHS has implemented a tiered system. Tier 1 contains the highest priority areas that have 2-4 domains at risk. Tier 2 contains medium priority areas with one domain at risk. Tier 3 contains areas with low priority or zero areas at risk.

South Mountain Village & Guadalupe is a tier 1, high priority primary care area with three domains at risk.

Indicators in each domain assessed:
Socioeconomic Status: Poverty, Unemployment, High School Dropout Rate, Income Inequality
Adverse Perinatal Outcomes: Low Birth Weight, Preterm Birth, Infant Mortality, No Prenatal Care
Substance Abuse: Alcohol, Marijuana, Illicit Drugs, Opioids
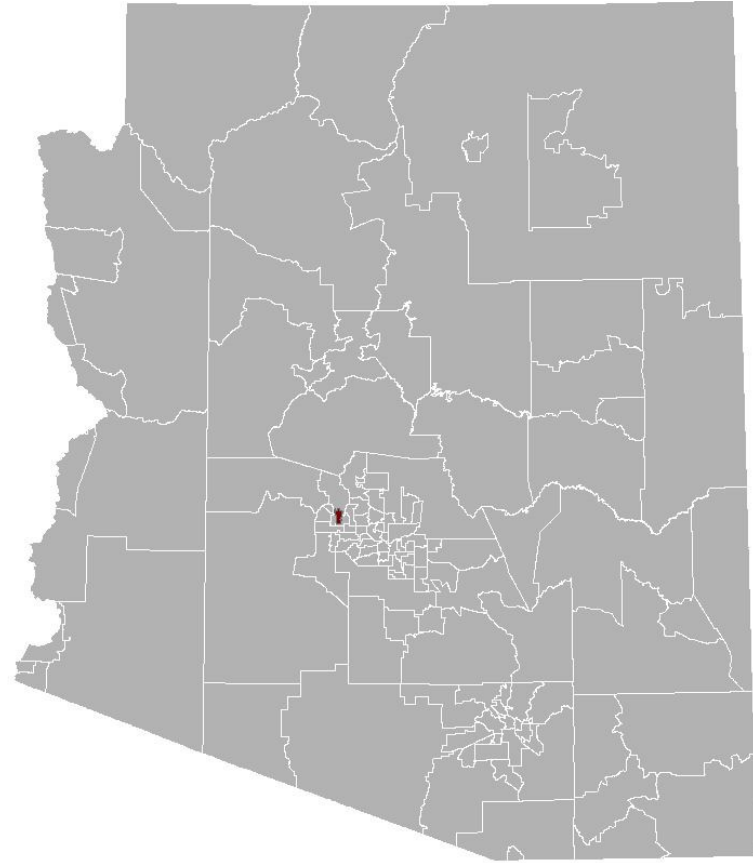Crime: Crime Rate, Domestic Violence
Child Maltreatment: Child Maltreatment

Springerville/Eager

As part of a statewide needs assessment, each community was evaluated on a series of indicators that are related to increased risk for families. The presence of risk in a community provides important information to the Department of Health Services (DHS) and helps inform decisions about where programs and services should be increased or maintained.

The presence of multiple risk factors in a community can indicate that more services are needed to support families and children and help them be happy, healthy, and thriving.

The assessment of Springerville/Eager revealed that there are no concerns with community risks as compared to other communities across Arizona.

Risk Domain	At Risk
Socioeconomic Status	No
Adverse Perinatal Outcomes	No
Substance Abuse	No
Crime	No
Child Maltreatment	No
Phase II – Infant Mortality	NA
Phase II – No Prenatal Care	Yes

To assist in prioritizing areas in the state for continued or increased services, DHS has implemented a tiered system. Tier 1 contains the highest priority areas that have 2-4 domains at risk. Tier 2 contains medium priority areas with one domain at risk. Tier 3 contains areas with low priority or zero areasat risk.

Springerville/Eager is a tier 3, low priority primary care area with no domains at risk identified in Phase I.

Springerville/Eager as one indicator at risk after the Phase II assessment. Spingerville/Eager remains a tier 3, low priority primary care area.

Indicators in each domain assessed:
Socioeconomic Status: Poverty, Unemployment, High School Dropout Rate, Income Inequality
Adverse Perinatal Outcomes: Low Birth Weight, Preterm Birth, Infant Mortality, No Prenatal Care
Substance Abuse: Alcohol, Marijuana, Illicit Drugs, Opioids
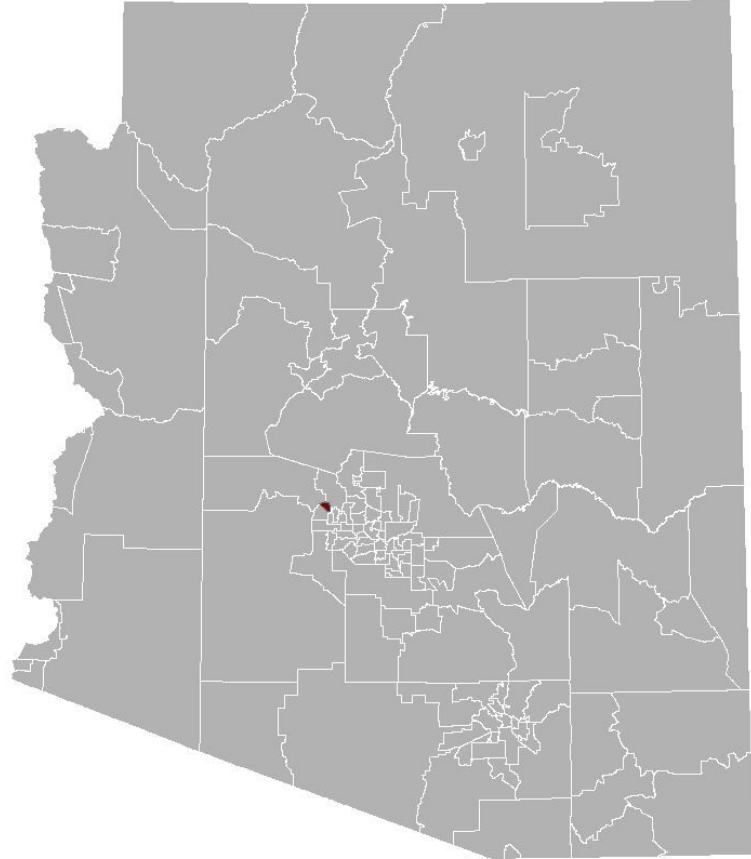Crime: Crime Rate, Domestic Violence
Child Maltreatment: Child Maltreatment

Sun City

As part of a statewide needs assessment, each community was evaluated on a series of indicators that are related to increased risk for families. The presence of risk in a community provides important information to the Department of Health Services (DHS) and helps inform decisions about where programs and services should be increased or maintained.

The presence of multiple risk factors in a community can indicate that more services are needed to support families and children and help them be happy, healthy, and thriving.

The assessment of Sun City revealed that there are no concerns with community risks as compared to other communities across Arizona.

Risk Domain	At Risk
Socioeconomic Status	No
Adverse Perinatal Outcomes	No
Substance Abuse	No
Crime	No
Child Maltreatment	No

To assist in prioritizing areas in the state for continued or increased services, DHS has implemented a tiered system. Tier 1 contains the highest priority areas that have 2-4 domains at risk. Tier 2 contains medium priority areas with one domain at risk. Tier 3 contains areas with low priority or zero areas at risk.

Sun City is a tier 3, low priority primary care area with no domains at risk.

Indicators in each domain assessed:
Socioeconomic Status: Poverty, Unemployment, High School Dropout Rate, Income Inequality
Adverse Perinatal Outcomes: Low Birth Weight, Preterm Birth, Infant Mortality, No Prenatal Care
Substance Abuse: Alcohol, Marijuana, Illicit Drugs, Opioids
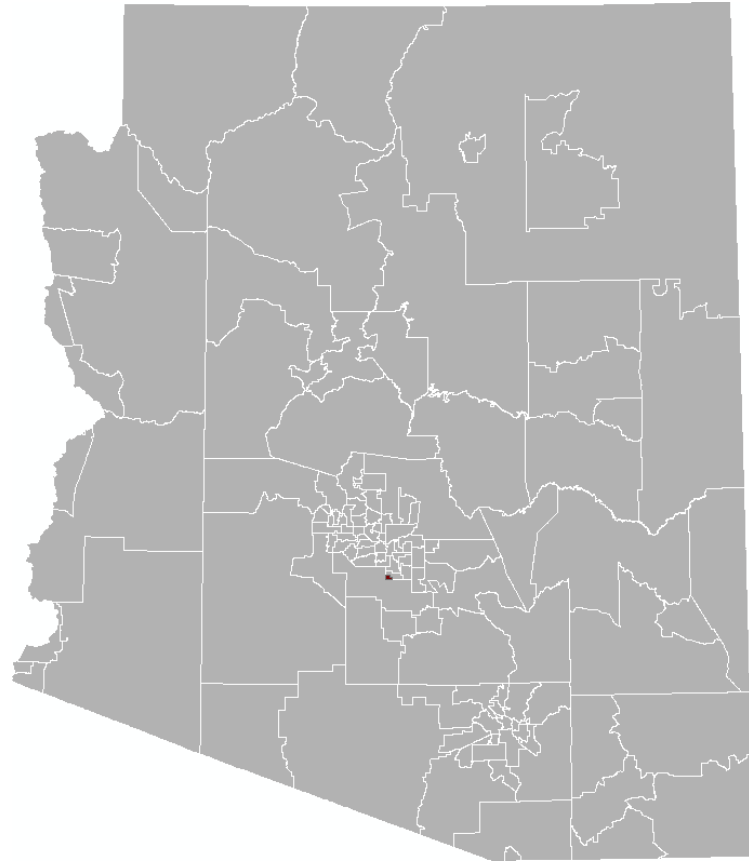Crime: Crime Rate, Domestic Violence
Child Maltreatment: Child Maltreatment

Sun City West

As part of a statewide needs assessment, each community was evaluated on a series of indicators that are related to increased risk for families. The presence of risk in a community provides important information to the Department of Health Services (DHS) and helps inform decisions about where programs and services should be increased or maintained.

The presence of multiple risk factors in a community can indicate that more services are needed to support families and children and help them be happy, healthy, and thriving.

The assessment of Sun City West revealed that there are no concerns with community risks as compared to other communities across Arizona.

Risk Domain	At Risk
Socioeconomic Status	No
Adverse Perinatal Outcomes	No
Substance Abuse	No
Crime	No
Child Maltreatment	No

To assist in prioritizing areas in the state for continued or increased services, DHS has implemented a tiered system. Tier 1 contains the highest priority areas that have 2-4 domains at risk. Tier 2 contains medium priority areas with one domain at risk. Tier 3 contains areas with low priority or zero areas at risk.

Sun City West is a tier 3, low priority primary care area with no domains at risk.

Indicators in each domain assessed:
Socioeconomic Status: Poverty, Unemployment, High School Dropout Rate, Income Inequality
Adverse Perinatal Outcomes: Low Birth Weight, Preterm Birth, Infant Mortality, No Prenatal Care
Substance Abuse: Alcohol, Marijuana, Illicit Drugs, Opioids
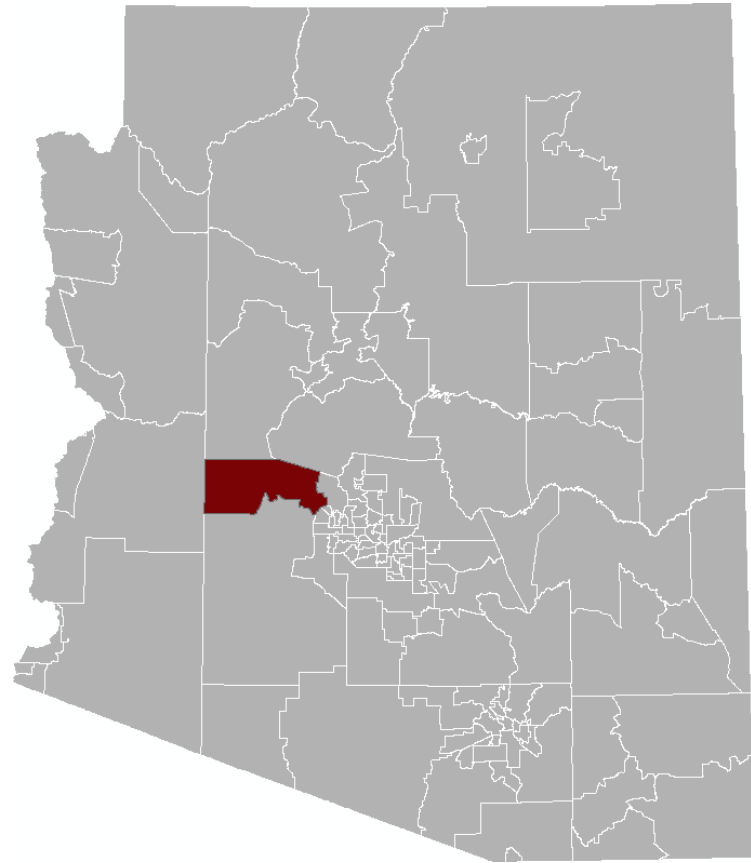Crime: Crime Rate, Domestic Violence
Child Maltreatment: Child Maltreatment

Sun Lakes

As part of a statewide needs assessment, each community was evaluated on a series of indicators that are related to increased risk for families. The presence of risk in a community provides important information to the Department of Health Services (DHS) and helps inform decisions about where programs and services should be increased or maintained.

The presence of multiple risk factors in a community can indicate that more services are needed to support families and children and help them be happy, healthy, and thriving.

The assessment of Sun Lakes revealed that there are no concerns with community risks as compared to other communities across Arizona.

Risk Domain	At Risk
Socioeconomic Status	No
Adverse Perinatal Outcomes	No
Substance Abuse	No
Crime	No
Child Maltreatment	No

To assist in prioritizing areas in the state for continued or increased services, DHS has implemented a tiered system. Tier 1 contains the highest priority areas that have 2-4 domains at risk. Tier 2 contains medium priority areas with one domain at risk. Tier 3 contains areas with low priority or zero areas at risk.

Sun Lakes is a tier 3, low priority primary care area with no domains at risk.

Indicators in each domain assessed:
Socioeconomic Status: Poverty, Unemployment, High School Dropout Rate, Income Inequality
Adverse Perinatal Outcomes: Low Birth Weight, Preterm Birth, Infant Mortality, No Prenatal Care
Substance Abuse: Alcohol, Marijuana, Illicit Drugs, Opioids
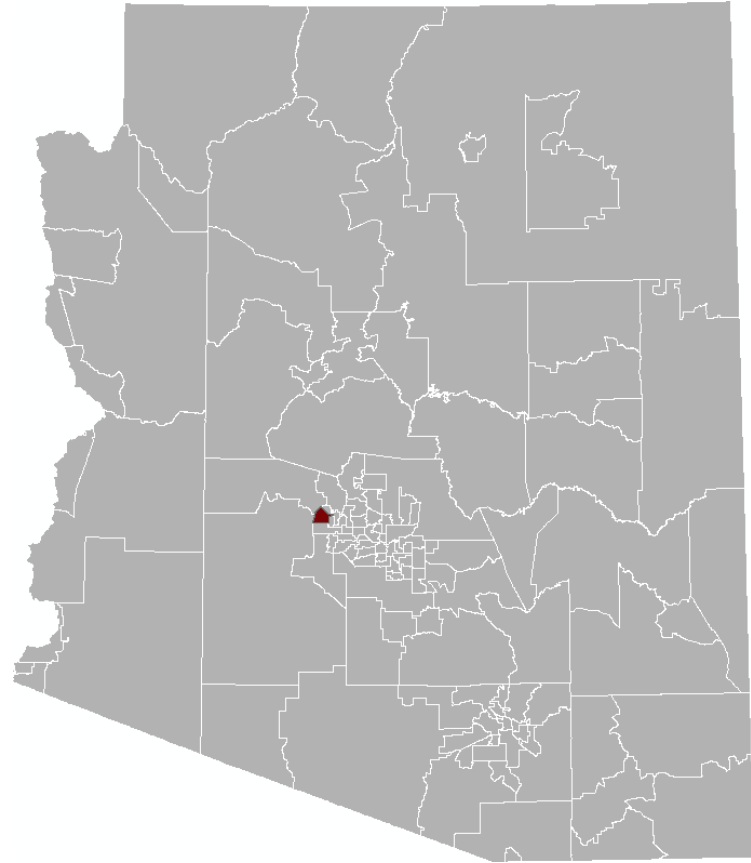Crime: Crime Rate, Domestic Violence
Child Maltreatment: Child Maltreatment

Surprise North & Wickenburg

As part of a statewide needs assessment, each community was evaluated on a series of indicators that are related to increased risk for families. The presence of risk in a community provides important information to the Department of Health Services (DHS) and helps inform decisions about where programs and services should be increased or maintained.

The presence of multiple risk factors in a community can indicate that more services are needed to support families and children and help them be happy, healthy, and thriving.

The assessment of Surprise North & Wickenburg revealed that there are no concerns with community risks as compared to other communities across Arizona.

Risk Domain	At Risk
Socioeconomic Status	No
Adverse Perinatal Outcomes	No
Substance Abuse	No
Crime	No
Child Maltreatment	No

To assist in prioritizing areas in the state for continued or increased services, DHS has implemented a tiered system. Tier 1 contains the highest priority areas that have 2-4 domains at risk. Tier 2 contains medium priority areas with one domain at risk. Tier 3 contains areas with low priority or zero areas at risk.

Surprise North & Wickenburg is a tier 3, low priority primary care area with no domains at risk.

Indicators in each domain assessed:
Socioeconomic Status: Poverty, Unemployment, High School Dropout Rate, Income Inequality
Adverse Perinatal Outcomes: Low Birth Weight, Preterm Birth, Infant Mortality, No Prenatal Care
Substance Abuse: Alcohol, Marijuana, Illicit Drugs, Opioids
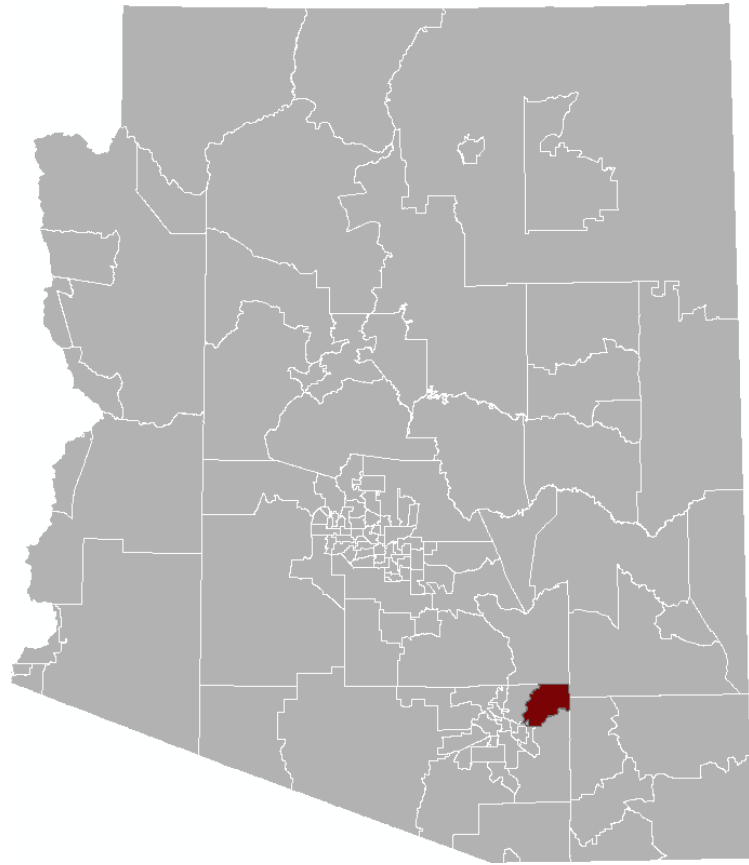Crime: Crime Rate, Domestic Violence
Child Maltreatment: Child Maltreatment

Surprise South

As part of a statewide needs assessment, each community was evaluated on a series of indicators that are related to increased risk for families. The presence of risk in a community provides important information to the Department of Health Services (DHS) and helps inform decisions about where programs and services should be increased or maintained.

The presence of multiple risk factors in a community can indicate that more services are needed to support families and children and help them be happy, healthy, and thriving.

The assessment of Surprise South revealed that there are no concerns with community risks as compared to other communities across Arizona.

Risk Domain	At Risk
Socioeconomic Status	No
Adverse Perinatal Outcomes	No
Substance Abuse	No
Crime	No
Child Maltreatment	No

To assist in prioritizing areas in the state for continued or increased services, DHS has implemented a tiered system. Tier 1 contains the highest priority areas that have 2-4 domains at risk. Tier 2 contains medium priority areas with one domain at risk. Tier 3 contains areas with low priority or zero areas at risk.

Surprise South is a tier 3, low priority primary care area with no domains at risk.

Indicators in each domain assessed:
Socioeconomic Status: Poverty, Unemployment, High School Dropout Rate, Income Inequality
Adverse Perinatal Outcomes: Low Birth Weight, Preterm Birth, Infant Mortality, No Prenatal Care
Substance Abuse: Alcohol, Marijuana, Illicit Drugs, Opioids
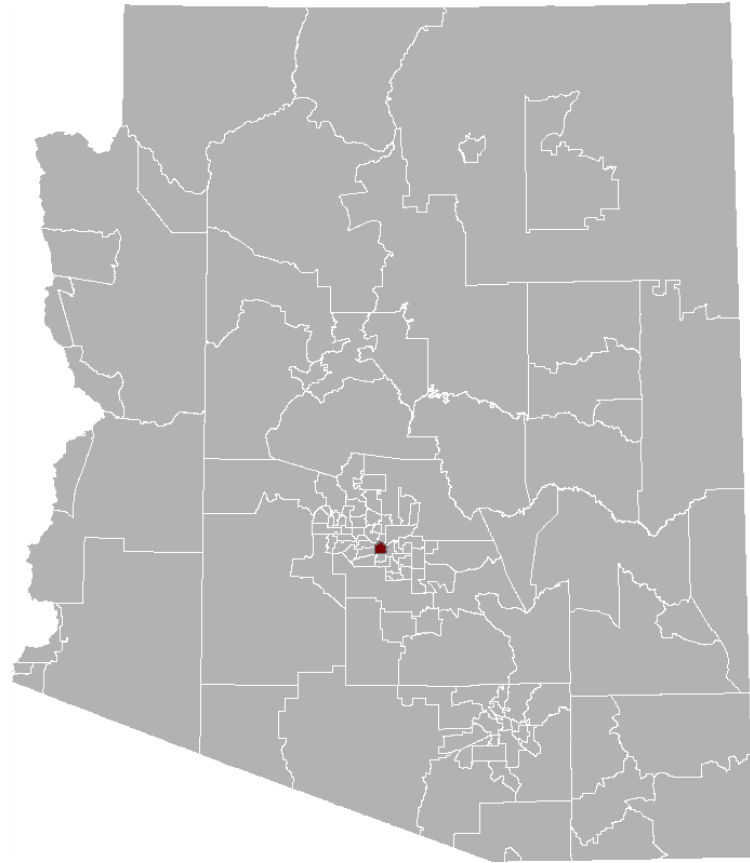Crime: Crime Rate, Domestic Violence
Child Maltreatment: Child Maltreatment

Tanque Verde

As part of a statewide needs assessment, each community was evaluated on a series of indicators that are related to increased risk for families. The presence of risk in a community provides important information to the Department of Health Services (DHS) and helps inform decisions about where programs and services should be increased or maintained.

The presence of multiple risk factors in a community can indicate that more services are needed to support families and children and help them be happy, healthy, and thriving.

The assessment of Tanque Verde revealed that there are risks in the community within the adverse perinatal outcomes domain as compared to other communities across Arizona.

Risk Domain	At Risk
Socioeconomic Status	No
Adverse Perinatal Outcomes	Yes
Substance Abuse	No
Crime	No
Child Maltreatment	No

To assist in prioritizing areas in the state for continued or increased services, DHS has implemented a tiered system. Tier 1 contains the highest priority areas that have 2-4 domains at risk. Tier 2 contains medium priority areas with one domain at risk. Tier 3 contains areas with low priority or zero areas at risk.

Tanque Verde is a tier 2, medium priority primary care area with one domain at risk.

Indicators in each domain assessed:
Socioeconomic Status: Poverty, Unemployment, High School Dropout Rate, Income Inequality
Adverse Perinatal Outcomes: Low Birth Weight, Preterm Birth, Infant Mortality, No Prenatal Care
Substance Abuse: Alcohol, Marijuana, Illicit Drugs, Opioids
Crime: Crime Rate, Domestic Violence
Child Maltreatment: Child Maltreatment

Tempe North

As part of a statewide needs assessment, each community was evaluated on a series of indicators that are related to increased risk for families. The presence of risk in a community provides important information to the Department of Health Services (DHS) and helps inform decisions about where programs and services should be increased or maintained.

The presence of multiple risk factors in a community can indicate that more services are needed to support families and children and help them be happy, healthy, and thriving.

The assessment of Tempe North revealed that there are risks in the community within the crime domain as compared to other communities across Arizona.

Risk Domain	At Risk
Socioeconomic Status	No
Adverse Perinatal Outcomes	No
Substance Abuse	No
Crime	Yes
Child Maltreatment	No

To assist in prioritizing areas in the state for continued or increased services, DHS has implemented a tiered system. Tier 1 contains the highest priority areas that have 2-4 domains at risk. Tier 2 contains medium priority areas with one domain at risk. Tier 3 contains areas with low priority or zero areas at risk.

Tempe North is a tier 2, medium priority primary care area with one domain at risk.

Indicators in each domain assessed:
Socioeconomic Status: Poverty, Unemployment, High School Dropout Rate, Income Inequality
Adverse Perinatal Outcomes: Low Birth Weight, Preterm Birth, Infant Mortality, No Prenatal Care
Substance Abuse: Alcohol, Marijuana, Illicit Drugs, Opioids
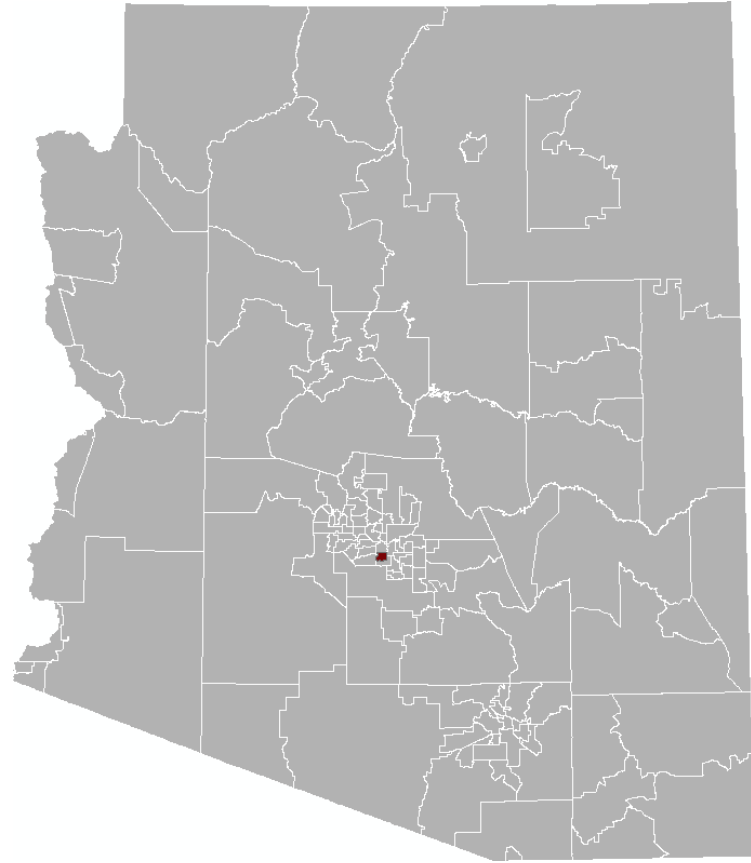Crime: Crime Rate, Domestic Violence
Child Maltreatment: Child Maltreatment

Tempe South

As part of a statewide needs assessment, each community was evaluated on a series of indicators that are related to increased risk for families. The presence of risk in a community provides important information to the Department of Health Services (DHS) and helps inform decisions about where programs and services should be increased or maintained.

The presence of multiple risk factors in a community can indicate that more services are needed to support families and children and help them be happy, healthy, and thriving.

The assessment of Tempe South revealed that there are no concerns with community risks as compared to other communities across Arizona.

Risk Domain	At Risk
Socioeconomic Status	No
Adverse Perinatal Outcomes	No
Substance Abuse	No
Crime	No
Child Maltreatment	No

To assist in prioritizing areas in the state for continued or increased services, DHS has implemented a tiered system. Tier 1 contains the highest priority areas that have 2-4 domains at risk. Tier 2 contains medium priority areas with one domain at risk. Tier 3 contains areas with low priority or zero areas at risk.

Tempe South is a tier 3, low priority primary care area with no domains at risk.

Indicators in each domain assessed:
Socioeconomic Status: Poverty, Unemployment, High School Dropout Rate, Income Inequality
Adverse Perinatal Outcomes: Low Birth Weight, Preterm Birth, Infant Mortality, No Prenatal Care
Substance Abuse: Alcohol, Marijuana, Illicit Drugs, Opioids
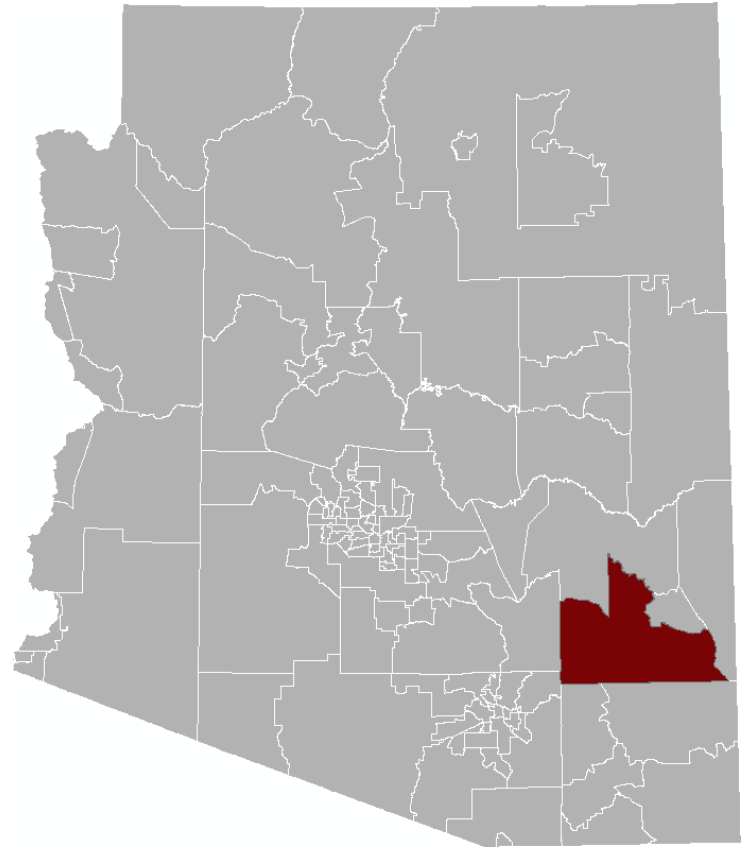Crime: Crime Rate, Domestic Violence
Child Maltreatment: Child Maltreatment

Thatcher

As part of a statewide needs assessment, each community was evaluated on a series of indicators that are related to increased risk for families. The presence of risk in a community provides important information to the Department of Health Services (DHS) and helps inform decisions about where programs and services should be increased or maintained.

The presence of multiple risk factors in a community can indicate that more services are needed to support families and children and help them be happy, healthy, and thriving.

The assessment of Thatcher revealed that there are no concerns with community risks as compared to other communities across Arizona.

Risk Domain	At Risk
Socioeconomic Status	No
Adverse Perinatal Outcomes	No
Substance Abuse	No
Crime	No
Child Maltreatment	No

To assist in prioritizing areas in the state for continued or increased services, DHS has implemented a tiered system. Tier 1 contains the highest priority areas that have 2-4 domains at risk. Tier 2 contains medium priority areas with one domain at risk. Tier 3 contains areas with low priority or zero areas at risk.

Thatcher is a tier 3, low priority primary care area with no domains at risk.

Indicators in each domain assessed:
Socioeconomic Status: Poverty, Unemployment, High School Dropout Rate, Income Inequality
Adverse Perinatal Outcomes: Low Birth Weight, Preterm Birth, Infant Mortality, No Prenatal Care
Substance Abuse: Alcohol, Marijuana, Illicit Drugs, Opioids
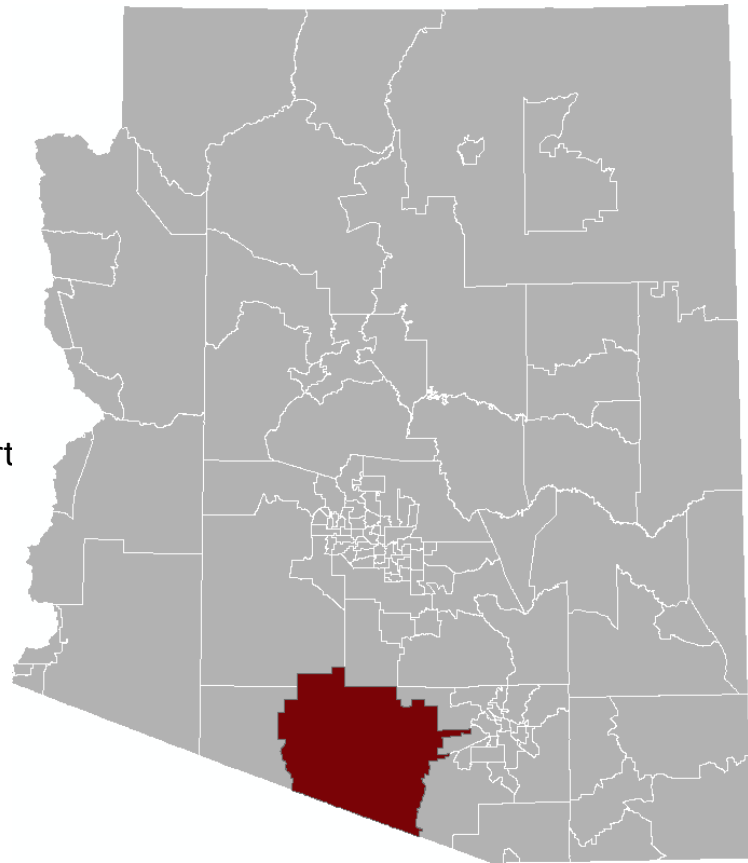Crime: Crime Rate, Domestic Violence
Child Maltreatment: Child Maltreatment

Tohono O'odham Nation

As part of a statewide needs assessment, each community was evaluated on a series of indicators that are related to increased risk for families. The presence of risk in a community provides important information to the Department of Health Services (DHS) and helps inform decisions about where programs and services should be increased or maintained.

The presence of multiple risk factors in a community can indicate that more services are needed to support families and children and help them be happy, healthy, and thriving.

The assessment of Tohono O'odham Nation revealed that there are risks in the community within the socioeconomic status, adverse perinatal outcomes, and crime domains as compared to other communities across Arizona.

Risk Domain	At Risk
Socioeconomic Status	Yes
Adverse Perinatal Outcomes	Yes
Substance Abuse	No
Crime	Yes
Child Maltreatment	No

To assist in prioritizing areas in the state for continued or increased services, DHS has implemented a tiered system. Tier 1 contains the highest priority areas that have 2-4 domains at risk. Tier 2 contains medium priority areas with one domain at risk. Tier 3 contains areas with low priority or zero areas at risk.

Tohono O'odham Nation is a tier 1, high priority primary care area with three domains at risk.

Indicators in each domain assessed:
Socioeconomic Status: Poverty, Unemployment, High School Dropout Rate, Income Inequality
Adverse Perinatal Outcomes: Low Birth Weight, Preterm Birth, Infant Mortality, No Prenatal Care
Substance Abuse: Alcohol, Marijuana, Illicit Drugs, Opioids
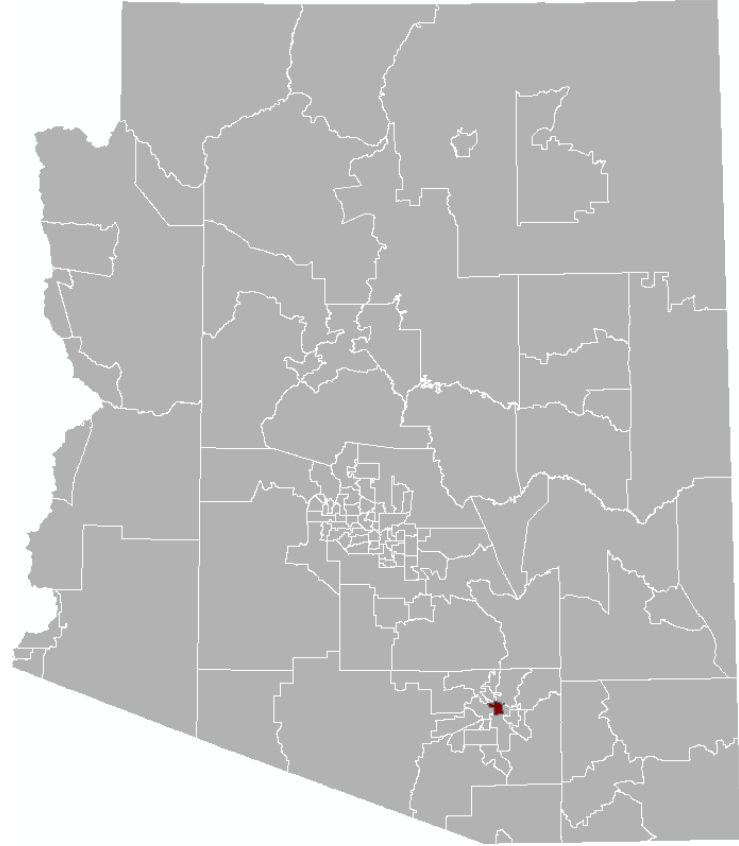Crime: Crime Rate, Domestic Violence
Child Maltreatment: Child Maltreatment

Tucson Central

As part of a statewide needs assessment, each community was evaluated on a series of indicators that are related to increased risk for families. The presence of risk in a community provides important information to the Department of Health Services (DHS) and helps inform decisions about where programs and services should be increased or maintained.

The presence of multiple risk factors in a community can indicate that more services are needed to support families and children and help them be happy, healthy, and thriving.

The assessment of Tucson Central revealed that there are risks in the community within the socioeconomic status, substance abuse, crime, and child maltreatment domains as compared to other communities across Arizona.

Risk Domain	At Risk
Socioeconomic Status	Yes
Adverse Perinatal Outcomes	No
Substance Abuse	Yes
Crime	Yes
Child Maltreatment	Yes

To assist in prioritizing areas in the state for continued or increased services, DHS has implemented a tiered system. Tier 1 contains the highest priority areas that have 2-4 domains at risk. Tier 2 contains medium priority areas with one domain at risk. Tier 3 contains areas with low priority or zero areas at risk.

Tucson Central is a tier 1, high priority primary care area with four domains at risk.

Indicators in each domain assessed:
Socioeconomic Status: Poverty, Unemployment, High School Dropout Rate, Income Inequality
Adverse Perinatal Outcomes: Low Birth Weight, Preterm Birth, Infant Mortality, No Prenatal Care
Substance Abuse: Alcohol, Marijuana, Illicit Drugs, Opioids
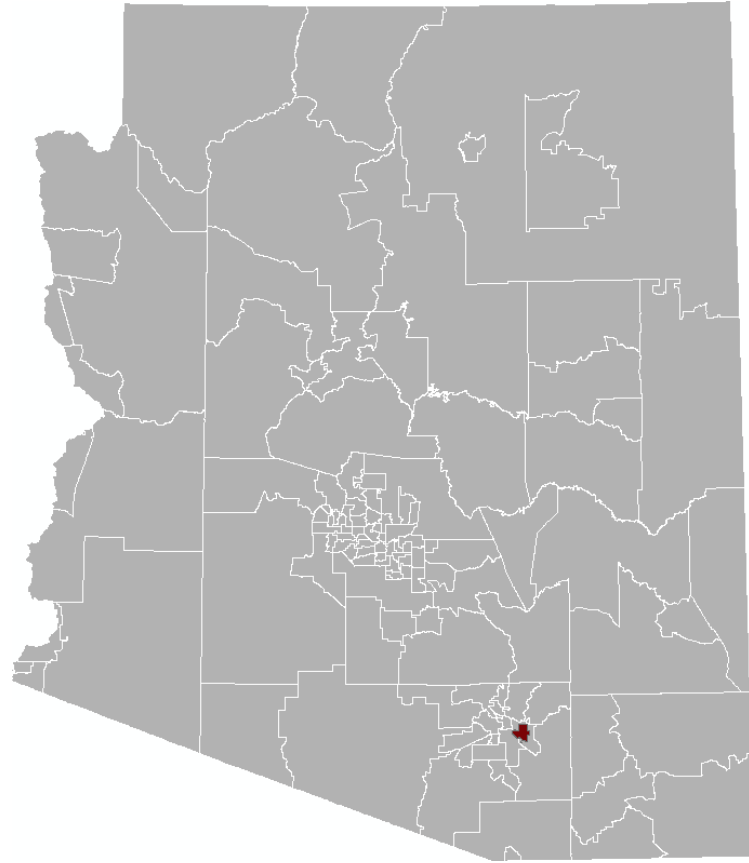Crime: Crime Rate, Domestic Violence
Child Maltreatment: Child Maltreatment

Tucson East

As part of a statewide needs assessment, each community was evaluated on a series of indicators that are related to increased risk for families. The presence of risk in a community provides important information to the Department of Health Services (DHS) and helps inform decisions about where programs and services should be increased or maintained.

The presence of multiple risk factors in a community can indicate that more services are needed to support families and children and help them be happy, healthy, and thriving.

The assessment of Tucson East revealed that there are no concerns with community risks as compared to other communities across Arizona.

Risk Domain	At Risk
Socioeconomic Status	No
Adverse Perinatal Outcomes	No
Substance Abuse	No
Crime	No
Child Maltreatment	No

To assist in prioritizing areas in the state for continued or increased services, DHS has implemented a tiered system. Tier 1 contains the highest priority areas that have 2-4 domains at risk. Tier 2 contains medium priority areas with one domain at risk. Tier 3 contains areas with low priority or zero areas at risk.

Tucson East is a tier 3, low priority primary care area with no domains at risk.

Indicators in each domain assessed:
Socioeconomic Status: Poverty, Unemployment, High School Dropout Rate, Income Inequality
Adverse Perinatal Outcomes: Low Birth Weight, Preterm Birth, Infant Mortality, No Prenatal Care
Substance Abuse: Alcohol, Marijuana, Illicit Drugs, Opioids
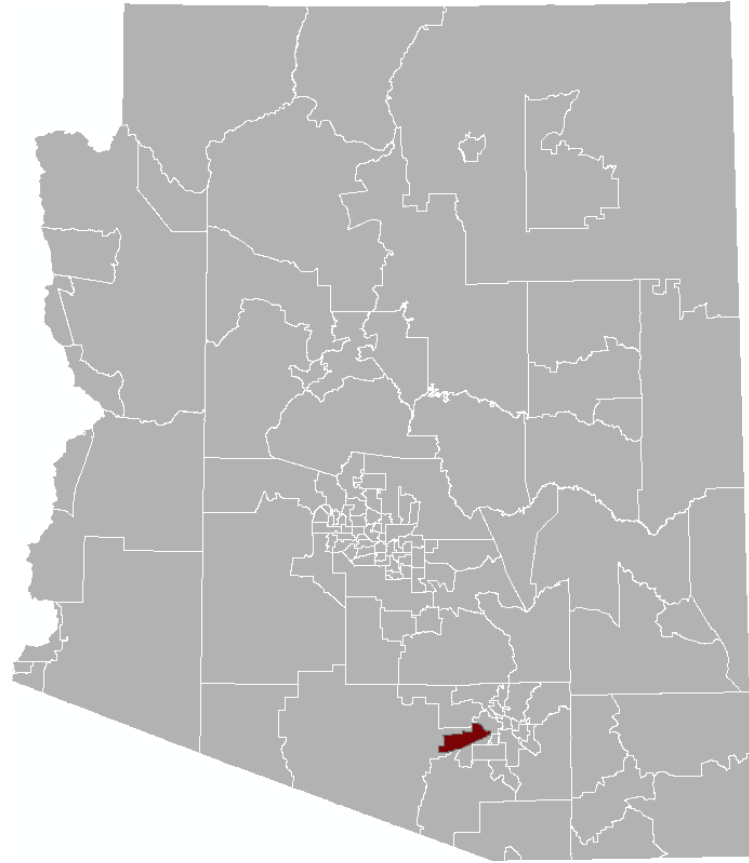Crime: Crime Rate, Domestic Violence
Child Maltreatment: Child Maltreatment

Tucson Estates

As part of a statewide needs assessment, each community was evaluated on a series of indicators that are related to increased risk for families. The presence of risk in a community provides important information to the Department of Health Services (DHS) and helps inform decisions about where programs and services should be increased or maintained.

The presence of multiple risk factors in a community can indicate that more services are needed to support families and children and help them be happy, healthy, and thriving.

The assessment of Tucson Estates revealed that there are risks in the community within the adverse perinatal outcomes domain as compared to other communities across Arizona.

Risk Domain	At Risk
Socioeconomic Status	No
Adverse Perinatal Outcomes	Yes
Substance Abuse	No
Crime	No
Child Maltreatment	No

To assist in prioritizing areas in the state for continued or increased services, DHS has implemented a tiered system. Tier 1 contains the highest priority areas that have 2-4 domains at risk. Tier 2 contains medium priority areas with one domain at risk. Tier 3 contains areas with low priority or zero areas at risk.

Tucson Estates is a tier 2, medium priority primary care area with one domain at risk.

Indicators in each domain assessed:
Socioeconomic Status: Poverty, Unemployment, High School Dropout Rate, Income Inequality
Adverse Perinatal Outcomes: Low Birth Weight, Preterm Birth, Infant Mortality, No Prenatal Care
Substance Abuse: Alcohol, Marijuana, Illicit Drugs, Opioids
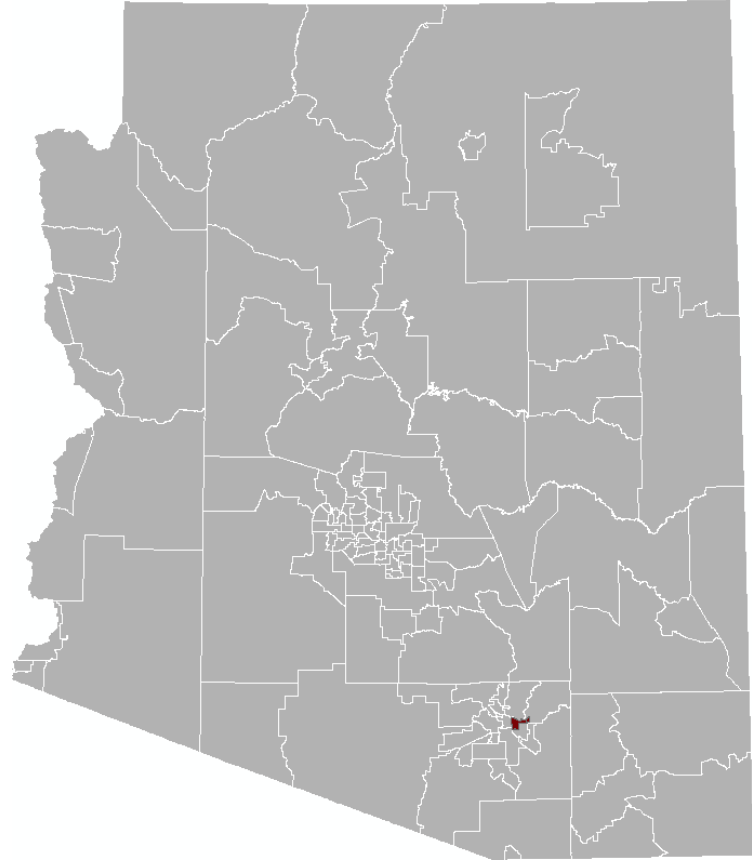Crime: Crime Rate, Domestic Violence
Child Maltreatment: Child Maltreatment

Tucson Foothills

As part of a statewide needs assessment, each community was evaluated on a series of indicators that are related to increased risk for families. The presence of risk in a community provides important information to the Department of Health Services (DHS) and helps inform decisions about where programs and services should be increased or maintained.

The presence of multiple risk factors in a community can indicate that more services are needed to support families and children and help them be happy, healthy, and thriving.

The assessment of Tucson Foothills revealed that there are risks in the community within the substance abuse, crime, and child maltreatment domains as compared to other communities across Arizona.

Risk Domain	At Risk
Socioeconomic Status	No
Adverse Perinatal Outcomes	No
Substance Abuse	Yes
Crime	Yes
Child Maltreatment	Yes

To assist in prioritizing areas in the state for continued or increased services, DHS has implemented a tiered system. Tier 1 contains the highest priority areas that have 2-4 domains at risk. Tier 2 contains medium priority areas with one domain at risk. Tier 3 contains areas with low priority or zero areas at risk.

Tucson Foothills is a tier 1, high priority primary care area with three domains at risk.

Indicators in each domain assessed:
Socioeconomic Status: Poverty, Unemployment, High School Dropout Rate, Income Inequality
Adverse Perinatal Outcomes: Low Birth Weight, Preterm Birth, Infant Mortality, No Prenatal Care
Substance Abuse: Alcohol, Marijuana, Illicit Drugs, Opioids
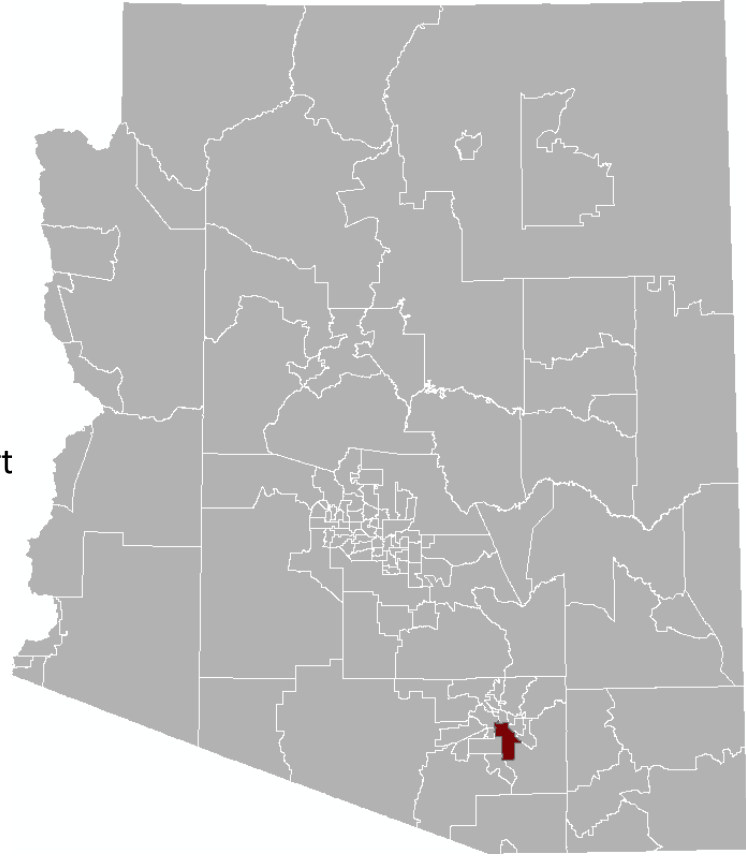Crime: Crime Rate, Domestic Violence
Child Maltreatment: Child Maltreatment

Tucson South

As part of a statewide needs assessment, each community was evaluated on a series of indicators that are related to increased risk for families. The presence of risk in a community provides important information to the Department of Health Services (DHS) and helps inform decisions about where programs and services should be increased or maintained.

The presence of multiple risk factors in a community can indicate that more services are needed to support families and children and help them be happy, healthy, and thriving.

The assessment of Tucson South revealed that there are risks in the community within the substance abuse, crime, and child maltreatment domains as compared to other communities across Arizona.

Risk Domain	At Risk
Socioeconomic Status	No
Adverse Perinatal Outcomes	No
Substance Abuse	Yes
Crime	Yes
Child Maltreatment	Yes

To assist in prioritizing areas in the state for continued or increased services, DHS has implemented a tiered system. Tier 1 contains the highest priority areas that have 2-4 domains at risk. Tier 2 contains medium priority areas with one domain at risk. Tier 3 contains areas with low priority or zero areas at risk.

Tucson South is a tier 1, high priority primary care area with three domains at risk.

Indicators in each domain assessed:
Socioeconomic Status: Poverty, Unemployment, High School Dropout Rate, Income Inequality
Adverse Perinatal Outcomes: Low Birth Weight, Preterm Birth, Infant Mortality, No Prenatal Care
Substance Abuse: Alcohol, Marijuana, Illicit Drugs, Opioids
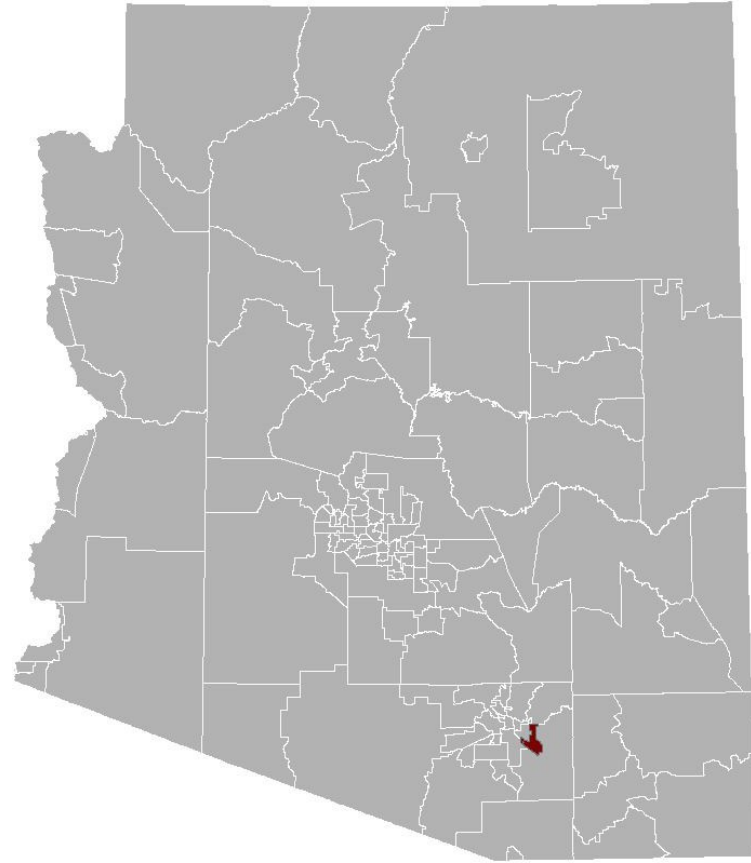Crime: Crime Rate, Domestic Violence
Child Maltreatment: Child Maltreatment

Tucson South East

As part of a statewide needs assessment, each community was evaluated on a series of indicators that are related to increased risk for families. The presence of risk in a community provides important information to the Department of Health Services (DHS) and helps inform decisions about where programs and services should be increased or maintained.

The presence of multiple risk factors in a community can indicate that more services are needed to support families and children and help them be happy, healthy, and thriving.

The assessment of Tucson South East revealed that there are no concerns with community risks as compared to other communities across Arizona.

Risk Domain	At Risk
Socioeconomic Status	No
Adverse Perinatal Outcomes	No
Substance Abuse	No
Crime	No
Child Maltreatment	No

To assist in prioritizing areas in the state for continued or increased services, DHS has implemented a tiered system. Tier 1 contains the highest priority areas that have 2-4 domains at risk. Tier 2 contains medium priority areas with one domain at risk. Tier 3 contains areas with low priority or zero areas at risk.

Tucson South East is a tier 3, low priority primary care area with no domains at risk.

Indicators in each domain assessed:
Socioeconomic Status: Poverty, Unemployment, High School Dropout Rate, Income Inequality
Adverse Perinatal Outcomes: Low Birth Weight, Preterm Birth, Infant Mortality, No Prenatal Care
Substance Abuse: Alcohol, Marijuana, Illicit Drugs, Opioids
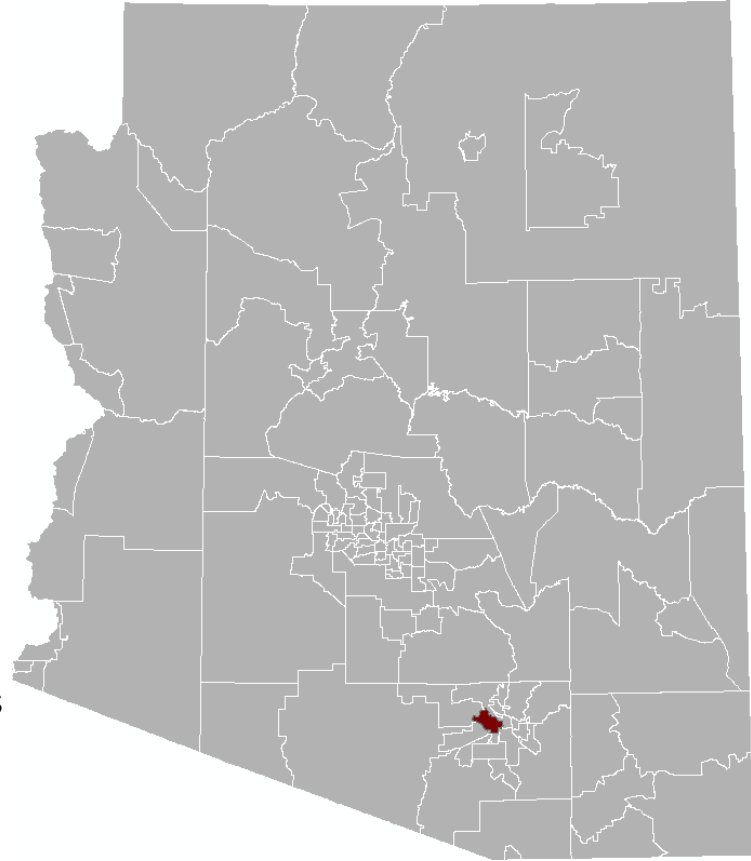Crime: Crime Rate, Domestic Violence
Child Maltreatment: Child Maltreatment

Tucson West

As part of a statewide needs assessment, each community was evaluated on a series of indicators that are related to increased risk for families. The presence of risk in a community provides important information to the Department of Health Services (DHS) and helps inform decisions about where programs and services should be increased or maintained.

The presence of multiple risk factors in a community can indicate that more services are needed to support families and children and help them be happy, healthy, and thriving.

The assessment of Tucson West revealed that there are risks in the community within the crime domain as compared to other communities across Arizona.

Risk Domain	At Risk
Socioeconomic Status	No
Adverse Perinatal Outcomes	No
Substance Abuse	No
Crime	Yes
Child Maltreatment	No

To assist in prioritizing areas in the state for continued or increased services, DHS has implemented a tiered system. Tier 1 contains the highest priority areas that have 2-4 domains at risk. Tier 2 contains medium priority areas with one domain at risk. Tier 3 contains areas with low priority or zero areas at risk.

Tucson West is a tier 2, medium priority primary care area with one domain at risk.

Indicators in each domain assessed:
Socioeconomic Status: Poverty, Unemployment, High School Dropout Rate, Income Inequality
Adverse Perinatal Outcomes: Low Birth Weight, Preterm Birth, Infant Mortality, No Prenatal Care
Substance Abuse: Alcohol, Marijuana, Illicit Drugs, Opioids
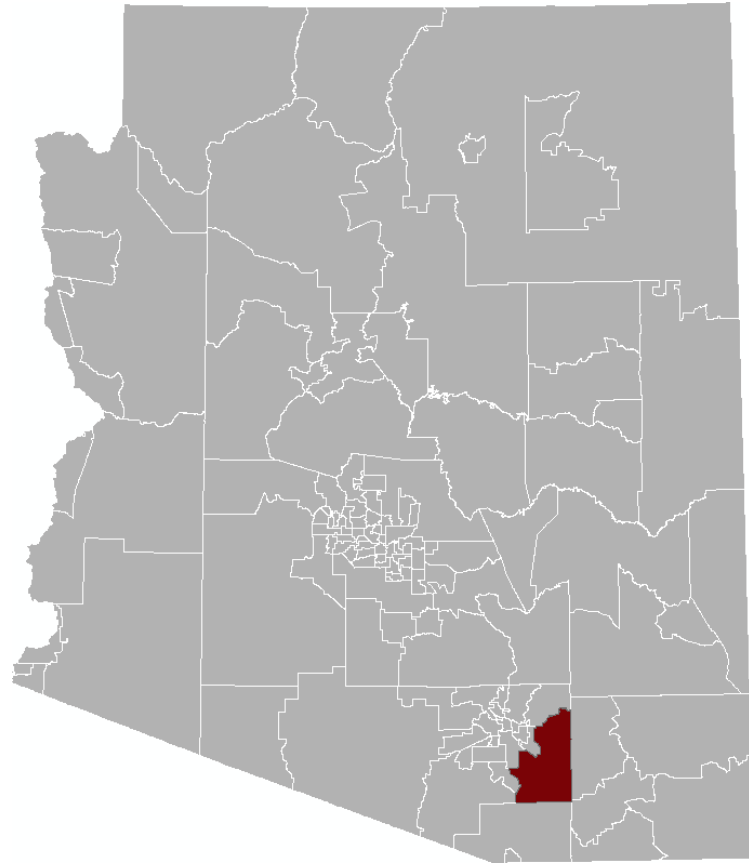Crime: Crime Rate, Domestic Violence
Child Maltreatment: Child Maltreatment

Vail

As part of a statewide needs assessment, each community was evaluated on a series of indicators that are related to increased risk for families. The presence of risk in a community provides important information to the Department of Health Services (DHS) and helps inform decisions about where programs and services should be increased or maintained.

The presence of multiple risk factors in a community can indicate that more services are needed to support families and children and help them be happy, healthy, and thriving.

The assessment of Vail revealed that there are no concerns with community risks as compared to other communities across Arizona.

Risk Domain	At Risk
Socioeconomic Status	No
Adverse Perinatal Outcomes	No
Substance Abuse	No
Crime	No
Child Maltreatment	No

To assist in prioritizing areas in the state for continued or increased services, DHS has implemented a tiered system. Tier 1 contains the highest priority areas that have 2-4 domains at risk. Tier 2 contains medium priority areas with one domain at risk. Tier 3 contains areas with low priority or zero areas at risk.

Vail is a tier 3, low priority primary care area with no domains at risk.

Indicators in each domain assessed:
Socioeconomic Status: Poverty, Unemployment, High School Dropout Rate, Income Inequality
Adverse Perinatal Outcomes: Low Birth Weight, Preterm Birth, Infant Mortality, No Prenatal Care
Substance Abuse: Alcohol, Marijuana, Illicit Drugs, Opioids
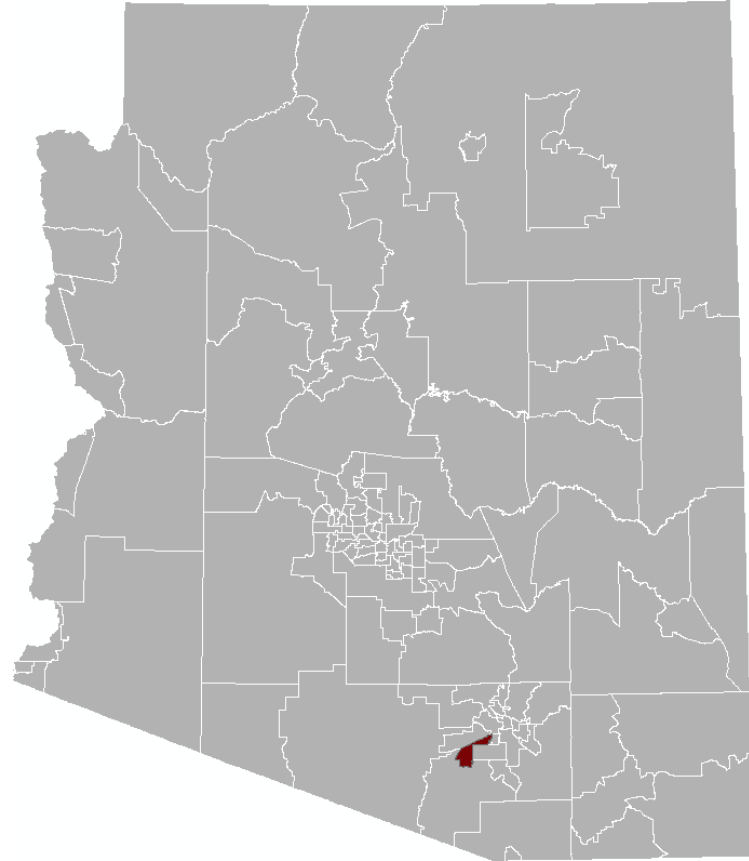Crime: Crime Rate, Domestic Violence
Child Maltreatment: Child Maltreatment

Valencia West

As part of a statewide needs assessment, each community was evaluated on a series of indicators that are related to increased risk for families. The presence of risk in a community provides important information to the Department of Health Services (DHS) and helps inform decisions about where programs and services should be increased or maintained.

The presence of multiple risk factors in a community can indicate that more services are needed to support families and children and help them be happy, healthy, and thriving.

The assessment of Valencia West revealed that there are no concerns with community risks as compared to other communities across Arizona.

Risk Domain	At Risk
Socioeconomic Status	No
Adverse Perinatal Outcomes	No
Substance Abuse	No
Crime	No
Child Maltreatment	No

To assist in prioritizing areas in the state for continued or increased services, DHS has implemented a tiered system. Tier 1 contains the highest priority areas that have 2-4 domains at risk. Tier 2 contains medium priority areas with one domain at risk. Tier 3 contains areas with low priority or zero areas at risk.

Valencia is a tier 3, low priority primary care area with no domains at risk.

Indicators in each domain assessed:
Socioeconomic Status: Poverty, Unemployment, High School Dropout Rate, Income Inequality
Adverse Perinatal Outcomes: Low Birth Weight, Preterm Birth, Infant Mortality, No Prenatal Care
Substance Abuse: Alcohol, Marijuana, Illicit Drugs, Opioids
Crime: Crime Rate, Domestic Violence
Child Maltreatment: Child Maltreatment

White Mountain Apache Tribe

As part of a statewide needs assessment, each community was evaluated on a series of indicators that are related to increased risk for families. The presence of risk in a community provides important information to the Department of Health Services (DHS) and helps inform decisions about where programs and services should be increased or maintained.

The presence of multiple risk factors in a community can indicate that more services are needed to support families and children and help them be happy, healthy, and thriving.

The assessment of White Mountain Apache Tribe revealed that there are risks in the community within the socioeconomic status and adverse perinatal outcome domains as compared to other communities across Arizona.
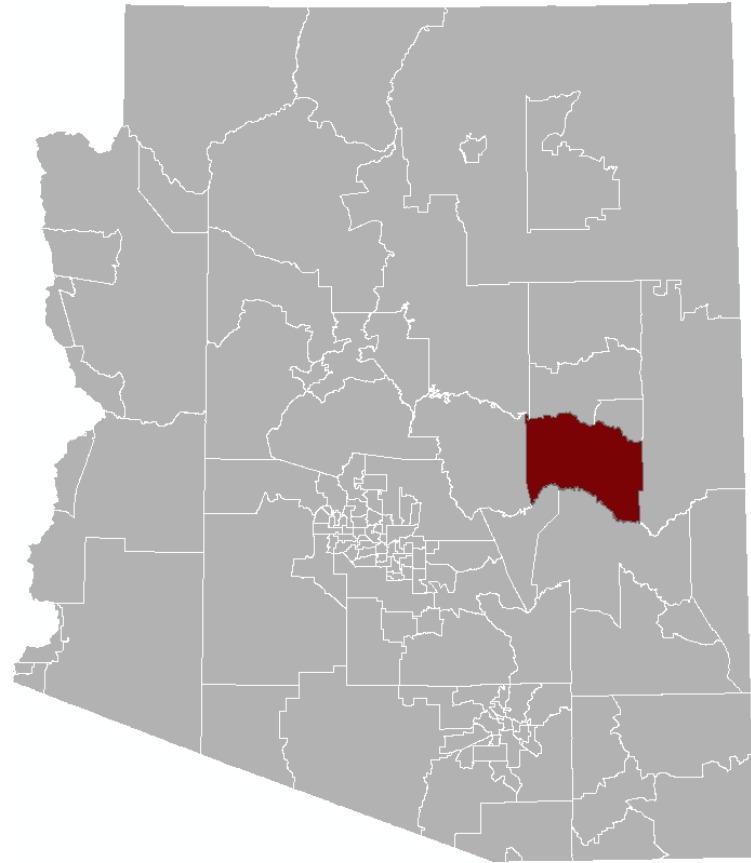
Risk Domain	At Risk
Socioeconomic Status	Yes
Adverse Perinatal Outcomes	Yes
Substance Abuse	No
Crime	No
Child Maltreatment	No

To assist in prioritizing areas in the state for continued or increased services, DHS has implemented a tiered system. Tier 1 contains the highest priority areas that have 2-4 domains at risk. Tier 2 contains medium priority areas with one domain at risk. Tier 3 contains areas with low priority or zero areas at risk.

White Mountain Apache Tribe is a tier 1, high priority primary care area with two domains at risk.

Indicators in each domain assessed:
Socioeconomic Status: Poverty, Unemployment, High School Dropout Rate, Income Inequality
Adverse Perinatal Outcomes: Low Birth Weight, Preterm Birth, Infant Mortality, No Prenatal Care
Substance Abuse: Alcohol, Marijuana, Illicit Drugs, Opioids
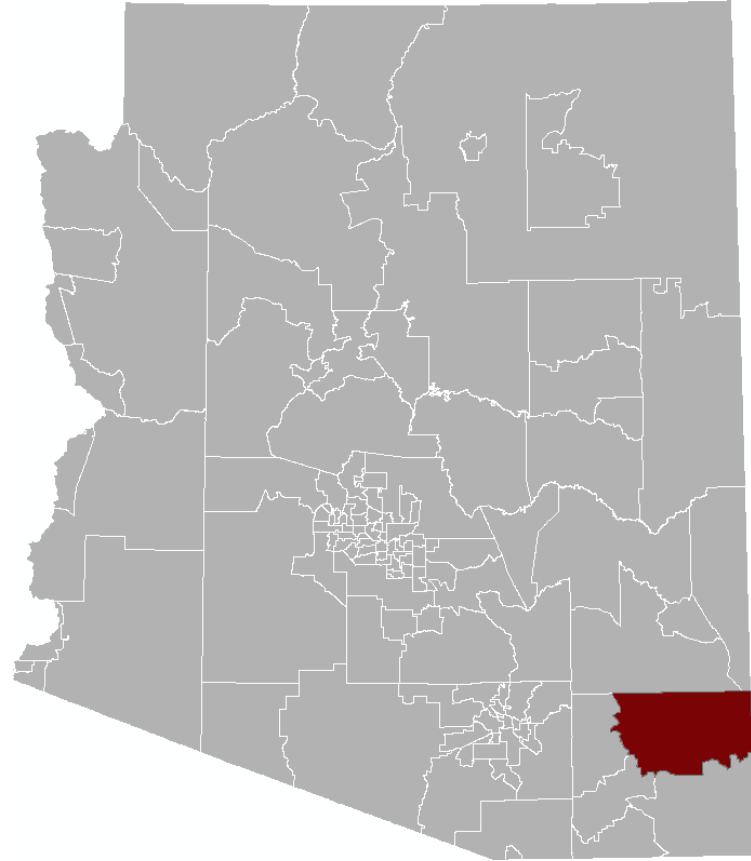Crime: Crime Rate, Domestic Violence
Child Maltreatment: Child Maltreatment

Wilcox & Bowie

As part of a statewide needs assessment, each community was evaluated on a series of indicators that are related to increased risk for families. The presence of risk in a community provides important information to the Department of Health Services (DHS) and helps inform decisions about where programs and services should be increased or maintained.

The presence of multiple risk factors in a community can indicate that more services are needed to support families and children and help them be happy, healthy, and thriving.

The assessment of Wilcox & Bowie revealed that there are risks in the community within the crime domain as compared to other communities across Arizona.

Risk Domain	At Risk
Socioeconomic Status	No
Adverse Perinatal Outcomes	No
Substance Abuse	No
Crime	Yes
Child Maltreatment	No
Phase II – Infant Mortality	Yes
Phase II – No Prenatal Care	Yes

To assist in prioritizing areas in the state for continued or increased services, DHS has implemented a tiered system. Tier 1 containsthe highest priority areas that have 2-4 domains at risk. Tier 2 contains medium priority areas with one domain at risk. Tier 3 contains areas with low priority or zero areasat risk.

Wilcox and Bowie is a tier 2, medium priority primary care area with one domain identified as at risk in Phase I.

Phase II of the Needs Assessment indicates Wilcox and Bowie has two indicators at risk elevating it to a tier 1, high priority primary care area.
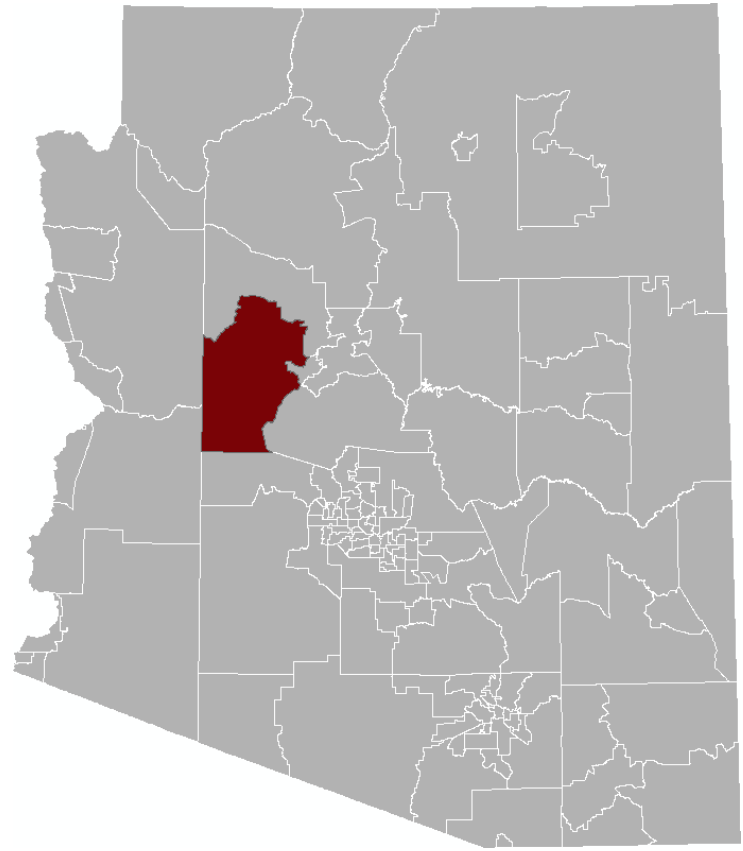
Indicators in each domain assessed:
Socioeconomic Status: Poverty, Unemployment, High School Dropout Rate, Income Inequality Adverse Perinatal Outcomes: Low Birth Weight, Preterm Birth, Infant Mortality, No Prenatal Care Substance Abuse: Alcohol, Marijuana, Illicit Drugs, Opioids
Crime: Crime Rate, Domestic Violence Child Maltreatment: Child Maltreatment

Williamson

As part of a statewide needs assessment, each community was evaluated on a series of indicators that are related to increased risk for families. The presence of risk in a community provides important information to the Department of Health Services (DHS) and helps inform decisions about where programs and services should be increased or maintained.

The presence of multiple risk factors in a community can indicate that more services are needed to support families and children and help them be happy, healthy, and thriving.

The assessment of Williamson revealed that there are no concerns with community risks as compared to other communities across Arizona.

Risk Domain	At Risk
Socioeconomic Status	No
Adverse Perinatal Outcomes	No
Substance Abuse	No
Crime	No
Child Maltreatment	No
Phase II – Infant Mortality	Yes
Phase II – No Prenatal Care	No

To assist in prioritizing areas in the state for continued or increased services, DHS has implemented a tiered system. Tier 1 containsthe highest priority areas that have 2-4 domains at risk. Tier 2 contains medium priority areas with one domain at risk. Tier 3 contains areas with low priority or zero areasat risk.

Williamson is a tier 3, low priority primary carearea with no domains at risk in the Phase I Needs Assessment. Williamson has one indicator at risk in the Phase II Needs Assessment. Williamson remains a tier 3, low priority primary care area.

Indicators in each domain assessed:
Socioeconomic Status: Poverty, Unemployment, High School Dropout Rate, Income Inequality
Adverse Perinatal Outcomes: Low Birth Weight, Preterm Birth, Infant Mortality, No Prenatal Care
Substance Abuse: Alcohol, Marijuana, Illicit Drugs, Opioids
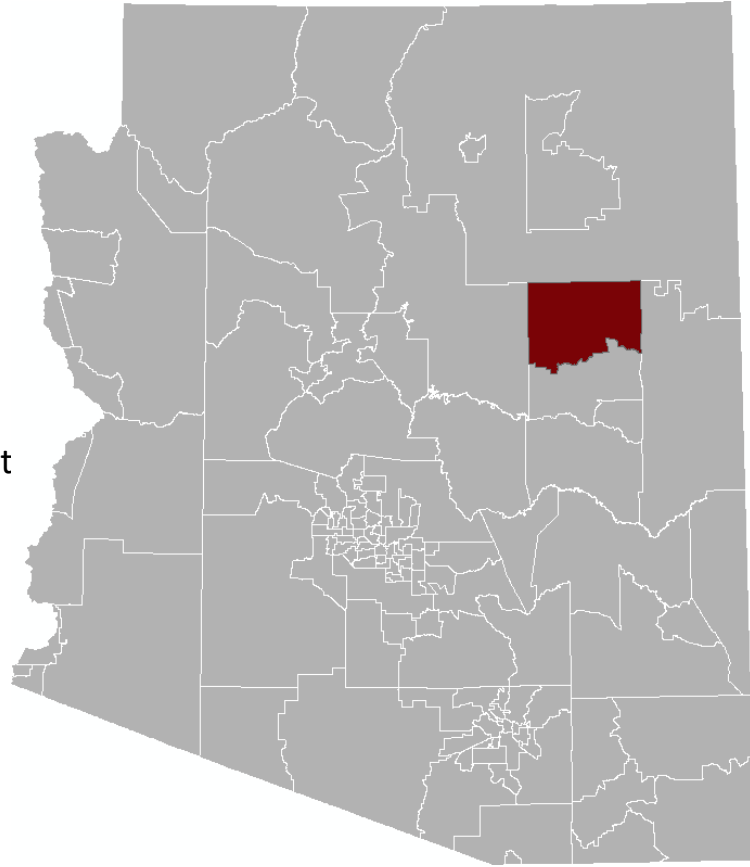Crime: Crime Rate, Domestic Violence
Child Maltreatment: Child Maltreatment

Winslow

As part of a statewide needs assessment, each community was evaluated on a series of indicators that are related to increased risk for families. The presence of risk in a community provides important information to the Department of Health Services (DHS) and helps inform decisions about where programs and services should be increased or maintained.

The presence of multiple risk factors in a community can indicate that more services are needed to support families and children and help them be happy, healthy, and thriving.

The assessment of Winslow revealed that there are risks in the community within the substance abuse and crime domains as compared to other communities across Arizona.

Risk Domain	At Risk
Socioeconomic Status	No
Adverse Perinatal Outcomes	No
Substance Abuse	Yes
Crime	Yes
Child Maltreatment	No

To assist in prioritizing areas in the state for continued or increased services, DHS has implemented a tiered system. Tier 1 contains the highest priority areas that have 2-4 domains at risk. Tier 2 contains medium priority areas with one domain at risk. Tier 3 contains areas with low priority or zero areas at risk.

Winslow is a tier 1, high priority primary care area with two domains at risk.

Indicators in each domain assessed:
Socioeconomic Status: Poverty, Unemployment, High School Dropout Rate, Income Inequality
Adverse Perinatal Outcomes: Low Birth Weight, Preterm Birth, Infant Mortality, No Prenatal Care
Substance Abuse: Alcohol, Marijuana, Illicit Drugs, Opioids
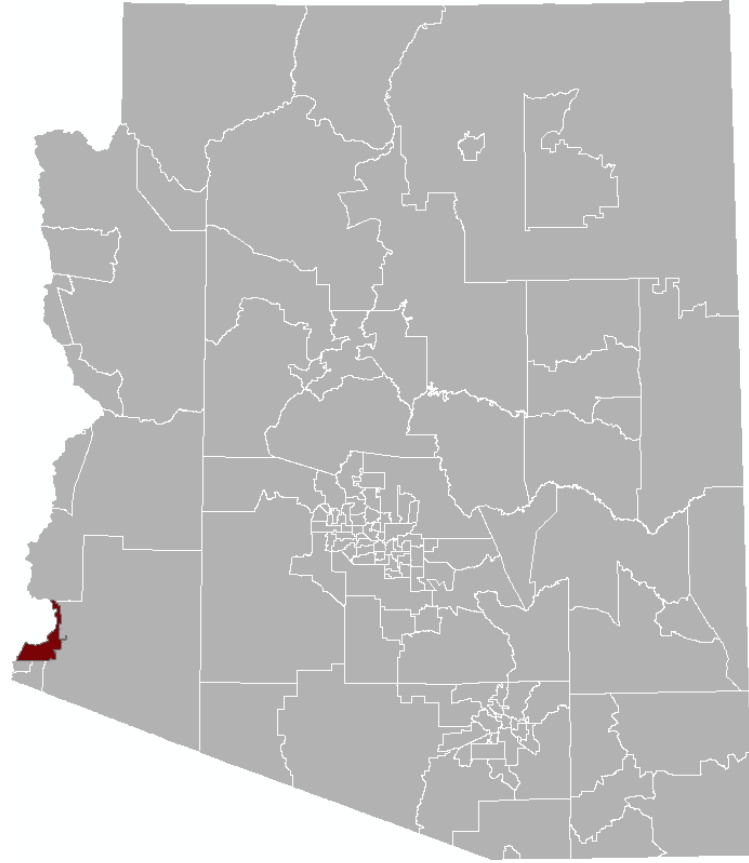Crime: Crime Rate, Domestic Violence
Child Maltreatment: Child Maltreatment

Yuma

As part of a statewide needs assessment, each community was evaluated on a series of indicators that are related to increased risk for families. The presence of risk in a community provides important information to the Department of Health Services (DHS) and helps inform decisions about where programs and services should be increased or maintained.

The presence of multiple risk factors in a community can indicate that more services are needed to support families and children and help them be happy, healthy, and thriving.

The assessment of Yuma revealed that there are no concerns with community risks as compared to other communities across Arizona.

Risk Domain	At Risk
Socioeconomic Status	No
Adverse Perinatal Outcomes	No
Substance Abuse	No
Crime	No
Child Maltreatment	No
Phase II – Infant Mortality	Yes
Phase II – No Prenatal Care	Yes

To assist in prioritizing areas in the state for continued or increased services, DHS has implemented a tiered system. Tier 1 containsthe highest priority areas that have 2-4 domains at risk. Tier 2 contains medium priority areas with one domain at risk. Tier 3 contains areas with low priority or zero areasat risk.

Yuma is a tier 3, low priority primary care areawith no domains at risk in the Phase I Needs Assessment. Yuma has two indicators at risk in the Phase II Needs Assessment. Yuma has been elevated to a tier 1, high priority primary care area.

Indicators in each domain assessed:
Socioeconomic Status: Poverty, Unemployment, High School Dropout Rate, Income Inequality
Adverse Perinatal Outcomes: Low Birth Weight, Preterm Birth, Infant Mortality, No Prenatal Care
Substance Abuse: Alcohol, Marijuana, Illicit Drugs, Opioids
Crime: Crime Rate, Domestic Violence
Child Maltreatment: Child Maltreatment