

REPORT HIGHLIGHTS
PERFORMANCE AUDIT

Subject

Health Start, a community-based program administered by the Department of Health Services (DHS), provides health education and referral services to pregnant and postpartum women. It uses lay health workers to provide services to women in communities considered at risk for poor birth outcomes, such as communities with babies born at a low birth weight.

Our Conclusion

We cannot report on the program's success in meeting its goals because the program's data is incomplete and inaccurate. We recommend that DHS improve its data collection and program monitoring so it can report progress on the program's goals.



2002

Information on Program Goals

Health Start has five statutory goals related to healthcare for women and children.

Health Start Statutory Goals

- Reduce the incidence of infants who are born with a very low birth weight (less than 3 lbs. 5 oz.), and who require more than 72 hours in a Newborn Intensive Care Unit (NICU).
- Increase prenatal care services to women.
- Reduce the incidence of childhood diseases.
- Increase immunization rates.
- Increase awareness of the need for good nutrition, developmental assessments, and preventive health-care.

Our Office could not draw conclusions about the program's success in achieving its goals because data on the program's participants was inaccurate and incomplete. Further, because the program is focused on serving women who are at risk of poor birth outcomes, program participants have different characteristics than the general population and therefore cannot be compared to the general population. Instead, measuring the program's impact would require the formation of a comparison group of individuals with characteristics similar to program participants, and program data was not reliable enough to allow the formation of a comparison group.

Although we could not measure the program's impact, where possible we used program data and vital statistics

records to develop the following information about the program.

Very Low Birth Weights—In 2000 and 2001, about 1 percent of the babies born to program participants for whom data was available were very low birth weight. The state-wide rate in 2001 was 1.1 percent. However, without a comparison group we cannot measure the program's effect.

Stays in NICU—For participants for whom data was available, 6 percent of the babies born in 2000 and 4 percent born in 2001 were admitted to the NICU. The 2001 state-wide admission rate was 5.7 percent, but again, lacking a comparison group, we cannot measure the program's impact.

Vital statistics records do not contain data on the length of stays in NICU and the Department did not develop a process for collecting this data until July 2002, so we cannot provide information on this part of the program's goal.

Prenatal Care—Over 60 percent of the participants for whom vital statistics data was available received prenatal care in their first trimester of pregnancy in 2000 and 2001. The 1998 evaluation conducted by our Office (Auditor General 98-3) found that 62 percent of program participants received prenatal care in their first trimester.

Immunization Rates—DHS has a program goal of having 90 percent of participating children properly immunized. Seventy-four percent of participants for whom data was available said that their child was properly immunized. In 2001, Arizona's state-wide immunization rate was 78 percent.

Increase Awareness—Another statutory goal requires the program to educate participants on the importance of good nutritional habits, developmental assessments, and preventive healthcare.

Neither the statute nor DHS has a target for these issues. However, according to available data, immunization was among the most frequently discussed topics by lay health workers during home visits.

Recommendation

DHS should:

- Collect complete and reliable data and report progress on the program's five statutory goals.

Program Administration Needs Improvement

Program administration should be improved in several areas.

Risk assessment tool not used—A 1996 statute required DHS to develop a screening method for ensuring that the program's resources are used for those women most in need of services. DHS developed a risk assessment, but it is not being used to screen into the program only those women with risks of poor birth outcomes. To ensure the risk assessment can be used for this purpose, providers need more instruction on how to use the tool.

Monitoring visits missed—DHS is supposed to conduct annual visits to all program providers, but in FY 2002 it missed 4 of the 15 providers. DHS needs

to annually visit all providers and develop a process for reviewing the quality of the providers' data as a part of the visits.

Additional policies needed—Policies and procedures are needed to guide providers regarding several areas:

- **Eligibility for postpartum enrollment**—the criteria for postpartum eligibility is not defined and some providers do not know that postpartum women can enroll,
- **Data quality and entry**—most providers do not have formal data quality procedures and data entry procedures for postpartum clients are lacking, and
- **Reporting of in-kind contributions**—what constitutes appropriate in-kind contributions is not defined and providers do not update their in-kind projections when award amounts change.

Recommendations

DHS should:

- Use the risk assessment tool to determine eligibility and provide additional instruction on its use.
- Ensure that all providers are visited annually and include a review of data quality.
- Provide additional policies and procedures for postpartum enrollment, data quality and entry, and reporting of in-kind contributions.

Program Participants and Services

By statute this evaluation was required to report information on program enrollment, disenrollment, demographic information on participants, and the level and scope of program services. The following tables and graphs present information on **those participants for whom data was available** for years ended December 31, 2000 and 2001.

Resource guide not used by all providers—

Providers are required to distribute to program participants the *Arizona Family Resource Guide*, which contains toll-free numbers for health, education, and family resource organizations in all Arizona counties. However, six of the providers do not find it helpful because it does not have local phone numbers. In addition, two providers were unaware that the guide even existed. DHS should require all providers to distribute the guide or develop a Department-approved alternative.

Enrollment Results for Registered Women

	2000	2001
Enrolled	855	1,328
Not enrolled		
Not pregnant	168	239
Declined enrollment	64	207
Other	5	10
Total	<u>237</u>	<u>456</u>

Characteristics of Health Start Participants

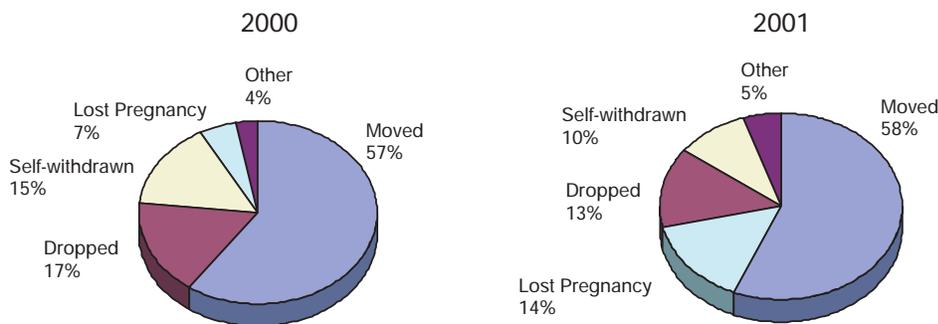
	2000	2001
Average age	23.9 years	23.9 years
Married	35%	33%
First child	42%	42%
Enrolled in AHCCCS	42%	45%
Applying for AHCCCS	19%	17%

Percentage of Women in Program¹ by Race and Ethnicity

	2000	2001
White/Non-Hispanic	14%	17%
White/Hispanic	66	65
Native American	12	10
African-American	3	2
Asian	<1	1
Other/unknown	5	5

¹ Numbers do not total 100 percent due to rounding.

Reasons and Percentage for Disenrolling



Recommendation

DHS should:

- Require all providers to distribute the *Arizona Family Resource Guide* or to develop a Department-approved substitute.

TO OBTAIN
MORE INFORMATION

A copy of the full report
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(602) 553-0333



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**Department of
Health Services**
Health Start Program

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