

Spotlight on Maricopa County's Home Visiting and Community Response to COVID-19

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As part of the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Health Equity COVID Response Project, our team identified a subset of counties across the United States with disproportionate COVID-19 impacts that are served by MIECHV-funded evidence-based home visiting programs. Using a range of data on social determinants of health outcomes, COVID-19 outcomes, and demographic characteristics, we identified 70 counties across the United States that were especially vulnerable to disproportionate impacts of COVID-19 and challenges related to social determinants of health. The project team, in partnership with the Health Resources and Services Administration (HRSA), further narrowed this list down to select five communities to engage in a case study.

As a result of this process, Maricopa County, AZ, was selected as a case study community. Once Maricopa County was selected, our team began reviewing policies and news articles to see how the community responded to the pandemic. Our team also met regularly with the staff from Southwest Human Development, Healthy Families Arizona—the MIECHV-funded local implementing agency in Maricopa County—to learn more about the community, plan for a site visit, and identify key leaders in the county and across the Phoenix metro area to interview for greater context. To support a community-engaged approach, local community members were hired as community researchers to assist with on-the-ground recruitment and to provide the project team with information about their community. The project team was also advised by a board consisting of MIECHV awardees, equity experts, COVID-19 researchers, and parents/families.

Our project team visited Maricopa County, AZ from May 17-18, 2023. During the site visit, we conducted focus groups with home visitors, recruited other service

What is home visiting?

Home visiting is a voluntary support provided to pregnant people and new parents. Providers regularly come to the family and provide information about prenatal and early childhood care and general socioemotional support. Home visiting aims to meet families where they're at and provide support where families say they need it. Home visitors are often connected to an extensive network of community supports and are seen as a trustworthy source of information.

The MIECHV Program.

The Health Resources and Services Administration (HRSA), in partnership with the Administration for Children and Families (ACF), administers home visiting through the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program. MIECHV aims to provide support specifically to families and children who live in communities that face greater barriers to achieving positive maternal and child health outcomes.

MIECHV Health Equity COVID Response Project.

This project examined how lessons learned during the COVID-19 pandemic in communities with MIECHV-funded home visiting programs can help us understand the role home visiting plays in advancing health equity. All of the case study profiles produced through this work are available here.

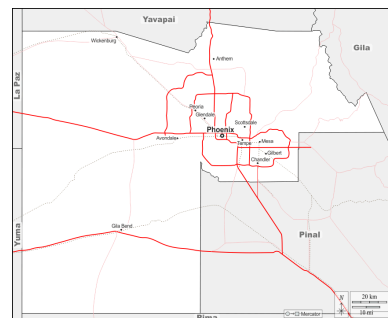
providers, and toured Healthy Families Arizona. This profile was developed based on what we learned from these activities.

Maricopa County Background: The Valley of the Sun

Located within the Sonoran Desert in the U.S. Southwest, Maricopa County is one of the largest counties in the United States, both in terms of physical size and population. With over 9,000 square miles, Maricopa County is larger than four states within the United States. Within the desert valley, which is surrounded by substantial mountainous hills and desert landscapes, its 4.5 million (and growing) residents make up the nation's fourth most populous and fastest growing county, with 130,000 people added just since 2020. Among this population, 6 percent are children under age 5,¹ which resembles the national average. Maricopa County is mainly an urban county, with large city centers such as Phoenix, Scottsdale, and Tempe, and dozens of smaller towns and communities. Maricopa County is a bustling metropolis, but it is sprawling; large, busy roads and highways dominate the county. Because of this, and because of the intense heat throughout much of the year, Maricopa County is not considered walkable, and most residents travel by car or public transit (e.g., buses and light rail).



Maricopa County, Arizona



Maricopa County Arizona: Boundaries, Main Cities, Roads, Names.

Source: D-maps.com. https://d-maps.com/carte.php?num_car=37314&lang=en



Southwest Human Development (SWHD) is a large nonprofit organization focused on the health, wellbeing, and youth development in the Phoenix area. Since its founding in 1981, SWHD has become the second largest nonprofit organization in the city. SWHD employs about 900 staff members and houses 40 programs aimed at supporting children and families. SWHD also houses the MIECHV home visiting program, Healthy Families Arizona, which is the focus of this case study, and funds other programs such as the Birth to Five Helpline and the Fussy Baby Program, where families can call in and access support any time. Other programs include the Nurse-Family Partnership, therapy services (including occupational therapy, physical therapy, and speech-language therapy), Head Start and Early Head Start, and supports for children and families involved in the Child Welfare system. Many of these programs also provide home visits and other forms of support to local families. Having all these programs under SWHD enhances service delivery coordination for families, especially during the pandemic when SWHD was an important resource for families as jobs, income, healthcare, and basic resources were all threatened.

Residents describe their community as resilient, flexible, and supportive. They also allude to the sprawling nature of Maricopa County, noting that there are many levels of community in this county, from hyper local at the neighborhood level to county-wide. All these different “levels” may emphasize the diverse experiences people in Maricopa County face.

The geographic location of Maricopa County is particularly meaningful. As discussed in the call out box, “The Valley of the Sun,” the extreme climate can make spending time outside unsafe and uncomfortable, and may create issues related to food, water, housing, and transportation accessibility or insecurity. Additionally, Arizona’s proximity to Central America allows for a strong immigrant community and a strong Spanish-speaking community within the Maricopa County, with about 26 percent of families speaking a language other than English at home² (of which 20% speak Spanish and 7% speak other languages³), adding to the diversity of experiences within the county. Both immigration status and language can also be significant factors in whether someone is able to access or feel comfortable seeking social services and support for themselves and their families. Many organizations (including the Home Visiting agency we partnered with, Healthy Families Arizona), are aware of this need, and have many Spanish-speaking and bilingual service providers. Maricopa County also has a strong Native American population, with 5 percent of the county encompassing tribal land.⁴ The four federally recognized tribal communities located at least partially within the county boundaries include Fort McDowell Yavapai, Gila River, Salt River Pima-Maricopa, and Tohono O’odham.⁵ Census population data shows that 82 percent of people in Maricopa County identify as White (of which, 53% identify as White alone without Hispanic and/or Latino ethnicity), 7 percent of people identify as Black, 5 percent as Asian, and about 3 percent as American Indian and Alaska Native. Additionally, 32 percent of people in Maricopa County identify as Hispanic or Latino.

As a region, Maricopa County has a lengthy history, with its present-day boundaries officially established in 1881, prior to Arizona becoming a state (which happened in 1912). Maricopa County’s early economy was based on Arizona’s Five C’s: cattle, citrus, climate, copper, and cotton.⁶ In recent years, Maricopa County’s top industries have shifted away from this agricultural focus toward technology, manufacturing, finance, and higher education institutions. While farmland still encompasses about 12 percent of the land in Maricopa County, farming is no longer a primary source of income for the state. This is unsurprising, as Maricopa County is very urban, with fewer than 3 percent of its people in living in rural areas.⁷



Aerial Photo of City
Photo by Chris Tingom on [Unsplash](#)

The Valley of the Sun

Desert climates are not known for being forgiving, and the desert landscape in Maricopa County is no different. With its wide, flat, and dry landscape, there isn’t not much but cacti and the Phoenix cityscape to provide shade. While beautiful, desert climates can create challenges for individuals, especially in the long summer months. Maricopa County has average daily temperatures at or above 80 degrees for 5 months of the year. In the summer of 2023, Maricopa saw a new record, with temperatures in Phoenix hitting at least 110 degrees Fahrenheit for 31 consecutive days (6/30/2023–7/30/2023), with 17 of those days reaching above 115 degrees. As climate change has intensified, so have droughts, heat waves, poor air quality levels, and uncontrolled wildfires, leaving the county with a subsequent resource scarcity. This has reinforced the need for a strong built environment and infrastructure to support those in need of housing or a place to cool down in the summer months. As the city expands, it is essential to keep in mind things that may not be relevant in other cities, such as the impact of excess asphalt on high temperatures. Additionally, high heat contributes to low air quality, which may be why Maricopa County’s air quality is much worse than that of the state as a whole (9.5 in Maricopa, vs 4.8 in Arizona⁴, measured in average daily density of particulate matter). Given that the county’s resources are already stretched thin, the state has begun to set restrictions on construction projects. It’s important to consider how the country’s fastest growing county, which is already maximizing resources, will need to adapt and remain ever flexible to protect its community in a changing world.

The Social Determinants of Health



One key challenge faced by residents living in this rapidly growing community is accessing safe and affordable **housing**. Housing has always been an expensive necessity in Maricopa County, and families and home visitors alike expressed the feeling that the pandemic only exacerbated these issues. Data collected between 2015 and 2019 found that 17 percent of households in Maricopa County experienced at least one severe housing problem (which consists of overcrowding, high housing costs, lack of kitchen facilities, or lack of plumbing facilities).⁸ Additionally, data show that many households have a severe cost burden in terms of housing, meaning that 50 percent or more of the household income is spent on housing. From 2017-2021, 14 percent of households spent 50 percent or more of their income on housing,⁹ which mirrors what we heard from members of the community.

Affordable housing is so scarce in Maricopa County that home visitors have also run out of options for the families they're serving. The growing population, limited housing market, and pricey housing options have led to significantly less control and agency in accessing housing; those who currently have access to housing expressed feeling that their current situation is tenuous, and those looking for housing expressed concern about housing transition. Families in temporary housing or shelters also shared this concern, including families currently residing in treatment centers, who expressed significant concern about the potential transition out of the center to affordable, permanent housing. Even families who currently have access to safe housing experienced stress on their incomes because of rising rent and utilities. With all these constraints, families do what they can to afford housing including living in multi-income households (such as with a sibling, parent, or other family member).

In their own words: Providing housing support

"It's one of the things where I'm like 'Oh I hope they don't ask me about housing' because I feel like I have nothing to give them... I try instead to talk about what are other ways you can save like visiting a food bank, WIC, or have they applied for SNAP benefits to help with the financial burden, because affordable housing is not a thing"

-Southwest Human Development Home Visitor

While eviction moratoriums were in place during the pandemic, they didn't seem to result in any substantial benefits to families. Because of this, for some, housing may have become an even greater issue since the start of the pandemic. Since housing supports have been lifted, rents have risen and inflation has impacted the market on a wide scale, leading to salaries being consumed by the high cost of living. Additionally, a quarter of children live in a single-parent household,¹⁰ which may contribute to difficulty in finding affordable and safe housing given a more limited income and free time to search for secure housing. Home visitors noted that it's very rare for the subsidized housing waitlist to open; sometimes all home visitors feel like they can do is give information about shelters, and advice about reducing costs elsewhere in an effort to "free up" income for housing costs.



Families experienced difficulties with **unemployment** and reduced **income** during the pandemic. During the pandemic, 5 percent of individuals 16 and above (who were seeking work) were unemployed.¹¹ While this number reflects state and national unemployment rates, access to a stable income was affected during the pandemic in a way that can't be captured in employment statistics. Families have expressed that even if they never lost their job, missing work due to quarantine or sickness of themselves or a family member led to a reduction in income. Relatedly, there was some difficulty finding quality jobs—at the start of the pandemic there were fewer jobs available, and the jobs that were available posed new challenges such as long shifts that were not very feasible for parents with young children.



Southwest Human Development Office & Flowering Cacti.

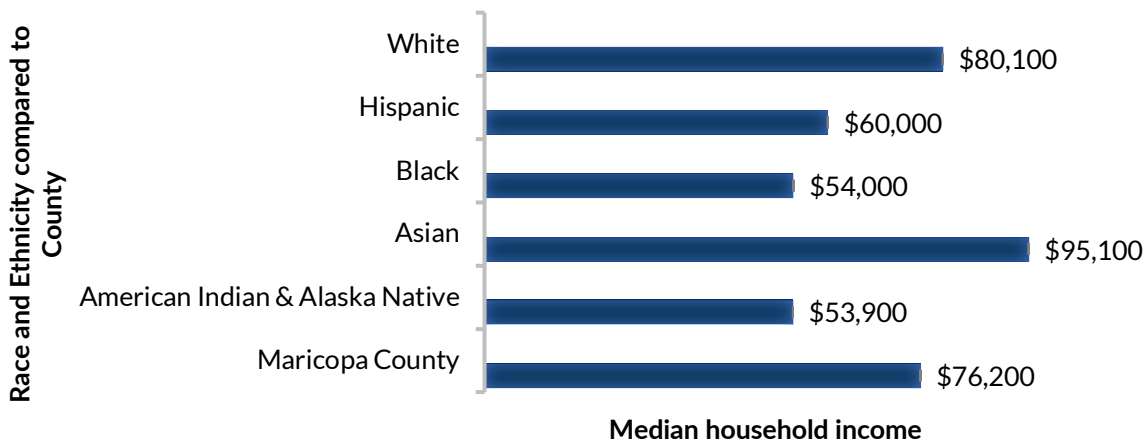
In their own words: Job accessibility and quality

“There was less jobs [during the start of the pandemic] and the jobs that I could get were warehouse jobs and they were like wanting 12-hour shifts.”

-Home Visiting Family

Difficulty with joblessness and reduced income may be contributing to the 15 percent of children (under 18) in poverty in Maricopa County,¹² and the approximate 25 percent of households with incomes less than \$60,000/year. The rates of children living in poverty are disproportionate based on race and ethnicity, with 29 percent of children in poverty being American Indian and Alaska Native, 27 percent being Black, and 25 percent being Hispanic (compared to 8% White and 8% Asian).¹³ While the median household income in Maricopa County is above the state and national averages (about \$76,200 in Maricopa County compared to \$69,000 in Arizona),¹⁴ a living wage for a household of one adult and two children would be about \$43.52/hour in Maricopa County,¹⁵ which equates to a salary of over \$90,000/year. Furthermore, the discrepancies in average incomes in Maricopa are also disproportionately amplified by race and ethnicity, with gaps of over \$40,000.

Figure 1. Median household income in Maricopa County, disaggregated by race/ethnicity



Source: University of Wisconsin Population Health Institute. County Health Rankings & Roadmaps 2023. www.countyhealthrankings.org.



Access to food was another significant stressor during the pandemic. In 2020, 11 percent of people in Maricopa County experienced food insecurity and 6 percent had limited access to healthy foods and grocery stores.¹⁶ Price increases for many household staples, inflation, and job and income loss due to COVID-19 further reduced families' access to food. In addition, like much of the rest of the country, families in Maricopa County simply couldn't find some necessities such as baby formula, diapers, and toilet paper. As COVID financial support has ended, some families have had difficulty accessing the services they relied on during the pandemic—for example, no longer qualifying for food stamps. Despite these difficulties, increasing food accessibility was a source of significant collaboration among community organizations, and many community members praised a variety of organizations on their innovative methods of providing food access, including drive through food banks and food drop-offs. Many organizations stepped up to meet the increased community-level need for food. Family members even discussed how community members stepped up for one another, bringing meals to their neighbors, families, and friends. As pandemic-related supports have dwindled, it seems that as though access to food has weakened and inflation has resulted in skyrocketing prices for groceries and basic goods.



Agave Library in Glendale, Arizona.



Families experienced difficulties accessing the **internet** or having trouble adapting to the rapid need to learn about using **technology** during the pandemic. Data gathered in 2022 found that 70 percent of Arizona residents are still living without consistent internet performance,¹⁷ and Maricopa County has begun investing in broadband access, community support, equipment, and training in an effort to increase access. The shift to increased reliance on internet and technology was a big barrier to accessing services during the pandemic—not all services are accessible via phone or via internet, and the time it takes to figure out how to get in touch with a particular service provider has been a burden on some families. Furthermore, because different services are available at different levels of technological advancement and accessibility, some families are constantly working to learn new platforms, websites, and forms. This is something home visitors have certainly helped with, but they can't completely remediate, especially when home visitors are also learning.

In their own words: Navigating supports in a tech-centric world

"Maybe one of the biggest needs was navigating resources. Everything became online, everything became electronic. Some [families], for instance, have not had WIFI or a phone or data... [or] navigating using [these things] and finding services in their language. I felt like the workload was heavier [for me] because I had to like walk them through every step."

-Southwest Human Development Home Visitor

Today, as society has shifted away from an almost exclusively virtual service delivery system during the peak of the pandemic, some families have struggled with this transition. Families preferred virtual services and are wary about returning to in-person services, even with respect to home visiting. Families have also experienced differences in levels and quality of support depending on the age of their children. Families with school-aged children during the pandemic were often provided with a computer or tablet along with support for getting connected to the internet so they could assist their children in virtual schooling. However, families with younger children in child care or preschool largely did not receive these additional resources.

Home visitors also expressed that the transition to virtual resources and services was very difficult, confusing, and time consuming for many families who had to spend a lot of time troubleshooting electronics while caring for their children. Families and home visitors alike emphasized the importance of public libraries and community centers for families who don't have consistent or reliable access to the internet or electronics as a support for both getting online and helping navigate websites.



Access to consistent **transportation** is another common issue discussed among families. Maricopa County is not very walkable or bikeable given that many roads are busy, and that the weather can be uncomfortable and even unsafe for much of the year. Almost 40 percent of workers who drive to work alone have a commute that takes 30 minutes each way.¹⁸ Subsequently, there is a high volume of traffic per meter (on major roadways), which is about 25 percent denser in Maricopa County than in the rest of the state.¹⁹ Families with cars noted assistance with gas and car payments to be a significant need, especially as inflation has led to gas prices rising in the Southwest region of the United States.



Maricopa County Roads and Landscape.

One family shared a personal experience of getting into a car accident and a variety of cascading consequences: one day they had a car and access to transportation, as well as some money in savings, and the next day they didn't. While the family was safe, the car accident coincided with a job loss, which led to a significant financial strain, "we almost ran out of money, but we survived." Until they are able to purchase another car, they rely on taking the bus, walking, and getting rides from friends. This illustrates how for many families one incident can take away a lot of stability. Home visitors have shared that even with technology challenges, families appreciate supports such as Women, Infants and Children (WIC) visits that are still over the phone and do not require access to a car to attend.

In their own words: Transportation challenges

"If [a family] wanted to go visit [a provider] in person, it was difficult because they had little children, sometimes newborns or other children in the home and they had to kind of plan a whole day out taking public transportation or a taxi and it's not easy and it's not cheap"

-Southwest Human Development Home Visitor



Even with home visitors available to families, some still needed additional **mental health** services. Personal and cultural factors influenced some families' interest or comfort accessing mental health supports. While home visitors are not therapists, they were a consistent source of support and provided resources and encouragement to families who expressed an interest in or desire to try out mental health care. Families also expressed that as a result of the increased use of telehealth, mental health care supports such as therapists became more accessible, with people being able to go to counseling virtually. Unfortunately, data from 2022 show that there was only about 1 mental health provider for every 560 people in Maricopa County.²⁰ Hopefully, as the need and desire for mental health support increases, this statistic will begin to change.

Families' mental health was negatively affected by the pandemic. Families had myriad emotional stressors that contributed to mental health issues, including social isolation to anxiety about themselves and loved ones getting sick, loss of loved ones, and stress with finances and obtaining services. Common experiences

shared by families were challenges related to being pregnant during the pandemic and having to go to doctors' appointments and even give birth with little to no social support from partners and family members. Many families felt this lack of support and emotional challenges to be more impactful than fear about the pandemic itself. Other family members noted the impending risk of the virus to be a big source of stress, especially with the variety of other societal stressors occurring simultaneously, such as social unrest, and the increasing threat of gun violence.

Many families also expressed the unique importance of home visitors in supporting their mental health, and expressed how they found support in having someone that they can be open with to talk to about their struggles and life stressors when other family members and friends might not be as available.

The pandemic was a unique time. At the beginning, families felt a sense of unified camaraderie especially with their home visitor, but after months of isolation they expressed feeling cooped-up and disconnected. Home visitors were able to help families by being a connection to people outside of their homes that families craved, and also by being a "safe person" that a parent can speak with about their experiences, as home visitors were objective and uninvolved in other areas of a family's life.



In Maricopa County, the average family spends about 16 percent of their household income on **child care**.²¹ Child care options are limited in both Maricopa County and the state of Arizona compared to national data with only five child-care centers available per 1,000 children under age 5.²² During the pandemic, options were increasingly limited both due to closures and discomfort sending children to child care, especially prior to widespread vaccination. With many children home, families were concerned about

their social development, language development, and general difficulties adjusting to a virtual learning environment. Home Visitors viewed child care as a particularly difficult need for families to meet given the high cost of tuition combined with related challenges of inconsistent employment and insufficient income. The struggle of whether to stay home and care for children with no job (or a virtual job) or to work full time and pay for child care is common conundrum that was only amplified by the pandemic, as many more people were looking for virtual work and access to child care was sparse. Additionally, home visitors noted that access to child care is a unique need because of its reliance on access to other essential needs, such as sufficient salary, transportation, and even access to healthcare. One home visitor noted child care as one of the top four needs for families, alongside housing, jobs, and income.

In their own words: Emotional reaction to the pandemic

"I'm just grateful that we are at least as this point where it's not as scary as it was in the beginning. I'm a medical assistant so soon as I moved here, I was right into testing and vaccines. I was having panic attacks when people would try to invite me out and I would show up and all these people are there that were not supposed to be there."

-Home Visiting Family

In their own words: Emotional reaction to the pandemic

"Sometimes I want to get some fresh air and not hear all the bad news."

-Home Visiting Family



Goelet A.C. Beuf Community Center in Phoenix, Arizona.



Families and home visitors were also concerned with **health care** accessibility. In 2020, about 13 percent of people under the age of 65 in Maricopa County were without health insurance²³ and among that group, about 15 percent of women aged 18-49 were uninsured.²⁴ Additionally about 9 percent of children did not have access to health insurance, which is 4 percent higher than the national average.²⁵ For uninsured families, the pandemic intensified the fear of getting sick. The threat of contracting COVID was ever-present, and with it came the fear of potentially expensive hospital visits. Some families who did not have health insurance expressed that this played a role in their stress over potentially contracting COVID, because if they were to contract a bad case of COVID, they might not be able to afford care for themselves or their children. Instead of just worrying about keeping themselves and their families safe, people also worried about the financial consequences of contracting COVID.

In general, some families have had unfavorable experiences with healthcare providers in Maricopa County. People shared that they have felt financially taken advantage of at the OBGYN, being told their birth would cost a certain amount before being met with bills that they were not expecting. Some families also felt like their doctors didn't take their concerns seriously and failed to follow up with them about referrals; in some cases families didn't hear from their doctor again after a visit. Families also expressed some frustration with telehealth. While sometimes the option for telehealth was preferred, if a physical examination was needed or the situation was more complex, many families felt frustrated during telehealth visits when they perceived their concerns and questions not to be comprehensively explored.

The Impact of COVID-19

Maricopa County was hit hard and early during the COVID-19 pandemic, with their first recorded case at the end of January 2020,²⁶ which was the fifth recorded case in the United States. From March 2020 to March 2023, there were 1,533,874 positive tests and 18,877 deaths.²⁷ By June 2020, the state increased its ICU and inpatient surge beds significantly across the state (by 600 and 2,600 respectively). Hospitalizations and deaths both peaked in January of 2021 (the winter before widespread vaccination) and 2022 (the omicron variant peak), with nearly 3,500 people hospitalized for COVID-19 the week of January 8, 2021, and almost 2,500 in January 2022. During the height of the pandemic, the county offered free COVID testing regardless of insurance status, and the state also provided testing resources. Maricopa continues to be within the top 10 United States counties with the most COVID cases and deaths: as of March 10, 2023, Maricopa County was 4th out of the entire county in number of confirmed cases with 1,530,296 confirmed cases, and second in the entire country for number of deaths at 18,846.²⁸

In their own words: Insurance and Health Care

"When my daughter gets sick and she doesn't have insurance, that worries me because I think, what if she gets really sick and her doctor's appointments are expensive? I enrolled her in Mountain Park [Health Center] where you can apply so they give you a discount, so that's where I take her if she gets really sick."

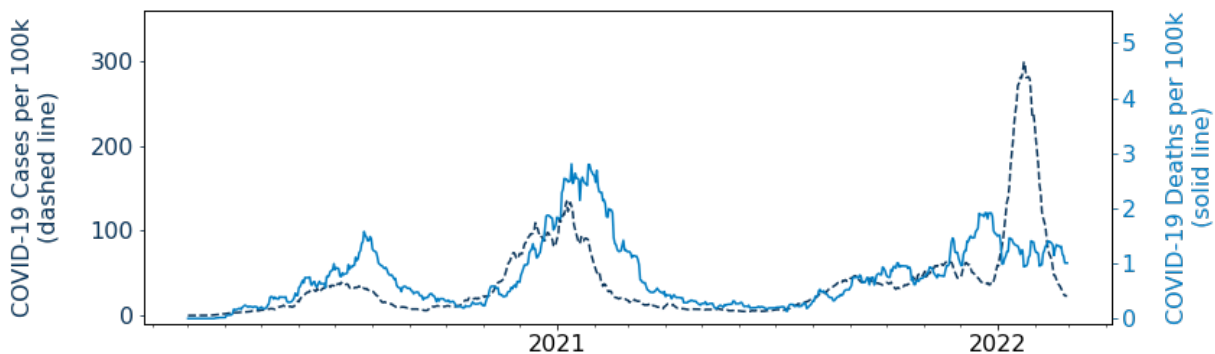
-Home Visiting Family

In their own words: COVID-19 Pandemic onset

"I was kind of like just nonchalantly not worrying about it... until the store started getting empty and I think that's when like the concern started to go up. Once everything started shutting down for me personally, I took it seriously because I had infants, and I didn't want them to get sick."

-Home visiting family

Figure 2. COVID-19 cases and deaths per 100k in Maricopa County closely resemble state trends



Source: Child Trends' analysis of daily county-level data for the number of confirmed and probable cases of COVID-19 using the New York Times COVID-19 Data API (<https://github.com/nytimes/covid-19-data>).

Families' experiences during the pandemic were varied, but there were several similarities that occurred. Because we talked to many families who currently participate in home visiting, almost everyone we talked to was pregnant or had a newborn baby during the height of the pandemic. This meant that while these parents worked to adjust to life with a new baby, they also had to manage the stress and anxiety caused by the global pandemic. Then, throughout 2020 and 2021, there were additional state and countrywide stressors, such as economic downturn, political unrest, and a call for gun and policing reforms. There were also difficulties that were closely related to the COVID-19 pandemic, such as widespread social isolation and mental illness, virtual schooling, and grieving the loss of loved ones. While families did discuss COVID as something they were concerned about, much of the discussion with families was centered around how all of these things, not just the fear of getting sick, impacted their health, well-being, and family dynamics.

Most families shared that they, or a family member, did contract COVID at some point since the onset of the pandemic, sometimes more than once. In these times, families mentioned being supported by local family members, neighbors, and friends who would leave food outside or organizations that could provide COVID test delivery. Some people mentioned having close friends or family members who were seriously ill and hospitalized. This time was especially daunting for families who did not have access to health insurance for themselves and their children.

Home visitors also faced increased stressors during the pandemic. While job loss wasn't a major concern for home visitors, they had to adjust to many of the same stressors as their families: fear of illness, social isolation, and adjusting to virtual work. Additionally, as home visitors transitioned back to in-person work, they faced new challenges. Every person had different comfort levels related to COVID caution, and many home visitors expressed that because of their own beliefs, they still take precautions at visits such as masking, distancing, and testing even when it is not required.

In their own words: Family experiences with COVID-19

"Our family ended up getting sick, mainly my husband. We were lucky enough to not get too sick, and have our family bring us food, leave it outside, and understand that we needed to stay away [from them] ... it helped to have a community that would make the drive out to help us out and to feed us for a couple of days until we were able to get better."

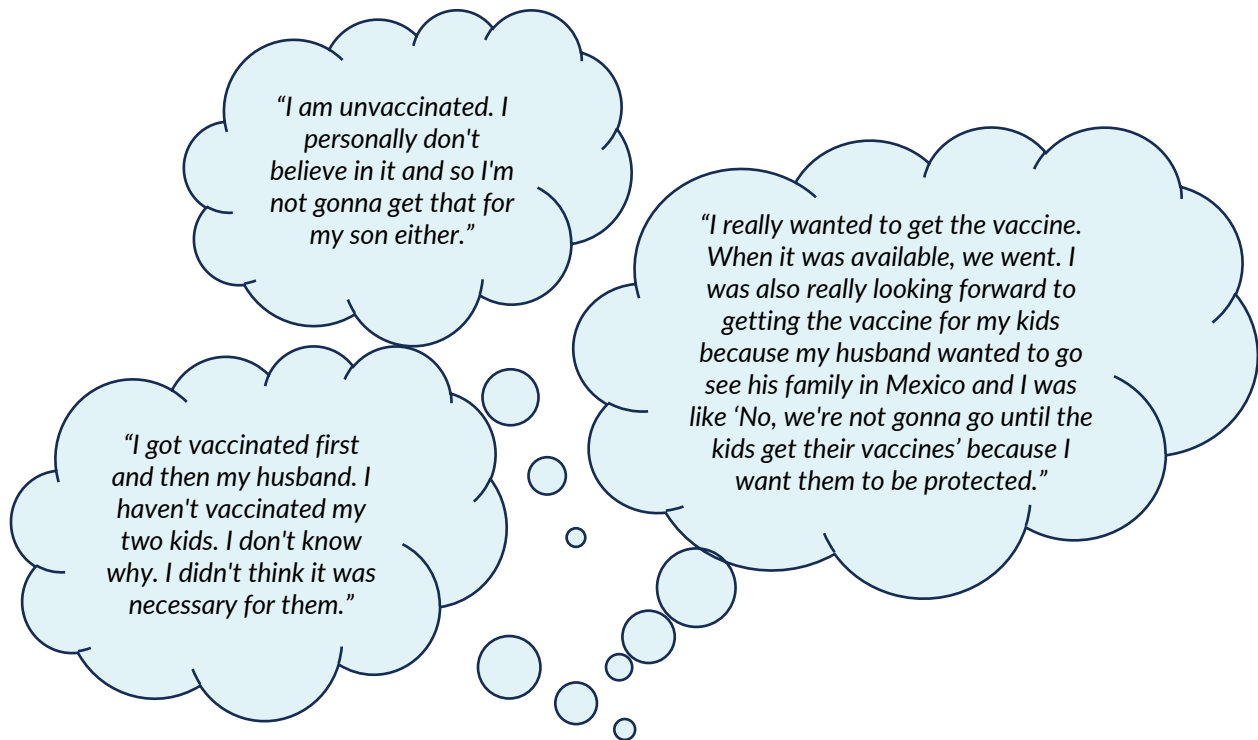
-Home Visiting Family

Vaccination efforts

Vaccination efforts within Maricopa began with distribution to health care workers in December 2020,²⁹ and continued throughout 2021. Currently, just 59 percent of all people in Maricopa County are considered fully vaccinated and only 27 percent of all people have received a booster. As cases began to rise in late summer/early fall 2023, state data indicated that 86 percent of residents of Maricopa County are not “up-to-date” on vaccination (this definition includes booster shots, but not the most recent 2023-2024 booster).³⁰ The overall COVID-19 vaccination rate (for the first 1-2 shots, depending on brand and dosage) in Maricopa County is slightly lower than the national average but does resemble national vaccination trends.

Families expressed many different opinions regarding vaccinations for themselves and their children. Some families noted that they got vaccinated as soon as they were able, and eagerly awaited the day that their children would also be eligible. Some families were apprehensive about the vaccine but got it because they had to for a job or vulnerable family member. Others didn’t receive a vaccine and didn’t plan to despite other family members having received it, in some cases creating family divides.

Others felt indifferent and didn’t get the vaccine, and then felt like there was no point after they contracted COVID. Many families expressed fear of vaccine side effects, both those who received the vaccine and those who did not. Even with all of these varied perspectives and experiences, families were respectful and curious as everyone discussed their decisions and thoughts on COVID vaccines.



Thoughts on Vaccination from Family Focus Groups

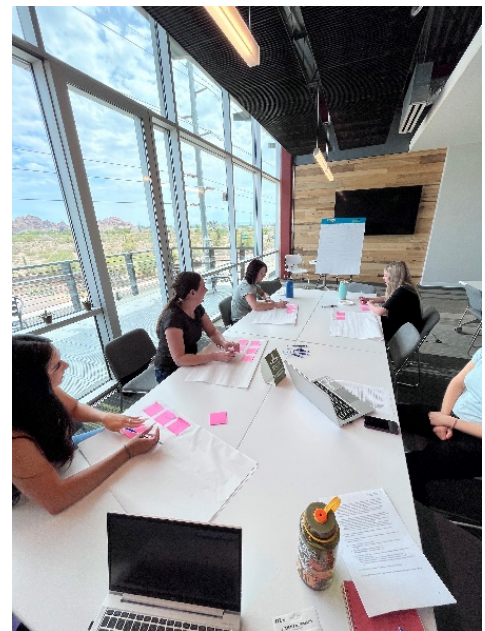
The Role of Home Visiting

Healthy Families Arizona's response to COVID

Healthy Families Arizona provides support to pregnant people and people with newborns across the state. Program eligibility works to target families who may have a high risk of actual or potential stressors such as poverty, lack of health insurance, or social isolation. During home visits, Family Support Specialists assist families in accessing resources relevant to their expressed needs, engaging children in educational activities, and providing prenatal health education. The goals and needs of the family guide the content of each visit, but the most frequently discussed topics during home visits are child development, parenting skills, activities to do with the care giver's child(ren), health and wellness, and goal setting.¹³ Even before the pandemic, nearly all (99%) of families expressing that Healthy Families was as helpful as they felt it should be. While families did cite the more educational aspects of the program as part of their positive experience, much of the draw of home visiting for families is simply having a supportive relationship with an adult that isn't a friend or family member.³¹

While Healthy Families Arizona experienced significant changes at the onset of the COVID-19 pandemic, their support and relationships with families continued. Throughout 2020 and 2021, home visits were primarily done virtually or over the phone with the exception of the occasional outdoor or distanced visit, and home visitors also provided material drop-offs (of COVID personal protective equipment, informational flyers, etc.). By 2022, after vaccine distribution had become widespread, most visits were being conducted in the home again, although the program retained the flexibility to shift to virtual visits when illness occurred, or when local outbreaks (COVID, Flu, RSV, etc.) occurred. Throughout the 2022 fiscal year, only 9 percent of home visits in Maricopa County were conducted virtually.

Families and home visitors still feel there is a benefit to being able to hold services virtually when there is a need, but virtual visits can pose some challenges. Some Healthy Families Arizona staff found adjusting to a virtual model cumbersome. Understandably, there was a learning curve for everyone, as home visiting hadn't previously been done virtually. Many home visitors mentioned feeling like they couldn't capture as much information about families' needs during virtual visits, and in some cases curricula couldn't be thoroughly implemented. Furthermore, difficulties with turnover emerged throughout the pandemic, but were amplified when visits transitioned from virtual back to in-person; some staff began to prefer a virtual work setting and left to seek remote positions. This proved to be difficult for families, many of whom mentioned the transition between different home visitors to be a difficult and/or lengthy process.



Home Visitor Focus Group at the Southwest Human Development Office, Phoenix, AZ

This trend was similar for families, with families opting out of home visiting at both periods of transition to and from virtual visits. Some families who joined the program during the pandemic didn't want to continue with the program if in-person service is required. State data shows that families who participated in the program during the pandemic were also less likely to complete the program compared to before the pandemic.³² However, other families appreciated the virtual option, as it allows for accessibility when family members are sick, and for the ability for more family members (such as fathers and grandparents) to participate in visits. Other families have continued in-person home visiting but expressed that transitioning back to in-person visits has had its challenges. Because the home visiting program continues to offer virtual visits when needed, one home visitor shared about a time when a parent who had requested a virtual visit "carried her around the store" while they were on the phone, before the home visitor suggested finding a time when the mother had more capacity to fully participate. Families have faced some of their own challenges with virtual providers. For example, telehealth doctor's appointments are an option for quick questions or increased accessibility for mental health counselling when travelling to the clinic could be a barrier, however, when a parent has a sick child, having a virtual visit before getting in for the full exam takes extra time that can be a stressor on families.

Since the onset of the pandemic, there have also been challenges with family recruitment to home visiting programs. Before the pandemic, the main source of referrals for home visits was within hospitals and health centers. While SWHD's connection to local hospitals and obstetrician's offices allowed for recruitment to continue, it did not bring in nearly as many participants to the home visiting program. Southwest Human Development had to get creative with their recruitment efforts, relying on other methods such as social media outreach and utilizing relationships with neighborhood and community networks. While this posed a challenge for a brief time, it has helped the agency diversify its family recruitment efforts today, with many of the methods they developed during the height of the pandemic continuing to be used. Key informants also mentioned more "grassroots" efforts to recruit families in communities that have not participated in home visiting before by going to their local community events and fairs and connecting with services and families.

Families share lots of praise and positive words for home visitors

In general, many families have very positive experiences with their home visitors, expressing how helpful, kind, empathetic, and thoughtful their home visitors were, always providing helpful resources and being "shining stars" in their lives. One mother even expressed anticipatory sorrow for when she

In their own words: Southwest Human Development's Creativity

"Some of our more savvy providers, Southwest Human Development is a great example. They scrounged and saved and got scrappy and applied for money to do things, to help families that they maybe hadn't before where ever they could. I think part of that is a function of the fact that they have a pretty open process to get feedback from the frontline workers who see families."

-Key Informant from another local organization

In their own words: Praise for a home visitor

"She has been like a bright shining star anytime we need anything. If she don't know the answer, she looks for the answer. She has the information for diaper banks and food banks and where we can get rent help, mental health things like talking to a therapist. She's the biggest support for our family and I know we can't keep her forever. I'm gonna be sad when she leaves but she has showed us a lot of things especially with us not being from here (Maricopa County)."

-Home Visiting Family

would have to exit the program and say goodbye to her home visitor after being supported across numerous pregnancies.

Because of Maricopa County's large Spanish-speaking population, providing services in people's preferred language is a key benefit of the Healthy Families program. Of the home visitors we talked to, over half spoke Spanish (56%). Spanish-speaking families who participated in focus groups noted how language barriers can make it difficult to sign up and access resources. Ensuring that language is not a barrier for accessing home visiting home providers is an important part of families' experience with Healthy Families Arizona.

Key informants also expressed how comprehensive the services at Southwest Human Development are. People mentioned that SWHD's referrals are wide reaching, and participants pointed to SWHD's strong commitment to equity on an organizational level. Similarly, home visitors have noted SWHD's large database of family resources, and effective communication of new and old resources (often through regular email listservs) are helpful when home visitors want to connect families with resources outside of home visiting.

In their own words: Spanish speaking resident

"I always try to translate using my phone. That's what guides me to translate things and find different places...Sometimes it can be frustrating when people just speak English and I don't know what they're saying or what to say to them. But I've always found good people who can help and translate and help us. There is better access to services here than in other places, like where my cousin lives."

-Home Visiting Family (translated)

SWHD challenges

While there was significant praise and kudos for both SWHD and Healthy Families Arizona home visitors, there were still some challenges experienced, largely due to home visitor turnover. Some families who were affected by staff turnover noted that they often had to wait weeks or months for a new home visitor to be assigned to them, and that the transition between home visitors wasn't very seamless. One family member described a somewhat difficult transition and expressed a desire for a more coordinated and warmer handoff (e.g., meeting with her old and new home visitor together before the transition). Additionally, some home visitors struggled throughout the pandemic as well, navigating their own family's needs, working virtually, and balancing different families' beliefs about COVID precautions.



Outside of Southwest Human Development Office, Phoenix, AZ.

Community collaboration, room for more

SWHD and other organizations collaborated to meet families' increased needs during the pandemic, including efforts to work together to streamline referrals and services. SWHD's size and reach as one of the largest nonprofits in Arizona assisted with its ability to provide streamlined referrals. Staff at SWHD were regularly in contact with a variety of other providers from health centers to WIC, and other government agencies. They were kept aware of resources available to families, and on occasion, worked with those organizations to help families get signed up to receive supplies or services. There was no formal coordinated intake system, however, meaning that to access new resources, families often had to submit numerous applications with similar information. While Home visitors were well connected, there are still limitations to how much they can streamline access to services and intake requirements across family and youth serving organizations.

In their own words: Transition between providers

"Something that I would recommend on the transition between specialists. Like when I had my last visit with my first home visitor and then it took maybe like a couple months to get a new one."

-Home Visiting Family

Equity concerns

There were a handful of factors that limited families' ability to access or seek out support that they needed during the pandemic. While many home visiting staff at Healthy Families Arizona speak Spanish, the same isn't necessarily true at other service providers across the county. Even though Maricopa County encompasses a large Spanish-speaking population, resources aren't always available in both English and Spanish, making navigating a variety of resources significantly more difficult for families who primarily speak Spanish. While this is something that home visitors try to help with during visits, it can be a bit cumbersome and create an increased workload for home visitors as they help navigate paperwork.

When asked about the most helpful thing their home visitor had ever done, one family shared about how her home visitor helped her access WIC:

"Before this, I waited a lot of months before taking WIC because I was nervous. After being with her [home visitor] for 4 or 6 months, she helped me sign up. When I saw they gave me milk, I thought I should have signed up sooner. I had never taken anything before, so I was nervous something was going to happen to me."

-Home visiting family

Additionally, some home visitors believed that certain service providers do show bias against families who speak Spanish, even when they provide services in Spanish. One home visitor shared that she would call agencies and speak Spanish instead of English to see how they experience was herself, and found that she was treated differently; less friendly and warm compared to when she called and spoke in English. A Spanish-speaking family member further noted that they strongly rely on using their phones for Google Translate when connecting with service providers and even doctors. Both families and home visitors, regardless of how familiar they were with many systems like WIC and Supplemental Nutrition Assistance Program (SNAP), emphasized how confusing, difficult, and inconvenient signing up for services can be, with people being expected to wait on the phone for hours or log in online exactly when new applications or openings for services are released. Accessing these services, which are not always or consistently available in Spanish, makes registering or

connecting to services that much more difficult for families who don't speak English as their first language or at all.

Families who are undocumented also faced increased barriers to accessing the support and resources they needed. Government services such as WIC and SNAP, supports from the Department of Economic Security, and even MIECHV, can be intimidating to families who are undocumented who are worried signing up in a system could put them at risk for jeopardizing future citizenship by accessing resources even if they are fully eligible. One family member noted how they delayed accessing WIC for a very long time because she was afraid about what might happen, but after withing with their home visitor for about 4-6 months, her home visitor was able to reassure her that it would be okay.

Looking ahead

The COVID-19 pandemic continues to have long-lasting impacts on our communities. For the better part of two years, much of Maricopa County operated virtually including the Healthy Families Arizona home visiting program. As families adjusted to the stress and challenge of the global pandemic, their needs evolved as well. Finding affordable and safe housing, which has been a long-term challenge in the area, became even more difficult. Job openings became sparser, and adjusting to working in a virtual environment required a significant learning curve. Accessing safe and efficient transportation also changed during the pandemic. Some new challenges have arisen since COVID-era supports have been lifted—during the pandemic, increased financial resources and leniency around evictions, as well as comprehensive community organization and coordination, increased families access to healthy and affordable food and stabilized living situations. As these supports have been lifted, many families find themselves in a more precarious financial state.

Maricopa County is very large, both geographically and in population, with many resources available. However, even with a wide range of services available, not all are easily accessible to all families; in some cases such as housing, there are not enough resources to meet need. In addition, resources can be confusing and difficult to find for some families, as well as tedious and daunting to apply for even with the support of home visitors. Some families decide it's not worth the effort. Oftentimes home visitors have extra knowledge about what resources are available for a variety of different needs. They may have insight on how to apply, and perhaps they can even help with translation when the necessary information isn't provided in a families' home language, which can mitigate some of these barriers. Still, home visitors can't help with every resource, and they cannot be everything to every family when they are trying to stay focused on maternal and child health and development. In Maricopa County, home visitors have been a valuable resource for families not just because of the material and logistical supports they provide, but also because of their emotional and social support, and the work they do to build capacity and self-esteem in families. Support for well-being was especially important during the pandemic, when there was a lot of social and physical isolation, but also puts a burden on home visitors own well-being.

As the world begins to adapt to “post-COVID world,” within our communities many individuals continue to face the same needs that existed before the pandemic and were exacerbated at its height. Home visiting can't alleviate every inequity—there are many groups who may be wary of home visiting or are unaware that it exists, something home visitors in Maricopa County have tried to address through new recruitment efforts that emerged during the pandemic. Just as home visiting itself is a flexible art, it's important that the systems behind home visiting remain flexible as well. As the housing crisis continues, dangerous heat waves press on, and food and water become increasingly inaccessible in Maricopa County, there may be new needs that arise, more families in need of support, and a greater organizational need to collaborate with other providers. SWHD has a comprehensive system to build on to hopefully be able to sustain the good work and remain a resilient community as new challenges arise.

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