

Central Phoenix Regional Partnership Council

# Health Strategy Analysis

The document reads from left to right, beginning with the identified “need”, followed by the explanations of the need. Location/population identifies a target audience or group that is associated with the need. Strategies funded in other regions highlights other FTF regions within Maricopa County funding strategies that closely associate with the identified need. Non-FTF funded programs provides information on other programs (state, federal, county, etc...) available to children/families also associated with meeting a similar need. Other Considerations highlight recommendations from staff as well as things the committee may want to consider when strategizing for funding this priority area. The last column corresponds with the “other considerations” and is directly linked to the staff recommendations. Ex: Recommend expansion of home visitation- Home visitation aligns with indicators 1, 8 and 10 and priority #4.

# First Things First

## Central Phoenix Regional Partnership Council

### Health Strategy Analysis

Need	Why is this a need?	Location/population	Strategies funded in other regions	Non FTF funded programs in region	Other Considerations	Alignment w/ Regional Needs and Indicators
<p><b><u>Prenatal Outreach</u></b></p> <ul style="list-style-type: none"> <li>➤ 40% of women who gave birth in the region did not have High School diploma or GED</li> </ul> <p><b><i>HIA recommendations for the Committee:</i></b></p> <p>Increase support of programs and outreach services targeting pregnant teens, fathers and parents of teens</p> <p>Develop specialized programs for inclusion of:</p> <ul style="list-style-type: none"> <li>• culturally and linguistically appropriate breastfeeding education</li> <li>• Develop parental and postnatal and partner stress reduction management program</li> <li>• Support programs that promote peer support and substance abuse cessation and peer support for pregnant and post-natal participants</li> </ul> <p>Promote funding of educational programs that assist parents in speaking to teens about sexual health and development</p>	<p>Uneducated mothers have greater risk factors that include:</p> <ul style="list-style-type: none"> <li>○ low birth weight</li> <li>○ and high risk pregnancy</li> <li>○ fewer prenatal visits</li> <li>○ lack of social supports.</li> <li>○ Poor birth outcomes</li> </ul> <p>*Prenatal outreach has 2 goals-</p> <ol style="list-style-type: none"> <li>1. Recruit pregnant women into prenatal care early in pregnancy</li> <li>2. Support parent education during pregnancy to improve birth outcomes</li> </ol>	<p>Women that are pregnant and parenting young children- include a focus on outreach to teen parents or young mothers and fathers.</p>	<p>Teen Outreach Pregnancy services N PHX Parent Ed- CBT \$357,000 to serve 80 teens with, developing support systems in the community, assistance with enrollment in parenting education classes, enrollment in education settings that will lead to the completion of high school diploma or GED and helping young parent choose quality, safe environments for child care. Additionally, the program will provide a range of services for pregnant and parenting tenens through the following modalities: 1) ongoing case management/case coordination services, 2) on going group parenting/life skills classes and 3) information and referral services.</p> <p>Prenatal Outreach (Healthy Start model with use of promotoras – lay health workers) S PHX \$ 550,000 to serve 550 adults in training session and 495 adults in home visitation. Classes cover DV, IPV, substance abuse, smoking, healthy pregnancy, developmental screening for baby up to 18 months, classes for fathers and young mothers.</p> <p>Parent Ed Community based Training N/W Maricopa targets grandparents raising grandchildren, teen parents and at risk families through this strategy. Council funds \$300,000 to serve 430 pregnant and parenting teens and grandparents raising grandchildren (approx. 200 each)</p>	<p>Through the federal MIECHV grant, 150 pregnant women are targeted for home visitation through Healthy Families and Nurse Family Partnership programs.</p> <p><b>ADHS</b> offers information via hotline to assist low-income people in Arizona in overcoming system, social and cultural barriers which otherwise separate them from health care. regarding Pregnancy testing sites, Lactation referrals, Baby Arizona Prescreening, Free Prenatal Vitamins, why they are important &amp; where to get them, see <a href="http://www.getfolic.org">www.getfolic.org</a> Low Cost Prenatal Packages</p> <p>MIHS offer OB/Medical Home; Refugee Women’s Clinic and Teen Pregnancy Program at the Comprehensive Healthcare Center located on 25<sup>th</sup> st and Roosevelt</p>	<p>**Expansion of home visitation could target pregnant women and families with young children and assist with completion of high school diploma or GED. Council could consider funding prenatal home visitation program. Home visitation is an early childhood intervention that supports parents/caregivers in their role of raising children by bringing services and supports into the home. Home visitation builds a parent’s capacity to support the child’s development and strengthen the existing bond between parent and child. Goals are created that are family centered and typically include parent goals and child goals. Parent goals will usually include: Improving rates of healthy pregnancy &amp; delivery; enhancing parenting skills, prevent child abuse and neglect and improve parent knowledge of child’s development. Typical child centered goals will include: Increasing School readiness; improving health; enhancing cognitive and emotional development; assuring timely identification of and delivery of services for developmental delays.</p> <p>**C PHX addresses two of the HIA recommendations (1 &amp;2 ) through home visitation</p> <p>***ACA addresses multiple issues related to prenatal services for women.</p>	<p align="center"><b>Y</b> <b>aligns with indicators 1,8,10 and priority #4</b></p>

Need	Why is this a need?	Location/population	Strategies funded in other regions	Non FTF funded programs in region	Other Considerations	Alignment w/ Regional Needs and Indicators
<p><b><u>Nutrition/Obesity Prevention</u></b></p> <ul style="list-style-type: none"> <li>➤ 55% of children in region participated in SNAP (food stamps)</li> <li>➤ 36% of households with children under age 5 lived below poverty level.</li> </ul> <p><b><i>HIA recommendations for the Committee:</i></b></p> <p>Sponsor bilingual nutrition classes, resources and activity calendars.</p> <p>Underwrite wise grocery shopping classes to teach how to provide nutritious meals on a budget.</p> <p>Encourage AHCCCS Health Plans to include nutrition education and obesity prevention strategies in materials and services.</p>	<p>Lower economic status is associated with higher levels of food insecurity. With limited income, families in AZ Health Survey reported lack of food to last all month and inability to prepare healthy meals.</p> <p>Evidence shows families who are food insecure are more likely to have poor health outcomes.</p>	<p>Families with children 0-5</p>	<p>N/W &amp; S/W Maricopa fund Nutrition/Obesity Prevention to children, families and child care providers through community based health education in community locations and childcare settings. also has an injury prevention component (car seat safety training and installation).</p> <p>S/E Maricopa funds Food Security strategy, assisting low income families with children 0-5 with nutritionally sound food boxes.</p> <p>S/W Maricopa funds Food Security strategy, assisting low income families with children 0-5 with nutritionally sound food boxes.</p> <p>N/W Maricopa funds Food Security strategy, assisting low income families with children 0-5 with nutritionally sound food boxes.</p>	<p>Head Start, Early Head Start, hospitals, Native Health, ADHS, MIHS</p>	<p>**SFY16 Expansion of parent education strategy to specify integrating health and nutrition into curriculum.</p> <p>**C PHX currently addresses nutrition obesity prevention through prenatal outreach and home visitation.</p> <p>Nemours, in conjunction with ADHS (FTF as a partner) received a federal grant to address physical activity/nutrition best practices in childcare settings. This will tie into Empower work already occurring.</p> <p><b>Empower pack (see handout)</b></p>	<p><b>Y</b> <b>aligns with indicators 1 &amp;10 and priority #4</b></p>

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<p><b>Oral Healthcare</b></p> <ul style="list-style-type: none"> <li>➤ Nearly 40% of children 0-5 in Maricopa County have never seen a dentist. Reasons reported according to 2010 AZ Health Survey – 41% stated not old enough; 28% stated no reason/ no problems.</li> <li>➤ According to ADHS 54% of children age 3 have never seen a dentist; 37% of children 2-4 have had tooth decay &amp; 30% will have untreated tooth decay.</li> </ul> <p><b>HIA recommendations for the Committee:</b></p> <p>Promote funding of programs that respond to the oral healthcare needs for children with autism, homeless children or other special populations.</p> <p>Develop public education materials and/or a campaign to inform parents about preventative oral healthcare needs of young children.</p> <p>Develop collaborations with medical community so that training materials can assist primary care physicians in making referrals.</p>	<p>Oral decay is 100% preventable. Oral health issues or disease in the mouth can endanger the rest of the body. Untreated tooth cavities can lead to other more severe forms of treatment (root canal, etc... ) to alleviate pain.</p>	<p>All Families with children 0-5</p>	<p>Oral Health</p> <p>South Phoenix- ISA with ADHS (MCDPH provides services) fluoride varnish and screening in WIC offices. This grant is in the pilot phase of the grant that will allow county health depts. to bill AHCCCS for fluoride varnish.</p> <p>N/W Maricopa ISA with MCDPH funds \$400,000 to screen and varnish children in WIC clinics</p> <p>S/W Maricopa ISA with MCDPH funds \$175,000 to screen and varnish children in WIC clinics</p> <p>ISA with MCDPH funds \$151,484 to screen and varnish children</p>	<p>Pediatric Dentists, Wesley Community Center, MIHS, Valle Del Sol, CASS, Indian Health Services, Head Start and Early Head Start.</p>	<p>**support oral health strategy within WIC clinics and possibly immunization clinics providing screening and varnishing and face to face parent education.</p> <p>Addressing the HIA recommendations, FTF is developing a resource and referral database for children who need free or low cost oral health services</p> <p>Empower Pack now includes an oral health component (tooth brushing and oral health education)</p> <p>.</p> <p>AZAAP is pursuing a state law that will reimburse pediatricians for applying fluoride varnish.</p> <p>FTF does not fund dental services</p> <p>FTF does fund oral screenings and application of fluoride varnish to children ages 1-5 years old thru WIC clinics, child care centers, family resource centers. FTF coordinates with dentists and community clinics</p>	<p><b>Y</b></p> <p><b>aligns with 1 &amp; 10 and priority #4</b></p>

Need	Why is this a need?	Location/population	Strategies funded in other regions	Non FTF funded programs in region	Other Considerations	Alignment w/ Regional Needs and Indicators
<p><b><u>Injury Prevention</u></b></p> <p>As cited in the HIA, during 2011 837 children under age 18 died in AZ- 35% of those deaths were preventable. Over 100 deaths were in or around the home- more than half were under the age of 1. 64 deaths were due to unsafe sleep environments. Nearly half of the child fatalities in the state were due to lack or improper use of vehicle restraints.</p> <p><b><i>HIA recommendations for the Committee:</i></b> Support educational programs that distribute car seat safety seats and demonstrate the proper use of the equip. Include public and professional education as a component.</p> <p>Support educational programs that help new parents understand safe sleep environments include education to physicians.</p> <p>Strengthen existing home visitation programs</p> <p>Support a consistent message related to prevention of child drowning.</p> <p>Encourage participation in community education activities at health fairs, back to school nights and other public events.</p>	<p>Data not adequate to support separately funding injury prevention- particularly to focus on distribution of car seats, safe installation of car seats, crib safety, drowning prevention</p> <p>The difference between needs for car seat distribution and car seat installation is not clearly identified in injury prevention data.</p> <p>W</p>	<p>All families with children age 0-5.</p>	<p>Parent Ed/CBT Family Resource Centers Home Visitation Central Maricopa funds \$389,411 for Parent Ed/CBT, \$1,510,000 for Family Resource Centers and \$600,000</p> <p>Family Resource Centers &amp; Home Visitation South Phoenix funds \$2,000,000 for Family Resource Centers and \$2,300,000 for Home Visitation</p> <p>Home Visitation Parent ED/CBT Northeast Maricopa funds \$165,809 for Home Visitation and \$265,000 for Parent ED/CBT</p> <p>Home Visitation, Parent ED/CBT, Family Resource Centers North Phoenix funds \$978,717 for Home Visitation, \$740,000 for Family resource Centers, \$477,532 for Parent ED/CBT</p> <p>Home Visitation, Parent ED/CBT, Family Resource Centers, N/W Maricopa funds \$500,000 for Home Visitation, \$300,000 for Parent Ed/CBT and \$725,000 for Family Resource Centers</p> <p>Home Visitation, Parent ED/CBT, Family Resource Centers S/W Maricopa funds \$300,000 for Home visitation and \$375,000 for Parent ED/CBT and \$900,000 for Family Resource Centers</p>	<p>ADHS, multiple County Health programs, hospitals and</p>	<p>** expand home visitation or Parent Ed/CBT.</p> <p>Injury prevention components such as crib safety, water safety, safe sleep environments are directed through home visitation and various parent education/community based training curricula.</p> <p>**C PHX currently addresses 4 of the 5 recommendations of the HIA through currently through Home visitation and community outreach. No specific messaging has been developed to directly address prevention of child drowning and can be a consideration.</p>	<p><b>Y</b> <b>aligns with indicators 1,8, 10 and priority #4</b></p>

Need	Why is this a need?	Location/population	Strategies funded in other regions	Non FTF funded programs in region	Other Considerations	Alignment w/ Regional Needs and Indicators
<p><b><u>Developmental and Sensory Screening</u></b></p> <p>According to the 2012 Needs and Assets report, the number of children screened for disabilities has more than doubled between 2007 and 2010; yet many families were turned away for services due to shortage of services.</p> <p><b><i>HIA recommendations for the Committee:</i></b></p> <p>Provide funding support for programs or agencies that loan hearing and vision equipment and for the training of staff to operate equipment.</p> <p>Identify agencies and providers in the region willing to accept referrals for screenings and treatments from FTF grantees if this child is not AHCCCS/KidsCare eligible</p> <p>Work with AHCCCS health plans to provide educational materials or videos that provide parent education about the need for well child visits and various screenings, for use by OB and pediatric offices,.</p>	<p>30-50% of all children are considered to have some level of delay- not all eligible for AZEIP or Pat B services.</p> <p>Early and consistent screening promotes family awareness of potential developmental or sensory deficits and provides a point of intervention.</p> <p>Screening supports systems building between community organizations, health providers and agencies providing early intervention.</p>	<p>All Families with children 0-5</p>	<p>Developmental and Sensory Screening North Phoenix funds \$167,598 to provide to provide 3,600 hearing screenings</p>	<p>Regionally funded strategies- Care Coordination, Home Visitation and Parent Education offer developmental screenings.</p> <p>Periodic screenings are provided in pediatric offices for children. AHCCCS is required to review all AHCCCS health plans and their ability to provide certain periodic screenings through “well child checks”</p> <p>ADHS loans equipment to provide hearing and vision screenings to school districts; Head Start and Early Head Start offer developmental and sensory screenings.</p> <p>If a child is eligible, AZEIP provides hearing and vision screening as a team approach to children through a hearing/vision specialist.</p> <p>CPLC, Native Health Start, Crisis Nursery, MIHS, U MOM, UCP, Foundation of AZ BASICS</p>	<p>For FY14, South and Central Phoenix will let a joint RFGA for Care Coordination that embeds Developmental and Sensory screening as a secondary strategy. RFGA will be released March 1 for the Central and South PHX regions Applicants will be required to address how they will ensure children are receiving required screenings (vision and hearing) and periodic developmental screenings.</p> <p>Other FTF funded strategies such as home visitation, CCHC and Parent ED CBT offer developmental screenings.</p>	<p>Y</p> <p>Aligns with indicators 1,8,10 and priority 1,2,4</p>

Other findings that were cited frequently in the 2012 Needs and Assets and the Health Impact Assessment						
<p>➤ Lack of awareness cited most frequently in Needs and Assets report as a barrier for families accessing services to:</p> <ul style="list-style-type: none"> <li>• Parenting support (20%)</li> <li>• Social services (21%)</li> <li>• Services for children with special needs (20%)</li> <li>• Early childhood education (23%)</li> <li>• Behavioral health services (18%)</li> </ul>	<p>Lack of awareness leads to lack of use for existing programs and services. May indicate less of a need and more of a need for awareness.</p>	<p>All Families with children 0-5</p>	<p>Central Phoenix RPC is currently funding a Family Support Coordination strategy. This strategy provides central intake and referral for families who may be experiencing crises or complex issues and increases the ability of families to access needed supports and services. Many families will only access the referral and resource component. For those families that receive ongoing support through intake, assessment and case management, additional support is provided and identified through establishment of family goals and working to establish self-sufficiency through accessing supports on their own and successfully meeting their established goals.</p> <p>Central PHX RPC funds Community Outreach position that works to raise awareness to the general public, including parents, of the importance of early childhood development and health and raise awareness amongst parents of the regionally funded programs.</p> <p><b>Central Phoenix RPC funds Care Coordination</b></p> <p>Central Phoenix, North Phoenix and South Phoenix RPCs host semiannual grant partner meetings that allow for intentional networking and collaboration exercises to systematically approach parent and community awareness.</p>		<p>**inquire of existing funded programs within the region to expand on outreach and awareness efforts in narrative report.</p> <p>**include in future RFGA's /agreements, language that requires applicants to create a detailed implementation plan for outreach and awareness as well as a focus on collaboration between FTF funded grantees.</p>	

**Recommendations:**

**Expand home visitation**

**Fund Oral Health**

**\*SFY16 Expand Parent ED/CBT, include focus on existing models that include an in depth focus on nutrition/obesity prevention, injury prevention and developmental milestones.**

## Background:

Preventive Health Planning Committee met Feb 13, 2013 to review and discuss findings from the HIA, 2012 Needs and Assets and other considerations to prioritize funding and programming for the 5 health topics areas.

Review was done of:

- Identified need per health topic area
- HIA recommendations
- Health strategies funded in other FTF regions within Maricopa County
- Supplementary programs addressing need not FTF funded; policy implications that could would have an impact on the identified need.

Staff recommendations were provided to the committee by health topic area.

Committee prioritized oral healthcare, developmental and sensory screening and prenatal outreach. Committee also recommended integrating injury prevention and nutrition/obesity prevention into Home visitation or Parent Education/Community Based Training. Integration will not take place for funded strategies in SFY14.

In this document, each of the prioritized health areas has an attached strategy summary and table indicating other FTF regions funding the strategy. Additionally, brief descriptions of home visitation and parent education strategies, strategy summaries for Home Visitation and Parent Education/Community Based Training, and a table of the currently C PHX currently funded home visitation/parent education strategies are included.

# Central Phoenix Health Strategy Design

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# Central Phoenix Health Strategy Design

STRATEGY NAME: PRENATAL OUTREACH			
STRATEGY SUMMARY	EVIDENCE / RESEARCH	CONSIDERATIONS FOR IMPLEMENTATION AND COST	COST
<p>The purpose of prenatal outreach strategies is to ensure that women enter prenatal care services early enough to prevent pre-term births and poor birth outcomes. <b>The foundation of prenatal outreach is to identify at-risk, culturally diverse pregnant women in isolated and low-income communities throughout Arizona.</b></p> <p>Implementation of prenatal outreach includes: increased timely medical and behavioral health care access for all pregnant women; reduced number of infants being admitted to the neonatal intensive care unit after birth; culturally appropriate support and information to pregnant women and to facilitate their access into prenatal care; and provision of advocacy and referrals and enrollment assistance into programs as needed.</p>	<p>There is a significant body of evidence that supports a women’s early entry into prenatal care results in improved birth outcomes and prevents many childhood health problems.</p> <p>Information on the importance of prenatal care can be found at: <a href="http://www.womenshealth.gov/publications/our-publications/fact-sheet/prenatal-care.cfm">http://www.womenshealth.gov/publications/our-publications/fact-sheet/prenatal-care.cfm</a></p> <p>A Centers for Disease Control (CDC) publication on the importance of early prenatal care and the disparities associated with poor birth outcomes can be found at: <a href="http://www.cdc.gov/reproductivehealth/ProductsPubs/DatatoAction/pdf/rhow8.pdf">http://www.cdc.gov/reproductivehealth/ProductsPubs/DatatoAction/pdf/rhow8.pdf</a></p>	<p>Implementation of this strategy includes bundling outreach activities into existing strategies such as home visitation, care coordination and family resource center strategies.</p> <p>Parent education considerations include: reduce unhealthy behaviors such as smoking, alcohol use during pregnancy and encourage healthy behaviors among at risk pregnant women.</p> <p>Prevention of second teen pregnancies can also be included in this strategy.</p>	<p>Costs associated with this strategy are dependent upon whether an outreach coordinator (health educator FTE-\$70K a year), a trained promotora (FTE-\$40k per year), or registered nurse (FTE- \$70K per year) is part of a home visitation contract or contracted separately through a clinic system.</p> <p>There is no specific unit cost per family for services. Home visitation costs should be prorated based upon a maximum of 3 months follow up post-partum.</p> <p>Partial and/or shared resource contracts can be considered.</p>

# Central Phoenix Health Strategy Design

<i>Regions funding prenatal outreach in Maricopa County</i>	<i>Awarded \$ Amount</i>	<i>TSU</i>	<i>TSU</i>
<i>Central Phoenix</i>	<i>\$239,840</i>	<i>584 Adults attending training sessions</i>	<i>208 Adults receiving Home visits</i>
<i>Northeast Maricopa</i>	<i>\$100,000</i>	<i>75 Number of participating adults</i>	<i>N/A</i>
<i>Northwest Maricopa</i>	<i>\$200,000</i>	<i>230 Number of participating adults</i>	<i>N/A</i>
<i>Southwest Maricopa</i>	<i>\$65,000</i>	<i>70 Number of participating adults</i>	<i>N/A</i>
<i>South Phoenix</i>	<i>\$549,994</i>	<i>580 Adults attending training sessions</i>	<i>470 Adults receiving Home visits</i>
<i>North Phoenix</i>	<i>\$375,000</i>	<i>80 Number of participating adults</i>	<i>N/A</i>

\*\*\*Northwest Maricopa, Northeast Maricopa and South west Maricopa fund Teen Outreach Pregnancy Services as a Parent Ed/Community Based Training strategy. TOPS parenting and pregnancy support program model combines six inter-related research supported strategies (Case management, prenatal health education, mentoring through visitation, peer support, father/family involvement, and parenting education) to enable pregnant and parenting adolescents ages 12-21, and their families to build on their own strengths and capacities to promote healthy development of their children, ages 0-5. The core services that will be addressed include: all domains of child development, Natural support for families/peer support; Health related issues; and Child/Family literacy. While providing these core services through the implementation of the six strategies, teen parents will improve health practices during pregnancy; increase physical and emotional well-being as parents prepare to deliver and care for their child; and increase their knowledge concerning the immediate health and safety needs of their unborn baby and during the early development of their child. As a result of these six strategies the teen's baby will have a high probability of being born full term, weigh greater than 5.5 pounds at delivery, appropriately achieve developmental milestones, and receive timely well baby care including scheduled immunizations.

North Phoenix funds a Parent Education Community Based Training program targeting teen parents. The Teen Parent Support Program aims to prevent child abuse and neglect, assist pregnant and parenting teens in becoming successful parents, developing support systems in the community, assistance with enrollment in parenting education classes, enrollment in education settings that will lead to the completion of high school diploma or GED and helping young parent choose quality, safe environments for child care.

Additionally, the program provides referral information, assists teens in locating and applying for all the subsidy programs for which they are eligible, such as financial assistance and health care programs for themselves and their children, including prenatal, postnatal, and well mother and baby care. The program will provide a range of services for pregnant and parenting tenens through the following modalities: 1) ongoing case management/case coordination services, 2) on going group parenting/life skills classes and 3) information and referral services.

# Central Phoenix Health Strategy Design

## STRATEGY NAME: HEARING AND VISION SCREENING

STRATEGY SUMMARY	EVIDENCE / RESEARCH	CONSIDERATIONS FOR IMPLEMENTATION AND COST	COST
<p>Sensory screening is also made available to children from infants through kindergarten. It is a periodic screening for sensory deficits that impact a child's ability to learn.</p>	<p>Vision problems are not uncommon in young children. One out of five children may have some type of vision concern.</p> <p>One in 300 children has a hearing deficit.</p> <p>Early identification and intervention minimize the effects of a vision or hearing loss on a child's development.</p> <p>Children at risk for hearing loss such as NICU graduates, or children with other indicators of hearing loss should be screened every 6 months.</p> <p>Yearly screening for sensory deficits is considered routine care.</p>	<p>Considerations for community based screening, including mobile screening vans and screenings using portable screening equipment:</p> <ul style="list-style-type: none"> <li>• Anyone who is conducting a screening should be trained on how to use screening instruments or equipment.</li> <li>• Administration of age appropriate sensory testing equipment.</li> <li>• Discuss results of screening with parents.</li> <li>• Plan for sequential screening if the child's response indicates follow up rather than a referral (could have been an off day, sick child with marginal results).</li> <li>• Follow up to vision and hearing screening shall interface with the vision and hearing screenings which occur for all children in public preschool and kindergarten.</li> <li>• Otoacoustic emissions (OAE) hearing screening is an objective method that screens hearing in a range of sound frequencies critical for normal speech and language development and is considered the most reliable method for screening infants and toddlers.</li> <li>• Make appropriate referrals to AzEIP, Child Find, local schools, health care providers, behavioral health professionals, or other community resources for a diagnostic evaluation if results warrant it.</li> </ul>	<p>Varies based upon type of testing and access to screening equipment used.</p> <p>Cost dependent upon service delivery model and equipment used:</p> <p>Otoacoustic Emissions~\$4000            Typanometry ~\$2500            Audiometer ~\$2000            Otoacoustic emissions (OAE) hearing screening is optimal. <a href="#">OAE Hearing Screening Implementation Checklist»</a></p> <p>Annual calibration ~\$150 per piece of equipment</p> <p>Ophthalmoscope \$200            Photo-screener or Autorefractor \$4500-\$12,000            Automated/Computerized Eye Chart \$1250+, plus annual software license renewal fee and supplies</p> <p>Annual calibration for photo-screening of \$175 per piece of equipment</p> <p>Data recording, management and reporting is built in when using EyeSpy 20/20. Annual software license renewal fees apply (cost dependent on number of screenings performed (range \$25-\$50 per screen)</p>

# Central Phoenix Health Strategy Design

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<i>Regions funding Developmental and Sensory Screening in Maricopa County</i>	<i>Awarded \$ Amount</i>	<i>TSU Children receiving Screening</i>
<i>Central Phoenix</i>	<i>\$400,000</i>	<i>4,700</i>
<i>North Phoenix</i>	<i>\$167,596</i>	<i>3,600</i>
<i>South Phoenix</i>	<i>Not yet funded; in SFY14 funding plan</i>	<i>TBD</i>

North Phoenix funds MCDPH to implement hearing screening services for children in regulated child care centers and homes in the North Phoenix Region. Services will include hearing screenings, resource information and referrals for follow-up when indicated based on screening results, and education to child care providers and families on topics such as the prevention of hearing loss in children and the relationship between hearing loss and speech development. North RPC Voted to extend services to children in SFY14 to include hearing and vision screening. The total number of children for SFY14 has not been determined.

# Central Phoenix Health Strategy Design

STRATEGY NAME: ORAL HEALTHCARE			
STRATEGY SUMMARY	EVIDENCE / RESEARCH	CONSIDERATIONS FOR IMPLEMENTATION AND COST	COST
<p>This strategy increases children’s access to preventative dental care. Methodologies may include:</p> <p><b>Public Health Insurance Enrollment</b> Provide health insurance enrollment assistance, educate that dental care is a covered benefit, stress the importance of early oral health care and share expectations of a dental visit.</p> <p><b>Data Collection and Recruitment</b> Work with Arizona Department of Health Services Bureau of Health Systems Development to ascertain Health Professions Shortage Area (HPSA) status. Work with (HSD) toward placement of a dentist through the federal loan forgiveness program or with the National Health Service for placement of a Dentist</p> <p><b>Professional Development for Dental Professionals</b> on management techniques for very young children, application of fluoride varnish and how to educate parents. First dental visit by age one is recommended by the American Dental Association and many other professional organizations. Site to hold continuing education varies with community, with some occurring in provider offices.</p>		<p>Councils would identify locations where Arizona Health Care Cost Containment System (AHCCCS) enrollment could take place and supplement staffing if needed.</p> <p>Health plans employ case managers to assist clients in obtaining needed dental care.</p> <p>The Arizona Department of Health Services Office of Oral Health (OOH) is currently convening workgroups throughout the state to develop regional strategic plans based on HPSA designations. Partner with these groups to utilize the knowledge of the members to determine the best strategy for the region.</p> <p>OOH has a media campaign on the importance of the first dental visit by age one targeting dentists and physicians (mailing) and messages print ready for newspapers. All have been approved by ADHS, Arizona Academy of Pediatrics and the Arizona Dental Association. There are other examples of dental health professional training models.</p> <p>Dental professionals to conduct training must be available. Many online courses are available to dental and medical professionals on early childhood oral health including one developed by the Office of Oral Health. OOH could train key dental professional in regions to be regional trainers, and in-person CEs could be delivered in regions.</p> <p>Hygienists employed by a public health agency and hygienists who have an Affiliated Practice Agreement with a dentist can apply fluoride varnish without prior exam by a</p>	<p>Cost varies depending on number of children to be covered, amount per visit and how many components of the program are adopted.</p> <p>Also see Health Insurance Enrollment strategy summary.</p> <p>Cost may include: Presenter fees \$40.00 - \$50.00 per hour; print materials; staff time; and training site costs</p> <p>Presenter fees \$40.00 - \$50.00 per hour; print materials; staff time</p> <p>Usual fees for hygienist are \$35-\$45 per hour Supplies: approx. \$2.00 / per application</p> <p>Approx. 6-7 children per hour: includes, review of health history and parent consent, screening, recording findings, writing referral and</p>

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<p><b>Train Medical Professionals</b> to screen for urgent dental needs, apply fluoride varnish, make appropriate dental referrals and educate parents. Education may occur in medical provider offices.</p> <p><b>Fluoride Varnish Application</b>, when properly applied to young, high-risk children, is a proven intervention to reduce the incidence of dental caries (tooth decay). Determination of high-risk for a population is low-income; for an individual child it is determined by a dental risk assessment</p> <p><b>Child, Parent and Provider Educational Programs</b> focus on correct tooth brushing and the importance of healthy eating. This programs are typically delivered in preschool and child care centers, though may also occur in home visitation</p>	<p>Evidence Based</p> <p>Evidence Based</p> <p>Carbohydrates are needed for the tooth decay process. Diets</p>	<p>dentist.</p> <p>Medical providers can choose to apply fluoride varnish; training is available through OOH or online. AHCCCS has approved medical reimbursement for this service pending available funding. However, there are currently no funds for this service.</p> <p>Must be coordination with local dental health providers to serve as resources for referral, follow-up and treatment. Consider whether there is an adequate dental workforce in the region. Also see Workforce Development strategy summary.</p> <p>Application requires coordination and agreements with child care providers and parents to assure compliance with legal requirements and permission to screen and provide preventive services to minor children</p> <p>Sustainability may be an issue if the strategy is not embedded. Frequent training and education in early care and education settings is necessary due to turnover among staff.</p> <p>Community Based Education will vary geographically depending upon fluoridated water supply, resources In the community, number of providers available, etc.</p>	<p>application of varnish</p> <p>Trainer fees are \$35-45 per hour</p> <p>Councils can figure approximately 25-30 dollars per child</p> <p>Toothbrushes cost about \$3.00 per child with bulk purchase for 3 toothbrushes through the year</p> <p>Tooth paste cost will vary depending on type and purchasing method</p>
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<p>programs. OOH has material that has been focus tested and is available in the referenced forms (billboards, radio spots and brochures) in both English and Spanish.</p> <p>There are a variety of curricula and programs available. Train-the trainer materials for child care providers have been developed by OOH, and materials for participants are available at no cost to regions.</p>	<p>high in sugar or with a frequent intake of foods high in sugar are a risk factor.</p>		
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# Central Phoenix Health Strategy Design

<i>Regions funding Oral Health Care throughout the State</i>	<i>Awarded \$ Amount</i>	<i>TSU Varnish</i>	<i>TSU Screening</i>	<i>TSU expectant mothers</i>	<i>TSU dental professionals</i>	<i>TSU adults</i>
<i>Cochise</i>	<i>190,000</i>	<i>600</i>	<i>600</i>	<i>0</i>	<i>36</i>	<i>2000</i>
<i>Graham/Greenlee</i>	<i>80,000</i>	<i>500</i>	<i>60</i>	<i>25</i>	<i>15</i>	<i>75</i>
<i>Pinal</i>	<i>450,000</i>	<i>2000</i>	<i>1500</i>	<i>1000</i>	<i>10</i>	<i>0</i>
<i>Central Maricopa</i>	<i>336,752</i>	<i>1500</i>	<i>1500</i>	<i>0</i>	<i>175</i>	<i>1500</i>
<i>Northeast Maricopa</i>	<i>151,484</i>	<i>1250</i>	<i>1250</i>	<i>0</i>	<i>0</i>	<i>220</i>
<i>Northwest Maricopa</i>	<i>400,000</i>	<i>3333</i>	<i>3333</i>	<i>0</i>	<i>5</i>	<i>700</i>
<i>Southeast Maricopa</i>	<i>288,600</i>	<i>1500</i>	<i>1500</i>	<i>0</i>	<i>195</i>	<i>1500</i>
<i>Southwest Maricopa</i>	<i>175,000</i>	<i>1335</i>	<i>1336</i>	<i>0</i>	<i>0</i>	<i>200</i>
<i>Coconino</i>	<i>110,656</i>	<i>1000</i>	<i>950</i>	<i>50</i>	<i>0</i>	<i>0</i>
<i>Navajo Nation</i>	<i>261,704</i>	<i>1000</i>	<i>500</i>	<i>0</i>	<i>0</i>	<i>200</i>
<i>White Mountain Apache</i>	<i>66,184</i>	<i>800</i>	<i>800</i>	<i>0</i>	<i>0</i>	<i>45</i>
<i>Navajo/Apache</i>	<i>130,000</i>	<i>1200</i>	<i>1200</i>	<i>0</i>	<i>0</i>	<i>55</i>
<i>South Phoenix</i>	<i>406,853</i>	<i>3400</i>	<i>3500</i>	<i>0</i>	<i>0</i>	<i>3900</i>
<i>South Phoenix</i>	<i>111,763</i>	<i>300</i>	<i>300</i>	<i>50</i>	<i>180</i>	<i>200</i>
<i>Santa Cruz</i>	<i>74,800</i>	<i>2000</i>	<i>2000</i>	<i>200</i>	<i>0</i>	<i>0</i>
<i>South Pima</i>	<i>225,000</i>	<i>2300</i>	<i>2300</i>	<i>60</i>	<i>40</i>	<i>200</i>
<i>Yuma</i>	<i>303,266</i>	<i>4000</i>	<i>4000</i>	<i>0</i>	<i>50</i>	<i>250</i>

The regions highlighted are most like the Central Phoenix in terms of potential dollars for investment. It appears there is some disparity across the regions which is largely due to the ways that a strategy is implemented. For example, Pinal has a large dollar amount for less TSU's because they deliver the strategy via a mobile unit which is very expensive. It fits for them due to the rural nature of the communities they are targeting.

# Central Phoenix Health Strategy Design

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## **Integrating Nutrition/Obesity Prevention & Injury Prevention into Home Visitation and/or Parent Education/Community Based Training**

**Home Visitation:** *Research indicates that home visiting program models have been able to help parents learn parenting skills, increase confidence in their parenting skills, promote appropriate parent-child interactions and increase linkages with community services including health and social services. Research suggests that a minimum of 3 to 4 home visits for a non-intensive program model will have some impact upon parent knowledge and awareness. The greatest evidence of impact and realization of outcomes is with new parents of infants and toddlers. This aligns with the science of the brain and what is now known about the critical periods in infancy and toddlerhood related to brain development.*

### **Parent Education:**

*Successful family education programs facilitate the acquisition of parenting and problem-solving skills necessary to build a healthy family. Effective parenting education develops parent-child nurturing and attachment to support children's social-emotional development, knowledge of parenting and of child development including social emotional, language and literacy, cognitive, physical and motor development, parental resilience, and social connections and awareness of support mechanisms available for parents.*

*Effective parenting education helps parents and families understand the importance of developing nurturing, positive and strong relationship bonds with their young child to support children's social-emotional development, provides information on parenting and of child development, increases parental resilience, and social connections and awareness of support mechanisms available for parents. While these programs come in different forms, they have a common goal of increasing the level of family functioning and promoting healthy child development. Parent education programs are embedded in their local communities. As a result, parents and families are able to access education and information in their community on a variety of child development and health topics.*

### **Examples of models integrating Injury Prevention and Nutrition/Obesity:**

*Abriendo Puertas (see handout)*

### **What else is happening to address obesity and healthy living across the state for young children?**

*Childcare providers are in a unique position to support and facilitate healthy eating and promote physical activity in young children. Feeding nutritious food everyday must be accompanied by offering appropriate daily physical activity and play time for the healthy physical, social, and emotional development of infants and young children. The early care and education setting is an ideal environment to foster the goal of providing supervised, age-appropriate physical activity during the critical years of growth when health habits and patterns are being developed for life. The overall benefits of practicing healthy eating patterns, while being physically active daily are significant. Physical, social, and emotional habits are developed during the early years and continue into adulthood; thus these habits can be improved in early childhood to prevent and reduce obesity and a range of chronic diseases. Active play and supervised structured physical activities promote healthy weight, improved overall fitness, including mental health, improved bone development, cardiovascular health, and development of social skills. **Empower Program** through the Empower Program the Arizona Department of Health Services (ADHS) is working with childcare homes and centers statewide to promote "10 ways to Empower Children to Live Healthier Lives". Effective January 1, 2013, the Office of Child Care Licensing issued new rules for child care centers that incorporate healthier standards promoting healthy eating and physical activity.*

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FAMILY SUPPORT AND LITERACY			
STRATEGY: COMMUNITY BASED TRAINING – PARENT EDUCATION			
STRATEGY SUMMARY	EVIDENCE / RESEARCH	CONSIDERATIONS FOR IMPLEMENTATION AND COST	COST
<p>Community based parent education should be offered at times and locations convenient to families of young children. Using a family-centered and strengths-based approach these programs should offer families <b>a series of classes</b> that provide information and support in each of the core areas: child development, parenting skills, and resource and referral. A parent education program that has an evidence base and a proven track record with the target population should be utilized and implemented. Examples include: The Incredible Years: Parents and Children Training Series, Nurturing Parenting Program and Growing Great Kids.</p> <p>Successful family education programs facilitate the acquisition of parenting and problem-solving skills necessary to build a healthy family. Effective parenting education develops parent-child nurturing and attachment to support children’s social-emotional development, knowledge of parenting and of child development including social emotional, language and literacy, cognitive, physical and motor development, parental resilience, and social connections and awareness of support mechanisms available for parents.</p> <p>Additionally, families should be supported to understand that daily exposure to verbal and written language provides young children with the opportunities to begin acquiring a basic understanding of the concepts of <b>literacy</b> and its functions. Through play, children learn to create meaning from language and communicate with others using verbal and non-verbal language, pictures, symbols and print. Environments rich with print, language, storytelling, books, technology, and writing materials allow children to experience the joy and power associated with reading and writing, while mastering basic concepts about print. Programs are respectful and supportive of children’s cultural heritages and home languages while encouraging English</p>	<p>Research indicates that community based education programs who involve both parents and their young children in a series of classes demonstrate a positive impact upon outcomes. <b>Parent Education programs have the most impact with families of older toddlers and young preschoolers (2.5 years through 3 years of age) as families may naturally begin to seek out opportunities outside of their home environments to reduce isolation. Infants and toddlers, themselves, benefit from the new experiences and environments that community based programming can offer.</b></p> <p>The critical element in any parent education program is that parents and families have opportunities to practice newly learned skills with support from parent educators.</p> <p>Some parenting curriculum is more effective with specific target populations and should be reviewed thoroughly before selection.</p> <p>From <b>Evidence-Based Parenting Education Programs Literature Search</b> September 2005  “Evidence-based parenting education</p>	<p><b>Capacity for Expansion</b>  <b>Consider expansion of existing community based family education programs to include early childhood development and health topics including parenting skills for families of infants, toddlers and preschoolers. Programs must identify curricula which is evidence-based with plans for implementation for of a birth through five programs.</b></p> <p><b>Links to Other Strategies</b>  This strategy should be implemented in coordination with other family support strategies such as home visitation and/or resource center strategies to ensure optimal programming for each family. FTF funded programs should also support families to use their Arizona Parent Kit, or access the Birth to Five Helpline. Programs should refer families to other FTF or other community resources as a regular part of the curriculum and services. For those families who do not qualify or choose to participate in a home visitation program, community-based family education programs serve as another opportunity for Arizona’s parents and families to access</p>	<p>Costs will vary depending upon program approach: adult-only or adult and child sessions, frequency and duration of each series and individual class session.  <b>Estimate \$2000 to \$3000 per family on an annual basis.</b></p> <p>Costs may include:</p> <ul style="list-style-type: none"> <li>Staff</li> <li>Staff Training</li> <li>Outreach and Promotion</li> <li>Curriculum</li> <li>Program Supplies and Materials</li> <li>Incentives.</li> <li>Transportation</li> <li>Child Care</li> <li>Space</li> </ul>

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<p>language acquisition. The abilities to listen, speak, read, and write emerge interdependently in Environments designed to meet each child’s unique skills, abilities, interests, and needs.</p> <p>Family participation in community-based family education services is voluntary and must be provided free of charge to the family.</p>	<p>programs are those that have been studied in both controlled, clinical trials and community Settings and have demonstrated specific, expected outcomes. However, the effectiveness of any parent training program will be dependent upon selecting a model that is appropriate for the Given population and implemented with fidelity. It is important to note that many programs which lack a formal or “confirmed” evidence base may still produce desired outcomes and improvements for its participants.”</p> <p>Families can learn:</p> <ul style="list-style-type: none"> <li>- parenting skills</li> <li>- non-violent discipline techniques</li> <li>- to support child-directed play</li> <li>- interaction and play techniques</li> </ul>	<p>education, information and resources.</p> <p><u>Timeline for Implementation</u> Establishing a new program may take 3 to 6months prior to enrollment of families due to staff recruitment, training, material development and availability, marketing/ outreach and securing of space/ locations for family education sessions.</p> <p><u>System-building Issues and Recommended Saturation Level</u> Community based parent education can be a part of a system of family support in a local regional/ community area, especially to provide information to families who may not access or participate in home visitation programs. Many councils build or expand community based parent education into existing resource centers as many families already access other support and services through established resource centers.</p>	
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# Central Phoenix Health Strategy Design

FAMILY SUPPORT AND LITERACY STRATEGY: HOME VISITATION			
STRATEGY SUMMARY	EVIDENCE / RESEARCH	CONSIDERATIONS FOR IMPLEMENTATION AND COST	COST
<p>Comprehensive, evidence based home visitation programs provide participating <b>families of infants and toddlers</b> with information and education on parenting, child development and health topics while assisting with connections to other resources or programs as needed. A variety of evidence based models exist to address the spectrum of universal needs to targeted or specialized needs of particular populations such as first time parents, teen parents, families at-risk for abuse-neglect, low income families.</p> <p>Home visiting professionals trained in child development and family support make regular, scheduled visits to each family's home -or other natural environments such as the library. Home visitors meet with the family and their infant, toddler or with a family expecting a child, to answer questions, provide information and resources, support and advise parents on parenting skills or assist in early detection of any developmental problems in the young child. The specialized skills and qualifications of home visitors are critical to the successful implementation of home visitation programs. Home visitors build trusting relationships with each family. They observe daily routines and interactions to help parents identify and interpret their child's cues and offer information, guidance and coaching so that families can best support their own child's growth and development.</p> <p>Family participation in a home visitation program is voluntary, with no fee for service to families. A family-centered approach is utilized with consideration for each child's present level of development, parent/families knowledge and understanding of child development including social emotional, language and literacy, cognitive, physical and motor development current parenting practices, daily routines and interactions, or other information/ instructional needs.</p> <p>Infants and toddlers learn through the natural interaction of caregiving and everyday experiences. Early and rapid</p>	<p><b>Research indicates that home visiting program models have been able to help parents learn parenting skills, increase confidence in their parenting skills, promote appropriate parent-child interactions and increase linkages with community services including health and social services.</b></p> <p>Research suggests that a minimum of 3 to 4 home visits for a non-intensive program model will have some impact upon parent knowledge and awareness. The greatest evidence of impact and realization of outcomes is with new parents of infants and toddlers. This aligns with the science of the brain and what is now known about the critical periods in infancy and toddlerhood related to brain development.</p> <p>Specific outcomes and impacts of each home visitation program are based upon the target population and the program designed to serve that target population. Guidelines and information on evidence based home visitation program models are available from the US Department of Health and Human Services.</p> <p>Outcomes may include:</p> <ul style="list-style-type: none"> <li>•Better birth outcomes e.g. birth weight</li> <li>•Enhanced parent-child interactions and increased parent involvement</li> <li>•More efficient use of health care services</li> <li>•Positive developmental outcomes for children such as early language and literacy skills, social competence, and fewer behavior problems</li> <li>•Early detection of developmental delays</li> <li>•Reduced welfare dependency</li> <li>•Higher rates of school completion and job retention</li> </ul>	<p><u>Target Population</u> Home visitation is most impactful with new parents and at-risk families of infants and toddlers. It is important to reach and support families through home visitation as early as possible. Ideally, home visitation programs <b>begin with new parents or at-risk families with their newborns and continually support the family from infancy into toddlerhood.</b> The First Things First home visitation continuum also includes the following target populations:</p> <ul style="list-style-type: none"> <li>- Newborns who spend from one up to five days in the newborn intensive care unit</li> </ul> <p><u>Administrative Home Infrastructure</u> Home Visitation RFGA applicants should include narrative and budget information specific to the activities, responsibilities and related costs to maintain a program's affiliation, accreditation and/or certification. It is the responsibility of the grantee to maintain model fidelity and good standing with their administrative home.</p> <p><u>Timeline for Implementation</u> When establishing a home visitation program new to a region, it can take several months (3 to 6 or more) to ramp up prior to family enrollment and service provision beginning. Activities and timelines and initial costs/ budgeting should be clearly defined in an RFGA application including program model establishment i.e. affiliation, accreditation or certification, recruitment of staff, initial training, forms, case management system, data collection and reporting system, etc.</p> <p><u>Capacity for Expansion and Multi-Year Commitment</u> Prior to the release of an RFGA, needs and assets and other reports should inform each council to the existence and availability of home visitation programs in the region. Applicants to a home visitation RFGA should include information about the proposed program models evidence base and the outcomes achieved with families that may have been served through this program. If possible, information and data on a programs' capacity to expand service provision should be gathered and reviewed. In</p>	<p>Costs vary per program model – typically based upon staffing requirements i.e. educational level, knowledge and experience of the home visitors and frequency and duration of visits needed to serve target population. Cost must include model affiliation, accreditation and/or certification costs.</p> <p>Cost per family annually can range from \$3,500 to \$9,800.</p> <p>If serving families at a frequency of one time per week, the average caseload per home visitor is about 20 families.</p>

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<p>development of the components of language, including listening and understanding, communicating and speaking, and the emergence of early literary skills and abilities is evident in infancy and toddlerhood and families play the most critical role in supporting as their child’s first and most important teacher. As infants and toddlers develop their ability to understand and use language to communicate, they also increase their skills and abilities in influencing others, which in turn affects their learning in all other domains. It is important that home visitation programs support each family with their infant or toddler’s early language and literacy development in the context of social emotional development. Again, a strong foundation in these critical areas of development can lead to good outcomes in other areas including cognitive, physical and motor development.</p> <p>A minimum of 3 to 4 home visits annually through a low intensity program model serving families with no or low risk factors should be delivered through a comprehensive program. The greater the needs and risk levels of the family, the greater the frequency and duration of home visits. Some home visitation models provide for weekly home visits, and can include parent-child playgroups located in community settings. All programs will:</p> <ul style="list-style-type: none"> <li>✓ Provide information and training for parents that will assist them in improving the skills to be their child’s first teacher.</li> <li>✓ Provide information or training on developmentally appropriate learning opportunities that support early language and literacy development which prepares children for success in school and life.</li> </ul> <p>National program models such as Nurse Family Partnership, Parents As Teachers and Healthy Families have established administrative homes and must maintain model fidelity. This may include participation in training and evaluation activities mandated by the model.</p>	<p><b>From PEW “Case for Home Visiting” May 2012</b></p> <p>“ Voluntary, home-based programs, also known as home visits, match parents with trained professionals to provide information and support during pregnancy and throughout their child’s first three years. By helping parents learn how to care for their children and themselves, families reap the benefits: Children are safer, healthier, better prepared to learn and more likely to become successful adults”</p> <p><b>From FRIENDS NATIONAL RESOURCE CENTER FOR CBCAP “Fact Sheet #15 Home Visiting Programs: A Brief Overview of Selected Models” December 2007</b></p> <p>“Yet, the common ground that unites home visiting program models is the importance placed on infant and child development from birth to three years, the idea that parents play a pivotal role in shaping children’s lives, and that often the best way to reach families with young children is by bringing services to their front door. Home visitors can view the environments in which the families live, gain a better understanding of the families’ needs, and therefore tailor services to meet those needs (Gomby, 2005).”</p> <p><b>From Ounce of Prevention Fund And Chapin Hall Center for Children “Home Visiting Study” 2006</b></p> <p>“Before considering outcome data, it is important to reflect on the full body of research that initially supported the current emphasis on newborns and their parents. ... The rapid expansion of home visitation over the past 20 years has been fueled by a broad body of research that highlights the first three years of life as an important intervention period for influencing a child’s trajectory and the nature of the parent-child relationship rather than on positive findings regarding a specific service model.”</p> <p><b>From ZERO TO THREE “Reaching Families Where They Live - Supporting Parents and</b></p>	<p>RFGA applications, the target number of families to be served (existing or newly enrolled), number of existing or new staff needed should be identified, training and program materials needed with estimated costs related to expansion activities.</p> <p>Funding commitments for home visitation should be considered for multi-year investments.</p> <p><u>Links to Other Strategies and System-Building</u></p> <p>Home visitation is a part of the larger continuum of family support within the context of an early childhood system. It is important to consider how this strategy can work with and build upon other strategies implemented in the region and other community assets to address prioritized needs. It is also important to be aware of other state funding for home visitation: Department of Economic Security, Department of Health Services and Department of Education. Home Visitation may already exist in the region and can be further expanded or leveraged.</p> <p>An example of a coordinated systems approach to implementing home visitation:</p> <p>Ideally, home visitors/home visitation programs initiate contact with families of newborns in the hospital setting to inform of the availability and eligibility requirements of the program and provide anticipatory guidance for families’ use of the Arizona Parent Kit. Families can be offered a one-time home visit to further identify community resources based upon each family’s need.</p> <p>If hospital contact or intake is not implemented, home visitors can support families to ask for a kit upon discharge from the hospital with their newborns and to use their FTF Arizona Parent Kit. They should also inform families of the availability of the Birth to Five Helpline and provide the toll-free number. It will also be important for home visitors to be aware of and refer to FTF funded and other community resources such as quality child care, QF! centers and homes, pre-k options, parenting support groups or classes, food assistance, libraries.</p> <p>Appropriate transitions for families from home visitation in infancy and toddlerhood are critical to later outcomes and school readiness. Families need to be aware of all the available resources in the community for their older toddlers and preschoolers such as high quality early care and education programming.</p> <p><u>Saturation</u></p> <p>Depends upon the population of the region and family needs and the program model to be implemented. Socio-economic dynamics unique to each regional area must be considered.</p>	
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# Central Phoenix Health Strategy Design

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	<p>Child Development Through Home Visiting” February 2009</p> <p>The first three years of life are a period of intense intellectual development during which the brain forms a foundation for later learning and development. High quality home visiting programs can be an effective service delivery method to support early learning in these years, ensuring that children succeed in school and beyond. When compared to control group counterparts in randomized trials, infants and toddlers who participated in high quality home visiting programs were shown to have more favorable scores for cognitive development and behavior,<sup>12</sup> higher IQs and language scores at age 6,<sup>13</sup> higher grade point averages and math and reading achievement test scores at age 9,<sup>14</sup> and higher graduation rates from high school.<sup>15</sup> Additionally, two studies using stratified random sampling found that a high quality home visiting program positively impacted school readiness through better parenting practices, increased reading to children at home, and a greater likelihood of enrollment in preschool programs.”</p>	<p>Refer to the Federal Guidelines for evidence based program models, target populations and other program model details. <a href="http://homvee.acf.hhs.gov/">http://homvee.acf.hhs.gov/</a></p>	
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# Central Phoenix Health Strategy Design

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SFY13 Funded Parent Education/Community Based Training
<p>Parenting Arizona- Utilizes the <i>Nurturing Parenting Program</i>. Deliver 8 complete Nurturing Parenting class series (80 classes total) targeting 15 adults in each class, reaching <b>1200</b> adults for the year.</p> <p>Total funded for SFY13 \$154,436</p>
<p>Southwest Human Development - Deliver 5 8-week <i>Common Sense Parenting</i> sessions, reaching <b>400</b> adults (duplicated count or 50 unduplicated).</p> <p>Total funded for SFY13 \$247,638</p>
<p>Raising Special Kids- Utilizes the <i>Nurturing Parenting Program</i>. Deliver 2 sessions per month for 11 months @ 15 adults per session, reaching <b>330</b> (duplicated count or 30 unduplicated)</p> <p>Total funded for SFY13 \$71,689</p>
<p>Total amount funded for SFY13 \$473,763</p>

## Home visitation

SFY13 Funded Home Visitation
<p>Healthy Families- serves 350 families in an evidenced-based home visitation strategy that enhances positive parent-child relationships, promotes child health and development, improves literacy and school readiness, and increases family self-sufficiency. All of these build the foundation for strong family functioning, thereby preventing child abuse and neglect. Degreed staff works with parents to promote attachment and bonding and to build healthy, nurturing, and safe relationships with their children. All children 0-5 receive regular physical and social emotional development screenings. All family members are linked with medical providers and parents are encouraged to complete their education and secure employment. A standardized assessment too is used to identify families most in need of services and to enroll them prenatally or at the birth of their child. Upon enrollment, visits are made at least weekly and families may receive services for the first several years of the child's life. As the family achieves greater self-sufficiency, the frequency of visits is decreased.</p>
<p>Family Support Children with Special Needs- provides support to a minimum of 112 families who have concerns about their young child's development, but who are not eligible for special needs services through the Arizona Early Intervention Program, the Arizona Division of Developmental Disabilities, or their local school district. Parent coaches will help parents learn how to 1) observe and understand their child's behavior and development, 2) promote the best possible developmental outcomes for their child, 3) network with other families and access community resources, and 4) learn about child development topics of special interest to them. Services are provided in the home.</p>
<p>Total amount funded for SFY13 \$1,639,664</p>

CENTRAL PHOENIX HEALTH STRAGTEGY  
DESIGN 2013

The Central Phoenix Regional Partnership Council voted to fund multiple health strategies in the 3 year strategic plan for SFY13-15, with a focus on health prevention. This strategic plan included funding for injury prevention, prenatal outreach, developmental and sensory screening and an expansion of the health umbrella to include nutrition/obesity prevention and oral healthcare. During the planning process, a more comprehensive assessment of the impact of those decisions was acknowledged as a priority, as well as an assessment of health care needs for children birth to five and their families living in the region.

The Central Phoenix Regional Partnership Council conducted a Health Impact Assessment (HIA) to identify health service gaps, needs and availability of resources within the region specific to the following topics: injury prevention services or programs, oral health services that serve children under the age of five years old, nutrition and obesity prevention programs or services, developmental screening points of service, prenatal outreach and health resources that currently exist in the region for the purpose of planning health strategy policy decisions. Primary assessment sources for the HIA were: stakeholder surveys of agencies and organizations providing services in the identified topic areas and interpretations of the 2012 Central Phoenix Regional Needs and Assets Report.

During the process of completing the HIA, a committee of the council worked with the vendor to: identify stakeholders and agencies necessary for identification of resources and services; review recommendations and provide feedback for finalizing recommendations for funding and policy decision making.

The HIA was completed January 30, 2013. In the month of January, a separate committee was formed to review the HIA recommendations and data from the 2012 Central Phoenix Regional Needs and Assets Report to provide recommendations for funding health prevention strategies. The first of two committee meetings was held Feb 13, 2013. Committee members were given: a copy of the final HIA report, an overview of the HIA findings and recommendations, an analysis of the identified needs associated with the five health prevention topic areas, FTF funded programs in the five health topic areas across Maricopa County and staff recommendations for strategy prioritization.

The committee met again Feb 19, 2013 to review and discuss prioritizing the five health prevention strategies. The committee prioritized funding Prenatal Outreach, Developmental and Sensory Screening and Oral Healthcare. Additionally, the committee directed FTF to follow up on a request to present options to the committee for expanding Parent Education/Community Based Training if funding amounts for the three prioritized health prevention strategies did not exhaust the set aside allocation of \$1,200,000.

**Strategy: Implementation of a Prenatal Outreach program to support high risk pregnant women, through outreach, education and home-based support. Emphasis will be placed on improving rates of healthy pregnancy and delivery.**

The 2012 Central Phoenix Needs and Assets reports the following prenatal data for the region.

From 2005 to 2009, the total number of newborns admitted to newborn intensive care units in the state of Arizona increased from 5,479 to 5,773, an increase of 5.4 percent. There was also an increase in the number of newborns admitted in Maricopa County. The number increased from 3,525 in 2005 to 3,842 in 2009, an increase of 9.0 percent. Studies show that adequate prenatal care is associated with improved birth weights and the amelioration of the risk of preterm delivery. Inadequate prenatal care, however, carries risks of preterm delivery, low-birth-weight births, neonatal mortality, infant mortality and maternal mortality. Research also suggests the benefits of prenatal care are strongest amongst socially disadvantaged women.<sup>1</sup>

Central Phoenix, as with the most of the city, has a very diverse population with a high minority population. This diversity can lead to difficulty in accessing services, due to language and cultural differences. There is a large need for cultural and linguistic competence among service providers for parents who don't speak English; parents need culturally aware and preferably bilingual "mentors" who can help them navigate the school, healthcare and behavioral health systems.

In 2009, there were over 6,000 births in the Central Phoenix region. Of those, over 68% of the births were paid for by Arizona Health Care Costs Containment System (AHCCCS) or Indian Health Services (IHS.) Forty percent of women in the Central Phoenix region who gave birth did not have a High School diploma or GED. According to the 2009 ADHS Overview of Prenatal Care in Arizona, 91.5% of women with private insurance entered into prenatal care in the first trimester compared to only 71.4% of women on AHCCCS and 58.9% of women on IHS. The same report cited that women with less than a high school education were least likely to receive prenatal services in the first trimester (66.5%) compared to women who completed high school (77.4%).<sup>1</sup>

A recommendation from the American College of Obstetricians and Gynecologists suggests that prenatal care begin in the first trimester of a pregnancy and continue throughout the pregnancy with at least 13 visits. In Maricopa County, approximately 76% of mothers received adequate prenatal care, which is lower than the state rate of 78%.<sup>2</sup>

There are several barriers to prenatal care including the increased number in pregnant adolescents, non-English speaking residents and the prevalence of inadequate literacy skills.<sup>3</sup> Additional barriers include diminished health care resources, transportation, poverty, stress and domestic violence.<sup>4</sup> Another prominent predictor of obtaining prenatal care in the first trimester is ethnicity. The following statistics were collected from women receiving services through a First Things First Central Phoenix funded program offering prenatal outreach and education serves. These statistics demonstrate a breakdown by ethnicity of women indicating they had received no prenatal care upon enrollment into services.<sup>5</sup>

- Caucasian: 3% received no prenatal care
- African American: 14% received no prenatal care
- Hispanic: 68% received no prenatal care, and

\*Teen parents also receive services through this organization. Twenty one percent of teens reported no prenatal care.

The Central Phoenix Regional Partnership Council acknowledges the vital need for adequate prenatal care, especially to mothers who are considered at risk. Late or no prenatal care is associated with several negative outcomes for the mother and child including:

- Postpartum complications for mothers
- An increase in the risk of neonatal death overall
- Low birth weight babies, and
- Health complications experienced by the child.

Educational training sessions and prenatal home visiting services will be extended to families in the Central Phoenix region. These essential services will be provided to mothers who are identified as at risk to ensure they enroll in prenatal care health services in their first trimester and that they refrain from the high-risk behaviors such as smoking, drinking, and taking illicit drugs, which are associated with poor birth outcomes.

<sup>1</sup> Center for Disease Control. <http://www.cdc.gov/reproductivehealth/ProductsPubs/DataToAction/pdf/rhow8.pdf>

<sup>2</sup> Prenatal Care in Arizona Fact Sheet 2009., Arizona Department of Health Services, Phoenix 2009.

<sup>3</sup> Ashford, J., LeCroy, C.W., & Lortie, K. (2006). *Human Behavior in the Social Environment*. Belmont, CA: Thompson Brooks/Cole.

<sup>4</sup> Center for Disease Control. <http://www.cdc.gov/reproductivehealth/ProductsPubs/DataToAction/pdf/DataToAction.pdf>

<sup>5</sup> Prenatal\_ First Trimester Care Access. U.S. Department of Health and Human Services, Health Research and Services Administration. <http://www.hrsa.gov/quality/toolbox/measures/prenatalfirsttrimester/part3.html>

<sup>6</sup> Melnikow J, Paliescheskey M, & Stewart, GK. Effect of a transportation incentive on compliance with the first prenatal appointment: a randomized trial. *Obstet Gynecol*, 1997.

**Proposed Funding Mechanism:**  
**ISA: start date July 2013**

**Alignment to Priorities and Indicators:** Aligns with Indicators 1, 8 and 10; aligns with priority 4- All parents, including new parents, of young children will have access to information and support as needed.

**Target Population:** High risk expectant mothers, including teen parents, and those most at risk of poor birth outcomes or infant morbidity and mortality.

Proposed Service Numbers	SFY14		
	400 adults receiving home visitation	600 adults attending trainings (this is a duplicated count)	Total number of individuals anticipated to be reached through this strategy 600 adults attending training/prenatal classes and 400 receiving home visitation through a promatora or duala

- Performance Measures SFY14:**
1. Number of participating adults/ proposed service number
  2. Number of clients (pregnant/postnatal women) receiving home visitation services/ proposed service number
  3. Number of trainings conducted
  4. Number of referrals for community based services given to clients
  5. Number of children receiving developmental screenings

How is this strategy building on the service network that currently exists:  
 Other services, such as Maricopa Integrated Health System’s Refugee Women’s Clinic and Teen Pregnancy Program, Healthy Families and Nurse Family Partnership, reach roughly 27% of socially disadvantaged women through prenatal care, education and training and home visitation.

**By targeting 600 adults-pregnant woman and their partners through this strategy 50% of the women in the region giving birth who are uneducated and in poverty will be reached through outreach, education and home visitation.**

This strategy requires applicant to:  
 Connect eligible pregnant women to public health insurance coverage as needed and to prenatal care services available.

- a. Support for the health of the pregnant woman and young child should include information and connection to resources related to the following: proper nutrition and available nutrition resources for pregnant women and young children; obesity prevention; breastfeeding; physical activity; immunizations; insurance enrollment; participation in consistent medical/dental homes; participation in prenatal care; family planning; safety; developmental health; vision and hearing screening.
- b. Describe how they will recruit women who are not being served by other FTF or non FTF programs

What are the opportunities for collaboration and alignment:

This strategy denotes the opportunity for the Central Phoenix Regional Partnership Council to strengthen relationships between early care and education programs, families, young children and local health organizations. To ensure non-duplication of services and optimum service delivery for families, FTF service providers will be required to coordinate and collaborate with existing Central Phoenix Family Support Coordination, Health Insurance Enrollment provider, and other health-based service providers. Provide resource & referral information – identify services available to families and the subsidies to which they may be eligible; help them to fill out the forms to gain those services, and help the families to follow through to ensure service delivery as needed.

- a. Screen and refer pregnant and postpartum women for symptoms of depression using a valid and reliable screening tool.
- b. Refer women to mental health resources as needed.

*This strategy aligns with the following regions:*

**North Phoenix-** In SFY14, the North Phoenix region is funding a parent education/community-based training strategy, program targeting teen parents. The region allocated \$375,000 targeting 80 adults in training sessions.

**South Phoenix-** In SFY14, the South Phoenix region is funding \$549,994 in Prenatal Outreach; reaching 580 adults in training sessions and 480 adults in home visitation.

**Maricopa County regions that fund similar strategies:**

Northwest Maricopa, Northeast Maricopa and South west Maricopa fund Teen Outreach Pregnancy Services as a Parent Ed/Community Based Training strategy.

**Estimated budget to arrive at\$400,000**

Community health workers: 5 = \$105,270

PT Social Worker= \$41,760

PT Admin Support = \$ 11,963

Duala- \$500 per family contracted @50 families= \$ 12,500

Promotoras= \$12,000 annually contracted

Program materials, ERE, staff training and certification, office space, equipment, etc... account for

**Strategy: Implementation of Oral Health Program, specifically to: provide oral health screenings and fluoride varnish in a variety of community-based settings; provide training to families on the importance of oral health care for their children; and provide outreach to dentists to encourage service to children for a first dental visit by age one.**

Arizona Department of Health Services reports 37% of children ages 2-4 years old have had tooth decay, 30% will have untreated tooth decay and 54% of children age three has never seen a dentist.<sup>1</sup> Tooth decay is among the most common health issues affecting young children and is 100% preventable. Oral health issues or disease in the mouth can endanger the rest of the body. Children with untreated dental problems experience pain and difficulty eating and sleeping and can have problems adjusting socially. Learning can also be challenging under these circumstances.<sup>2</sup>

Roughly 36% of families with children in the Central Phoenix region are living below Federal Poverty Level. Seventy-six percent of these children are covered by AHCCCS and are eligible to receive dental services, yet only 40% of children ages birth through five years old in Maricopa County have never seen a dentist. The 2012 Central Phoenix Needs and Assets report cited the following reasons for lack of visits to a pediatric dentist: *Child not old enough (41%); No reason/no problem (28%)*.

From 6 months to 3 years old, a child's first set of teeth (baby teeth) erupts. These teeth are needed: to bite and chew food, develop speech, for normal development of the jaw bones and muscles of the face and to hold space for and guide adult teeth into proper position.<sup>1</sup>

To prevent dental caries among young children, the AAPD recommends several strategies including but not limited to: parent information on oral health care, first dental visit by age one, fluoridated public water supplies and a series of topical fluoride applications to children's teeth.<sup>3</sup>

The Health Impact Assessment conducted of the Central Phoenix region mentioned parent awareness and understanding of the value of oral healthcare for their young children as a gap, as well as an insufficient number of pediatric (or proclaimed pediatric dentists) to serve children ages 1-5 years old. AAPD cites barriers to better oral health for children as being multifaceted and include: difficulties with access to the oral health system, insufficient collaboration across fields, insufficient training of both dental and pediatric professionals, and public policies that hinder access to oral health care. AAPD also suggests the efforts to improve children's health must include the adults taking care of them; with a particular focus on helping pregnant women—and mothers of infants and toddlers in particular—understand the opportunity they have to protect their own oral health and that of their offspring.<sup>3</sup>

The Central Phoenix Regional Partnership Council acknowledges the vital need for timely and routine dental checkups for children ages 1-5 years old. Oral health screening and fluoride varnishing will be conducted on children ages 1-5 years old, with an emphasis on providing oral health education and awareness to parents. Additionally, outreach to dentists to serve children beginning at age one will be a priority of the Central Phoenix Regional Partnership Council to increase awareness of the necessity to provide services to young children and, ultimately increase access to pediatric providers across the Central Phoenix region.

<sup>1</sup> Arizona Department of Public Health. Oral Health Findings, Arizona Preschool Children, Fact Sheet #1. <http://azdhs.gov/phs/owch/oral-health/documents/survey/survey-preschool-fact-sheet.pdf>

<sup>2</sup>Wyatt, M. & Gehshan, S. (2007). *Improving Oral Health for Young Children*. National Academy for State Health Policy. [http://nashp.org/sites/default/files/improving\\_oral\\_health.pdf](http://nashp.org/sites/default/files/improving_oral_health.pdf)

<sup>3</sup>American Academy of Pediatrics. *Oral Health in Children: A Pediatric Health Priority* [http://www.academicpedsjnl.net/article/S1876-2859\(09\)00270-8/fulltext](http://www.academicpedsjnl.net/article/S1876-2859(09)00270-8/fulltext)

**Proposed Funding Mechanism:**

**ISA -start date July 2013**

**Alignment to Priorities and Indicators:** Aligns with Indicators 1and 10; aligns with priority 4- All parents, including new parents, of young children will have access to information and support as needed.

**Target Population:** Children ages 0-5 years in various settings which includes WIC and immunization clinics, child care centers community centers, and family, friend and neighbor play and learn training sessions.

**Proposed Service Numbers**

**SFY14**

4,000 children ages 0-5 receiving fluoride varnish  
4,000 children ages 0-5 receiving oral health screening  
15 trained professional (41% of pediatric dentists)

**Performance Measures SFY14:**

1. Number of children ages 0-5 yrs receiving oral health screenings
2. Number of expectant mothers receiving oral health screenings
3. Number of participating adults
4. Number of participating professionals
5. Number of fluoride varnishes applied

How is this strategy building on the service network that currently exists in surrounding regions:

This strategy requires applicant to:

Provide training to families on the importance of oral health care for their children; and provide outreach to dentists to encourage service to children for a first dental visit by age one by:-

Provide oral health screening to children 1-5 and application of fluoride varnish to primary teeth

Provide parent education related to oral health practices for children

Participate in expansion of reimbursement for oral health screening through health insurers if applicable

Participate in Oral Health web-based network when it is established

What are the opportunities for collaboration and alignment:

*This strategy aligns with the following regions:*

**North Phoenix-** is not funding oral healthcare.

**South Phoenix-** In SFY14, the South Phoenix region is funding \$406,853 in Oral Healthcare; reaching 3,400 through varnish, 3,500 through screening and 3,900 adults through screening.

**Maricopa County regions that fund similar strategies:**

Central Maricopa, Northwest Maricopa, Northeast Maricopa, Southeast and Southwest fund oral health care.

**Estimated budget to arrive at \$400,000**

**Total funds include costs for: screening, equipment, toothbrushes (and toothpaste), fluoride varnish and sealant, salaries and ERE for oral health outreach positions and dental hygienists.**

Breakdown of service costs:

4,000 children @ 2.00 per application = \$8,000 for application costs

screening 6 children per hour @ a cost of \$45 per hour

toothbrushes- average costs \$3 per toothbrush/ average 3 toothbrushes per child/yr= \$36,000

Training of professionals- \$45 p/hr. Target- 17 pediatric dentists receiving training for 3 hrs.

**Strategy: Implementation of Sensory Screening to children birth through age five years old to identify children with hearing or vision impairments or**

As part of a comprehensive system of services to families, there is a need for services to screen and identify children prior to school for developmental delays or sensory (hearing, vision) problems.

Many children with behavioral or developmental disabilities and sensory deficits miss important opportunities for early detection and intervention due to gaps in screening and availability of services. Delays in language development, other developmental areas or sensory deficits impact a child's ability to be ready for school. Less than 50% of these children are identified as having a problem before they start school and the opportunities for early intervention have been missed. The U.S. Department of Education regulates the early intervention program under Part C of the Individuals with Disabilities Education Act (IDEA). This program provides screening, evaluation and intervention services for infants and toddlers with developmental delays and disabilities and their families. Part C is administered by states that serves infants and toddlers through age 2 with developmental delays or who have diagnosed physical or mental conditions with high probabilities of resulting in developmental delays. However, many children are not Part C eligible initially and have delays that may not be identified.

Hearing loss is an invisible condition and can be hard for parents to identify because children will react to social and environmental clues and respond as if they can hear; for example, a toddler might go to the front door when he sees his mom grab her car keys instead of responding to her auditory message "time to go bye-bye."<sup>5</sup> The prevalence of hearing loss increases throughout school age due to late identified and acquired hearing loss. Under identification and lack of appropriate management of hearing loss in children has broad economic impacts as well as impacts on a child's social, cognitive and educational development.<sup>1</sup>

Undetected and untreated eye disorders are major child health problems are associated with poor reading and poor school outcomes. The Vision Council of America estimates that a quarter of school age children suffer from vision problems that could have been addressed or eliminated if appropriate screening and follow up had been in place upon entry to school.<sup>2</sup> Many vision problems go undetected by parents, teachers and children themselves without a formal vision assessment. A well-developed vision screening program may help identify children that need follow up with an eye care professional for further examination.<sup>3</sup>

ADHS's Sensory Program loans hearing screening equipment to public schools, charter schools, private school, head start programs, preschools and T3 trainers. The Sensory Program also provides information to Arizona schools on vision screening for school aged children. Vision screening is not mandated by AZ state law, but is recommended by AHDS.<sup>4</sup> Although sensory screenings can take place in a primary care physician's office, not all children have access to a primary care; therefore school and community settings may be the only avenue for children to receive sensory screening.<sup>3</sup>

<sup>1</sup> American Academy of Audiology, *Childhood Hearing Screening Guidelines*. [http://www.infanthearing.org/resources\\_home/positionstatements/docs\\_ps/AAA\\_Guidelines\\_2011.pdf](http://www.infanthearing.org/resources_home/positionstatements/docs_ps/AAA_Guidelines_2011.pdf)

<sup>2</sup> National Commission on Vision and Health, *Building a Comprehensive Child Vision Care System*. 2009 [http://www.visionandhealth.org/documents/Child\\_Vision\\_Report.pdf](http://www.visionandhealth.org/documents/Child_Vision_Report.pdf)

<sup>3</sup> Arizona Department of Health Services, Bureau of Women's and Children's Health Sensory Program. *Recommended Vision Screening Guidelines for Children ages 3 and Older*. 2010. <http://www.azdhs.gov/phs/owch/pdf/sensory/VisionScreening2010.pdf>

<sup>4</sup> Arizona Department of Health Services, Bureau of Women's and Children's Health Sensory Program. *Sensory Program Policies and Procedures for Hearing Trainers and Screeners*. [http://www.azdhs.gov/phs/owch/pdf/sensory/sensory\\_pp.pdf](http://www.azdhs.gov/phs/owch/pdf/sensory/sensory_pp.pdf)

<sup>5</sup>. Elizabeth Seeliger *Making Sustainable Improvements in Hearing Screening*. [http://www.nichq.org/our\\_projects/newborn\\_hearing.html](http://www.nichq.org/our_projects/newborn_hearing.html)

**Proposed Funding Mechanism:**  
RFGA – release April, start date July 2013

**Alignment to Priorities and Indicators:** Aligns with Indicators 1, 8 and 10; aligns with priority 4- All parents, including new parents, of young children will have access to information and support as needed.

**Target Population:** Children ages 0-5 at risk of delay that may not receive screening after the standard newborn screen and before entering Kindergarten.

<b>Proposed Service Numbers</b>	<b>SFY14</b>
	4,200 children for primary screening Approximately 50 children for follow up case management Approximately 25% of the budget for equipment purchase, loan and provider training

- Performance Measures SFY14:**
1. Number of vision screenings conducted/ proposed service number
  2. Number of hearing screenings conducted/ proposed service number
  3. Number of children receiving screening/ proposed service number

How is this strategy building on the service network that currently exists:

Currently ADHS loans hearing equipment to public schools, private schools, charter schools, preschools, Head Starts and T3 trainers. However, Early Head Start and Head Start screening programs are limited to the children enrolled in the program

Additionally, various other community screening programs exist such as: NACHI, Southwest Human Development, City of Phoenix. These are limited to those enrolled in their programs.

Approximately 76% of children below federal poverty level were covered by AHCCCS. Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit provides comprehensive and preventive health care services for children under age 21 who are enrolled in Medicaid. EPSDT is key to ensuring that children and adolescents receive appropriate preventive, dental, mental health, and developmental, and specialty services. EPSDT does not cover the Objective Hearing Screening until age 4 and 5 following the newborn screen. Therefore, routine screens are not performed unless a parent or physician has a documented reason to screen. The EPSDT schedule would need to be updated in the Essential Services to include annual routine hearing screenings.

There is an opportunity to enhance this strategy by increasing provider reach and capacity through training, technical assistance and education; thus assuring children that receive screens are screened with proper equipment by professionals that can provide necessary follow up for diagnostic and possible treatment.

Provide additional training, equipment selection/training, screening techniques, loaner equipment and technical assistance to community health centers, provider offices, home visiting and care coordination programs, and family resource centers.

Conduct screenings at physician offices, community health centers, child care centers (non-Head Start) and other community locations. Provide education and training to ensure the continuation of routine screening and referral services when the program comes to a close.

What are the opportunities for collaboration and alignment:

*This strategy aligns with the following regions:*

**North Phoenix-** is currently funding \$167,598; providing hearing screenings to 3,600 children.

**South Phoenix-** In SFY14, the South Phoenix region allocated \$350,000 to the Developmental and Sensory Screening strategy. Service units- TBD.

**Estimated budget to arrive at\$400,000**

\$100,000- equipment purchase, equipment maintenance, provider training and loaning of equipment.

\$300,000 -staff to provide hearing and vision screening; maintenance of equipment, outreach, provide follow up and case management for children requiring follow up screens.