FTF HEALTH ROLE 1:

Supply of Health Care Services- Collaborate with partners to assess and expand the supply of high quality, affordable comprehensive health services.

GOALS

• Goal a: Sustain and expand the existing number and range of healthcare professionals who are serving young children and their families in remote and underserved areas of Arizona
• Goal b: Sustain and expand the number of healthcare professionals accepting public health insurance

PROPOSED INDICATORS

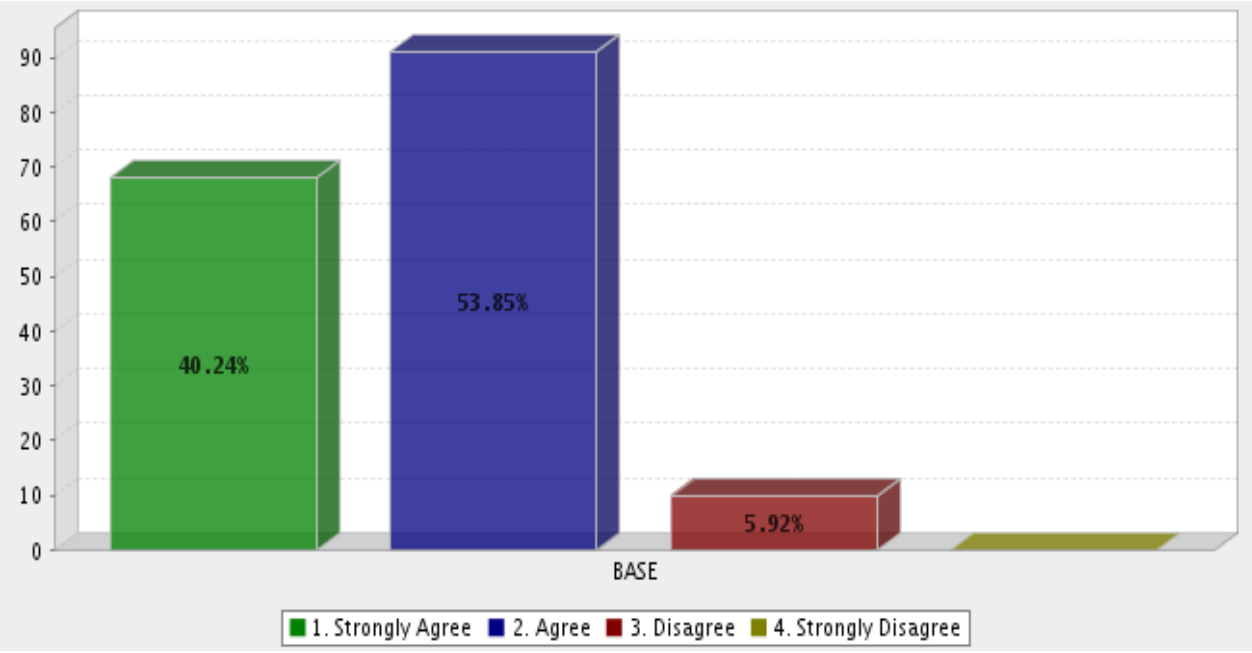
How Much:
• # of pediatricians per capita
• # of pediatric dental providers per capita
• # of primary care providers (medical, dental, mental health and therapy who are qualified to work with children 0-5
• #/% of health care providers accepting public health insurance

How Well:
• % of pediatricians per capita by Health Professional Shortage Area
• % of pediatric dental providers per capita by Health Professional Shortage Area
• #/% of health care providers accepting public health insurance

Is Anyone Better Off:
• % of children 0-5 who live in communities with a shortage of primary care medical, dental, mental health and therapy (SLP, OT, PT) providers who are qualified to work with children 0-5

System Development:

FTF Health Role 1: How much do you agree that the proposed set of indicators are the right measures for this role?



FTF Health Role 1:

Are there any indicators missing or any that need to be deleted? Please add additional comments if desired:

of children that have never been to teh doctor, dentist, etc.. before the age of 5.
% of children 0-5 who live in communities with a shortage of primary care medical, dental, mental health and therapy (SLP, OT, PT) providers who are qualified to work with children 0-5 Is it better to present this as those who live in communities with a shortage or with adequate care providers?
Again, how will we ensure that providers are brought to the rural areas? Will funding for Community Health Centers be made available? Will provider education be part of this measure? And, what of providers accepting un-insured patients at reduced rates?
All of the indicators associated with these goals are about System development. FTF does not have an incfluence on the recruitment of pediatritions to the underserved areas or the economic model that would influence a decision to increase the number of providers accepting public health insurance.
Consider offering contract services utilizing professionals in rural, Native American communities (RN) who are now out of work force but can still provide PT or service specific services (screening, immunizations, PT, allergy shots, chronic care type services) so a child can participate in educational activities & settings.
Don't forget that Family Practice Physicians and Nurse Practitioners probably serve as many children as Pediatricians, in the Primary Care Provider role. Thus need to measure # and % indicators for pediatricians and other PCP's per capita
FTF should support direct dental and medical care when it is necesary to prevent further decay.
Great indicator....how do we help make that happen???
How about reducing the number of families who need to be on public health insurance rather than increasing the number of providers who accept it? And if you want more to accept it have public insurance pay them more reasonably and make the paperwork less cumbersome and payments more prompt. But then is that an FTF issue? Should pediatricians/dental providers per capita be a percentage?
How Well: Need an indicator that references access to infant and early childhood mental health practitioners.
I agree that these are worthy goals, but I believe they are policy-related. I do not believe that the average FTF Regional Council member thinks in terms of policies. Many probably do not even think that addressing policy matters is part of the Councils' responsibilities. Some of these things need interagency collaborative efforts, but the Councils need to be made aware of the policy roles they could play.
I am not sure if my problem here is with the indicator - or the goal itself. Goal b is aimed at expanding the number of providers accepting AHCCCS. This has not been a problem historically - and is only beginning to be a problem due to provider rate reductions. There is little - if anything - that FTF can do to influence this. You may also want to add the following indicator from the Arizona Health Survey: #/% of parents reporting reporting problems getting necessary treatment for their young child (age 0-5)
I don't disagree, I just cannot see how this could happen based on the current or 5-10 year future economy
I know that "underserved Arizona" was mentioned once, but when talking about "percentage of doctors per capita," maybe it could read, "percentage of doctors per capita, per region". There could be plenty of doctors and services per capita for Arizona, but if they're all in metropolitan areas, it doesn't do rural AZ any good. I think not just the numbers, but the location of services needs to be stressed more.
I think it is near impossible for FTF to play a major role in the availability of qualified health care professionals. Even giving incentives will not guarantee that these professionals will stay in Arizona. OUr health care system is a mess but FTF has little power to change it. I think the primary role for FTF should be an advocacy/prodding role.
I think you need to add Family Practioners as well to this formula. I believe there are alot of Family Practioners in rural areas that are seeing young children and because they are not "Pediatricians" they get forgotten in the mix.
I was not involved in the discussions leading up to these indicators, but I like them! Maybe a missing measure for consideration would relate to the cultural relevance of services provided to the underserved area.
In the community I live in MDs are in short supply and many individuals of all ages get their primary care from Family Nurse Practitioners. I realize this is probably not ideal, but it certainly would be better than having no providers at all.

Is there any emphasis on the parents/guardians and their role in attaining health services for their children? Sometimes it appears that services are available but parents refuse to take active roles in obtaining treatment or follow-up for their children.
looks good
need rural vs urban stats
Need to find percentage of children treated vs not treated
Perhaps asking about the number of social service workers per capita. Social service workers may help those have access to listed health services.
Possible additional indicator: # of medical professionals successfully recruited to areas with a shortage of providers.
should also include the # and % of family practice providers
Should Family Practices Providers be included within the How Much area?
The only difference between How Much and How well is one is a number and one is a percent of the same measurement.
The thing to remember is that many providers do not take public health insurance because of the delay in payments, among other things.
There is so much more to "health" than having a doctor/dentist.
This goal is laudable, but unattainable in our present situation state-wide. We are horrifically under-served medically (not nearly enough medical resources) and we have nothing attracting new medical personnel. The percentages of Arizona-born medical students attending Arizona medical schools (usually on scholarships offered in hopes of increasing the numbers of physicians in our state) who leave and practice outside of Arizona are telltale signs that we are not attracting much needed medical caregivers....for all ages. Maybe it would be helpful to tack on an Arizona service requirement for Medical students receiving state funded scholarships (similar to the Armed Forces system). We appear to have plenty of Dentists, maybe we could find a way to increase their scope of practice to alleviate some of the strain on our medical system.
Unhealthy children cannot be educationally ready for school!
We need culturally sensitive health providers. How to do this?
Well thought out.
What is qualified to work with children 0-5 mean??? Therapists can work with a wide range of ages and when they graduate school or if they decide to change age ranges (i.e. working in nursing home and then switch to pediatric) they can work with children 0-5 but they may not have the expertise to work with this population. How will FTF make sure that these therapists are qualified and/or how will they support therapists that are already qualified but need continuing education in the age group of 0-5?!?!?!
when serving rural areas, also needs to be specialist network able to support the pediatrician. pediatrician needs salary similar to large city (even though patient volume may not be as high)
Would not use per capita in How Much/How Well; use a rate e.g. # per 1,000 children or # per 100,000 children (ages 0-5? 0-18?) Add other providers in measures of how well. Need to define the age range that the indicators will evaluate for ALL measures. The term children is too broad.

FTF HEALTH ROLE 2:

Access to Quality Health Care Coverage and Services- Collaborate with partners to increase access to high quality health care services (including oral health and mental health) and affordable health care coverage for young children and their families.

GOALS

- Goal a: Increase the number of children who have comprehensive health insurance
- Goal b: Increase access to and utilization of preventative health care services for children and families
- Goal c: Increase the number of women who receive early and adequate prenatal care

PROPOSED INDICATORS

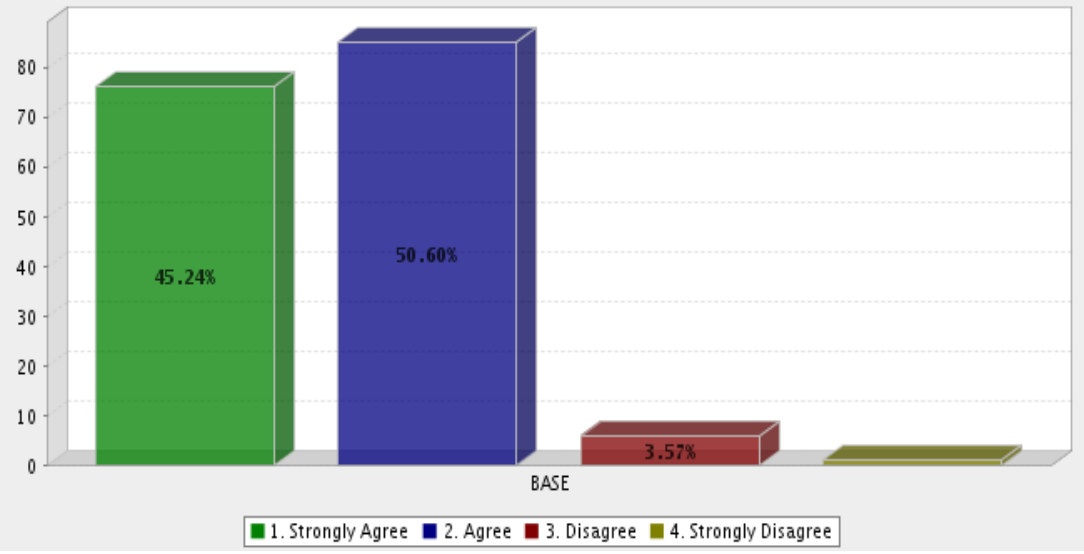
How Much:
- # of children without health insurance
- # of children 0-5 covered by insurance type (Medicaid, Kids Care, Private Employer Based)
- #/% of children with oral health screening by age 18 months
- #/% of children at or over age 3, who receive at least one preventative dental service within the past year
- # of young children (19-35 months) who complete the basic series of age appropriate immunizations
- #/% of births to mothers who received late or no prenatal care
- #/% of mothers with adequate prenatal care as defined by prenatal care index

How Well:
- % of children without health insurance
- % of children covered by insurance type (Medicaid, Kids Care, Private, Employer Based)
- #/% of children with special health care needs whose families have adequate public or private insurance to pay for services
- #/% of children with oral health screening by age 1

Is Anyone Better Off:
- #/% of children receiving timely well child visits
- #/% of children age 5 with untreated tooth decay
- #/% of children with newly identified developmental delays at kindergarten entrance

System Development:

FTF Health Role 2: How much do you agree that the proposed set of indicators are the right measures for this role?



FTF Health Role 2:

Are there any indicators missing or any that need to be deleted? Please add additional comments if desired:

Access to pediatric specialists and access to pediatric psychologists
Again, in regards to infant and early childhood mental health, if we are going to measure developmental delays at kindergarten entrance, we need to include earlier indicators that reference access to developmental screenings and access to mental health programs either in family context or child care context (Smart Support). Also, we need system development indicators.
Better Off: 1. Healthy Babies that are born 2. A transition from the delivery to well baby care.
But this will be affected by many factors uncontrolled by FTF, so a decrease in numbers or percentages will not always mean we are not doing all we can.
Consider revising or streamlining application process, forms and services to apply for services. Currently the application process is overly cumbersome and is a barrier to seeking care. Also timely response for in-take, interviews and processing of application so that access to care is improved.
FTf can play an effective role to ensure that young children at least receive the health insurance benefits they are entitled to.
having insurance and access to care does not guarantee the families will go for preventive visits. Needs to be some type of disincentive to use ED among ahcccs patients.
How will Indian Health Service eligible children and families be accounted for within the How Much area? These eligible IHS patients are not required to have Health Insurance to receive services.
I don't think that the indicators r.e. those covered by insurance type mean anything. I think some more meaningful measures are: #/% of children without insurance part of the year and #/% of children eligible for public health insurance (by income) who are not enrolled. For the 'better off' area, you may want to add an indicator (from the Arizona Health Survey) on #/% of children (0-5) reporting delays in obtaining medical treatment. Another indicator that you may want to include is the #/% of children (0-5) reporting delays in obtaining prescriptions. You may also want to add an indicator on #/% of children (0-5) with a personal doctor/medical home. Medical homes, delays in timeliness of services are all affected by health coverage. You may want to specifically add measures r.e. the number/percent of children (2-5) with dental insurance, the number/percent of children with dental homes (2-5) (From the Arizona Health Survey.) Finally, you may want to add a measure on the number/percent of young children who have received a developmental screening (from AHS).
I think it is incumbent upon FTF to empower parents/families to pursue the above matters. Providing these types of services that have historically been the responsibility of parents/families often creates feelings of inadequacy in parents in their own abilities to care for their own children. I'd like to see some of these goals include parental involvement. I've actually heard young mothers exclaim that they have to send their child to daycare because they wouldn't know what to do with them at home (they do not work outside the home).
I would like to suggest including an indicator that captures pregnant and parenting teens.
I'm not sure how the number of children without health insurance can be impacted in this environment of AHCCCS funding cuts, etc.
Immunizations?
In How Well, change oral health screening to 18 months to be same as How Much?
looks good
Once again all of these indicators are related to system development and not the capacity of FTF to have a direct influence on the provision of health insurance and the shrinking eligibility for public programs. Employers are passing off the costs to employees for familiy coverage - the average is about $325 per month. Families are increasingly declining this coverage. Nothing FTF does will change this market. The area where FTF CAN make a difference is in finding out why pregnant women WITH insuracen are not having visits, why new moms WITH insurance are not completing well baby visits or why moms WITH dental insurance are not having their children seen.
System Development: % of children who have insurance paid fluoride varnish services % of communities with adequately fluoridated water
The amount of work hours and the expense of acquiring so much data may be better spent in direct care and education of children.
The health insurance areas are huge policy issues. see response above.

The last bullet: If we are really good at infant screening, then some children will be identified very early and get the intervention then need to get on the right track. I don't like the wording of this one.
There was no reference to the area of mental health services which I think should be included in the indicators.
We need to start with benchmarks and measure increases in number for immunizations and decreases in untreated tooth decay and developmental delays.

FTF HEALTH ROLE 3:

Access to Quality Health Care Coverage and Services- Collaborate with partners to support improved nutrition and increased age/developmentally appropriate physical activity levels among young children.

GOALS

• Goal a: Increase the number of children, families and caregivers that practice developmentally appropriate physical activity and incorporate good nutrition
• Goal b: Create, sustain and expand community based partnerships that increase access to healthy food and physical activity
• Goal c: Encourage community leadership, public awareness and community design that supports better nutrition, increased physical activity and health conscious neighborhoods and public spaces

PROPOSED INDICATORS

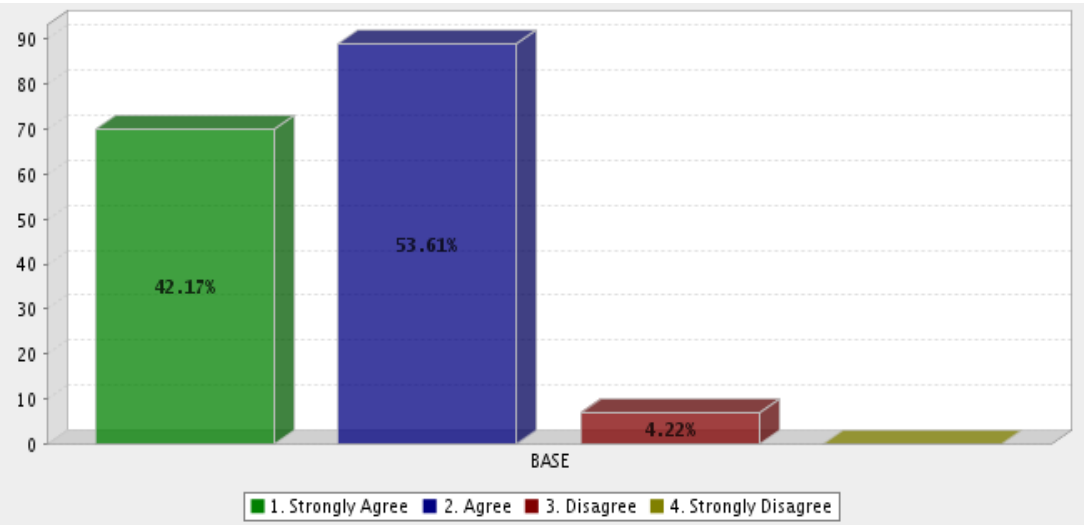
How Much:
• #/% of children with recommended dietary guidelines of fruits and vegetables
• #/% of children who are physically active at least 5 days/week
• #/% of mothers who are breastfeeding their infants at 6 months of age
• # of child care centers participating in Empower
• # of early care and education providers participating in Health Consultation
• #/% of Early Care and Education providers participating in the Child Care Food Program

How Well:
• % of child care centers participating in Empower
• % of early care and education providers participating in Health Consultation
• #/% of potentially eligible children participating in WIC

Is Anyone Better Off:
• #/% of children ages 2-5 at a healthy weight (BMI)

System Development:
• #/% of school districts with joint land use agreements
• #/% of general plans that include healthy design principles
• # of playgrounds/parks per 1,000 people
• # of community gardens

FTF Health Role 3: How much do you agree that the proposed set of indicators are the right measures for this role?



FTF Health Role 3:

Are there any indicators missing or any that need to be deleted? Please add additional comments if desired:

#/% of children with recommended dietary guidelines of fruits and vegetables-- This one seems like it will be difficult to quantify. What will be your source? If self -reporting, how accurate will it be?
• #/% of children who are physically active at least 5 days/week add a more specific time factor - 1 Hour, 2 hours, or as recommended
Again, so much time and cost involved in getting this data may not be cost effective.
Also measure breastfeeding at one year of age. # of children participating in WIC, not potentially eligible.
Am concerned about how to collect and the accuracy of the first three items under how much.
At some point shouldn't child care providers not need to participate in Empower and Health Consultation? Maybe there will alway be some who should, but they should not be always be the same ones. So maybe things should level off at some point.
Community Gardens LOL seriously, we should leave that to those who are already doing that...food banks, department of agriculture, food policy councils ect... it is bigger and more expensive than FTF can handle. If you are going to do this piece as nutrition education bqase don costs we should go back to food boxes for the state.
Consider barrier of the lack of trained nurtitionists who work in rural, native american reservations. Other health professionals (RN) can fill the void to assist in monitoring and advocating for nutritional and food quality where the cheapest food is not always the best food to eat or buy.
Culturally sensitive?
delete community gardens
delete: • #/% of children with recommended dietary guidelines of fruits and vegetables not clear how to measure. instead add # parents wiht nutrition and family nutrition (cooking, eating, shoping, child development) training. delete: #/% of school districts with joint land use agreements • #/% of general plans that include healthy design principles • # of playgrounds/parks per 1,000 people • # of community gardens
Empower "or" other physical fitness rekated programs such as IMIL (I am Moving I am Learning).
Encourage age-integrated activities that promote family involvement. Activities learned and engaged in outside the home as a family have a greater chance of being replicated in the home than those experienced alone (ie, dropping little Sally and Sammy off for an activity while mom and/or dad take off).
How can you measure the # of children with recommeneded guidelines of fruits and veggies?
How do we measure and monitor developmentally appropriate physical activity?
How Much: #/% of children 0-5 receiving food from community food banks How Well or System Development: #/% community food banks participating in FTF partnerships to promote healthy food and physical activity *Access to healthy foods is not just a lack of knowledge problem, but an economic problem as well. This should be aknowledged within the system. Also, not all children, especially in rural areas, are able to attend preschool. The "How Well" section ignores this larger population.
I can't imagine how you will measure the first indicators.
I do not agree that nutrition and physical activity are top priorities.
I goal b I would suggest adding corporate partnerships as there are many great opportunities in the nutrition arena to build great partnerships to support community health and nutrition (in addition to community based partnerships).
Improve the CACFP guidelines so more Child care centers and Family Home care providers would participate. I believe all the timely paperwork that is required scares off a lot of providers that would participate but can't find the time or afford the staff to complete the necessary documents.
Is there any data that breast feeding at 6 month is indicator of health? what is joint land use agreement?

It will be very difficult to reach into families and find out what they are eatting. Will they be truthful?
looks good
Maybe asking about the number of community centers/YMCA, etc. that would be on outlet for physical activity.
none
Physical activity in child care programs is an on-goiong challenge. Looking at playgrounds and state regulations, use of nearby parks, amount of time outside, temperature guidelines are all part of the complicated issues faced by programs and people who support these programs. How large muscle activity is viewed by assessment is also a concern by programs when inside physical acitivity is discussed. More training and resources for large muscle play is needed in early care and child care settings.
Seems vague and unmeasurable. What data set will be used? Only WIC?
System Development: Something on work place breastfeeding policies: % of businesses with breastfeeding policies (ADHS has language that might be better than this)
System development: what about a way to measure whether employers support moms wishing to pump with enough release time and an appropriate space(s) in which to do so.
System development=in rural areas we need nutritionists outside of the WIC program to educate families how dietary guidelines!!!
The deletion of the Is anyone better off; #/% of children ages 2-5 at a healthy weight (BMI). There needs to be a better form of measuremnt, BMI is not a good tool to use.
This item appears to have a lot of overlap between how much and how well which is a bit confusing when thinking about quanity and quality indicators.
Under how much..we should add # of children diagnosed with diabetes/or that are considered obese. Then under Is anyone better off..# of children that are no longer considered obese or no longer considered diabetic.
We must take into consideration the lifeline of some of these programs, such as the Empower Pack may no longer be available in upcoming years.
what is Empower?
What will happen when Empower goes away?
What's Empower?
You may want to add an indicator on the % of families with children 0-5 eligible for WIC who are enrolled.

FTF HEALTH ROLE 4:

Medical and Dental Homes- Collaborate with partners to increase access to medical and dental homes for young children and their families.

GOALS

• Goal a: Increase the availability and use of medical and dental homes by all young children and their families

PROPOSED INDICATORS

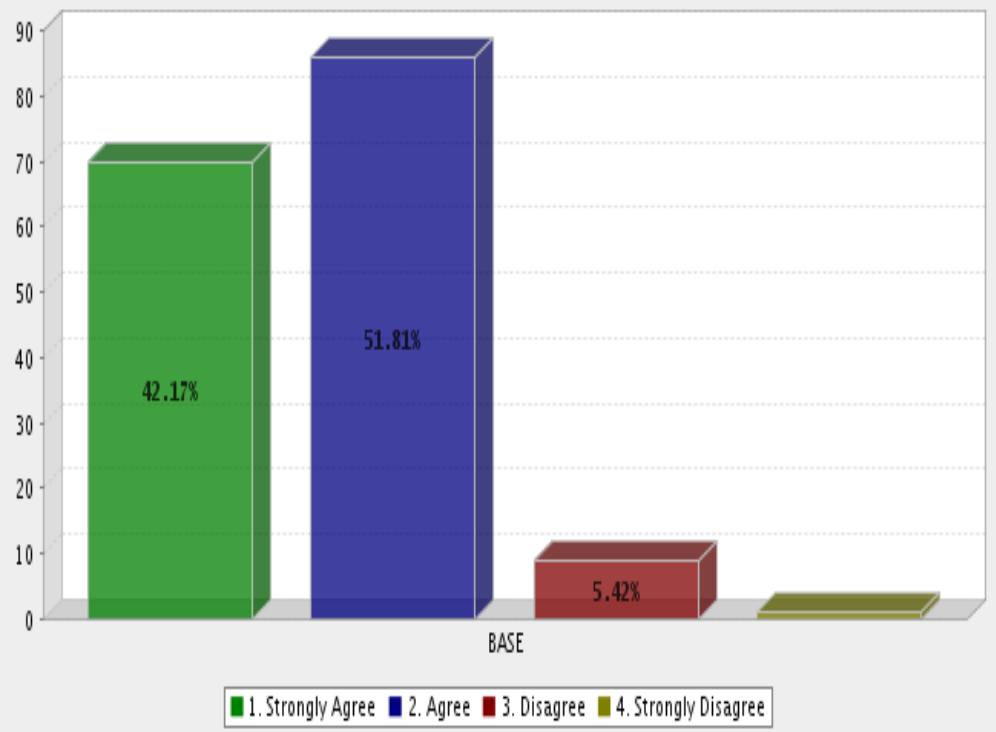
How Much:
• # of dental homes
• # of medical homes
• #/% of children with medical homes
• #/% of children with dental homes

How Well:

Is Anyone Better Off:
• # of children who receive ongoing, routine comprehensive care within a family centered medical home
• # of children who receive ongoing, routine comprehensive care within a dental home

System Development:

FTF Health Role 4: How much do you agree that the proposed set of indicators are the right measures for this role?



FTF Health Role 4:

Are there any indicators missing or any that need to be deleted? Please add additional comments if desired:

Again, if the goal is to increase availability I don't see how just knowing the numbers of current medical and dental homes will do.
Again, policy making is the basis for these.
Are there any centers offering both family centered medical home along with a dental home?
Can this be case managed by FTF? Great idea - a real struggle in rural areas.
Consider that a dental home is illusory if there is no dentist or the child has to travel 100+ miles to get dental care. A mobile unit to serve rural and native american reservations could be an alternative for basic services such as cleaning, screening, floride treatment, education and referral to institutional setting for higher level of care. The goal would be to identify child who needs services but is not being reached by local clinics or hospitals.
COuld add for system development the number of certified family centered medical homes per region per population #
How does this relate to Indian Health Services?
I am not sure how measuring # of dental homes and medical homes in general is helpful. #/% of young children (0-5) with medical homes and #/% of young children with dental homes are far more useful. (Both indicators can be derived from data in Arizona Health Survey.)
I think this will be a difficult role for FTF.
looks good
No
none
Parent/guardian oral health and how this relates to the children
Same issue as Health Goal 2 These are all system development issues because FTF cannot make direct investments in these areas. FTF resources cannot possibly increase the number of medical or dental homes in the state.
Seem2 redundant with the already stated Health Roles 1 and 2.
This question should be clearly defined. I'm not sure what a family centered medical home or dental home mean.
This will not help the Tribes. IHS availability of doctor and dentist care is the problem. The quality of care is also a major issue.
We cannot make these things happen, we can only support
We need system development indicators.
What is the accessability for families How many make use of this type of practice
what is your definition of medical home
What of transient rural area populations? How will patients be tracked to ensure follow-up care in when their parents relocate to other areas of the state (presumably following jobs)?

FTF HEALTH ROLE 5:

Early Screening and Intervention- Collaborate with partners to increase awareness of and access to a continuum of information, support and services for families and their children who have or at risk of having developmental, physical and/or mental health issues.

GOALS

• Goal a: Create, sustain and expand the development of coordinated statewide and community based systems to identify and serve children with physical, mental and/or developmental health needs
• Goal b: Ensure that all children receive periodic developmental and health screening and if necessary, are referred for additional evaluation

PROPOSED INDICATORS

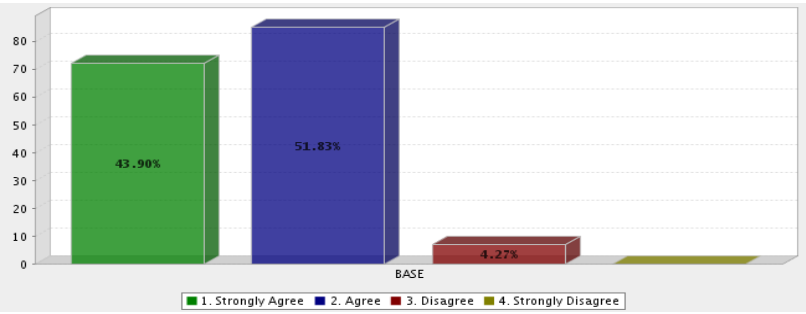
How Much:
• # of primary care medical, dental, mental health and therapy providers (Speech Language Pathologists/Occupational Therapists/Physical Therapists) providing services to children 0-5
• # of children, ages 3-5 receiving part B special education
• # of children receiving part C AzEIP services
• #/% of children 0-3 referred to AzEIP for comprehensive evaluations
• #/% of children 0-5 who live in communities with a shortage of primary care medical, dental, mental health and therapy providers (SLP, OT, PT) providers who are qualified to work with children 0-5
• #/% of children found eligible for AzEIP/DDD
• #/% of children with special health care needs ages 0-5 whose families report the community based services system is organized so they can use services easily
• # of children receiving mental health screening
• # of PCP's routinely using standardized developmental and health screening tools
• # of children receiving oral health screening
• #/% of children receiving a newborn hearing screening
• #/% of children, ages 0-5 identified with or at risk for special needs/disabilities

How Well:
• % of primary care medical, dental, mental health and therapy providers (Speech Language Pathologists/Occupational Therapists/Physical Therapists) providing services to children 0-5
• % of children with disabilities served in Arizona vs. National Standard
• #/% of children entering kindergarten who have had a vision and hearing screening

Is Anyone Better Off:
• #/% of children with newly diagnosed developmental delays at kindergarten entrance
• #/% of children identified with developmental delays by age 1

System Development:

FTF Health Role 5: How much do you agree that the proposed set of indicators are the right measures for this role?



FTF Health Role 5:

Are there any indicators missing or any that need to be deleted? Please add additional comments if desired:

#/% of children 0-5 who live in communities with a shortage of primary care medical, dental, mental health and therapy providers (SLP, OT, PT) providers who are qualified to work with children 0-5 Isn't this repetitive of a previous indicator? Was that intentional?
#/% of children 3-5 referred to schools for comprehensive evaluations
#/% of children who have had a vision and hearing screening by age 3?
Again - a great idea. In rural areas: identification happens but follow-through on actual intervention/treatment does not.
Again, repetitive with Health roles 1 and 2....
Again, we need the access to pediatric specialists. Our families drive 10 hours to get to Phoenix to see a cardiologist, neurologist, etc. For kids with serious health problems, these commutes are torture
Age 1 is unrealistic.
Are you including pediatric Nurse Practitiners in your medical providers?
Consider what happens after evaluation process. How soon or how timely does the child move from evaluation or diagnosis to actual services. The experience for native american communities is that there is a waiting list for children who have been screened and identified as needing services but do not get to the next step of actual services, due to funding or lack of resources. Consider telemedicine capability in providing services in mental health for children in rural and native american communities.
I am not sure what # of children, ages 3-5 receiving part B special education and # of children receiving part C AzEIP services, and #/% of children 0-3 referred to AzEIP for comprehensive evaluations tells us. Need some type of comparison. You may also want to include an indicator of number/percent of families of young children (0-5) reporting problems seeking recommended speech, language or hearing therapy (from AHS) and an indicator on number/percent of families of young children reporting problems seeking recommended services related to developmental delays
Indicators in "Is Anyone Better Off" do not appear to relate to whether anyone is actually "better off".
let doctor office do fluoride treatments paid for by ahcccs. get more bilingual therapist at azeip. track the wait list at azeip. communicate treatment plans with pcp at azeip.
looks good
Need to ensure culturally sensitive providers do this
Need to look at DDD waiting list for kids who need therapy services and compare to # of therapists in area.
No
none
Number of behavioral analyst therapists for children with autism.
On the portion of 'Is Anyone Better Off' the children identified with developmental delays by age 1 should more reflect by age 2 due to pediatrians ruling any delays until after age 1. Age 2 would better demonstrate a better figure.
See above statement.
Some of the bullets under how much seem like they could be grouped together. The first bullet: Please add Developmental Specialist as these are the professionals trained specifically in early intervention. Question: Aren't newborn hearing screenings already universal in this state? Again, are we better off having identified children with developmental delays? I think I understand the rationale. I am thinking maybe the percentage of children who have received AzEIP and Part B services would put a more positive spin on it.
System Development: need indicators! For example, could include an indicator that refers to coordination and integration of multiple settings where children and adults have access to early childhood mental health consultation.

The system development indicators that are listed in teh how much and how well categories are # of primary care providers etc, the number who live in communities with shortages, how can we provide oral health screenings for children without insurance, what is FTF going to do to modify practice in all PCP offices to shift to the standardized screening tools? Are these tools currently available? IF so what are they not mentioned by name? Why do we want more children being screened for mental health issues? Under how well, % of children with disabilities served vs national standard- does this mean that we can expect X% of children in AZ to have a disability and we want Y% ratio of those identified to be served and this reflects the national standard? I have no idea what the meaning of term "community based services system". How would a parent understand this?
The wording in the indicator, #/5 of children with newly diagnosed developmental delays at kindergarten entrance is somewhat confusing. I am guessing that you would want this to be a low number/percentage, however, I am wondering if you are really seeking something different. More specifically, are you looking for the number/percentage of children that have been diagnosed with a delay who are actively receiving services? (Using, "newly diagnosed delay" leads the reader to think you are wanting to see a new diagnosed delay.)
Unless such services are through the school system, this will not help Tribal children
We cannot make these things happen
We need to add # of children eligible for AzEIP/DDD but are on waiting lists for services due to not having providers.
Will be difficult for FTF and must be done with other state and local agencies but is important.

FTF HEALTH ROLE 6:

Specialized Training for Health Services Providers- Collaborate with partners to provide funding and implement strategies for increasing the number of health services providers who have had specialized training in working with young children and their families.

GOALS

• Goal a: Increase the number of health service professionals, including early intervention professionals who have had specialized training in working with young children and their families across Arizona

PROPOSED INDICATORS

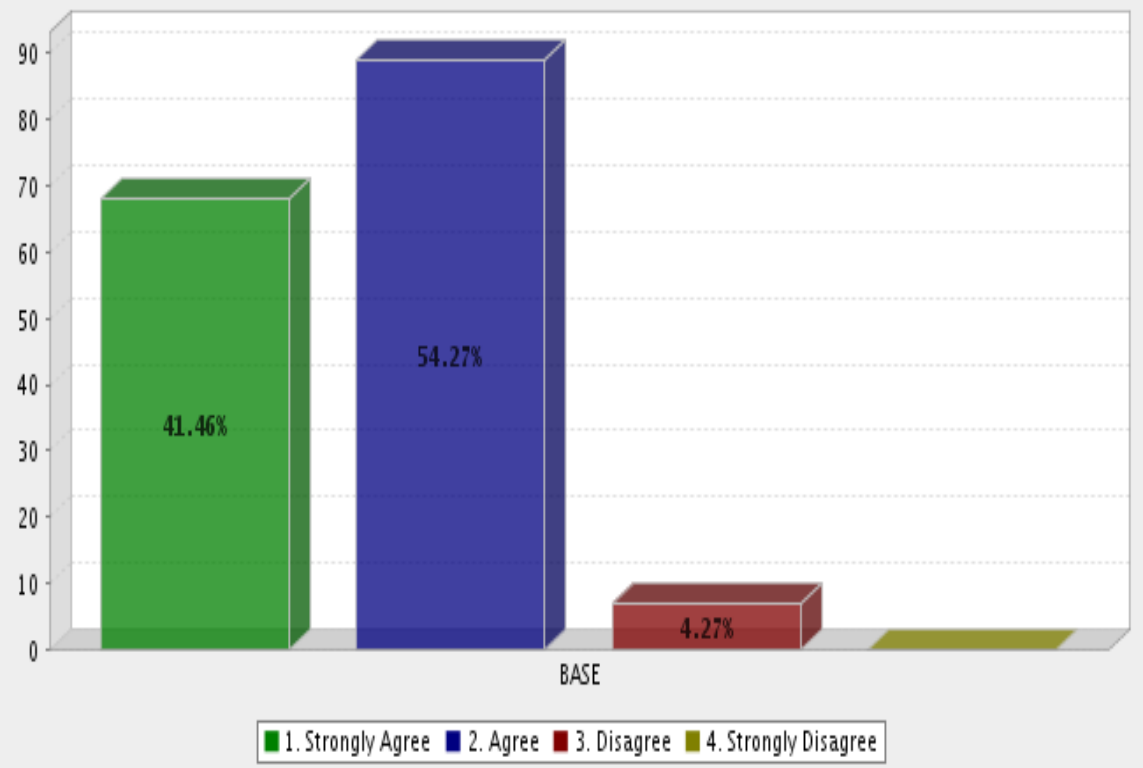
How Much:
• #/% of general dentists serving children 0-5

How Well:
• #/% of therapists who are trained to work with children 0-5
• #/% of physicians who are trained to work with children 0-5
• #/% of health and mental health consultants working with early child care settings
• #/% of mental health professionals who have specialized training to work with the 0-5 population
• #/% of general dentists trained to work with the 0-5 population

Is Anyone Better Off:

System Development:

FTF Health Role 6: How much do you agree that the proposed set of indicators are the right measures for this role?



FTF Health Role 6:

Are there any indicators missing or any that need to be deleted? Please add additional comments if desired:

"trained" to work with - does that mean college credit courses?
again PNP's are well trained to do well care, are they being evaluated?
Again, this is a very medical/therapeutic slant. Social workers can play a critical role as they can most easily assume the role of service coordinator under Part C. Again, Developmental Specialists are also important. Maybe we would be better off not listing each professional?
Again, this will not help Tribal children.
all pediatricians and family physcians are trained to care for all children.
Consider telemedicine capability in training these health care professionals in the rural and Native American communities.
Generally, I have seen workforce number provided in #/1000 population. Otherwise, it may appear you are making progress - but not accounting for population growth.
Health professionals reflective of the cultures of children served.
How are we going to increase them by having indicators that just let us know how many there are currently. You have to compare them to something previous and if we are trying to increase the number how are we doing that - there doesn't appear to be any indicators for this.
I agree with the roles, but how can we impact the number of general dentists serving children? That's like saying we're going to increase the number of pediatric surgeons or orthopedists. How? FTF will use up a lot of its resources doing that.
I think this is going to be extremely hard for FTF to take on in any serious way. It might be appropriate in a rural community but needs to be measured over time to ensure investment actually results in more access.
I'm not sure where it should go but there should be something about health literacy and the link between health and literacy added to professional training. I believe it is in the next section but it should be added, perhaps in this section so the health strategies address this key educational component.
Indicators should include other areas e.g. nurses, physicians, mental health providers serving 0-5
looks good
Measure the # of people seeking screenings and interventions.
No sure why you are only measuring the number of dentists serving young children, what about the other health service professionals.
none
Not inclusive of all health-care roles.
Possible additional indicator: # of therapists successfully recruited to provide services in areas with no therapists who work with the 0-5 population.
Should the "how much" include the same professionals listed in the "how well". Why are only dentists targeted in the "how much"?
Should we include other professionals within the How Much area?
Systems issue only
The "How Much" section duplicates the first indicator in Role 5.
There were no parameters set for "Is Anyone Better Off:" and "System Development:" .....maybe a typo?
This would be a good area to add an indicator related to diversity and cultural relevance training.
Unclear how "training" is defined.

Under How Much, shouldn't therapists, physicians, etc also be counted?
What is "trained"??? Trained=number of CEU they attended, type of CEU or extra certifications beyond their college degree???
Why aren't the other professionals mention in How Much?