GOAL AND INDICATORS	SA/A #/%	D/SD #/%	COMMENTS	REVISED GOAL AND INDICATORS
1A1a. 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 • % of children 0-5 who live in communities with a shortage of primary care medical, dental and mental health providers • #/% of providers accepting public health insurance • #/% of pediatricians by county statewide • #/% of pediatric dental providers by county statewide	14/100	0/0	Might think about establishing proportional guidelines (for every 2500 children on AHCCCS) there is a health care provider accepting public insurance. I am not strongly committed here. Indicators are broad - it's not clear what "providers accepting public health insurance" means, for example. Are all providers lumped together? Separated by provider type? The idea is good - the execution of the idea will be important. Also, does "pediatric dental providers" mean dentists, hygienists, etc. who see children ages 0-1, 0-3, 0-5 or simply those with specific certification in pediatrics? Again, I support the concept, but the data specificity will be important. Since goal reflects "expanding" the number and range of health care providers, I would suggest adding: #/% of general dentists trained to provide care to 0-5 population. "health care professionals" are limited by these indicators to pediatricians and pediatric dental providers? What about early intervention folks?	1A1a. 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 • % of children 0-5 who live in communities with a shortage of primary care medical, dental and mental health providers • #/% of pediatricians by county statewide • #/% of pediatric dental providers by county statewide
1A1b. Sustain and expand the number of healthcare professionals accepting public health insurance • #/% of health care providers accepting public health insurance	14/100	0/0	Same comments as above. Just wondering what FTF funding could do to induce healthcare professionals to "accept" public health insurance. can remove this as an indicator in 1A1a above remove this from the previous goal	1A1b. Sustain and expand the number of healthcare professionals accepting public health insurance • #/% of health care providers accepting public health insurance
1B2a. Increase the number of children who have comprehensive health insurance • #/% of children 0-5 without (comprehensive) health	14/100	0/0	Yep, lets find jobs for their parents so they can have good insurance. What does comprehensive mean? How is it possible to measure??	1B2a. Increase the number of children who have comprehensive health insurance • #/% of children 0-5 without health insurance • #/% of children 0-5 covered by insurance

insurance • #/% of children 0-5 covered by insurance type (Medicaid, KidsCare, Private, Employer Based) • #/% of children with special health care needs age 0-18 whose families have adequate private or public insurance to pay for services			It is going to be difficult (if not impossible) to define "comprehensive" coverage or "adequate" healthcare coverage. Health insurance can deny things that are not considered medically necessary and if the parents or providers want to see that service done for a child, they will consider that "inadequate" coverage. In the autism community, you will find lots of $s spent getting services that do not have scientific evidence to support efficacy. Should these kinds of non-proven services be considered necessary for "comprehensive or adequate" healthcare?? Who will define "comprehensive" or "adequate", the family, provider, the committee?? I am not certain how this information can be collected. The last indicator (CSHCN) is a great measure of comprehensiveness, but the language could be different. There are some standard surveys that ask similar questions - it may be worth finding and using that language (out of pocket costs, etc.) Current language is too nebulous. i think the word comprehensive will be difficult, realistically we can measure with or without health insurance the last indicator could be problematic--how do you define adequate	type (Medicaid, KidsCare, Private, Employer Based) • #/% of children with special health care needs age 0-18 whose families have adequate private or public insurance to pay for services
1B2b. Increase access to and utilization of preventative health care services for children and families • #/% of children 0-5 who receive at least one preventative dental service within the past year • #/% of children with dental screening by age one • #/% of children 0-5 receiving developmental and mental health screening • #/% of children 0-5 with a	13/93	1/7	A peanut butter screen? Oh!!! You mean lead!! PB Screen should be "TB" screen. Not certain how this information can be obtained 1st indicator is too vague. Children 3+ are far more likely (if they are going to see a dentist) to have received care than those less than 3. How would we interpret that data if it's all lumped together? 3rd indicator - are developmental and mental health screening always done together? If not, split this apart. 4th indicator - Why are these screens singled out from the other important components of primary	1B2b. Increase access to and utilization of preventative health care services for children and families • #/% of children 0-5 who receive at least one preventative dental service within the past year • #/% of children with dental screening by age one • #/% of children 0-5 receiving developmental and mental health screening • #/% of children receiving timely well child

recent well child visit that included a lead, vision hearing and comprehensive developmental screen • #/% of children receiving timely well child visits • Young children (19-36 months) who complete the basic series of age appropriate immunizations			care? Not all screens are appropriate at every well child visit. 5th indicator - measured by what? 6th indicator - National Immunization Survey measures children 19-35 months Agree these are important; however, they mix issues. Mental health screening should be separate from developmental screening (i.e., 2 different indicators) Several have too many different parts to measure. Many of these really are getting to the completeness of well checks which is a different issue. The indicator should be that they had the well check. If this isn't done correctly and missing some of the components than that falls under a training issue/indicator We really do need to know access to well visits, developmental screening, mental health screening, immunizations, dental screening	visits • Young children (19-35 months) who complete the basic series of age appropriate immunizations
1B2c. Increase the number of women who receive early and adequate prenatal care • #/% of births to mothers who received late or no prenatal care • #/% of infants born weighing under 2,500 grams • #/% of mothers receiving prenatal care in the first trimester • #/% of mothers with adequate as defined by index prenatal care	14/93	1/7	Seems to me, that number one is duplicative if we have number 3. Please clarify the last indicator low birth weight not necessarily related to timing or adequacy of prenatal care Suggest adding: #/% of mothers who obtain oral health education/screening (Inadequate oral health care during pregnancy and its relationship to low birth weight, etc.) Again, need to be clear when the target number is to be decreased rather than increased. We could probably limit it to the last one.	1B2c. Increase the number of women who receive early and adequate prenatal care • #/% of mothers receiving prenatal care in the first trimester • #/% of mothers with adequate as defined by index prenatal care
1C3a. Increase the number of children, families and caregivers that practice developmentally appropriate physical activity and incorporate good nutrition	12/86	2/14	First indicator will need a standard. Well these will be fun to try and measure. We will end up with a bunch of data subsets.	1C3a. Increase the number of children, families and caregivers that practice developmentally appropriate physical activity and incorporate good nutrition

• % of children with appropriate intake of fruits and vegetables • #/% of mothers who are breastfeeding their infants at 6 months of age • #/% of children ages 2-5, at a healthy weight (BMI) • #/% of children who are physically active at least 5 days/week			How will we define "appropriate intake" of fruits or vegetables?? Can it be measured? How will this information be obtained? how will the data for the first and last bullet points be identified? Not sure what measure is used for the first bullet (a bit hard to measure fruit and vegetable intake -- would this be a place to look at a negative as decreasing use of liquids other than water and milk?)	• % of children with appropriate intake of fruits and vegetables • #/% of mothers who are breastfeeding their infants at 6 months of age • #/% of children ages 2-5, at a healthy weight (BMI) • #/% of children who are physically active at least 5 days/week
1C3b. Create, sustain and expand community based partnerships that increase access to healthy food and physical activity • #/% of child care centers participating in Empower • #/% of potentially eligible children participating in WIC • #/% of Early Care and Education Providers receiving health consultation • #/% of ECE providers participating in Child Care Food Program	10/77	3/23	It is about what is happening in homes. Highly focused on ECE. There are many other community based partnerships. What about community gardens? Work with schools? Farmers markets? Joint land use agreements? zoning for something other than fast food and convenience stores. There is a good deal missing from this set of indicators. Will health consultation include Mental Health Consultation? Any way to measure grocery stores in neighborhood? I don't know what all the initials refer to or what Empower is so I can't vote intelligently I do not believe that #/% of health consultation or CCFP indicators will give pertinent data related to this goal. Narrow focus on child care centers versus community what is CCFP? Need to avoid acronyms Need a goal to address community level change. some of the Healthy Maricopa or work in Tucson can be mirrored here	1C3b. Create, sustain and expand community based partnerships that increase access to healthy food and physical activity • #/% of child care centers participating in Empower • #/% of potentially eligible children participating in WIC • #/% of Early Care and Education Providers receiving health consultation • #/% of ECE providers participating in Child Care Food Program

			There are other programs that might be included, including NATSAC (?i THINK) and the AZ Academy of Pediatrics' program	
1C3c. Encourage community leadership, public awareness and community design that supports better nutrition, increased physical activity, and health conscious neighborhoods and public spaces • #/% of playgrounds/parks per 1,000 people • #/% of school districts with joint land use agreements • #/% of community gardens • #/% of general plans that include healthy design principles	12/92	1/8	I am greatly opposed to number 2. The smart school district with the general dearth of energy absorbent ground cover under equipment would not want the general public to come and acquire head injuries on their property. Sorry! Also missing some items. Safe Routes to School, Breast feeding friendly hospitals, high density housing. What about sound public policy regarding school food, required PE etc.?	1C3c. Encourage community leadership, public awareness and community design that supports better nutrition, increased physical activity, and health conscious neighborhoods and public spaces • #/% of playgrounds/parks per 1,000 people • #/% of school districts with joint land use agreements • #/% of community gardens • #/% of general plans that include healthy design principles
1D4a. Increase the availability and use of medical and dental homes by all young children and their families • #/% of children ages 0-5 with medical homes • #/% of medical homes • Children with special health care needs age 0-5 receiving ongoing comprehensive care within a medical home	13/93	1/7	I would remove the last one. All children is all children, special health care needs or not. Need to define "comprehensive" care. Will it be the # & timeliness of EPSDT visits? "Medical home" is a term that means different things to different people, and, as such, will be difficult to measure. What component of medical home are we looking for? Ability to identify a primary source of care? Are there any objective measures? I suggest including some simple measures such as ability to ID a primary source of care and also some objective measures such as certification by one of the organizations certifying medical home services. We are missing dental! Please add: #/% of children ages 0-5 with dental homes Question: How do we measure this? What about dental home? Not sure how we will know this.	1D4a. Increase the availability and use of medical and dental homes by all young children and their families • #/% of children ages 0-5 with medical homes • #/% of medical homes • #/% of children with dental homes
1E5a. Create, sustain and expand the development of coordinated statewide	12/92	1/8	Might want to track the second set of indicators just for baseline information.	1E5a. Create, sustain and expand the development of coordinated statewide and community based

and community based systems to identify and serve children with physical, mental and/or developmental health needs • #/% of children with newly diagnosed developmental delays at kindergarten entrance • #/% of children 0-5 who live in communities with a shortage of primary care medical and mental health providers • #/% of SLP/OT/PT providing services to children ages 0-5 • #/% of early intervention providers available to 0-5 year old children • #/% of families refusing AzEIP/DDD services due to cost participation			There is no cost (for children's services 0-20 yrs) for participation in AzEIP & DDD. Unsure of what this means?? More & more providers are refusing to refer to or use the AzEIP Program due to continued internal dysfunction, so this may not be an accurate reflection for this indicator. how would one define "appropriate intervention services"? Note: Spelling/grammar error, last optional goal should be "whose" Need an indicator of the number of children 0-5 who are referred for services. LEAs are not serving all of the referred population. Under the last item above, need to know how many feel the services are not meeting needs ---the above statement doesn't distinguish those who are neutral vs those who find access difficult.	systems to identify and serve children with physical, mental and/or developmental health needs • #/% of children with newly diagnosed developmental delays at kindergarten entrance • #/% of children 0-5 who live in communities with a shortage of primary care medical and mental health providers • #/% of SLP/OT/PT providing services to children ages 0-5 • #/% of early intervention providers available to 0-5 year old children • #/% of families refusing AzEIP/DDD services due to cost participation
If you believe additional indicators should be included for this goal, please select all that apply • #/% of children 0-3 referred to AzEIP for comprehensive evaluations • #/% of children found not eligible for AzEIP/DDD • #/% of children 0-5, who receive appropriate intervention services • #/% of children, ages 3-5, receiving part B special education • #/% of children with special health care needs ages 0-5 whose families report the community based services system is organized so they can	7 7 7 10 5			• #/% of children 0-3 referred to AzEIP for comprehensive evaluations • #/% of children found not eligible for AzEIP/DDD • #/% of children 0-5, who receive appropriate intervention services • #/% of children, ages 3-5, receiving part B special education • #/% 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

use services easily				
1E5b. Ensure that all children receive periodic developmental and health screening and if necessary, are referred for additional evaluation • #/% of children entering kindergarten without having a vision screening • #/% of children receiving newborn hearing screening • #/% of children with newly diagnosed developmental delays at kindergarten entrance • #/% of children 0-5 receiving mental health screening • #/% of PCP;s routinely using standardized developmental and health screening tools.	13/93	1/7	Not sure this package works. What about # of children who receive standardized developmental screening in a medical home? Again, might want to track the second set for baseline How would data be collected for mental health screening? I don't believe the last 2 measure the stated goal. #1 - many young children have vision screening, but it's not a quality screen. Is that worth addressing? #4 how to define and measure mental health screening? Please add: #/% of children 0-5 receiving oral health screening The impact of this goal would be better measure if you took into account the secondary items noted in 1E5b. Again - issue of positive and negative indicators. Those with newly diagnosed problem indicate problem in that they were missed before, but it is a good thing to (finally) identify them.	1E5b. Ensure that all children receive periodic developmental and health screening and if necessary, are referred for additional evaluation • #/% of children entering kindergarten without having a vision screening • #/% of children receiving newborn hearing screening • #/% of children with newly diagnosed developmental delays at kindergarten entrance • #/% of children 0-5 receiving mental health screening • #/% of PCP;s routinely using standardized developmental and health screening tools • #/% of children 0-5 receiving oral health screening
Regarding 1E5b. If you believe any of the additional indicators should be included to this goal, please select all that apply • #/% of children, 0-5 identified with or at risk for special needs/disabilities • #/% of children, ages 3-5, receiving part B special education	8 5			• #/% of children, 0-5 identified with or at risk for special needs/disabilities • #/% of children, ages 3-5, receiving part B special education
2A1a. 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	14/100		Will we create an indicator for every kind of health professional that works with children?? How will training be defined? This could be a random collection of what some people think is specialized training, and others would strongly disagree. If it's the best we can come up with, then go for it.	2A1a. 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 • #/% of professionals completing the Early

• #/% of professionals completing the Early Intervention Standards of Practice modules • #/% of therapists who are trained to work with children 0-5 • Number/% of physicians who receive specialized training in working with children 0-5 • #/% of early intervention professionals who received specialized training in working 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 (by community)			Add: #/% of general dentists receiving specialized training on treating the 0-5 population. NOTE: Goal relates to training, Goal 2A1b relates to actual number. Dentists need to be included among those who receive specialized training to work with young children. That is a separate issue from 2A1b - those agreeing to see children n0 - 5.	Intervention Standards of Practice modules • #/% of therapists who are trained to work with children 0-5 • Number/% of physicians who receive specialized training in working with children 0-5 • #/% of early intervention professionals who received specialized training in working 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 (by community) • #/% of general dentists receiving specialized training on treating the 0-5 population.
2A1b. Increase the number of general dentists who service pediatric populations • #/% of general dentists serving children 0-5	12/92	1/8	Not the number--it is the ratio in a defined area. Can possibly use the number of training conducted as a measure here as well. #/% of general dentists receiving specialized training on treating the 0-5 population.	2A1b. Increase the number of general dentists who service pediatric populations • #/% of general dentists serving children 0-5