



# FIRST THINGS FIRST

*Ready for School. Set for Life.*

April 20, 2012  
First Things First  
4000 North Central Avenue, Suite 800  
Phoenix, Arizona 85012

## MEETING MINUTES & SUMMARY OF DISCUSSION

Nutrition, Obesity Prevention and Well Child Visits Indicator Sub-Committee

<b>Committee Members in Attendance</b>	Diane Fellows, Chair; Karen Sell, and Roy Teramoto
<b>Committee Members Attending Telephonically</b>	David Dube
<b>Staff Members in Attendance</b>	Karen Peifer, Karen Woodhouse, and Elsa Romero
<b>Members of the Public in Attendance</b>	Amy Kemp, Sandy Foreman, Kelley Murphy, Melissa Begay and Lanna Flood
<b>Facilitator</b>	Leslie Anderson, Leslie Anderson Consulting, Inc.

### Call to Order

The regular meeting of the First Things First – Arizona Early Childhood Development and Health Board, Nutrition, Obesity Prevention and Well Child Visits Indicators Sub-Committee was held on April 20, 2012 at First Things First Board Room, 4000 North Central Avenue, Suite 800, Phoenix, Arizona 85012. The meeting was called to order by Chair Fellows at approximately 10:12. A brief welcome was made by Chair Fellows; everyone in attendance introduced themselves and the organization which they represent.

### Approval of March Meeting Notes

Amendment to minutes; page 4, 4<sup>th</sup> paragraph; Proxy indicator – No clear definition of what a well-child visit entails. A motion to accept the minutes as amended was made by Member Dube. Motion seconded by Member Sell. Motion carried.

### Discussion and Possible Recommendation of State Level Benchmark for School Readiness Indicator

Leslie Anderson, Facilitator gave a brief overview of the purpose of meeting, objective is to agree on a recommendation for state level benchmark for two indicators. Ms. Anderson reviewed the tools that would be used for determining the benchmarks and trend line.

- a. Discussion of Data Sources for Baseline, Trend Line and Progress Monitoring
- b. Benchmark Recommendation

### Indicator #7: #/% of children age 2-5 at a healthy weight (BMI)

- a. **What data source(s) does the subcommittee consider to be most valuable and appropriate to use to make the benchmarking recommendation?**

It was determined that using the statewide WIC data is a good source of data for this indicator. It is available for multiple years; its administrative data that offers additional information that can set a context for the primary indicator; and it represents about 46-64% of the children born in the state. It can also be used for setting regional benchmarks.

Karen Sell, DHS, stated that the data represents the statewide WIC program and that she could add the Navajo Nation WIC data to the data base representing 64-65% of the population of children. It can be sorted by gender, age and race/ethnicity for further information on the rates of childhood weight. Future years will also have comparable data available for tracking.

The language was changed to: ***#/% of children age 2-4 at a healthy weight (BMI)***. This change is based on the CDC Pediatric Nutrition Surveillance System (WIC) measure.

Roy Teramoto suggested that we keep the language in the indicator to reflect 'healthy weight' rather than normal weight' to support a health message. He also suggested continuing to seek out the IHS BMI data in the future since the rates are different for this population. There was consensus on these issues.

Key Measures that will also be tracked using the same data are: children under-weight, overweight and obese. Data specific to tribal areas might be included in the WIC and tracked if possible. Consensus was reached that further investigation on the under-weight category is needed.

**b. What is an estimated range for the percentage change that can be realistically expected at the state level by 2020?**

- 70 – 75% children will be at a healthy weight.
- Key measure – over weight, underweight, obese and normal (Healthy) weight. If possible, children in the underweight category will be further sorted by reasons for underweight- failure to thrive, anemia, congenital health issues and lack of food resources.
- Use of the State WIC data reported to the CDC will be used to establish a trend line. The state level HAND data will be used for future years.

Member Sell motioned that 70-75% healthy weight is the benchmark. Member Dube seconded. Motion carried.

**Indicator #8: #/% of children receiving timely well child visits**

**a. What data source(s) does the subcommittee consider to be most valuable and appropriate to use to make the benchmarking recommendation?**

Karen Peifer presented possible language changes to this indicator to align with the HEDIS (Healthcare Effectiveness Data and Information Set) measure that is found in the 2010 AHCCCS data report. The rationale for change is to align with existing HEDIS measures for well child visits.

A language change was approved to the following: ***#/% of children receiving timely well child visits at age 15 months***.

The AHCCCS/ HEDIS measure represents the percentage of children who have had 6+well child visits by their 15 month visit which is the expected number of well child visits. The minimum performance standard for AHCCCS is 65% with the goal to be 90% of all 15 month children will have 6+well child visits. The change retains the intent and allows the use of AHCCCS data that is already collected. The measure is available for children enrolled in Medicaid and KidsCare. Yearly rates are available for both and represent approximately 50% of children living in Arizona and it can be broken down into GSU areas for regional tracking.

**A Key measure** will be added to this indicator tracking process. It is: ***#/% of children receiving 4:3:1:2:3:1:4 series of vaccinations by age 2 years of age***. This measure represents the percentage of children receiving the recommended 16 vaccinations by age 2. It is also a HEDIS measure and tracked by AHCCCS. Currently AHCCCS providers are at 65% and it is expected for them to reach 90%. Roy Teramoto stated that IHS uses this measure as well and that it represents the ideal

vaccination rate for all children. A benchmark was not set but it was agreed that it will be tracked as well as the primary indicator.

Member Teramoto motioned that the AHCCCS data be used as a data source and that the language of the indicators reflect the measure in the AHCCCS system. Member Sell seconded. Motion carried.

**b. What is an estimated range for the percentage change that can be realistically expected at the state level by 2020?**

- o 75-80% Well Child Visits at 15 months – Recommended

Member Teramoto motioned 75-80% Well Child Visits be measured. Member Sell seconded. Motioned carried.

**Next Steps**

The Sub-Committee was an AdHoc Committee therefore their work is completed and greatly appreciated. May 31, 2012, 1:00 p.m. to 4:00 p.m. Program Committee will convene to hear the work completed by all Sub-Committees.

**Adjourn**

There being no further business, Member Teramoto motioned the meeting be adjourned. Member Sell seconded. Motion carried, meeting adjourned at approximately 11:54 a.m.

**SUBMITTED**



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Elsa Romero, Executive Staff Assistant

**APPROVED**



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Karen Peifer, Sr. Director of Children's Health

**Committee Approval**

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Diane Fellow, Chair