LA PAZ / MOHAVE

HEALTH BRIEF

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First Things First's vision is that all Arizona's children are ready to succeed in school and in life. Important components to ensuring that success are the availability of quality early care and education opportunities for children; accessible, affordable and quality children's health care; and support for families to provide nurturing, healthy and resource-rich environments for their children. Coordinating policies, services and infrastructure across the early childhood system can help assure these elements are in place.

In order to identify the strengths, weaknesses, opportunities and priorities for improving the early childhood system in La Paz and Mohave counties, the First Things First La Paz/Mohave Regional Partnership Council looked to key informants in both counties for their perspectives. The information collected was structured around a framework developed by the national BUILD Initiative to evaluate early childhood systems initiatives (Coffman, 2007). The framework identifies five connected early childhood system levers:

1. ***Context***: The political environment that surrounds the system and affects its success
2. ***Components***: The quality and performance of programs and services
3. ***Connections***: The strength and effectiveness of linkages across the system
4. ***Infrastructure***: The foundational supports the system needs to function effectively
5. ***Scope and Scale***: The comprehensiveness of the system for all children.

To gather this information, the La Paz/Mohave Regional Partnership Council identified community members who were knowledgeable about the region and could help in identifying early childhood system-building strategies. These key informants included health care professionals, public and non-profit agency personnel, elementary school educators and administrators, and preschool and child care providers. These stakeholders were invited to participate in a telephone interview between December 2013 and March 2014.

Altogether, 101 individuals participated in an interview which was structured around the BUILD Initiative framework cited above. Information within this framework was gathered across three content areas; 1) early learning; 2) children's health care and 3) family support programs.

This brief addresses findings on children's health care from the perspective of these stakeholders. Health care services assessed include medical, dental, vision, emergency medicine, mental health services, services for children with special needs and rehabilitative care.

La Paz/Mohave Region Children's Health Care Brief

Having easily available, affordable, high quality health care services for expectant mothers and young children can have profound impacts in a community. Access to high-quality health care can improve birth outcomes, ensure more children receive routine and recommended care, reduce delays in seeking care, and affect the continuity of care received. All of these factors can have an impact on school readiness and success, and on a child's long-term health and well-being. This brief describes the current state of the children's health care system in the La Paz/Mohave Region from the perspective of key stakeholders.

Overview of Children's Health Care in the La Paz/Mohave Region

Access to health care can be problematic for the La Paz/Mohave Region. All of La Paz County and all but the areas around Lake Havasu City and Bullhead City in Mohave County have been designated as "medically underserved" by the Arizona Department of Health Services,[1] and

[1] http://www.azdhs.gov/hsd/designations/DownloadWindow/BaseMaps/AZMUA.pdf

much of the region has been designated as a "dental health professional shortage area."[2]

The ratio of the county population to the number of primary care providers provides an indicator of the health care infrastructure within the region. In Arizona as a whole, the ratio of residents per primary care provider is about 785:1; in Mohave County, it is about 872:1, climbing to 1,742:1 in La Paz County. This is similar to other rural and frontier areas in the state, and illustrates the challenge that residents in more outlying areas face in obtaining care.

The larger communities in the region are served by hospitals and community health clinics, and local health clinics provide services in outlying communities. However, there are few pediatricians and fewer pediatric dentists, even in the larger communities. Specialty medical and dental care for young children is very often unavailable.

Approximately 14 percent of children from birth to 5 years of age are uninsured in the region, compared to 11 percent for the state as a whole. Roughly 25 percent of the population of Mohave County, and 24 percent of the population of La Paz County are enrolled in AHCCCS, slightly higher than the state as a whole (21%).[3]

The percentage of uninsured births in the state is just over 3 percent which is similar to Mohave County (5%). The percentage of uninsured births in La Paz County is much higher at 15 percent.[4] In addition, the infant mortality rate is higher in La Paz and Mohave Counties than in the state as a whole (8.7 in La Paz and 7.5 in Mohave compared to 6.5 per 1,000 births in the state).[5]

The region faces unique challenges related to children's health care due to the geographically remote nature of many of its communities, as well as the expanse of the region.

Context of the Early Childhood Health Care System in the Region

Stakeholders discussed a number of strengths and challenges related to the political and regional environment that may impact children's health care in the region.

Strengths

- Some communities show strong support and collaboration around essential health services, e.g., annual events like the Havasu Stick'em offer free child immunizations.
- La Paz Regional Hospital, the only non-Indian Health Services hospital in La Paz County, recently received the designation of Critical Access Hospital.
- A strong volunteer spirit among health care providers and service organizations enables some children to receive health care and supplies who would not otherwise have access to them.
- The growing number of young families and greater awareness of the importance of early childhood has caused some providers of services to children to shift resources to the birth to 5 population.

Challenges

- Political beliefs and a strong culture of self-reliance affect utilization of services provided by government agencies.
- Early childhood is not perceived as being a high priority issue among some in political leadership.
- Having a large elder and retirement population is seen as affecting the limited

[2] http://www.azdhs.gov/hsd/data/documents/maps/dentalhpsas.pdf

[3] AHCCCS (2014). Population by County. Retrieved from http://www.azahcccs.gov/reporting/enrollment/population.aspx

[4] Arizona Department of Health Services (2013). Advance vital statistics by county of residence, Arizona, 2012, Tables T18 and T19. Retrieved from http://azdhs.gov/plan/report/avs/avs12/avs2012.pdf

[5] Arizona Department of Health Services, Primary Care Area Statistical Profiles, 2014

health care resource allocation in the region towards those groups.

- The transient nature of the younger population in the area impacts the degree of political support for early childhood issues as well as follow-up on referrals by parents and follow-up by health care providers.
- Generational poverty and day-to-day struggles override health care seeking and impede accessing routine and recommended care.
- The issue of substance abuse, and the chaos and dysfunction within families that often causes, interferes with knowledge of and utilization of health care services for children.
- Both city-level community development efforts and agency-level recruitment and retention incentives are needed to increase the number of qualified workers who move into and stay in the region, particularly in the fields of mental health and special needs services.

Components of the Early Childhood Health Care System in the Region

Stakeholder perceptions of the available health care programs and services in the region, and factors impacting their quality, are summarized in the following section.

Strengths

- High quality pediatric medical and dental services are available in larger communities.
- Head Start's coordinated health services, and education for families on routine and recommended health care, are a solid resource for children enrolled in Head Start.
- Ongoing quality community programs were identified in many areas. These included: Mohave Community College free dental exams and fluoride varnishes; Havasu Stick'em free immunizations, sports physicals, and vision and hearing screenings; Kingman Regional Medical Center Kid's Day Health and Safety Fair; La Paz County Health Department's school-based immunization program and annual EXPO; and Mohave County Health Department's free immunization clinics.
- There is currently a Promotora outreach program in development in La Paz County.

Challenges

- Most children's medical care is provided by family practice physicians or nurse practitioners, rather than pediatricians, which some stakeholders felt may impact the quality of specialized care.
- Services with home offices based in other cities were seen to lack the local community knowledge and commitment needed to have a successful impact in the region.
- There is a "rotational" aspect of medical care that is particular to rural communities (practitioners staying for two years to get experience or to fulfill loan obligations). The continuity of care families and children receive suffers with these frequent provider changes.
- There were a number of concerns raised about the quality of mental health services available across the region. Staff were often seen to be uncertified, underqualified, or inexperienced, and stakeholders identified a lack of therapists knowledgeable in play or trauma-based therapy.
- Stakeholders identified a need for increased focus on preventative health services, and for education about what routine health care should be for children. They felt that there was a need to directly address the sense families have that, "If my child isn't sick, why should I go to the doctor?"
- Transportation is a large barrier because many communities in the region are far removed from health care services.
- Language barriers and cultural issues are an obstacle to health care services, including limiting AHCCCS enrollment and knowledge and/or utilization of available services.
- Expanded clinic and health care service hours to evenings and weekends are needed to increase working parents' options for accessing services.

- Within the Fort Mojave Indian Tribe, a new challenge to children's health care access is children not meeting the tribal membership criteria. Some programs, however, have included a descendant's clause for eligibility for services which does not require tribal enrollment.

Connections Across the Early Childhood Health Care System in the Region

Stakeholders discussed strengths, challenges affecting the strength and effectiveness of linkages across the early childhood system in the region, and also made recommendations to improve connections.

Strengths

- The newly formed Oral Health Coalition is working to integrate preventive oral health education into existing family support and early learning programs in the region. This work is funded through a grant from Delta Dental and provided by the University of Arizona Mohave Cooperative Extension.
- The Mohave County Special Needs Advocacy Coalition (SNAC) led by the Mohave County Health Department coordinates special needs services in the region, provides networking opportunities for providers, and connects parents and caregivers to resources and support including support groups in Bullhead City, Kingman and Lake Havasu City.

Challenges

- Vacancies in health service agencies and high rates of turnover of staff impact the accessibility of health services, the continuity of care families receive, and the ability for inter-agency coordination to plan, organize and deliver services.
- Lack of knowledge of available programs and services among service providers themselves is a barrier to referral and coordination: "Good information on services is hard to find."
- There are "are turf issues" among provider agencies due to competition for funding.
- Networking and collaborative efforts have stalled, not moving from brainstorming to planning and implementation phases.

Recommendations

- Increase the use of local media in public awareness campaigns.
- Increase the use of social media to relay health service information.
- Hold community-based health and community services fairs with an array of providers available to talk with parents.
- Funding mechanisms should require partnering to support collaboration and sustainability.
- Increase networking, meetings, and opportunities to engage and share information and advertising materials to improve coordination and referral among health service provider agencies.
- Improve the connection and communication between tribal and county agencies so that families inside and outside of tribal lands have knowledge of and access to all available services in the region.
- Provide opportunities for cross-system collaboration, bringing together school administrators, child care providers, health care providers and family support agencies to share information across disciplines.
- Provide health care services and educational resources through child care and early learning centers, e.g. flu shots.
- Involve political and business leaders in discussions regarding the need for funding of health services at the community level.
- Increase web access to meetings among system partners to address time and transportation issues.
- Hold more meetings among system partners in La Paz County to improve attendance and provider buy-in.
- Ensure that pediatricians, family practice providers, community health workers and Promotoras have information on regional

resources to be able to disseminate this information.

Infrastructure in the Early Childhood Health Care System in the Region

Stakeholders made recommendations to address factors that impede how well the early childhood system functions.

- Address short grant funding cycles of some health care services, e.g. free health screenings, which affect sustainability and family perceptions and care seeking.
- Address how changes in funding mechanisms and new funding cycles cause disruptions in services and collaboration between partner organizations.
- Offer additional training and cross-training on children's health care topics, such as developmental milestones and mental health topics, so that those in early education or child care centers are more aware of when referrals might be advised.
- Address regional agency barriers to supporting their staff's attendance at training events (e.g. requiring staff to use personal time off to attend trainings during work hours).
- Offer additional degree and certification programs in the region to prepare the local health care workforce; coursework in mental health services and case management were singled out as examples.

Scope and Scale of the Early Childhood Health Care System in the Region

Stakeholders discussed the comprehensiveness of the children's health care system in the region and the factors that affect it.

Strengths

- General pediatric medical and dental care is available in the three large cities in Mohave County: Bullhead City, Kingman and Lake Havasu City. General pediatric medical care is available in Parker in La Paz County.
- General hearing and vision screening are also available in these larger communities in hospital settings at birth.
- Schools provide vision and hearing screenings to children enrolled in preschool or kindergarten, which is particularly important in smaller communities.
- Kingman Regional Medical Center's Pediatric Unit is equipped to address some pediatric specialty needs.
- In La Paz County, the school districts and county have formed a county consortium to share therapists and the associated costs. Therapists travel to various schools to work with children with special needs.

Challenges

General Medical Services

- Almost all respondents, representing all provider types, replied "no" to the question "Do you think there are adequate health care services for young children in your community?"
- In the larger communities, which do have pediatric care, long wait times to see a provider due to the demand for services are common, often resulting in the use of urgent care for routine care needs, e.g., colds and flu.
- For the smaller cities in Mohave County and all of La Paz County, both general and specialty medical services for young children are needed.
- The decrease in school nursing staff may impact one avenue to health care for young children enrolled in school-based preschool and kindergarten.
- The region lacks specialists, including pediatric audiologists and optometrists.
- Transportation to access services in larger cities, or metropolitan areas, is needed.
- The decreasing number of inter-state agreements between AHCCCS and out of state health care providers, delays in AHCCCS reimbursements to those

providers, and families not being enrolled in AHCCCS, can all impact access to health care for families living in border communities.

Mental Health Services

- Mental health services were consistently cited as the greatest health care need for young children in both counties.
- Mental health services are largely unavailable for those not on AHCCCS.
- Long wait times for referral follow-up and appointments are common.
- The use of non-certified mental health workers to provide care, and the absence of coordination of care between the mental health provider, families, schools and other health care providers are issues.
- The needs in the region would support at least one pediatric psychiatrist and a behavioral therapist/interventionist.
- Although AHCCCS-covered children are entitled to mental health services, they first require a diagnosis (such as autism, ADHD, or psychiatric disorders). Lack of specialists sometimes means children are unable to be diagnosed in a timely manner, delaying care and early intervention.
- Substance abuse services and in-patient treatment for families of young children in the region are important needs.

Specialty Medical Care

- Second to the need for mental health services, was the need for services for children with special needs.
- Some providers have stopped accepting APIPA, the new children's AHCCCS plan that facilitates Children's Rehabilitation Services (CRS) services. This will require families to travel great distances to find a provider.
- There has been ongoing difficulty in recruiting providers and specialists to the region. This has led to a lack of speech, occupational and physical therapists trained in and comfortable working with young children, and long-standing vacancies.
- For services for the birth through 3 age group, there are substantial time lags between referrals and follow-up, and waits of months for therapy to begin are common.
- There are limited resources for children with less severe delays, who would still benefit from early intervention.
- Even when families are able to receive specialty care by travelling to more urban areas, follow-up is difficult due to the lack of therapeutic resources in the region and the difficulty in maintaining contact with the outside-of-region provider.
- Emergency care for young children is limited in the region.

The Gap Group

- Working families who don't qualify for subsidized health care struggle to afford health services for their children.
- The economic downturn has had an effect on regional businesses, such as casinos, causing some to reduce or eliminate health benefits, creating a new pool of uninsured or underinsured families.

Conclusions: Priorities for Building the Early Childhood Health Care System in the Region

The goal of the key informant interviews was to gather stakeholder input on system gaps, opportunities and priorities for coordination and collaboration to build the early childhood health care system in the region. Utilizing their responses, summarized in the previous sections, as well as secondary data available on the state of the children's health care system in the region, the following are identified as priorities for the La Paz/Mohave Region:

- Address the lack of mental health providers and speech, occupational and physical therapists, who are qualified to work with young children.
- Continue and expand educational opportunities for child care providers and

educators on mental health and special needs topics.

- Promote additional degree and certification programs in the region to prepare the local health care workforce; in particular, provide coursework in mental health services and case management.
- Partner with health departments and local communities to provide more ongoing immunization clinics, and health, dental, hearing and vision screenings at schools, child care centers, and other local community sites.
- Support a one-stop resource for health care information, be it an individual, a location, a publication or a website, with local, city or town-level information.
- Improve community outreach on existing health care programs and services. Promote more outreach among agencies and to families about what is available, through health and community fairs, local resource guides, referral networks, radio and print media, and social networks. Local, city-level boards or coalitions can help lead and foster these efforts.
- Consider a model used by successful collaborative clinics (e.g., Sun River Utah program) where different providers come once or more each month to a single location. In larger cities, these collaborative clinics could focus on specialty care, and in smaller communities they could also provide that missing general, young child focused healthcare piece.
- Partner to provide transportation options to clinics and health services.
- Increase wrap-around support. This could be increased linkages and coordination between 1) primary care and specialty care, 2) primary care and other health care services in the community or farther afield, 3) primary care and family support programs in the community or 4) primary care and transportation providers. Need to partner between agencies and organizations to build an effective referral system.
- For services for children with special needs, establish a specialist coordination group educated on the needs of the local population. Include early intervention agencies and programs, as well as health care providers and early childhood educators. Hold ongoing meetings (with web access option) to share information on programs/services, and allow client-based discussion, problem-solving and referral.

Next Steps in Systems Building

First Things First (FTF) is one of the critical partners in creating a family-centered, comprehensive, collaborative and high-quality early childhood system that supports the development, health and early education of all Arizona's children birth through age 5.

From an organizational perspective, the FTF La Paz/Mohave Regional Partnership Council will take the input provided by survey respondents – as well as recommendations made by the authors of this report – as it considers which early childhood strategies to fund in fiscal years 2016-2018.

From a systems perspective, the regional council will use the information contained in this report to stimulate dialogue about further advancing the region's early childhood system in areas such as: increasing collaboration or cooperation among system partners to enhance the effectiveness of or reduce duplication in early childhood programs; opportunities to leverage or maximize existing early childhood funds; and, addressing the needs of young children that are beyond the scope of FTF.

Citations

Coffman, J. (2007). A Framework for Evaluating Systems Initiatives. BUILD Initiative.