FIRST THINGS FIRST
Ready for School. Set for Life.

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

DRAFT MEETING MINUTES

Oral Health Sub-Committee

Committee Members Attending Telephonically	Kevin Earle, Chair, Matt Jewett and Fred Summerfelt
Staff Members in Attendance	Kelley Murphy, Lead, Karen Peifer, Karen Woodhouse and Elsa Romero
Members of the Public in Attendance	Meena Shahi, Program Evaluation Specialist, Terri Duhart, Regional Director Southeast Maricopa
Facilitator	Leslie Anderson, Leslie Anderson Consulting, Inc.

Call to Order
The regular meeting of the First Things First – Arizona Early Childhood Development and Health Board, Oral Health Sub-Committee was held on March 20, 2012, at the First Things First Board Room, 4000 North Central Avenue, Suite 800, Phoenix, Arizona 85012. The meeting was called to order by Chair Kevin Earle at approximately 10:15 a.m.

Introduction of Committee Members
A brief welcome was made by Chair Earle; everyone in attendance introduced themselves and the organization which they represent.

Review of the Sub-Committee Structure and Role
Chair Earle and Kelley Murphy, Sr. Program Specialist, Child Health gave a brief overview of the intent of the Sub-Committee which is to address setting statewide benchmarks for the Oral Health indicator #9 - #/% of children age 5 with untreated tooth decay. This committee will then continue on as a standing subcommittee to discuss and make recommendations regarding the direction First Things First is headed with Oral Health. For year 2013 all state and regional funding plans were required to align with the 10 School Readiness Indicators. Those funding plans have been approved. Within the next two years, FTF expects to begin the process of setting regional benchmarks as a joint process that will occur with significant regional participation.

Developing State Level Benchmarks for School Readiness Indicators

Indicator Number 9, Number/Percent of children age at age 5 with untreated tooth decay

1. **What do we know about the data?**

Ms. Murphy led the committee in overview and discussion of the process for development of draft indictors. Each indicator at the state level should have a reliable data source, have a baseline measure or

trend line to show progress and have set a target or benchmark for specific improvement for year 2020. The group discussed what data was currently available, how it is collected, where it comes from and what the limitations are. Ms. Murphy reviewed the information available regarding indicator #9 and the resources that may be available. The Arizona Oral Health Survey, conducted by the Arizona Department of Health Services is available every three years; data available is for third grade children. A preschool survey is also conducted by DHS at the same time the third grade survey is conducted but it is not done every year, and results not released at the same time. A short discussion was had regarding whether the data was collected beginning at age zero or at age one. In addition, questions were raised about how well data obtained at the third grade level could be generalized to the zero to five population. The three years in the gap is significant in the amount of tooth decay that could occur. Other data sources to consider are St. Luke's Arizona Health Survey and the National Child Health Survey. Indian Health Services (IHS) also has an oral health survey that is about to be released with data specific to tribal populations, a limitation of most other data sources. Most of the data and surveys reviewed by the group consistently show that children who do not visit a dentist is in the 35 – 45% range. The group asked to also look at the Healthy People 2020 benchmarks for oral health in children. In addition it was felt that AHCCCS might be able to provide data which might inform the discussion.

2. Methodology for the data?

The methodology for the DHS oral health survey was briefly discussed. School districts were identified (at least one in each rural area, several in urban areas) and in addition to a parent survey which asked questions regarding the perceived oral health status of the child and the utilization of oral health services, a dental hygienist conducted oral health screening and assessment on children. The group discussed that the sample size is a limitation of the survey and in addition, there were questions about what specific items were on the survey.

3. Is this data adequate for setting a state level benchmark?

The group discussed its concerns regarding the limitations of the data for tribal populations. They also wanted to compare to national benchmarks such as Healthy People 2020 to assure that any state benchmark set by FTF was in line with other organizations. The group felt that the combination of the current sources along with information from the other requested data sources would be adequate to determine a baseline or baselines.

4. Is there a baseline or trend line?

Though the surveys and current data showed consistency in the number or percent of children who had not seen a dentist, the subcommittee members wanted to get additional information as it relates to tribal populations before determining a baseline. Using this measure to inform setting a baseline is not the same as the number of children with untreated tooth decay but the group felt that the data related to oral health care would be able to inform the setting of a benchmark related to tooth decay. They expressed that the measures were likely similar but would make that final decision at the next meeting based upon the information that they received. The group felt that they wanted to compare trend lines for the Arizona Oral Health Survey, AHCCCS data, and IHS tribal population data. The expectation is that the trend is significantly different in tribal populations and that should be taken into account in choosing a benchmark. That may mean having two benchmarks or including the tribal data in to the other data source.

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5. **What else is need from the existing data source to make a strong justification for developing a benchmark based on this data?**

In addition to the supplementary data sources requested (Healthy People 2020, AHCCCS, IHS survey) the committee wants to look at the specific items on the Arizona Oral Health Survey. The committee felt that it would likely be necessary to add additional items to the survey to gather the specific data in the Kindergarten Readiness Indicator. There is also a strong desire to request that the sample size be expanded.

Next Steps

FTF staff will gather the materials requested by the committee (surveys as noted above) and copy of the Arizona Oral Health Survey). A review of the discussion and the materials will be sent out to committee members for review prior to the next meeting. Ms. Woodhouse stated that at the next meeting; the committee will want to look at the baseline/trend lines, get a draft for the 2020 benchmark, discuss what is going to be on-going data collection, and make additional recommendations regarding what to add/change if anything, to any survey. The group confirmed the next meeting date for Thursday, April 19, 2012, 9:00 a.m. – 11:00 a.m. at 4000 N. Central Avenue, 8th floor conference room, First Things First.

Adjournment

There being no further business, Member Summerfelt motion adjournment of the meeting. Member Jewett seconded. Meeting adjourned at approximately 12:05 p.m.

SUBMITTED

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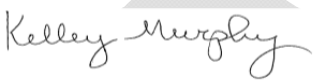
Elsa Romero, Executive Staff Assistant

APPROVED



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Kelley Murphy, Sr. Program Specialist

COMMITTEE APPROVAL

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Kevin Earle, Chair

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