

GOAL AND INDICATOR RECOMMENDATIONS

HEALTH WORKSHEET

ARIZONA EARLY CHILDHOOD TASK FORCE WORK WITH THE FIRST THINGS FIRST BOARD APPROVAL			RECOMMENDATIONS FROM THE HEALTH POLICY ADVISORY COMMITTEE	
Outcomes	Conditions	FTF Roles	Proposed Final Goals	Proposed Indicators
All children have access to high quality preventative and continuous health care, including physical mental, oral and nutritional health.	A. Arizona has enough high quality, affordable, comprehensive health care services to meet the needs of children and families in all communities throughout the state	1. Supply of Health Care Services- Collaborate with partners to assess and expand the supply of high quality, affordable, comprehensive health care services	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	% 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
			b. Sustain and expand the number of healthcare professionals accepting public health insurance	#/% of health care providers accepting public health insurance
	B. Children and families have access to high quality, affordable health care coverage and services that contribute to healthy births	2. Access to Quality Health Care Coverage and Services- Collaborate with partners to increase access to high quality health care services (including oral health	a. Increase the number of children who have comprehensive health insurance	#/% of children 0-5 without (comprehensive) health insurance #/% of children 0-5 covered by insurance type (Medicaid, KidsCare, Private, Employer Based) #/% of children with special health

		<p>and mental health) and affordable health care coverage for young children and their families.</p>		<p>care needs age 0-18 whose families have adequate private or public insurance to pay for services</p>
			<p>b. Increase access to and utilization of preventative health care services for children and families</p>	<p>#/% of children 0-5 who receive at least one preventative dental service within the past year</p> <p>#/% of children with dental screening by age one</p> <p>#/% of children 0-5 receiving developmental and mental health screenings</p> <p>#/% of children 0-5 with a recent well child visit that included a PB screen, vision, hearing and comprehensive developmental screen</p> <p>#/% of children receiving timely well child visits</p> <p>Young children (19-36 months) who complete the basic series of age appropriate immunizations</p>
			<p>c. Increase the number of women who receive early and adequate prenatal care</p>	<p>#/% of births to mothers who received late or no prenatal care</p> <p>#/% of infants born weighing under 2,500 grams</p>

				<p>#/% of mothers receiving prenatal care in the first trimester</p> <p>#/% of mothers with adequate as defined by index prenatal care</p>
	<p>C. Families, those who serve young children and their families, and communities promote and support good nutrition and active lifestyles for Arizona’s young children</p>	<p>3. Nutrition and Physical Activity- Collaborate with partners to support improved nutrition and increased age/developmentally appropriate physical activity levels among young children</p>	<p>a. Increase the number of children, families and caregivers that practice developmentally appropriate physical activity and incorporate good nutrition</p>	<p>% of children with appropriate intake of fruits and vegetables</p> <p>#/% of mothers who are breastfeeding their infants at 6 months of age</p> <p>#/% of children ages 2-5, at a healthy weight (BMI)</p> <p>#/% of children who are physically active at least 5 days/week</p>
			<p>b. Create, sustain and expand community based partnerships that increase access to healthy food and physical activity</p>	<p>#/% of child care centers participating in Empower</p> <p>#/% of potentially eligible children participating in WIC</p> <p>#/% of ECE providers receiving health consultation</p> <p>#/% of ECE providers participating in CCFP</p>
			<p>c. Encourage community leadership, public awareness and</p>	<p>#/% of playgrounds/parks per 1,000 people</p>

			community design that supports better nutrition, increased physical activity, and health conscious neighborhoods and public spaces	<p>#/% of school districts with joint land use agreements</p> <p>#/% of community gardens</p> <p>#/% of general plans that include healthy design principles</p>
	D. Health care for young children is coordinated via a medical and dental home	4. Medical and Dental Homes- Collaborate with partners to increase access to medical and dental homes for young children and their families	a. Increase the availability and use of medical and dental homes by all young children and their families	<p>#/% of children ages 0-5 with medical homes</p> <p>#/% of medical homes</p> <p>Children with special health care needs age 0-5 receiving ongoing comprehensive care within a medical home</p>
	E. All children are provided access to early periodic screening and diagnosis to identify physical, mental and developmental health issues, and if necessary, follow-up treatment/services are provided	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 are at risk of having developmental, physical and/or mental	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	<p>#/% of children with newly diagnosed developmental delays at kindergarten entrance</p> <p>#/% of children 0- 5 who live in communities with a shortage of primary care medical and mental health providers</p> <p>#/% of SLP/OT/PT providing services to children ages 0-5</p> <p>#/% of early intervention providers</p>

		health issues		<p>available to 0-5 year old children</p> <p>#/% of families refusing AzEIP/DDD services due to cost participation</p> <p>#/% of children 0-3 referred to AzEIP for comprehensive evaluations</p> <p>#/% of children found not eligible for AzEIP/DDD</p> <p>#/% of children 0-5 who receive appropriate intervention services</p> <p>#/% of children, ages 3-5, receiving part B special education</p> <p>#/% of children with special health care needs ages 0-5 who's families report the community based services system is organized so they can use services easily</p>
			b. Ensure that all children receive periodic developmental and health screening and if necessary, are referred for additional evaluation	<p>#/% of children entering kindergarten without having a vision screening</p> <p>#/% of children receiving newborn hearing screening</p> <p>#/% of children with newly diagnosed developmental delays at kindergarten entrance</p>

				<p>#/% children 0-5 receiving mental health screening</p> <p>#/% of PCP's routinely using standardized developmental and health screening tools</p> <p>#/% of children, 0-5 identified with or at risk for special needs/disabilities</p> <p>#/% of children, ages 3-5, receiving part B special education</p>
<p>All early childhood education and health professionals are well prepared, highly skilled, and compensated commensurate with their education and experience</p>	<p>A.Arizona has sufficient numbers of health services providers of all types who have had specialized training in working with young children and their families</p>	<p>1. 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</p>	<p>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</p>	<p>#/% of professionals completing the Early Intervention Standards of Practice modules</p> <p>#/% of therapists who are trained to work with children 0-5</p> <p>#/% of physicians who receive specialized training in working with children 0 – 5</p> <p>#/% of early intervention professionals who received specialized training in working with children 0 – 5</p> <p>#/% of health and mental health consultants working with early child</p>

				care settings #/% of mental health professionals who have specialized training to work with the 0-5 population (by community)
			b. Increase the number of general dentists who service pediatric populations	#/% of general dentists serving children 0- 5.