

**ARIZONA EARLY CHILDHOOD DEVELOPMENT AND HEALTH BOARD
POLICY AND PROGRAM COMMITTEE
EARLY CHILDHOOD TASK FORCE
CHILDREN'S HEALTH SUB-COMMITTEE MEETING MINUTES
APRIL 3, 2017**

A meeting of the First Things First (FTF) - Arizona Early Childhood Development and Health Board, Policy and Program Committee, Early Childhood Task Force, Children's Health Sub-Committee was held on April 3rd, 2017 at 9:00 a.m. The meeting was held at First Things First, 4000 North Central Avenue, Suite 800, Boardroom, Phoenix, Arizona 85012.

Welcome and Call to Order

Co-chair Kevin Earle called the meeting to order and welcomed all members. Co-chair Earle reviewed the open meeting law requirements and noted that the meetings would be open to the public. He encouraged everyone to be active participants and to ask questions whenever needed. Co-chair Earle asked all members present and on the telephone to introduce themselves and their organization.

Members Present:

Kevin Earle, Co-chair
Debbie McCune-Davis,
Co-chair
Cheri Tomlinson
John Molina MD JD
Katharine Levandowsky
Robin Blitz MD
Siman Qaasim

Members via WebEx:

Darlene Melk MD FAAP

National Content Expert:

Elisabeth Burak (via webex)

Members of the Public:

Dawn Craft

Members Absent:

Carmen Heredia
Charlton Wilson MD
Gary Brennan
Maureen Casey
Francisco Garcia MD
Marcus Johnson

First Things First Staff:

Joe Fu
Michelle Katona
Roopa Iyer
Veronica Lucas

Facilitator:

Sharon Flanagan-Hyde

Documents Provided and Publicly Posted:

1. Public Notice and Agenda for April 3, 2017 Children's Health Sub-Committee Meeting
2. Minutes from the March 8, 2017 Children's Health Sub-Committee Meeting
3. Revised Summary of Proposed Goal Statements, Areas of Focus and Measures of Success

Co-chair Earle noted that quorum has been met and he requested a motion to approve the minutes from the March meeting. Cheri Thomlinson motioned to approve the minutes, Siman Qaasim seconded the motion, all were in favor, none opposed, and the motion passed to approve the March 8 meeting minutes.

Guiding Principles and Group Norms

Facilitator, Sharon Flanagan-Hyde reviewed the guiding principles and group norms.

Review of revisions to Goals

Joe Fu, Senior Director of Children's Health reviewed the revised document of Goal Statements, Areas of Focus and Proposed Measures of Success. Facilitator Flanagan-Hyde asked if there are any revisions.

- A member asked if we could change the term "mental" to "behavioral". Mr Fu said, yes, we will change that in the document.

- Co-chair McCune-Davis requested that immunizations should be specifically named in the preventive health services section and Early Screening and Intervention section. Another member noted that this could be added in the measures of success section. Facilitator Flanagan-Hyde noted that consensus was met to add this.
- Co-chair Earle requested that oral health screenings for pregnant women be added to the Early Screening and Intervention section. Facilitator Flanagan-Hyde noted that consensus was met to add this.
- A robust discussion was held on including prenatal and perinatal care for the mother in the document and Chief Program Officer, Michelle Katona noted that our statute is very specific to serving children birth to five, we need to be focused on how we are serving children. A suggestion was made to add the American College of Obstetrics and Gynecology to our references. Mrs. Katona noted that she hears the need to address the mother's needs; however we need to find another way to emphasize support to the mother and that family unit, as we are not a provider and cannot commit to funding care to the mother. It was then suggested that language be added to care coordination to address the mother's needs. Consensus was met to amend the language in goal four of Early Screening and Intervention as follows: To increase Arizona pregnant women who are receiving early and adequate prenatal care, perinatal depression screening, oral health screening and immunizations.

Review of revisions to Areas of Focus

Facilitator Flanagan-Hyde asked if there were any revisions to the Areas of Focus.

- A member reiterated the need to add immunizations to bullet one with oral health care under Access to the Areas of Focus.
- Bullet 6 under Access reads: "Support partners in promoting EPSDT, including and adequate network of providers and benefits for children (1,2). A member questioned that there are two objectives in this bullet and perhaps it should be split. Co-chair Earle noted that the second part is covered in bullet 3 under Access. Consensus was made to delete the rest of the sentence after the word EPSDT. In addition it was suggested that this bullet be moved before bullet 3 of Access.
- Discussion was held on bullet 3 under Access regarding data analysis, clarification is needed.
- A member noted concern about calling out only AHCCCS children, that our goal should be to serve all children on or not on AHCCCS.
- Discussion was held on EPSDT standards and well child visits. National Content Expert Burak added further explanation on EPSDT and that recommended that it remain in the Areas of Focus. Consensus was made to keep that bullet.
- A member noted that in addition to naming AHCCCS in the document, we need to call out work with Indian Health Services\Native Health to address tribal needs and inclusivity.
- A member noted that under Early Screening and Intervention, bullet one, it should read the Arizona Chapter of the American Academy of Pediatrics.
- Mr. Fu noted that we will adhere to National Standards.

Overview of Cross-Cutting Themes

Chief Program Officer Katona noted that there were several cross-cutting themes shared in the Early Learning, Children's Health and Family Support Committees. She reviewed the last page of the handout with the cross-cutting themes to ensure that all committee members were aware of those connections.

- A member asked if social determinants of health was a cross-cutting theme discussed in the other committees. Mrs. Katona answered it was not.

- A member noted that our committee (Children’s Health) did discuss this in depth at the last meeting and we need to ensure that it is called out in our document, perhaps call it environmental factors. Another member wants to ensure that the lay person understands what both terms mean, can we state it in a way that those outside the system understand what it means.

Overview of proposed Measures of Success

Mr. Fu shared that the proposed Measures of Success are a result of feedback from the last meeting and other conversations with committee members about outcomes. It was felt that the measures should be specific and measurable with an existing data source and that could have a definite benchmark to be obtained at the end of the five year period. These are the top level indicators where we can see improvement within a five year period. In addition it was important to use different data sources to ensure coverage of the measures.

Discussion and consensus of Measures of Success

Facilitator Flanagan-Hyde noted that our goal today is to reach consensus on the Measures of Success and she opened the floor for discussion.

- On bullet two under Access, a member asked how do we get data on undiagnosed tooth decay and it was decided that the word undiagnosed be changed to untreated. This is based on the data collected from the Basic Screening Tool, which is a standardized method to measure kids tooth decay. The tool also surveys all children.
- Co-chair McCune-Davis requested that the National Immunization Survey be used as a key indicator.
- A member suggested adding an additional data source on the third bullet under Access.
- A member suggested that the fourth bullet under Early Screening and Intervention be moved to the additional data section. Consensus was received to do this.
- Under Access, bullets one, two and three; a member wanted to know if it includes children with behavioral health and private insurance. Mr. Fu noted that there is no distinction in Census data between physical, mental or dental health coverage indicators. A member noted that that National Children’s Health Survey would be a better indicator of coverage and it is due for a refresh in 2017.
- A member wanted to know if under Access, bullet number five; are we only looking at AHCCCS and Indian Healthcare children or all children? We need to capture data that covers all children.
- Dr. Roopa Iyer, the Senior Director for Research and Evaluation noted that her group does a Family Caregiver Survey every 3-4 years and the National Panel has recommended updating this survey.
- A member questioned the age range under bullet one under Early Screening and Intervention. Mr. Fu noted that the age range is simply what that particular survey captures (National Children’s Health Survey).
- A member had a question on data for bullets two and three under Early Screening and Intervention. Mr. Fu noted that the data is limited and we do not have the sophistication in our measures to capture follow-up and impact of those screenings.
- A member suggested adding a measure of success: % of children birth to three receiving appropriate intervention services.
- A member wanted clarification on how FTF finds better data sources. Mrs. Katona noted that this is covered under areas of focus first bullet, fourth sub bullet under Early Screening and Intervention.

- Dr. Iyer noted that AHCCCS data is available for bullets two and three (vision, hearing and developmental) under Early Screening and Intervention.
- A member wanted to know are fluoride treatments measured. Co-chair Earle said yes, but in some cases the data is duplicated and there is no one database to track fluoride treatments.
- A member wanted to know if there is data on social determinants for children. This is something that could be listed under additional data.
- A member asked about the Regional Needs and Assets report for each region. Mrs. Katona noted that this is a requirement of our statute and is done every two years in the even state fiscal year. She also noted that FTF is always looking at how we can expand this data.
- Dr. Iyer noted that we have some data on social determinants at the state and county level, for regions and nested tribal regions. That data only tells you the gaps or needs in services, there will be some limitation for sub-populations.

Approval of Areas of Focus and Measures of Success

Co-Chair McCune-Davis asked for a motion to approve the revised goals, areas of focus and measures of success. Dr. Blitz made the motion to approve, Dr. Molina seconded the motion, all in favor, none opposed, none abstained, motion passed. Co-Chair McCune-Davis thanked everyone for their hard work.

Summary and Next Steps

Mr. Fu noted that the final document will be updated and emailed to everyone for review. He also noted that FTF intends to do some benchmarking and introduce this document to our National Advisory Panel.

- Kevin will present our work, the recommended Goals, Areas of Focus and Measures of Success to the full Task Force at the May 23, 2017 meeting. Committee members are welcome to attend.
- If there are substantial changes requested from the Task Force, we will reconvene the Children's Health Sub-Committee via conference call.

Mr. Fu noted his appreciation for everyone's participation. Dr. Iyer noted that the National Panel will review our document on Friday April 21st from 8:30 a.m. to 3:30 p.m.

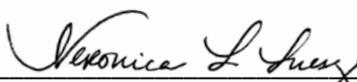
Adjourn

There being no further discussion, Co-Chair McCune-Davis adjourned the meeting at approximately 11:20 a.m.

Telephone Procedures

First Things First provided a teleconference line to allow for any members of the public to hear the Children's Health Sub-Committee meeting. Speakers physically present at the meeting spoke into microphones to ensure that members on the telephone could hear. All callers were muted upon connection.

Respectfully submitted on this 7th day of April, 2017.



Veronica L. Lucas, Executive Staff Assistant