



FIRST THINGS FIRST

Ready for School. Set for Life.

Maricopa/Phoenix Cross Regional Benchmarking

Committee Meeting

Thursday, August 14, 2013

9:30 am – 12:00 pm

City of Phoenix Burton Barr Library, 4th Floor, Lecture Room

1221 North Central Avenue

Phoenix, AZ 85004

AGENDA

- | | | |
|------|--|---|
| I. | Welcome and Introductions | Jennifer Johnson, Phoenix Senior Director
Wendy Sabatini, Maricopa Senior Director |
| II. | Benchmarking Overview | Amy Kemp, Ph.D., FTF Consultant |
| | a. Review of Materials (Attachments 1-7) | |
| | b. School Readiness Indicators Intent (Attachment 8) | |
| | c. Benchmark Data Sources (Attachment 9) | |
| III. | Regional Benchmarking Approach | Amy Kemp, Ph.D., FTF Consultant |
| IV. | Setting Benchmarks for Maricopa/Phoenix Regions | Amy Kemp, Ph.D., FTF Consultant |
| | a. Process | |
| | b. Timeline | |
| V. | Committee Discussion | Committee Members |
| VI. | Next Steps | Jennifer Johnson, Phoenix Senior Director
Wendy Sabatini, Maricopa Senior Director |
| VII. | Next Meetings: | |
| | <u>September 9, 2013</u> | <u>October 1, 2013</u> |
| | 9:30 am – 12:00 pm | 2:00 pm – 4:30 pm |
| | West-MEC | Burton Barr Library, 4 th Floor Lecture Room |
| | 5487 North 99 th Avenue | 1221 North Central Avenue |
| | Glendale, AZ 85305 | Phoenix, Arizona 85004 |



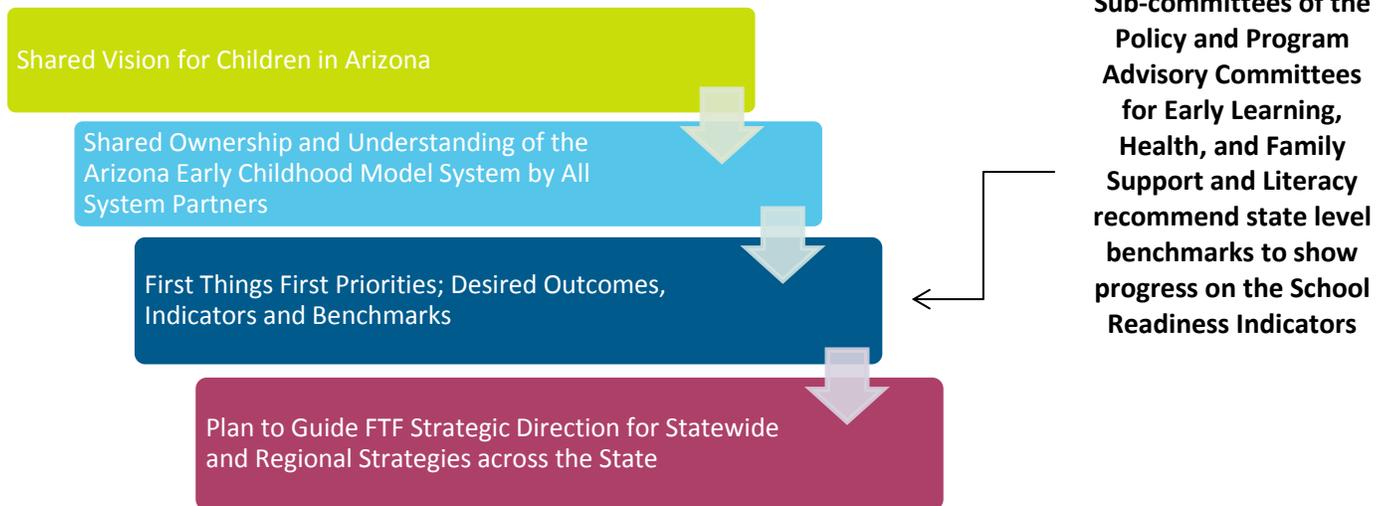
FIRST THINGS FIRST

Ready for School. Set for Life.

Overview of State Level Benchmarks

Introduction

Achieving the mission of First Things First to ensure all young children arrive in kindergarten healthy and ready to succeed will require more than simply funding programs and services. It will take all partners, across the state, to own a common vision for young children in Arizona and a cross-sector commitment to ensure that vision is realized. As a key partner in the early childhood system, First Things First has reached a critical and exciting stage in our strategic planning with the recommendation of state level benchmarks that will allow us to track our progress toward achieving measureable and real long-term results for children.



The Arizona Early Childhood Taskforce, with members appointed in January 2010 by First Things First Board Chair, Steve Lynn, were charged with establishing a shared vision for all young children in our state, and conceiving a model system that could be embraced by all of Arizona’s early childhood partners, including families, early educators, health providers, state agencies, tribes, advocacy and service delivery organizations, philanthropic, faith-based and business representatives and other stakeholders. The Task Force developed the vision for and elements of comprehensive model system, and recommended eight priority roles for First Things First, with the explicit understanding that First Things First is only one of many key partners that have an important role in building and sustaining the system.

In 2011, under the direction of First Things First Policy and Program Committee Chair, Dr. Pamela Powell, three Advisory Committees were convened in the areas of Early Learning, Health and Family Support and Literacy. The Advisory Committees are chartered to provide on-going early childhood expertise and make recommendations related to their content area to the First Things First Policy and Program Committee. Membership is geographically diverse and includes First Things First Regional Council members, content experts, and community partners. The work of these committees in 2011 focused on continuing the development of a strategic framework around the priority roles that will guide our work through 2020, and culminated in the recommendation of one additional priority role (Nutrition and Physical Activity) and 10 FTF School Readiness Indicators that provide a

comprehensive composite measure for young children as they prepare to enter kindergarten. (See page 5-6 for a table of the 10 School Readiness Indicators.)

FTF School Readiness Indicators were chosen to reflect the effectiveness of funding strategies and collaborations built across communities to improve the lives of children residing in the state of Arizona and improve their readiness for entering school and subsequently their life long success. They should also encourage Regional Councils and the Board in making informed priority decisions. Building on this framework in 2012, the Advisory Committees formed four sub-committees to recommend state level benchmarks for each School Readiness Indicator for the year 2020. These benchmarks provide First Things First with aspirational, yet achievable targets and will be monitored over time in order to determine progress in reaching systemic improvements for children and families.

State Level Benchmark Development

The Advisory Committees convened four ad hoc sub-committees to recommend state level benchmarks for specific indicators:

- Early Learning and Family Support (Indicators 1-4, 10)
- Developmental Screening (Indicators 5-6)
- Nutrition/Obesity Prevention and Well Child Visits (Indicators 7-8)
- Oral Health (Indicator 9)

Each sub-committee included Advisory Committee members, Regional Partnership Council members, tribal representatives, and content and data experts from state agencies and early childhood, education and health organizations. Professional facilitation for each sub-committee was provided by Leslie Anderson, Leslie Anderson Consulting, Inc., who was also the facilitator for the Early Learning and Health Advisory Committees during indicator development. All sub-committee meeting materials and summary notes that include lists of members are on the First Things First web site at: <http://azftf.gov/WhoWeAre/Board/Pages/BoardCommittees.aspx>.

Meeting in March and April 2012, sub-committee members identified appropriate data sources that could be used to track progress toward a benchmark. Sub-committees looked for the best data sources collected at the state level, in a significant population size, and that could be disaggregated to the regional, county, and/or community level. They also looked for data sources that could be collected regularly, either annually or every two to three years. For each School Readiness Indicator, sub-committees were asked to identify to the extent possible, the following for each state level benchmark:

- Reliable data source from which to set the benchmark
 - If the existing data required additional fields or more extensive data collection, then suggestions were made to indicate the need.
 - If no data existed, or data did exist, but additional information was required, then a key measure was identified for use until the time that sufficient data is available.
- Baseline measure (initial or current data used to establish the benchmark)
- Trend line or information that shows previous changes over time and is used to predict future progress

All sub-committee work and decision-making related to benchmarks was conducted in public open meetings, and final recommendations on benchmarks were informed by comments received in June 2012 at eight regional forums across the state attended by Regional Partnership Council members and the public.

Additional valuable comments on the benchmarks were received during a Tribal Consultation on Data and Evaluation requested by First Things First with tribal government leaders on August 1, 2012. Tribal leaders and their representatives stressed the importance of using culturally appropriate instruments and methods to collect data used to track progress on benchmarks; to be purposeful about the use of data; and to determine whether data sources are representative of all children enrolled and/or living in tribal communities.

State Level Benchmarks

The state level benchmarks will be used to monitor changes in large populations of children and families by using aggregated data at the state level to measure progress toward the benchmark target. A process to develop benchmarks for School Readiness Indicators prioritized by each Regional Council will begin in fall 2012, with recommendations forwarded to the Board in April 2014. Benchmark targets at the state level, as well as the regional level are recommended for the year 2020, which allows sufficient time to develop some of the data sources and collection methods that currently don't exist for tracking progress. The year 2020 also provides the time necessary to show significant systemic improvements for children and families.

Tracking progress on the benchmarks for the School Readiness Indicators is different from conducting a First Things First program or strategy evaluation, as the benchmarks measure more than just First Things First funded efforts and the population and system level. Indicators and benchmarks measure the collective efforts of all partners engaged in the early childhood system, but also will be used to guide First Things First planning at the state and regional level relative to our funding investment in strategies, and our efforts to impact cross-sector community collaborations and affect system policy changes with our partners to improve the lives of children and families. Monitoring progress toward achieving the benchmarks aligns with the recommendations made by the Early Childhood Research and Evaluation National Advisory Panel convened by the Board, and complements other First Things First evaluation and research efforts.

Information on benchmarks for the 10 School Readiness Indicators can be organized into three categories:

A. Benchmarks with complete statewide data:

- Indicator 6 – Children exiting special education to kindergarten regular education
- Indicator 7 – Children at healthy body weight
- Indicator 8 – Children receiving timely well-child visits
- Indicator 9 – Children with untreated tooth decay
- Indicator 10 – Families competent and confident about ability to support their child

The indicators directly related to health had the most complete and consistent statewide data sources available to determine benchmarks, although no data source collects data on all children in Arizona. It is recommended that we continue to investigate the use of additional data sources to include more Arizona child populations in the data to track progress.

B. Benchmarks with baseline data collection just beginning:

- Indicator 2 – Children enrolled in high quality early learning programs
- Indicator 3 – Children with special needs/rights enrolled in high quality early learning programs
- Indicator 4 – Families accessing affordable high quality early learning programs

Quality First Rating data will be used to track progress toward these recommended benchmarks, and actual numbers to complete the benchmark will be available when the baseline is established at the end of FY13 when a full set of Quality First Rating data is available.

- C. Benchmarks requiring further data development and decisions:
- Indicator 1 – Children demonstrating kindergarten readiness in developmental domains
 - Indicator 5 – Children with newly identified developmental delays in the kindergarten year

Benchmark recommendations for these indicators require further research on available data sources or development of new data collection systems, so recommendations will likely be forwarded for Board consideration in the next couple of years. Not surprisingly, these two indicators caused the most robust and passionate discussions and comments related to appropriate data collection instruments and methods; purpose of collecting data; possible misuse of data; and, difficulty in identifying and connecting multiple data sources. Data for Indicator 1 has not been collected before in Arizona in a systemic way, and measuring progress on kindergarten readiness presents an opportunity to engage multiple partners in this data discussion. Data for Indicator 5 is collected in varied settings, using different standards and methods, and First Things First is partnering with St. Luke's Health Initiative to fund an opportunity analysis on all aspects of the Arizona early intervention system for children birth to age five, including collection and availability of data.

Using Benchmarks in Strategic Planning Decisions and Implications

Tracking our progress toward achieving 2020 benchmarks for the 10 School Readiness Indicators provides the opportunity to sharply focus on priorities. These benchmarks should not be used punitively; rather they are critical tools that hold us accountable for progress toward system change to achieve real and measurable outcomes for children and families. Using the indicators and benchmarks to highlight levers for system development or change, and to instigate cross-sector partnerships and initiatives is as significant, and perhaps even more so, than using indicators and benchmarks only to inform funding decisions.

Regional Councils have inquired about the consequences of not achieving a designated benchmark on prioritized School Readiness Indicators, either in the short-term or long-term. First Things First staff is committed to providing as much support as requested and necessary to assist Regional Councils in achieving the progress results they have identified for their work in their community. Further policy discussions and decisions related to the development of regional level benchmarks beginning in fall 2012 must include specific discussion on this topic.

Implementation of Benchmarks

The Board approved final wording and statewide benchmarks for Indicators 2-4 and 6-10 on October 1, 2012. With that approval, First Things First has continued to convene and sought input from partners and stakeholders in carrying out the next steps as described below.

- Staff will work with the Board's Program and Policy Committee, the Early Learning, Health, and Family and Support and Literacy Advisory Committees and other partners to continue data research, finalize benchmark recommendations and plan for data collection methods and systems.
- First Things First will continue to work with all system stakeholders to develop a common policy agenda informed by tracking progress on benchmarks. This will include partnerships with the Governor, the legislature, tribal governments, state agencies, philanthropy, business and community stakeholders.
- Regional Councils will begin developing their recommended benchmarks for prioritized School Readiness Indicators in fall 2012, using the following timeline:

Timeline	Activity
August – December 2012	Knowledge and Understanding of Available Data
January – March 2013	Compile Data by Region
February-March 2013	Preparation by Regional Councils to set Benchmarks (Webinar series)
April – October 2013	Decisions on Benchmark Recommendation based on Phases of Work *Note: Some indicators extend beyond October 2013
November 2013 – February 2014	Solicit Public Feedback
February – March 2014	Finalize Recommendations
April 2014	Recommendations to Board

A reference table listing the 10 School Readiness Indicators and recommended benchmarks is shown below:

Approved School Readiness Indicators and Proposed State Level Benchmarks	
<p>1. #/% children demonstrating school readiness at kindergarten entry in the development domains of social-emotional, language and literacy, cognitive, and motor and physical</p> <p><i>Benchmark: It is anticipated that a benchmark for 2020 may be recommended in FY15 upon analysis of baseline data from an Arizona kindergarten developmental inventory.</i></p>	
<p>2. #/% of children enrolled in an early care and education program with a Quality First rating of 3-5 stars</p> <p><i>Benchmark: Increase by 20% over baseline the #/% of children enrolled in an early care and education program with a Quality First rating of 3-5 stars</i></p>	
<p>3. #/% of children with special needs/rights enrolled in an inclusive early care and education program with a Quality First rating of 3-5 stars</p> <p><i>Benchmark: Increase by 20% over baseline the #/% of children with special needs/rights enrolled in an inclusive early care and education program with a Quality First rating of 3-5 stars</i></p>	

<p>4. #/% of families that spend no more than 10% of the regional median family income on quality care and education with a Quality First rating of 3-5 stars</p> <p><i>Benchmark: Maintain the #/% of families that spend no more than 10% of the regional median family income on quality care and education with a Quality First rating of 3-5 stars</i></p>
<p>5. % of children with newly identified developmental delays during the kindergarten year</p> <p><i>Benchmark: Indicator language and benchmark recommendations will be made in fall 2013 after completion of the comprehensive opportunity analysis on the Arizona early intervention system for children birth to age 5.</i></p>
<p>6. #/% of children entering kindergarten exiting preschool special education to regular education</p> <p><i>Benchmark: 30% of children served in preschool special education will exit to kindergarten regular education</i></p>
<p>7. #/% of children ages <u>2-4</u> at a healthy weight (Body Mass Index-BMI)</p> <p><i>Benchmark: 75% of children age 2-4 at a healthy weight (BMI)</i></p>
<p>8. #/% of children receiving <u>at least six well-child visits within the first 15 months of life</u></p> <p><i>Benchmark: 80% of children receiving <u>at least six well-child visits within the first 15 months of life</u></i></p>
<p>9. #/% of children age 5 with untreated tooth decay</p> <p><i>Benchmark: 32% of children age 5 with untreated tooth decay</i></p>
<p>10. % of families who report they are competent and confident about their ability to support their child's safety, health and well being</p> <p><i>Benchmark: 73% of families report they are competent and confident about their ability to support their child's safety, health and well being</i></p>

July 17, 2013

Dear Members of the Maricopa/Phoenix Cross-Regional Benchmark Committee,

Thank you for your willingness to serve and to work together in this effort. As you know, across the state FTF is continuously working to develop to a system, including measurement and accountability, to demonstrate progress of the work of FTF and the efforts of all of Arizona for improved outcomes for young children.

Setting benchmarks for the FTF Key Indicators is one of the components of the overall planning and evaluation effort.

In each Funding Plan, the Maricopa and Phoenix Regional Councils have at least three of the 10 FTF key indicators (please see attachments). Many of these Councils have selected indicator number 2 - children enrolled in an early care and education program with a Quality First rating of 3-5 stars) and indicator number 8 - children receiving timely well child visits. Because of the commonality and due to the nature of the communities across Maricopa County (i.e. shared data, families accessing services across regional areas), cross-regional decision making is appropriate and will best serve our combined purpose. Overtime, as the data is available, the cross-regional committee will make recommendations for indicators 1, 2, 8, and 10. For the immediate future, benchmarks will be set for indicators 2 and 8.

The work of the Maricopa/Phoenix Cross-Regional Benchmark Committee is to determine recommendations to take back to the Regional Councils on benchmarks (rates of change) to set for 2020.

In order to arrive at these recommendations the group will: review the indicator and benchmark information for FTF statewide as approved by the FTF Board; review the data and information at statewide and regional levels; and discuss benchmark levels appropriate for regions for 2020. The final task of the committee will be to determine recommendations and take those back to each council.

The committee work will be facilitated by Dr. Amy Kemp, FTF Evaluation Consultant. FTF Regional staff members will also support the committee and council process.

Below is an outline of the meetings. In preparation for the first meeting on August 14th, committee members are asked to view two webinars. Links for those webinars are included below and PowerPoint slides for those webinars are also attached to this email. Any additional materials necessary for the first meeting on August 14th will be sent to you during the week prior to that meeting.

Thank you. We look forward to seeing you all on August 14th.

Attached: FTF Statewide Indicators
Indicators as selected by Phoenix and Maricopa Councils
Webinar #1 Presentation
Webinar #2 Presentation

Maricopa/Phoenix Benchmark Committee

Committee Objective: To determine regional benchmark recommendations for indicators #2 and #8

Members:

Southeast Maricopa: Julie Sallquist - Erica Alexander
Northeast Maricopa: Jenny Stahl
Northwest Maricopa: Jannelle Radoccia – Annette Johnson
Southwest Maricopa: Kimberly Flack - Colleen Day

Central Maricopa: Mara Funke - Tina Wilson
South Phoenix: Jennifer Quillin - Patty Merk
Central Phoenix: Jessica Jarvi - Jackie Schlosser
North Phoenix: Lyn Bailey

****PLEASE NOTE: Members are asked to watch FTF Benchmark Setting Webinars prior to the first meeting****

Webinar #1: Overview of Benchmarks for School Readiness Indicators (28 minutes)
[ILinc Webinar- FTF Benchmarks for School Readiness Indicators for 2020](#)

Webinar #2: Data Considerations and Decision Making (30 Minutes)
[ILinc Webinar- FTF Benchmarks Data Considerations and Decision Making](#)

MEETING #1			
Wednesday August 14, 2013	9:30 am – 12:00 pm	Burton Barr Library 1221 North Central Ave, 4 th Floor Lecture Room Phoenix, AZ 85004	-Benchmark process & Data
South Phoenix "ONLY"	12:00 pm – 2:00 pm	Burton Barr Library 1221 North Central Ave, 1 st Floor Conference Room A Phoenix, AZ 85004	-Review and determine benchmarks for indicator #7

MEETING #2			
Monday September 9, 2013	9:30 am – 12:00 pm	West-MEC 5487 North 99 th Ave Glendale, AZ 85305	Indicators #2 & #8 -Presentation of regional fact sheets for indicators -Discuss and possibly determine benchmark
South Phoenix "ONLY"	12:00 pm – 2:00 pm		-Review and determine benchmarks for indicator #6

MEETING #3			
Tuesday October 1, 2013	2:00 pm – 4:30 pm	Burton Barr Library 1221 North Central Ave, 4 th Floor Phoenix, AZ 85004	Indicators #2 & #8 -FINALIZE benchmarks -Review/prepare for Council Meetings -Review timelines for benchmarking process remaining following these meetings

<p>1. #/% children demonstrating school readiness at kindergarten entry in the development domains of social-emotional, language and literacy, cognitive, and motor and physical <i>Benchmark: It is anticipated that a benchmark for 2020 may be recommended in FY15 upon analysis of baseline data from an Arizona kindergarten developmental inventory</i></p>
<p>2. #/% of children enrolled in an early care and education program with a Quality First rating of 3-5 stars <i>Benchmark: Increase by 20% over baseline the #/% of children enrolled in an early care and education program with a Quality First rating of 3-5 stars</i></p>
<p>3. #/% of children with special needs/rights enrolled in an inclusive early care and education program with a Quality First rating of 3-5 stars <i>Benchmark: Increase by 20% over baseline the #/% of children with special needs/rights enrolled in an inclusive early care and education program with a Quality First rating of 3-5 stars</i></p>
<p>4. #/% of families that spend no more than 10% of the regional median family income on quality care and education with a Quality First rating of 3-5 stars <i>Benchmark: Maintain the #/% of families that spend no more than 10% of the regional median family income on quality care and education with a Quality First rating of 3-5 stars</i></p>
<p>5. % of children with newly identified developmental delays during the kindergarten year <i>Benchmark: Indicator language and benchmark recommendations will be made in fall 2013 after completion of the comprehensive opportunity analysis on the Arizona early intervention system for children birth to age 5</i></p>
<p>6. #/% of children entering kindergarten exiting preschool special education to regular education <i>Benchmark: 30% of children served in preschool special education will exit to kindergarten regular education</i></p>
<p>7. #/% of children ages 2-4 at a healthy weight (Body Mass Index-BMI) <i>Benchmark: 75% of children age 2-4 at a healthy weight (BMI)</i></p>
<p>8. #/% of children receiving at least six well-child visits within the first 15 months of life <i>Benchmark: 80% of children receiving at least six well-child visits within the first 15 months of life</i></p>
<p>9. #/% of children age 5 with untreated tooth decay <i>Benchmark: 32% of children age 5 with untreated tooth decay</i></p>
<p>10. % of families who report they are competent and confident about their ability to support their child's safety, health and well being <i>Benchmark: 73% of families report they are competent and confident about their ability to support their child's safety, health and well being</i></p>



Webinar Series on Benchmarks

- Overview of Benchmarks for School Readiness Indicators
- Tribal Data Considerations
- Data Considerations and Decision Making



Webinar Overview

- Early Childhood Vision and Strategic Direction
- School Readiness Indicators
- State Level Benchmarks
- Using State and Regional Benchmarks
- Timeline for Setting Regional Benchmarks



Vision and Strategic Direction

Shared Vision for Children in Arizona

Shared Ownership and Understanding of the Arizona Early Childhood Model System by All System Partners

First Things First Priorities; Desired Outcomes, Indicators and Benchmarks

Plan to Guide FTF Strategic Direction for Statewide and Regional Strategies across the State

Board approves state and regional level benchmarks to show progress on the School Readiness Indicators by 2020



FTF Roles

9 Priority Roles

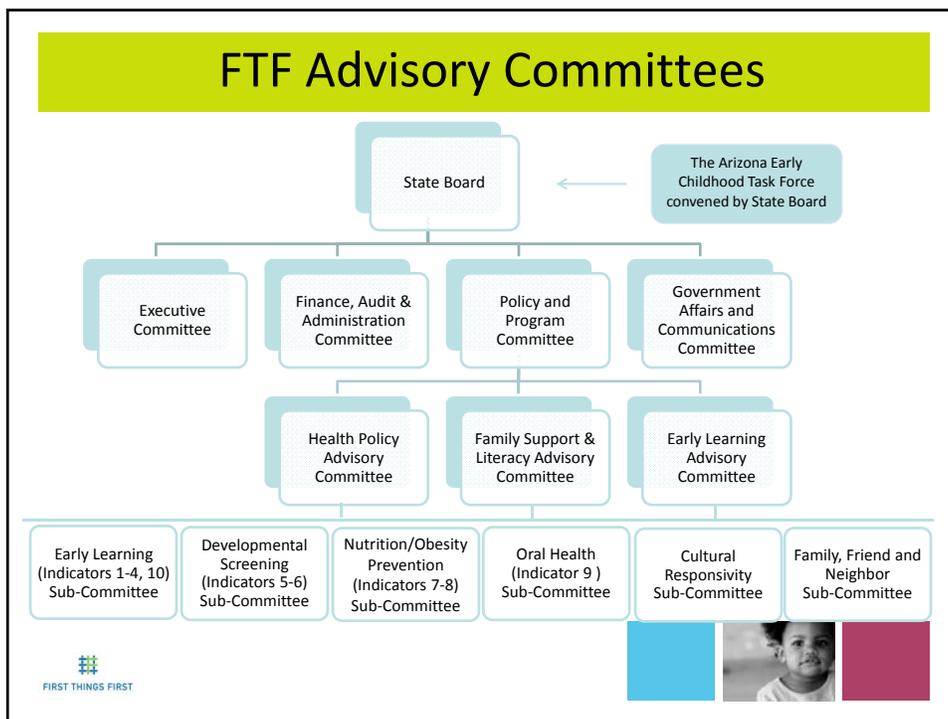
1. Early Care and Education System Development and Implementation
2. Quality Early Care and Education Standards, Curriculum and Assessment
3. Quality, Access and Affordability of Regulated Early Care and Education Settings
4. Access to Quality Health Care Coverage and Services
5. Nutrition and Physical Activity
6. Supports and Services for Families
7. Professional Development System
8. Building Public Awareness and Support
9. Early Childhood System Funding



School Readiness Indicators

1. Children demonstrating kindergarten readiness in developmental domains
2. Children enrolled in high quality early learning programs
3. Children with special needs/rights enrolled in high quality early learning programs
4. Families accessing affordable high quality early learning programs
5. Children with newly identified developmental delays in the kindergarten year
6. Children exiting special education prior to kindergarten
7. Children at healthy body weight
8. Children receiving timely well-child visits
9. Children with untreated tooth decay
10. Families competent and confident about ability to support their child





Advisory Sub-Committees

All Program, Advisory, and Sub-Committee meeting materials are on the FTF web at:
<http://azftf.gov/whowere/board/pages/boardcommittees.aspx>




Glossary

- **School Readiness Indicator** – a measure of progress toward the system outcome at the state and regional levels
- **Benchmark** – targeted number and percentage for an indicator
- **Baseline Data** – initial data used to establish benchmark
- **Trend Data** – a view of data changes over time that is used to establish the benchmark
- **Key Measures** – provides sub-measures and context for benchmark, or an interim measure of progress



Three Categories for Benchmark Data

A. Benchmarks with complete data:

6. Children exiting special education to kindergarten regular education
7. Children at healthy body weight
8. Children receiving timely well-child visits
9. Children with untreated tooth decay
10. Families competent and confident about ability to support their child

B. Benchmarks with baseline data collection just beginning:

2. Children enrolled in high quality early learning programs
3. Children with special needs/rights enrolled in high quality early learning programs
4. Families accessing affordable high quality early learning programs



Three Categories for Benchmark Data

C. Benchmarks requiring further data development and decisions:

1. Children demonstrating kindergarten readiness in developmental domains
5. Children with newly identified developmental delays in the kindergarten year



State Level Benchmarks

Indicator #1:

#/% children demonstrating school readiness at kindergarten entry in the development domains of social-emotional, language and literacy, cognitive, and motor and physical

Benchmark: It is anticipated that a benchmark for 2020 may be recommended in FY15 upon analysis of baseline data from an Arizona kindergarten developmental inventory.

- 2-year timeline (minimum)
- Multiple partners engaged in discussion and development
- Purpose of kindergarten developmental inventory tool
- Appropriate and inappropriate use of tool and data
- Definition of school readiness must be appropriate for all cultures and populations in Arizona



State Level Benchmarks

Indicator #2:

#/% of children enrolled in an early care and education program with a Quality First rating of 3-5 stars

Benchmark: Increase by 20% over baseline the #/% of children enrolled in an early care and education program with a Quality First rating of 3-5 stars

- Baseline data will be available in July 2013 after first year of Quality First Ratings



State Level Benchmarks

Indicator #3:

#/% of children with special needs/rights enrolled in an inclusive early care and education program with a Quality First rating of 3-5 stars

Benchmark: Increase by 20% over baseline the #/% of children with special needs/rights enrolled in an inclusive early care and education program with a Quality First rating of 3-5 stars

- Baseline data will be available in July 2013 after first year of Quality First Ratings
- Children with special needs/rights are defined as those with an Individualized Family Service Plan (ISFP), an Individualized Education Program (IEP), or a 504 Plan
- Several Key Measures add additional context to benchmark



State Level Benchmarks

Indicator #4:

#/% of families that spend no more than 10% of the regional median family income on quality care and education with a Quality First rating of 3-5 stars

Benchmark: Maintain the #/% of families that spend no more than 10% of the regional median family income on quality care and education with a Quality First rating of 3-5 stars

- Baseline data will be available in July 2013 after first year of Quality First Ratings
- Benchmark recommendation is to maintain the baseline due to cost of improving and maintaining quality



State Level Benchmarks

Indicator #5:

% of children with newly identified developmental delays during the kindergarten year

Benchmark: Indicator language and benchmark recommendations will be made in fall 2013 after completion of the comprehensive opportunity analysis on the Arizona early intervention system for children birth to age 5

- Significant discussion in committees, and with regional council members and stakeholders on this indicator and benchmark
- May have recommendation for modified indicator language after opportunity analysis conducted by Charles Bruner, Child and Family Policy Center
- Opportunity analysis will include an assessment and analysis of existing data in early intervention system



State Level Benchmarks

Indicator #6:

#/% of children entering kindergarten exiting preschool special education to regular education

Benchmark: 30% of children entering kindergarten exiting preschool special education to regular education

- Recommend adding data from Bureau of Indian Education and Indian Health Service if data sharing is appropriate and approved



State Level Benchmarks

Indicator #7:

#/% of children ages 2-4 at a healthy weight (Body Mass Index-BMI)

Benchmark: 75% of children age 2-4 at a healthy weight (BMI)

- Will seek permissions from tribal authorities to add additional data from tribal WIC programs
- Key Measures add additional context to benchmark



State Level Benchmarks

Indicator #8:

#/% of children receiving at least six well-child visits within the first 15 months of life

Benchmark: 80% of children receiving at least six well-child visits within the first 15 months of life

- Well-child visits, especially those in initial 15 months of life provide greater opportunity for immunizations, screenings, and support to families to understand their child's health
- Will seek permissions from tribal authorities to add additional data from Indian Health Service



State Level Benchmarks

Indicator #9:

#/% of children age 5 with untreated tooth decay

Benchmark: 32% of children age 5 with untreated tooth decay

- Trend line shows incidence of decay is increasing (last year of data is 2007)
- Benchmark is set with assumption that trend line will continue up before decreasing
- FTF is partnering with DHS Office of Oral Health to expand the sample size and frequency of the Arizona Oral Health Survey



State Level Benchmarks

Indicator #10:

% of families who report they are competent and confident about their ability to support their child's safety, health and well being

Benchmark: 73% of families report they are competent and confident about their ability to support their child's safety, health and well being

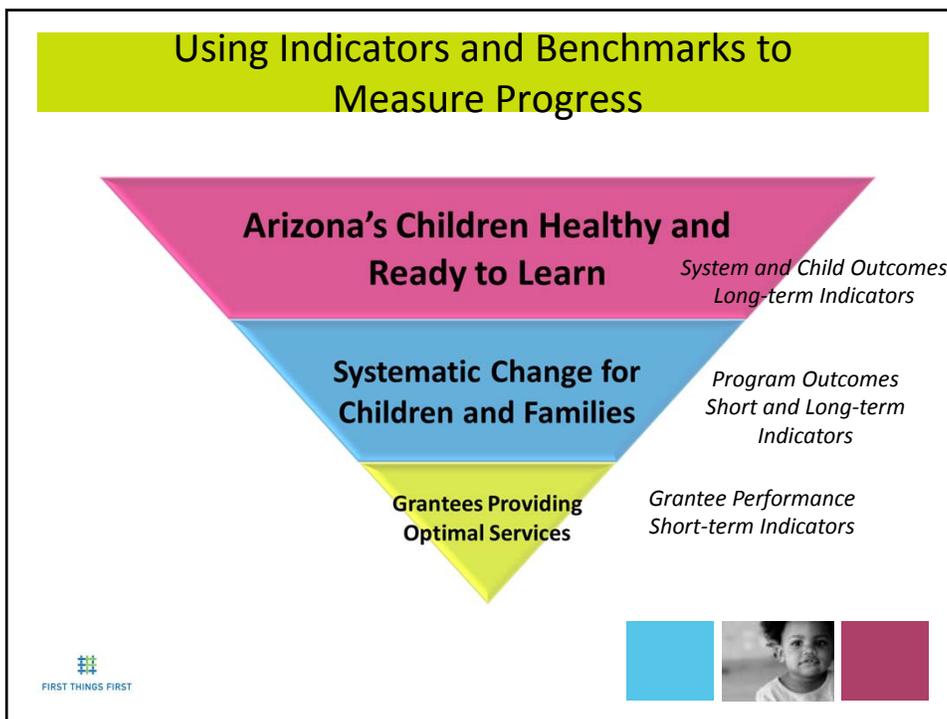
- Benchmark represents a composite measure of critical parent knowledge, skills, and actions.
- First Things First conducted an analysis on several of the relevant survey indicators to arrive at this composite measure.
- Key Measures using single indicators add additional context to benchmark



Using Benchmarks for Planning

- The state level benchmarks are used to monitor progress on the School Readiness Indicators in large populations of children and families using data aggregated at the state and local level
- Indicators and benchmarks measure all efforts in the early childhood system, not just FTF efforts
- Use for planning and guiding FTF work at state and regional level (including work that is funded as well as unfunded work with partners on system and community development)
- Is one way to monitor and measure progress and impacts of FTF investment, along with other evaluation and research studies
- Aligned with National Advisory Panel research and evaluation recommendations





Timeline for Regional Benchmarks

Timeline	Activity
August – December 2012	Knowledge and Understanding of Available Data
January – March 2013	Compile Data by Region
February-March 2013	Preparation by Regional Councils to set Benchmarks (Webinar series)
April – October 2013	Decisions on Benchmark Recommendation based on Phases of Work <small>*Note: Some indicators extend beyond October 2013</small>
November 2013 – February 2014	Solicit Public Feedback
February – March 2014	Finalize Recommendations
April 2014	Recommendations to Board



First Things First

Data Considerations and Decision-Making Background for Setting Regional Benchmarks

March 2013



FIRST THINGS FIRST

Timeline for Regional Benchmarks

Timeline	Activity
August – December 2012	Knowledge and Understanding of Available Data
January – March 2013	Compile Data by Region
February-March 2013	Preparation by Regional Councils to set Benchmarks (Webinar series)
April – October 2013	Decisions on Benchmark Recommendation based on Phases of Work <small>*Note: Some indicators extend beyond October 2013</small>
November 2013 – February 2014	Solicit Public Feedback
February – March 2014	Finalize Recommendations
April 2014	Recommendations to Board




Webinar Overview

- Background on School Readiness Indicators
Data Sources
- Tips for Being a Good Consumer of Data
- Guidance on Setting Benchmarks



Glossary

- **School Readiness Indicator** – a measure of progress toward the system outcome at the state and regional levels
- **Benchmark** – targeted number and percentage for an indicator
- **Baseline Data** – initial data used to establish benchmark
- **Trend Data** – a view of data changes over time that is used to establish the benchmark
- **Key Measures** – provides sub-measures and context for benchmark, or an interim measure of progress



Using Benchmarks for Planning

- Benchmarks are used to monitor progress on the School Readiness Indicators
- Indicators and benchmarks measure changes in the early childhood system globally, they can't be used to draw conclusions about FTF impact or specific program impact
- Use for planning and guiding FTF work at state and regional level (including work that is funded as well as unfunded work with partners on system and community development)
- Is one way to track FTF system outcomes, along with evaluation and research studies
- Aligned with National Advisory Panel research and evaluation recommendations



Background on Data Sources

Indicators – IN DEVELOPMENT

Indicator 1: #/% children demonstrating school readiness at kindergarten entry in the development domains of social-emotional, language and literacy, cognitive, and motor and physical

Indicator 5: % of children with newly identified developmental delays during the kindergarten year



Background on Data Sources

Criteria for selection of data sources:

- Is the data source a good measure of the indicator? In other words, is the data source measuring what we intend to change?
- Are baseline data for this data source available in 2012 at the statewide level and 2013 at the regional level?



Background on Data Sources

Criteria for selection:

- Are the data collected recently and regularly?
- Will data be available for Councils and local communities? In other words, what is the lowest geographic level for which the data are available?
- Does the data source align with the overall direction of the FTF Evaluation Plan and National Panel recommendations?



Background on Data Sources

Most Indicators are measured through already-existing, partner data or administrative data

Administrative Data Pros

- Data collection is ongoing as part of programmatic effort
- Data are often at the client level, as utilized for program management
- Data are often available at a local level, based on program participation
- Data collection and management are generally ongoing, as part of programmatic efforts
- Data exchange can lead to meaningful collaboration with partners



Background on Data Sources

Administrative Data Cons

- Data can have errors or be incomplete
- Data report on program participants, this is seldom all members of the entire population
- Data exchange can be dependent on meaningful collaboration with partners



Background on Data Sources

Some Indicators are measured through regular surveys

Survey Data Pros

- Data collection is often specifically designed to answer measurement questions
- Survey questions can be tailored to local needs and modified or added to over time
- Data can be collected to specifically sample the overall population – all children or families



Background on Data Sources

Survey Data Cons

- Data collection is often expensive, especially when large sample sizes are needed to obtain local data
- Without specific focus on collection of local data samples, only statewide, county, or other levels of aggregated data are available
- All samples and surveys have error



Being a Good Consumer of Data

- Know the limitations of the data source
 - Is it administrative or survey data?
 - If administrative, what is the population measured?
 - If survey, what is the confidence interval?
- Stay focused on the indicator and intent



Setting Benchmarks

- What is the indicator and intent?
- What is the current situation and baseline?
- What has been the trend?
- What factors might influence changes in the indicator?



Setting Benchmarks

Aspirational and attainable benchmarks:

- Set an agenda for improvement
- Encourage collaboration
- Empower communities, individuals, and organizations
- Track progress
- Permit comparison
- Are inspirational and action oriented



Setting Benchmarks

Factors to consider when setting aspirational and attainable benchmarks:

- What policies, activities, or programs are anticipated to impact this indicator?
- What policies, activities, or programs are in place now or projected?
- What collaborations or coordination is in place or projected?



Setting Benchmarks

- What is the likely timeframe to observe the impact of policies, activities, or programs, alone or in combination? Are they short term, medium term, or long term?
- What is the potential of policies, activities, or programs to improve outcomes of subgroups among populations (ethnic, socio-economic, native populations)?
- What is the scope of each policy, activity, or program? Is it likely to impact the whole population or a specific subgroup?
- Do all potential partners agree to the benchmark and feel invested in the improvement efforts? Is everyone accountable?



Setting Benchmarks

Example - Healthy Weight – Indicator 7

What is the national trend and Healthy People 2020 benchmark?

Indicator (objective): Reduce the proportion of children aged 2 to 5 years who are considered obese

Baseline: 10.7 percent of children aged 2 to 5 year were considered obese in 2005-08

Benchmark (target): 9.6 percent

Target setting method: 10 percent improvement

Data Source: National Health and Nutrition Examination Survey, CDC, NCHS



<http://www.healthypeople.gov/2020/topicsobjectives2020/objectiveslist>



Setting Benchmarks
Example - Healthy Weight – Indicator 7

What is the statewide trend and benchmark?

Indicator: #/% of children ages 2-4 at a healthy weight (Body Mass Index-BMI)

Baseline: 2010: 65% of children age 2-4 at a healthy weight (BMI)

Benchmark: 75% of children age 2-4 at a healthy weight (BMI)

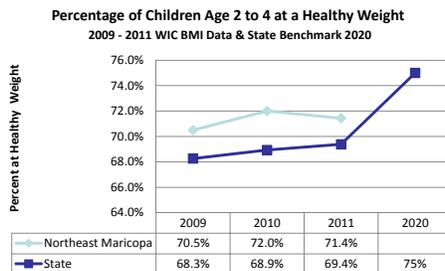
Target setting method: 10 percentage points improvement

Data Source: WIC Arizona



Setting Benchmarks
Example - Healthy Weight – Indicator 7

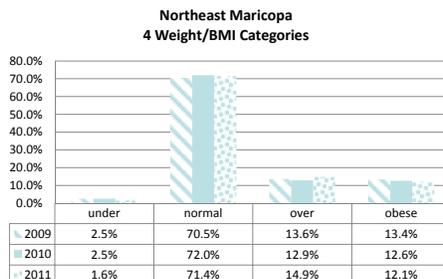
What is the regional trend?



Setting Benchmarks

Example - Healthy Weight – Indicator 7

What is the regional trend?



Setting Benchmarks

Example - Healthy Weight – Indicator 7

What policies, activities, or programs are in place or planned? For example:

- Access to information on healthy food and activity
- Access to healthy food and activity
 - At home
 - In early care and education
 - In the community



Setting Benchmarks

Example - Healthy Weight – Indicator 7

Considerations for setting an aspirational and attainable benchmark:

- Considering the short term, medium term, or long term nature of the indicator, is the benchmark attainable by 2020? Is it aspirational?
- Considering the policies, activities, programs, and collaborations that are in place or planned, is the benchmark attainable by 2020? Is it aspirational?



Setting Benchmarks

Example - Healthy Weight – Indicator 7

What is the regional trend and benchmark?

Indicator: #/% of children ages 2-4 at a healthy weight (Body Mass Index-BMI)

Baseline: 2010: **XX%** of children age 2-4 at a healthy weight (BMI)

Benchmark: **XX %** of children age 2-4 at a healthy weight (BMI)

Target setting method: TBD

Data Source: WIC Arizona



Additional Resource Materials

- Webinar Archive
- Overview of Statewide Benchmarking
- Phases of Regional Indicator Data Release
- Summary of Data Sources for School Readiness Indicators
- School Readiness Indicators and Intent
- FTF Strategy Logic Models



School Readiness Indicators - Intent

Indicator #1:	#/% children demonstrating school readiness at kindergarten entry in the development domains of social-emotional, language and literacy, cognitive, and motor and physical
Intent:	Increase the number of children with equal opportunity to be successful in school and close the achievement gap before kindergarten entry
Indicator #2:	#/% of children enrolled in an early care and education program with a Quality First rating of 3-5 stars
Intent:	Increase the number of children with access to affordable high quality early learning programs
Indicator #3:	#/% of children with special needs/rights enrolled in an inclusive early care and education program with a Quality First rating of 3-5 stars
Intent:	Increase in the number of children with special needs/rights who enroll in high quality inclusive regulated early learning programs
Indicator #4:	#/% of families that spend no more than 10% of the regional median family income on quality care and education with a Quality First rating of 3-5 stars
Intent:	Increase the number of families that can afford high-quality early learning programs so family financial contribution is no higher than 10% of the regional median family income
Indicator #5:	% of children with newly identified developmental delays during the kindergarten year
Intent:	Increase the number of children who are screened and if appropriate, receive early intervention services for developmental delays before entering kindergarten
Indicator #6:	#/% of children entering kindergarten exiting preschool special education to regular education
Intent:	Increase the number of children who transition to kindergarten without an identified special need due to timely screening, identification and delivery of effective intervention services prior to their kindergarten year
Indicator #7:	#/% of children ages 2-4 at a healthy weight (Body Mass Index-BMI)
Intent:	Increase the number of children who maintain a healthy body weight
Indicator #8:	#/% of children receiving <i>at least six well child visits within the first 15 months of life</i>
Intent:	Increase the number of children with consistent well child visits where there is higher opportunity for immunizations, appropriate screenings and early identification of development delays, other medical healthcare, and support for family members to understand their child's health
Indicator #9:	#/% of children age 5 with untreated tooth decay
Intent:	Increase the number of children who begin at an early age and regularly visit an oral health professional to receive preventive oral healthcare and services necessary to treat tooth decay
Indicator #10:	% of families who report they are competent and confident about their ability to support their child's safety, health and well being
Intent:	Increase the number of families who report they are competent and confident to support their child

School Readiness Indicators Benchmark Data Sources

Indicator #1:	#/% children demonstrating school readiness at kindergarten entry in the development domains of social-emotional, language and literacy, cognitive, and motor and physical
Intent:	Increase the number of children with equal opportunity to be successful in school and close the achievement gap before kindergarten entry

Benchmark Data Source:

There is currently no data on school readiness at kindergarten entry available at the statewide level in Arizona. Considerations were given to possible use of public school district or school site level data, but data availability is not consistent, as districts or schools determine whether any data is collected. Additionally, if school readiness is assessed, an inconsistent variety of instruments and processes are used.

The Arizona Department of Education (ADE), First Things First, the State Board of Education, and Virginia G. Piper Charitable Trust are working together to develop an Arizona kindergarten developmental inventory instrument that is appropriate for all Arizona children to be administered at the beginning of the kindergarten year to measure areas of school readiness. Representatives from these agencies have agreed on the following purpose statement:

To provide a kindergarten developmental inventory tool that allows parents, teachers and administrators to understand the extent of a child’s learning and development at the beginning of kindergarten to provide instruction that will lead to the child’s academic success. The tool that is developed or adopted will align with the *Arizona Early Learning Standards* and *Arizona’s Common Core Standards* for kindergarten, cover all essential domains of school readiness (physical and motor development, social and emotional development, approaches to learning, language development and cognitive development) and will be reliable and valid for its intended use.

The agencies are also participating in national conversations that originated in the Race to the Top – Early Learning Challenge grant application process to determine how other states are developing measures of school readiness at kindergarten entry. Public input will also be solicited and considered in making final recommendations and decisions on the Arizona process and age-appropriate tool used for the kindergarten developmental inventory.

After analysis of data collected using the approved instrument, data will be available at the regional level.

Indicator #2:	#/% of children enrolled in an early care and education program with a Quality First rating of 3-5 stars
Intent:	Increase the number of children with access to affordable high quality early learning programs

Indicator #3:	#/% of children with special needs/rights enrolled in an inclusive early care and education program with a Quality First rating of 3-5 stars
Intent:	Increase in the number of children with special needs/rights who enroll in high quality inclusive regulated early learning programs

Indicator #4:	#/% of families that spend no more than 10% of the regional median family income on quality care and education with a Quality First rating of 3-5 stars
Intent:	Increase the number of families that can afford high-quality early learning programs so family financial contribution is no higher than 10% of the regional median family income

Benchmark Data Source:

All three indicators depend on the Quality First star rating to report progress, so the Quality First Data System administered by FTF was identified as the best data source for these indicators, as it will contain all updated enrolled providers' star rating, as well as information on number of children and number of children with special needs/rights enrolled. Information on families, including household income, will also be integrated from the Quality First Scholarship program. Other potential data sources considered were the Child Care Resource and Referral (CCR&R) database, the Head Start Program Information Report and the Market Rate Survey conducted every two years by the Department of Economic Security. However, these sources do not directly contain the Quality First star rating information needed to measure progress on these indicators.

Indicator #2: Quality First ratings began on July 1, 2012, and continue throughout the year. FTF anticipates that enough Quality First participating providers will complete the rating process by July 1, 2013, so that regional data may be initially analyzed to determine a benchmark for this indicator.

Indicator #3: The Quality First provider profile, part of the Quality First Data System, will be updated by July 1, 2013 so that all participating providers will submit information on the number of children with special needs/rights enrolled in their program. Children with special needs/rights are defined by those children with an Individual Family Service Plan (IFSP), an Individual Education Program (IEP) or a 504 Plan. The IFSP (birth to age 3) and IEP (age 3 to 5) are plans for special services for young children with developmental delays and are required for children meeting eligibility requirements under the Individuals with Disabilities Education Act. A 504 plan refers to Section 504 of the Rehabilitation Act and the Americans with Disabilities Act (ADA), and spells out the modifications and accommodations that will be needed for a child to have an opportunity to perform at the same level as their peers, and might include such things as wheelchair ramps, blood sugar monitoring, or a peanut-free eating environment.

Indicator #4: Data housed in the Quality First Data System related to Quality First Scholarship usage will be used to identify how much families are currently paying for quality early care and education with a Quality First rating of 3-5 stars. Quality First participating providers will complete the rating process by July 1, 2013, and data from families receiving Quality First Scholarships will be initially analyzed to determine a benchmark for this indicator.

Data for these indicators will be available at the regional level for all regions funding Quality First.

Indicator #5:	% of children with newly identified developmental delays during the kindergarten year
Intent:	Increase the number of children who are screened and if appropriate, receive a diagnosis and early intervention services for developmental delays prior to entering kindergarten

Benchmark Data Source:

A data source has not yet been selected to determine state level or regional level benchmarks. There were several data sources considered, including:

- Arizona Early Intervention Program (AzEIP): AzEIP provides screening, evaluation and intervention services for children birth to age three, and therefore does not collect data on children who are in kindergarten.
- Arizona Health Care Cost Containment System (AHCCCS): AHCCCS does have information on kindergarten age children; however, does not have a standardized data collection on newly identified developmental delays during the kindergarten year.
- First Things First Developmental Screening Grantee data: FTF grantees provide developmental *screening* for children birth to age five, but do not provide the actual diagnosis of a developmental delay. Also, FTF grantees do not provide services to children in kindergarten.
- Arizona Department of Education (ADE): ADE collects data from school public school districts, and with some modification to the data requirements, it is possible that this type of data could be collected by ADE so that FTF could measure progress on this indicator.

After significant discussion among policy experts and stakeholders, the general consensus was that the indicator language as written would not be the most effective measure of how many children are receiving screening and, if appropriate, intervention services in the years prior to kindergarten. Educators also shared that fewer children are being diagnosed with developmental delays during the kindergarten year, because educators are likely to try other supports before officially identifying children as developmentally delayed.

Concurrent to the discussions about the language for this indicator and data on early intervention, First Things First and St. Luke’s Health Initiative partnered together to commission a comprehensive statewide opportunity analysis on the Arizona early intervention system (birth – age 5) with a final report due in July 2013. This project has been vetted with partners in the early intervention system, and the final report will include an assessment and analysis of existing data, which will further inform the discussion about how this indicator is written and the data source and benchmark recommendation at both state and regional levels.

Indicator #6:	#/% of children entering kindergarten exiting preschool special education to regular education
Intent:	Increase the number of children who transition to kindergarten without an identified special need due to timely screening, identification and delivery of effective intervention services prior to their kindergarten year

Benchmark Data Source:

Data sources considered for this indicator include:

- Arizona Department of Education (ADE) Individuals with Disabilities Education Act (IDEA) Part B data: ADE collects data annually for this indicator for all IDEA Part B preschool public school special education programs, including those public schools located in tribal communities.
- Tribal Head Start Programs: Head Start data is a potential data source to determine the number of children who received special education services that were not provided in a public school setting.
- Bureau of Indian Education (BIE) Family and Child Education Programs (FACE): The FACE program supports parents as their child’s primary teacher and also promotes the early identification and services for children with special needs, so is a potential data source of children who received special education services that are not funded through IDEA Part B.

The ADE IDEA Part B preschool data that is collected annually was determined to be the best data source for this indicator, since the data is already available in an ADE administrative database. FTF will work individually with those tribal regions where a public school district is not located to determine the best data source for this indicator (Head Start, FACE program or other).

Data for this indicator is available at the school district or county level.

Indicator #7:	#/% of children age 2-4 at a healthy weight (Body Mass Index-BMI)
Intent:	Increase the number of children who maintain a healthy body weight

Benchmark Data Source:

Body Mass Index (BMI) is a measure used to determine childhood overweight and obesity. It is calculated using a child's weight and height. Two primary sources of Body Mass Index (BMI) data were considered for this indicator:

- Arizona Women, Infants and Children (WIC) Nutrition Program data: WIC is a federally funded program providing residents with nutritious foods, nutrition education, and referrals. WIC serves pregnant, breastfeeding, and postpartum women, and infants and children under age five who are at nutritional risk and who are at or below 185 percent of the federal poverty guidelines. This program measures BMI of all enrolled 2-4 yr. old participants for all regions of the state. WIC data is available for non-tribal regions and the Navajo Nation Regional Council (with tribal permissions) through the Arizona Department of Health Services (DHS). Data for tribal regions is available (pending tribal permissions) through the Intertribal Council of Arizona (ITCA) or tribal authorities. WIC serves a very large number of low-income 2-4 year olds and their families in Arizona; however, it does not measure the BMI of all Arizona children, only those enrolled in the WIC program. Some regions may be better represented by WIC data than others. Specifically, those communities with large percentages of the population at or below 185 percent of the federal poverty guidelines will have better measurement with the WIC data.
- Arizona Health Care Cost Containment System (AHCCCS): The Arizona Health Care Cost Containment System (AHCCCS) is Arizona's Medicaid agency that offers health care programs to serve Arizona residents. Individuals must meet certain income and other requirements to obtain services. Data is collected through AHCCCS for all participants, but this data is not currently available in a standardized report, and access to the data requires permission from AHCCCS.

There currently is no data source that measures the BMI of all Arizona children. However, WIC data from DHS and ITCA (pending tribal permissions) was identified as best data source for this indicator because consistent data are available for all regions and the WIC program serves a large number of Arizona 2-4 yr. olds (105,968 in the initial data pull).

Data for this indicator is available at the regional level.

Indicator #8:	#/% of children receiving at least six well child visits within the first 15 months of life
Intent:	Increase the number of children with consistent well child visits where there is higher opportunity for immunizations, appropriate screenings and early identification of development delays, other medical healthcare, and support for family members to understand their child's health

Benchmark Data Source: There were two primary sources of data considered for the measurement of regular well child visits:

- Arizona Health Survey: The Arizona Health Survey is a large-scale phone survey that has been conducted by St. Luke's Health Initiatives to provide data on Arizonans' healthy behaviors, health care, and health insurance. Data from this survey identifies, through parent report, whether a young child has been to a physician for a routine visit in the past year. The Arizona Health Survey provides data on families throughout Arizona with a representative sample of phone surveys.
- Arizona Health Care Cost Containment System (AHCCCS) and Indian Health Service (IHS): AHCCCS is Arizona's Medicaid agency that offers health care programs to serve Arizona residents. The Indian Health Service (IHS) is an agency within the Department of Health and Human Services and is responsible for providing federal health services to American Indians and Alaska Natives. The provision of health services to members of federally-recognized tribes grew out of the special government-to-government relationship between the federal government and Indian tribes. The IHS is the principal federal health care provider and health advocate for Indian people and provides a comprehensive health service delivery system for American Indians and Alaska Natives who are members of 566 federally recognized Tribes across the U.S.

Both AHCCCS and IHS utilize performance measures developed and maintained by the National Committee for Quality Assurance (NCQA), called HEDIS (Healthcare Effectiveness and Information Data Set) or similar measures. HEDIS is the most widely used set of performance measures in the managed health care industry and serves to measure the timeliness and completeness of medical care. There are numerous benefits of utilizing administrative data related to actual well child visits as the data source for this indicator. First, these data are not reported by a parent in a phone survey, they are actual medical records; therefore, errors due to recall are less likely. In addition, while data do not provide information on all children in the state of Arizona, just those served by AHCCCS and IHS, due to the large number of children served in these programs, local data is more likely to be available than through a phone survey.

AHCCCS data for non-tribal regions and IHS data for tribal regions (with tribal permission) were identified as the best data sources for this indicator because data are collected for all FTF regions. FTF is currently in consultation with both AHCCCS and IHS to acquire the data.

Data for this indicator is available at the county or tribal region level.

Indicator #9:	#/% of children age 5 with untreated tooth decay
Intent:	Increase the number of children who begin at an early age and regularly visit an oral health professional to receive preventive oral healthcare and services necessary to treat tooth decay

Benchmark Data Source:

There were three sources of data considered for this indicator:

- Arizona Oral Health Survey: This survey is actually an oral health exam performed by qualified oral health professionals. The Arizona Department of Health Services conducted the survey of preschool children in 1995, and again on almost 1000 preschool children in 2009.
- Indian Health Services (IHS) Oral Health Service Data: This is data collected regularly on oral health services for young children seen through the IHS.
- Arizona Health Survey: The Arizona Health Survey is a large-scale phone survey that has been conducted by St. Luke’s Health Initiatives to provide data on Arizonans’ healthy behaviors, health care (including dental care) and health insurance. Data from this phone survey identifies, through parent report, whether a young child has been to a dentist for a routine visit in the past year, but does not provide data from actual oral health exams.

The Arizona Oral Health Survey was selected as the data source for non-tribal regions. FTF is partnering with the Arizona Department of Health Services Office of Oral Health to expand the sample size of the Arizona Oral Health Survey to provide data at the county or multi-county level and to complete the survey on a more regular and shorter interval, beginning in 2014-15. Considerations will be made to assure consistent data collection, methods, inclusion of appropriate age groups and consistent protocols.

IHS oral health service data was selected as the data source for tribal regions (pending tribal permissions). FTF is beginning discussions with the IHS to identify appropriate available data and to obtain tribal permissions to use the data for this indicator.

Data for this indicator will be available at the county or multi-county and tribal regional level.

Indicator #10:	% of families who report they are competent and confident about their ability to support their child's safety, health and well being
Intent:	Increase the number of families who report they are competent and confident to support their child

Benchmark Data Source:

The Family and Community Survey conducted by FTF was the only data source considered for this indicator. The Family and Community Survey of almost 4000 families is FTF's primary method for gathering consistent data on parent knowledge, skills, and practice related to their young children. This survey was conducted for the first time in 2008 and again in 2012, and will be done every two to three years in the future. In addition to data collected for this indicator, the survey results are also used to inform needs and assets reports and develop FTF communication messages.

Key features of the Family and Community Survey:

- Sampling methodology is designed to obtain a statistically representative random sample of families with children birth to five as well as the general population in each of the First Things First regions (with the exception of tribal regions)
- Statewide and regional samples are designed to reflect current regional and statewide census-based proportions in key demographic categories (i.e. education, socio-economic status, and ethnicity)
- The survey was administered in Spanish or English, based on the preference of the respondent

The survey contains over sixty questions, many of them exploring multiple facets of parenting. Seven of the questions (listed below) are analyzed to arrive at a composite measure of critical parent knowledge, skills and actions for this indicator. First Things First conducted an analysis on several of the relevant survey indicators to arrive at this composite measure.

- % think a parent can begin to significantly impact their child's development brain prenatally or right from birth
- % of parents reported that they or other family members read stories to their child/children seven days a week
- % of parents strongly agreed that their regular medical provider knows their family well and helps them make healthy decision
- % believe that children do not respond to their environment until two months of age or later
- % believe that children sense and react to parents emotions only after they reach seven months of age or older
- % believe that children's capacity to learn may be set at birth
- % believe that a child's language benefits equally from watching TV versus talking to a real person

Non-tribal data are collected through the Family and Community Survey, a phone survey. Best practice indicates that phone surveys are not the optimal method to obtain information for families residing on tribal lands. Data collection on Family and Community Survey items will be integrated into on-the-ground data collection, as part of tribal regional needs and assets reports, beginning in 2013-14 (with tribal approval).

Data for this indicator is available at the regional level.