

APPENDIX II-D

PRIORITIZING INDICATORS: ONE COUNTY'S RESULTS

Based on the following vision/mission statement one county drew up a long list of potential indicators with which to assess its MCAH health status. This is the first step in developing a final list of prioritized indicators.

Vision/ Mission Statement	All children of the county will reach adulthood having experienced a safe, healthy, and nurturing environment. The resulting sense of self-worth, coupled with equal access to resources, will empower them to develop their unique potential, so that they mature realizing a strong sense of responsibility to self, culture, and society.
Goal 1	All pregnant women, newborns, children, and adolescents in the county have access to preventive, primary care services to ensure optimal health and well-being.
Goal 2	All children in the county live in a safe, nurturing environment, which promotes optimal health, growth, and development.
Goal 3	Agencies serving children and families, including County MCAH staff, engage in collaborative and county-wide planning to ensure provision of a comprehensive community-based health care system for this population.

GENERAL INDICATORS

(Note: All indicators include comparisons to California and Healthy People 2000 Objectives, wherever possible. Also, note that the list of suggested indicators below, and for goals 1 through 3, is so long that an effort must be made to select relevant indicators. The FHOP "Ranking Tool" and "Criteria" is suggested for this purpose.)

Background/Demographics

- Population projections
- Age of population
- Education level
- Employment and economy
- Ethnic composition
- Income levels and poverty
- Percent of children living in poverty
- Housing
- Transportation
- Birth rate
- Fertility rate

Goal 1

All pregnant women, newborns, children, and adolescents in the county have access to preventive, primary care services to ensure optimal health and well-being.

Indicators

Perinatal

- Adequacy of prenatal care (MC = Managed Care Indicator)
- Low birthweight rate (MC)
- Preterm delivery rate (MC)
- C-section rate
- Infant mortality rate by cause (MC)
- Neonatal
- Post-neonatal
- Fetal death ratio (MC)
- Maternal mortality
- Adequacy of maternal screening, treatment and follow-up care for genetic disorders (MC)
- Adequacy of newborn screening, treatment and follow-up care for follow-up care for genetic disorders (MC)
- Mothers over 35
- HIV positive pregnancies (MC)
- Percent of women who are breast feeding (47)

Child

- Vaccine preventable disease incidence
- Tuberculosis rate (MC)
- Percent of children who have attained appropriate growth and weight (MC)
- Incidence of low Hgb/Hct (MC)
- Rates of dental caries

Adolescent

- STD rates (excluding HIV) (MC)
- Estimated teen pregnancy rate
- Teen birth rate (MC)

Women's Health

- Percent of women having appropriate mammography screening (MC)
- Percent of women obtaining annual Pap smears for cervical cancer (MC)

Service Delivery/Utilization

- Insurance status
- Percent of pregnant women, newborns, children and youth who have no health insurance
- Percent VLBW Infants born in intermediate, community, or regional hospitals
- Percent of eligible pregnant, postpartum and breast feeding women, infants, and children receiving WIC services

Immunization status (MC)
Percent participation in all EPSDT (CHDP) services (MC)
Percent of children with protective sealants administered (MC)
Rates of hospital admissions for ambulatory care sensitive diagnoses

Goal 2

All children in the county live in a safe, nurturing environment that promotes optimal health, growth, and development.

Indicators

Prevalence of lead poisoning (MC)
Death rate for unintentional injury, including poisonings (MC)
Motor vehicle accident fatality rate
Injuries rates (MC)
Suicide/injurious suicide attempt rates
Homicide rate
Child/adolescent substance use/abuse rates (MC)
Incidence of child abuse or neglect/maltreatment (MC)
Percent of schools with comprehensive school health education
High school graduation rate

Goal 3

Agencies serving children and families, including County MCAH staff, engage in collaborative and county-wide planning efforts to ensure provision of a comprehensive community-based health care system for this population.

Indicators

Percent of agencies serving children and families that participate in county collaborative planning process, trainings and other collaboration events or activities by type of participation
Percent of agencies who participate as voting rights members of the collaborative
Percent of these agencies that have contributed staff or other resources to assist in reaching the health status goals
Percent of agencies participating in a comprehensive community-based system with a formal MOU that facilitates interagency referrals