



## FIRST THINGS FIRST

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### Arizona Early Childhood Development & Health Board

#### ***Navajo/Apache Regional Partnership Council***

#### ***DRAFT Meeting Minutes***

A Regular Meeting open to the public was held on Wednesday, June 12, 2013 beginning at 3:00 p.m. The meeting was held at the Northland Pioneer College Campus, Nizhoni Learning Center in Room 142 located at 2251 E. Navajo Blvd, Holbrook Arizona 86025.

#### **Welcome/Introductions/Call to Order**

Vice Chair Meyer called the meeting to order at approximately 3:20 p.m. Present were members Grugel, Meyer, Northup, Peck, Thompson and Chair Mannis, and telephonically members Montoya and Taylor. Members absent were Baskins, Endfield, and Tapia.

Others present were Regional Director Kate Dobler-Allen, Virginia Turner, Kat Bunker, DeAnn Davies, Lynnda Cahoon, Margine Bawden, Kathy Valencik, Robin House, Jennifer Flake, Deborah Lewis, Rhonda Etsitty, Nick Kasovac, and Mary Tyler.

#### **Member Report and Updates**

Vice Chair Meyer asked if any members had updates. Member Grugel reported that the CASA Bar-B-Q on Saturday June 1 was a success.

Member Thompson told the Council that the Naomi House is in the hopeful process of acquiring a property at Navajo, near Sanders, that they will use to expand and offer additional foster care services.

#### **Call to the Public**

No calls to the public were received.

#### **Disclosure of Conflicts**

There were no conflict of interest disclosures.

#### **Approval of May 8, 2013 Regular Meeting Minutes**

Vice Chair Meyer asked for a motion for the minutes. Member Grugel moved the Regular Meeting Minutes for May 8, 2013 be approved as presented. Member Northup seconded. Motion passed.

#### **Newborn Follow-Up Program Status Report**

Vice Chair Meyer recognized Jennifer Flake from Navajo County Public Health. Ms. Flake introduced herself and reported that she has been able to do 4 home visits and has received 2 more referrals. She said that the parents are very receptive to the visits. She also mentioned that they are now partnering with several OBGYN's in the area as well as physician offices and health centers in Winslow and Flagstaff to reach parents who live in Navajo/Apache region but use those centers for health care. Mary Tyler with Navajo County Public Health said they are very excited to have Jennifer and echoed her about how receptive the parents have been so far.

#### **Presentation and Discussion of SFY 2013 Quarter 3 Data Report**

Regional Director Dobler-Allen presented the Quarter 3 Data Report and explained the data for each of the Navajo Apache and Regional strategies. She noted that the contracts are progressing as expected and that some of them including Summit and North Country Healthy Steps, Oral Healthy and the Nutrition/Obesity/Physical Activity strategies have already exceeded their deliverables for the year with one quarter left. She also noted that Recruitment into the Field has done a great job this year.

Chair Mannis joined the meeting at this point at approximately 3:40 p.m.

Regional Director Dobler-Allen continued on with the Data Report and answered questions about some of the programs for Council Members.

### **Presentation, Discussion and Possible Approval of Staff Recommendation for Parent Outreach and Awareness Contract with University of Arizona Cooperative Extension for SFY2014**

Regional Director Dobler-Allen provided the background information around this item and the next regarding the RFGA that was not successfully awarded. In April 2013 the Regional Council directed staff to pursue an Inter-Governmental Agreement with the University of Arizona Cooperative Extension to address the nutrition education component of the Parent Outreach Awareness Strategy. This attachment is the narrative questions and responses as well as the implementation plan for the IGA. There are ongoing negotiations between FTF and U of A related to specific template language, however the staff recommendation is to approve. This Contract will start August 1 if an agreement can be reached in time to get it to the July State Board meeting for approval. Member Grugel moved the Parent Outreach and Awareness Contract with University of Arizona Cooperative Extension for SFY2014 be approved as presented and funded at \$99,993.30. Member Meyer seconded, motion passed.

### **Presentation, Discussion and Possible Approval of Staff Recommendation for Parent Outreach and Awareness Contract with Navajo County Library District for SFY2014**

Regional Director Dobler-Allen provided the information about this item which is the other part of the Parent Outreach and Awareness Strategy which the Council directed staff in April, 2013 to pursue an Inter-Governmental Agreement to continue the work the Navajo County Library District has been providing. This contract should start August 1 if approved by the State Board at their July meeting. The staff recommendation is to approve. Member Grugel mentioned that he was happy to see that the contract specifically includes working with the Apache County Libraries to provide service throughout the entire Region. Member Peck moved the Parent Outreach and Awareness Contract with Navajo County Library District for SFY2014 be approved as presented and funded at \$60,000.00. Member Mannis seconded, motion passed.

### **Presentation and Discussion of Quality First Model Changes To Become Effective SFY 2015**

Regional Director Dobler-Allen presented the Quality First Model Changes that will be effective in SFY2015. She used a power point presentation and told the Council the changes are intended to build upon and advance quality and affordability. Highlights of the changes include:

- Merging Quality First and Pre-Kindergarten,
- in SFY2015 QF programs must be at a 2 or higher star level to be eligible for scholarships,
- by SFY2016, the QF Scholarship rate schedule will be changed from 216 variations now to just 4 variations statewide

### **Regional Director's Report**

#### **FTF Summit Registration**

Regional Director Dobler-Allen asked Kat Bunker to go over the FTF Summit Registration. She said that so far there are seven members registered and asked anyone not signed up that wants to go to let her know by the end of day Thursday June 13, 2013.

#### **Chair and Vice Chair Elections in July**

Regional Director Dobler-Allen reminded the members that elections for Chair and Vice Chair for SFY2014 will be held at the beginning of the meeting in July.

#### **Community Based Professional Development for Early Childhood Education Professionals Strategy Status Report**

Regional Director Dobler-Allen provided the Council with an update of the status of the Community Based Professional Development for Early Childhood Education Professionals Strategy. She said that a Request for Grant Application (RFGA) was released on June 3, 2013 and a pre-application conference was held on June 11, 2013. She reminded the members that the entire RFGA process is confidential. She also said that there will be an Executive Session at the August 14, 2013 meeting and requested that all members plan to attend to assure quorum if there are any conflicts of interest.

### **Monthly Report**

Regional Director Dobler-Allen provided the Council with the update of her schedule of activities for June and July. She said she has made a few changes to the meeting schedule, the biggest being that the July 10, 2013 Regular Meeting has been moved from St. Johns to Show Low at Northland Pioneer College, Room LC110. The August 14, 2013 meeting will be at the Frontier Conference Center in Show Low, and will be the Regional Partnership Council and Grantee Forum, with representatives from Applied Survey Research in attendance.

#### **Financial Reports**

Regional Director Dobler-Allen presented the monthly funding plan summary and contract detail reports. She said that there are just a few weeks left on the fiscal year and the contracts are progressing as expected. There will be some carry forward from Newborn Follow-up as expected. There are no "to be determined" expenditures.

#### **Community Outreach Report**

Kat Bunker, Administrative Assistant, presented the Community Outreach Report for Michelle Pansulla, Community Outreach Coordinator. Michelle used a new format for this report that incorporated the Google Mapping feature. This uses markers coded to show the type of event and the places community outreach has visited, a description of the event, and address of the event. Ms. Bunker said the community outreach coordinator asked the Council if they would like to see this on the reports, and if they

would prefer every month, or quarterly. After discussion the council indicated they would like to have this format for the report quarterly.

**General Discussion**

Chair Mannis asked if any members had any reports or discussion. Member Peck said they are having a planning meeting on June 13 in Holbrook for the Early Childhood Fair to be held on October 5, 2013. Member Meyer gave the Council an update on some of the workshops Summit Healthy Steps is offering during June. DeAnn Davies from Summit Healthy Steps told the Council she is going to attend training next week to become a certified provider of Post-Partum Depression support groups.

**Adjourn – next meeting scheduled for July 10, 2013 in Show Low**

Chair Mannis adjourned the meeting at approximately 4:50 p.m.

**ARIZONA EARLY CHILDHOOD DEVELOPMENT & HEALTH BOARD  
NAVAJO/APACHE REGIONAL PARTNERSHIP COUNCIL**

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**Kalman Mannis, Chair**

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**Kate Dobler-Allen, Regional Director**



## FIRST THINGS FIRST

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AGENDA ITEM: Navajo/Apache System Building Work

BACKGROUND: The mission and vision of First Things First are centered on creating an early childhood development and health system that reaches across the State of Arizona, and results in opportunities being available for every child in our state to be healthy, safe, and ready to succeed in school and life. System building is the foundation of our work, and understanding our work in the context of system building is critical to FTF's long-term success.

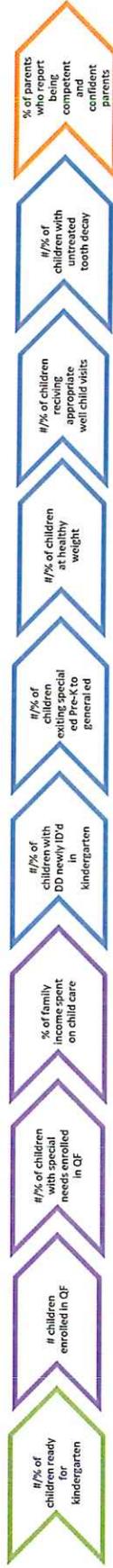
The Navajo/Apache Regional Partnership Council has always framed our strategic planning, budgeting, partnership building, and understanding of our regional needs and assets with the overall goal of developing a system that supports our regions' very youngest children, and their families. We will continue to frame and focus our work through this lense.

This month, you are receiving a visual document that describes the components of system building, and a language frame to begin to describe the impact of your work. You are also receiving a set of examples of successful system building work that has been accomplished in our region. These examples are being used by other Regional Partnership Councils across the state.

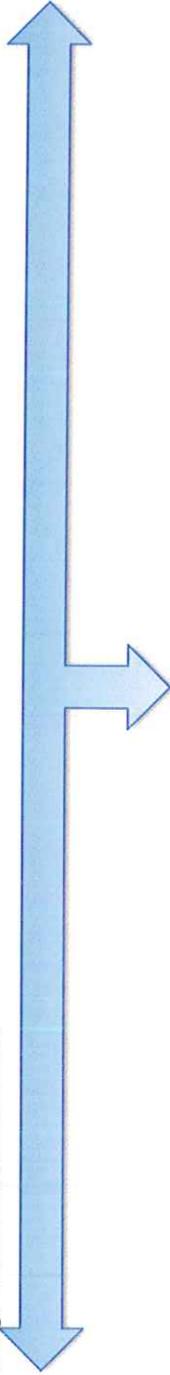
RECOMMENDATION: The Regional Director submits the attached as information only.

## First Things First Strategic Direction Systems Approach

The 10 School Readiness Indicators are progress measures toward implementing the FTF priority roles and achieving the goals and Arizona Early Childhood System outcomes.

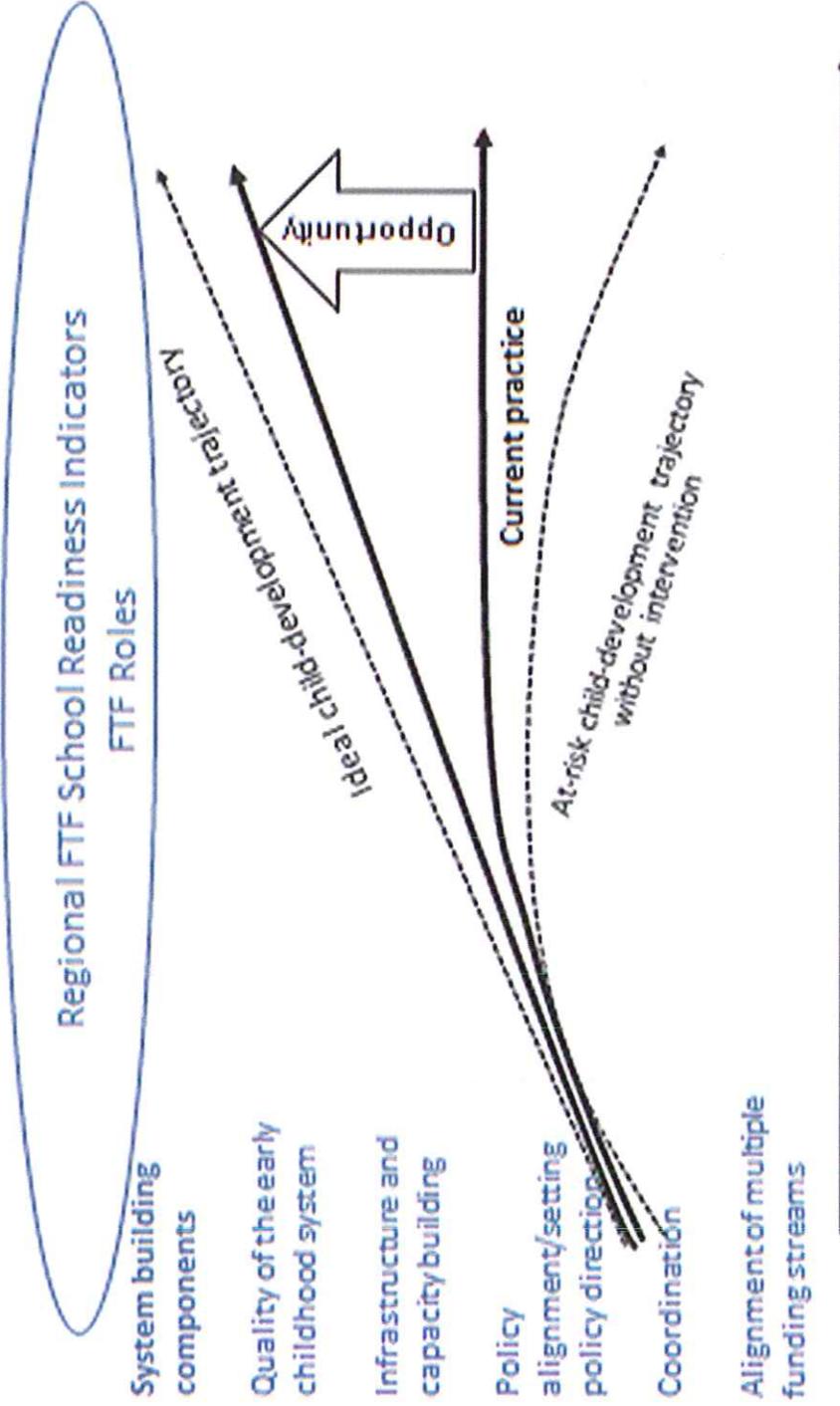


The framework below serves as a construct to engage in a systems building discussions to advance the strategic direction both statewide and regionally to change outcomes for children.



<p><b>Changing the political environment that surrounds the system and affects its success</b></p> <ul style="list-style-type: none"> <li>• Policy changes that expand or enhance programs</li> <li>• Funding streams that are more flexible across programs</li> <li>• Public engagement or mobilization</li> <li>• New advocates or champions</li> <li>• New knowledge and perspectives</li> </ul>	<p><b>Establishing high-performing and quality programs and services</b></p> <ul style="list-style-type: none"> <li>• Expanded program reach or coverage</li> <li>• Improved program quality</li> <li>• Increased operational efficiency</li> <li>• New programs or services</li> </ul>	<p><b>Creating strong and effective linkage across the system</b></p> <ul style="list-style-type: none"> <li>• Coordinated eligibility assessments and applications</li> <li>• Referrals occurring from one program to another</li> <li>• Joint planning across system components</li> <li>• Shared data systems for tracking individuals</li> </ul>	<p><b>Developing the supports the system needs to function effectively and with quality</b></p> <ul style="list-style-type: none"> <li>• Consistent standards of quality across the system</li> <li>• Education and training to ensure an appropriately skilled systems workforce</li> <li>• Technical assistance to support systems development</li> <li>• Defined roles and mechanisms for accountability</li> </ul>	<p><b>Ensuring the system is comprehensive and works for all children</b></p> <ul style="list-style-type: none"> <li>• Availability of programs and services throughout a geographic region</li> <li>• A comprehensive array of programs and services for system beneficiaries</li> <li>• Long-term financial security to maintain the system over time</li> <li>• Shifts in system ownership, meaning that a broad array of people involved in the system, especially those on the frontlines, assume responsibility for maintaining the system</li> </ul>
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# Optimizing Healthy Development Child Development Trajectory and School Readiness Indicators



## 1. Navajo Apache—serving all newborns in the region

Approach addressed : Specific gap

System building areas addressed: Components, connections, scale and infrastructure

Regional Council defined need: To reach 100% of newborns to increase parent education, access and utilization of health care and connections to needed resources and services to support the development of newborns in southern Navajo and Apache County.

### Activities taken:

- Regional Council identified strategies that would lead to reaching 100% of newborns and identified where there was infrastructure to build on which included federally qualified health clinics, the regional birthing hospital system and county health departments.
- Two strategies were identified to move this need forward—care coordination and newborn follow up. Care coordination was the first strategy addressed through an RFGA process and then the newborn follow up strategy was looked at.
- Implemented bi-monthly strategy coordination meetings that are hosted by the Hospital, facilitated by the FTF Regional Director, and are the mechanism to keep all partners aware of program developments, challenges, new staff, successes, and to bring information/needs about the community/program/partners to the Regional Director

### Successes:

- a. Care Coordination Evidence Based Model is the foundational programmatic model implemented in two ways – clinic based and community based.
  - i. Two grantees – Federally Qualified Health Clinic with sliding scale, located in 4 communities and Hospital that delivers community based model and provides services in the hospital to newborns before discharge.
- b. Newborn Follow-Up – implemented by county health department. Target population is second or subsequent children with intent to connect families to services that they need, with emphasis on medical homes for mom and baby/children.
  - i. This grant partner leverages other services through other funding, so they are able to connect families to WIC/TANF/SNAP, immunizations, etc.
- c. Arizona Parent Kit – distributed to all newborns, hospital staff is committed to see that they are actually distributed; Care Coordination staff and Labor and Delivery nurses talk through the Kit with parents prior to discharge.
  - Embedded in both care coordination models as a frame for later conversations with parents
  - Embedded in Newborn Follow-Up program to walk through the Kit during a home visit
  - Referenced by partner agencies that work with families, and as staff development tool with other agencies, since most (if not all) new parents have the Kit and need to know how/why/where to utilize it
- d. Connections to other strategies funded in the region: Oral Health, Nutrition Education, Early Literacy are all available to families and children across the region, and families enrolled in Care Coordination are cross-referred into each of these programs

- i. Schedules and trainings are shared across grantees, posted on community boards, sent along email list serves, families are verbally made aware of what is available
- ii. Medical providers are made aware of what is available, post schedules on waiting room bulletin boards

Challenges and lessons learned:

- Give the strategy enough time to grow in scope, and to gain acceptance across the community. Don't move too quickly – in order to be successful, significant time needed to be spent on trust building and relationship development at the community level. This takes time and patience.
- Using the RFGA process is the most open and transparent – and for that reason is most effective at building broad-based support for a strategy.
- Once the strategy is in place and running smoothly, you will see where the gaps continue to be. Look at the population that still needs to be reached, and identify/align other strategies to meet the need.
- As challenging and difficult as it may be, do as much conversation with the Regional Council related to data from the community that points to a particular strategy, how the strategy is performing (data/financial/narrative), who the partners are and where their strengths lie as components in the system (facts – where clinics/programs are located, what communities they serve, what the birth cohort is, what the patient load is, etc.) in open meeting. In order to gain broad based support and buy-in, partners need to hear the conversations and see the information.

**2. Navajo Apache: Making connections to expand preventive oral health services in Navajo Apache**

Approaches Addressed: Specific Gap

System Building Areas Addressed: Context, components, connections and infrastructure

Regional Council need: To impact 3<sup>rd</sup> grade rates of untreated dental decay.

Actions Taken:

- Regional Council identified the provision of dental screens and fluoride varnish as an effective preventive measure that was cost effective and possible to implement in the region.
- The Regional Council identified a universal target population, most appropriately reached through a County Public Health Department.
- An RFGA was initially utilized but no award was made
- Government to Government funding mechanism was used to arrive at the second agreement with the Navajo County Public Health Department to continue the base deliverable of dental screens and fluoride varnishes, and to add a tele-dentistry component into the Region.
- Regional Director joined the Oral Health Coalition that was formed under the Arizona Department of Health, Office of Oral Health through other federal funding, and has remained a partner over the course of time.

Successes:

1. Oral Healthy strategy in place for 3 years, same grantee
  - Began with dental screens and fluoride varnish applications
  - Added parent/caregiver education on oral health and hygiene using ADHS Office of Oral Health curriculum
  - Beginning work to add tele-dentistry infrastructure.
2. Parallel work done by ADHS, Office of Oral Health through a federal grant to develop Oral Health Coalitions over the same time period.
  - Convened oral health programs from the region and adjacent region to share successes, explore possibilities to partner, barriers and solutions, brought partners to the table (Lions Club, interested dentists who have always served adults and are willing to see young kids, school nurses, FTF, Tribal partners and Governor's office, among others)
  - Provided training to existing staff on latest research, tools and technology
  - Created environment to partner programs across age ranges – FTF focusing on education, preventative screens and fluoride varnish; 2<sup>nd</sup> grade and 6<sup>th</sup> grade tooth sealant program at Navajo county elementary and middle schools, creating continuity of care beyond age 5
  - Identified gaps in service
    - a) No certified hygienist in county, or participating dentist – both now in place – sealant program will be available in entire region
    - b) Pediatric Dentists lacking in region – now developing tele-dentistry infrastructure and related contractual agreements to make diagnosis and care plan development accessible, as well as dental-home a reality.
3. Local Lions Club developed a Children's Dental Health Program to provide a story time to preschool children in their local elementary school with the story read by the Tooth Fairy and a related craft; kids are also given a Smile Bag with a toothbrush, floss, and tooth paste donated from the Delta Dental Foundation of Arizona. Both the story read and the craft surround messaging related to good oral health habits. The local Lions Club has elevated their work to their state-wide network of clubs, and there is now an internal Lion's initiative for all Lions Clubs to explore opportunities to add this element to their clubs' work across the state. This is grass-roots support at its best!

Challenges and lessons learned:

- Significant focus needs to be placed on provider education – dentists, pediatricians, early care and education providers – that dental screens and fluoride varnish applications are safe, do not hurt, are non-invasive, are preventative measures and do not replace the need for routine dental care, and are endorsed by the Academy of Pediatrics.
- Package data and information in a way that will engage possible partners – for the Lions Club, the magnitude of the problem of poor oral health in preschoolers was sufficient enough to engage the local leader of the Club, but the information was packaged in a way that connected poor oral health to the very real pain that kids felt in their own community – it was made real to them, and that made them engage. Each Lion engaged has a personal story to tell about a local Girl Scout, Boys & Girls Club Little, or another child who did not have access to dental care and was in visible pain. Their personal ability to meet the need was what it took to engage them in the Oral Health Coalition, and that is what is propelling them forward.



## FIRST THINGS FIRST

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**AGENDA ITEM:** School Readiness Indicator #7 Presentation and Discussion

**BACKGROUND:** The mission and vision of First Things First are centered on creating an early childhood development and health system that reaches across the State of Arizona, and results in opportunities being available for every child in our state to be healthy, safe, and ready to succeed in school and life. To understand the impact of our collective work across the state at a population level, the FTF State Board has identified a set of Key Indicators and related Benchmarks that will be tracked over the course of several years. During state fiscal year 2014 funding plan development, both the FTF State Board and Regional Partnership Councils were tasked with identifying the School Readiness Indicators that they would focus on, and subsequently prioritize, within their respective funding plans.

The State Board has set state-wide benchmarks for all 10 School Readiness Indicators, and the state-wide funding plan focuses on all 10 indicators. The Navajo/Apache Regional Partnership Council has prioritized school readiness indicators numbered 1, 5, 8, and 9.

This month, you are receiving an overview document of all 10 School Readiness Indicators and their intents, as well as the first available School Readiness Indicator Data Fact Sheet for Indicator #7. This is presented as information only, and as an example of the fact sheet and information that will be presented to you in September and October by Dr. Amy Kemp. During the October Regional Partnership Council Meeting, you will be setting the regional benchmark for the Navajo/Apache Regional Partnership Council for School Readiness Indicator #5.

**RECOMMENDATION:** The Regional Director submits the attached as information only.

## School Readiness Indicators - Intent

<b>Indicator #1:</b>	<b>#/% children demonstrating school readiness at kindergarten entry in the development domains of social-emotional, language and literacy, cognitive, and motor and physical</b>
<b>Intent:</b>	Increase the number of children with equal opportunity to be successful in school and close the achievement gap before kindergarten entry
<b>Indicator #2:</b>	<b>#/% of children enrolled in an early care and education program with a Quality First rating of 3-5 stars</b>
<b>Intent:</b>	Increase the number of children with access to affordable high quality early learning programs
<b>Indicator #3:</b>	<b>#/% of children with special needs/rights enrolled in an inclusive early care and education program with a Quality First rating of 3-5 stars</b>
<b>Intent:</b>	Increase in the number of children with special needs/rights who enroll in high quality inclusive regulated early learning programs
<b>Indicator #4:</b>	<b>#/% 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</b>
<b>Intent:</b>	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
<b>Indicator #5:</b>	<b>% of children with newly identified developmental delays during the kindergarten year</b>
<b>Intent:</b>	Increase the number of children who are screened and if appropriate, receive early intervention services for developmental delays before entering kindergarten
<b>Indicator #6:</b>	<b>#/% of children entering kindergarten exiting preschool special education to regular education</b>
<b>Intent:</b>	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
<b>Indicator #7:</b>	<b>#/% of children ages 2-4 at a healthy weight (Body Mass Index-BMI)</b>
<b>Intent:</b>	Increase the number of children who maintain a healthy body weight
<b>Indicator #8:</b>	<b>#/% of children receiving <i>at least six well child visits within the first 15 months of life</i></b>
<b>Intent:</b>	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
<b>Indicator #9:</b>	<b>#/% of children age 5 with untreated tooth decay</b>
<b>Intent:</b>	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
<b>Indicator #10:</b>	<b>% of families who report they are competent and confident about their ability to support their child's safety, health and well being</b>
<b>Intent:</b>	increase the number of families who report they are competent and confident to support their child



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**School Readiness Indicators**  
**2020 Navajo Apache Regional Benchmark Summary**

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

**Key Definitions:** Body mass index (BMI) is a measure used to determine childhood overweight and obesity. It is calculated using a child's weight and height. BMI does not measure body fat directly, but it is a reasonable indicator of body fatness for most children and teens.<sup>1</sup> A BMI is calculated by taking the weight in pounds divided by the height in inches squared times 703 {Formula: weight (lb) / [height (in)]<sup>2</sup> x 703}

A BMI is not usually calculated for children under the age of 2 years. Healthy weight at 2-4 years of age is a standard measure for the WIC program to report to the CDC. A child's weight status is determined using an age- and sex-specific percentile for BMI rather than the BMI categories used for adults because children's body composition varies as they age and varies between boys and girls.

For children and adolescents (aged 2—19 years):

- **Underweight** is defined as a BMI less than 5<sup>th</sup> percentile for children at the same age and sex- an underweight child can have many different reasons that include feeding disorders to lack of food resources or being food insecure.<sup>2</sup>
- **Healthy weight** is defined as a BMI at 5<sup>th</sup> to 85<sup>th</sup> percentile.<sup>2</sup>
- **Overweight** is defined as a BMI at or above the 85th percentile and lower than the 95th percentile for children of the same age and sex.<sup>2</sup>
- **Obesity** is defined as a BMI at or above the 95th percentile for children of the same age and sex.<sup>2</sup>

**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 Department of Health Services, 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.<sup>3</sup> Around 62% of newborns in the state are eligible for the WIC program whereas around 25-30% are eligible between the ages of 2-4 years of age. This program measures BMI of all enrolled 2-4 year 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

<sup>1</sup> Centers for Disease Control and Prevention (CDC): [http://www.cdc.gov/healthyweight/assessing/bmi/childrens\\_bmi/about\\_childrens\\_bmi.html](http://www.cdc.gov/healthyweight/assessing/bmi/childrens_bmi/about_childrens_bmi.html)

<sup>2</sup> Barlow SE and the Expert Committee. Expert committee recommendations regarding the prevention, assessment, and treatment of child and adolescent overweight and obesity: summary report. *Pediatrics* 2007;120 Supplement December 2007:S164—S192.

<sup>3</sup> Arizona Women, Infants & Children (WIC) Program: <http://azdhs.gov/azwic/>

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.

**Data source selected:**

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

**Baseline (Region and State):**

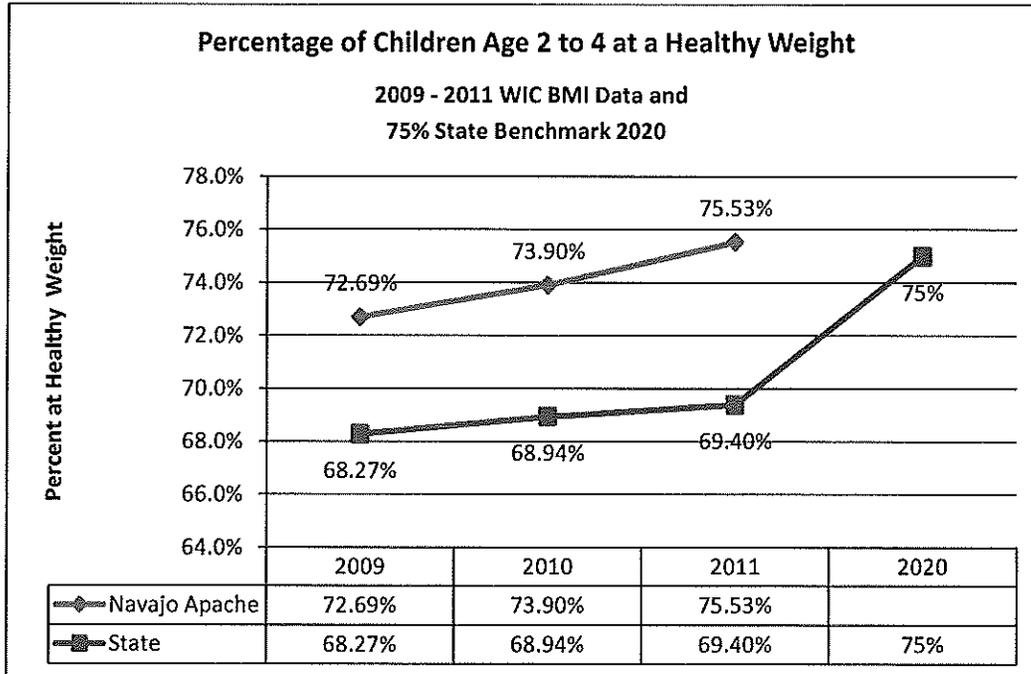
- 2010: In Navajo Apache, 74% (1,005) of children age 2-4 were at a healthy body weight
- 2010: In Arizona, 69% (72,521)<sup>4</sup> of children age 2-4 were at a healthy body weight

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<sup>4</sup> Statewide baseline presented here (69%) is based on data from the Arizona Department of Health WIC program; no data from tribal WIC programs are included. The regional benchmarking statewide baseline data vary from those utilized in statewide benchmarking. Statewide benchmarking was informed by WIC data from the Centers for Disease Control which included tribal data and duplicated child counts. It was calculated with a slightly different methodology from that employed in Arizona. FTF is working with data partners to identify the best approach to methodology and will present any variations to baseline statewide number to the FTF Board and Councils for review.

**Trend Line (Region and State):**

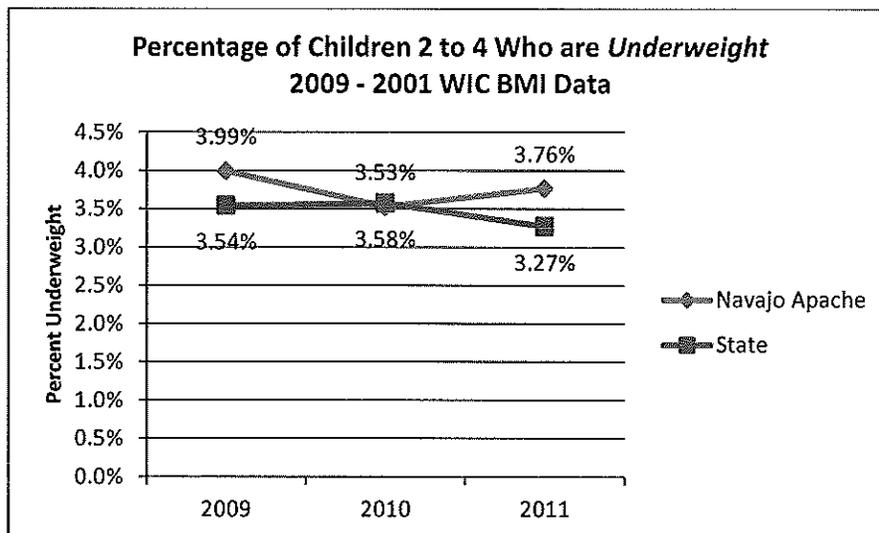
Graph 1: Percentage of children age 2 to 4 who are at a healthy weight (based on body mass index- BMI). Data displayed is presented for both the region (identified with diamonds) and state (identified with blocks) for years 2009 through 2011. The state benchmark for 2020 (75%) is also presented in this graph.

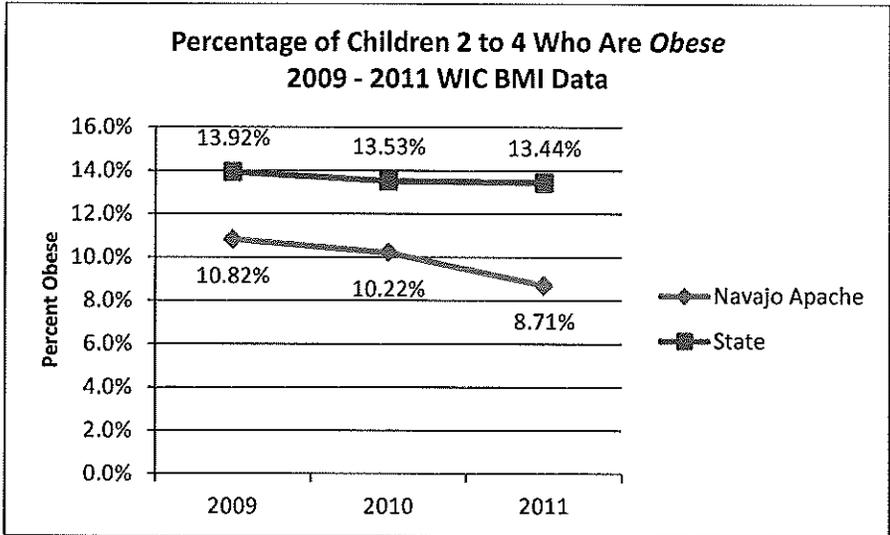
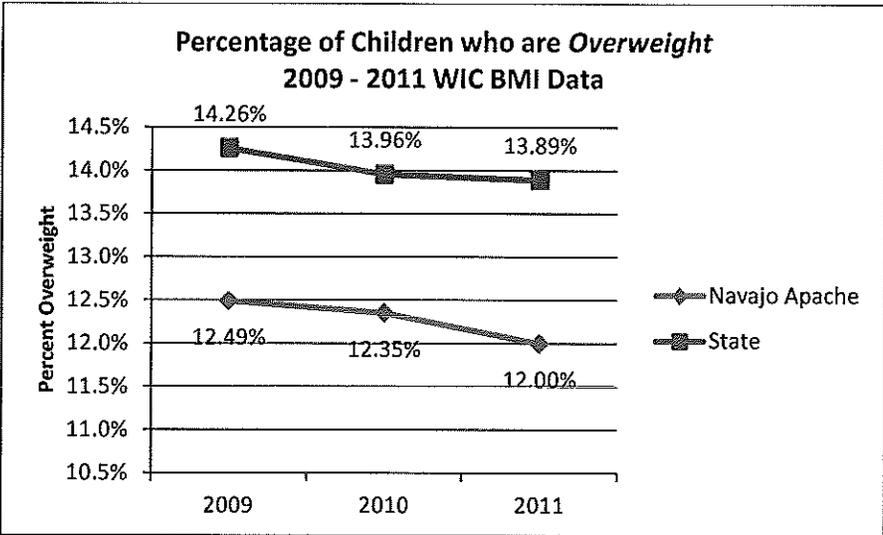


**Benchmark (Region and State):**

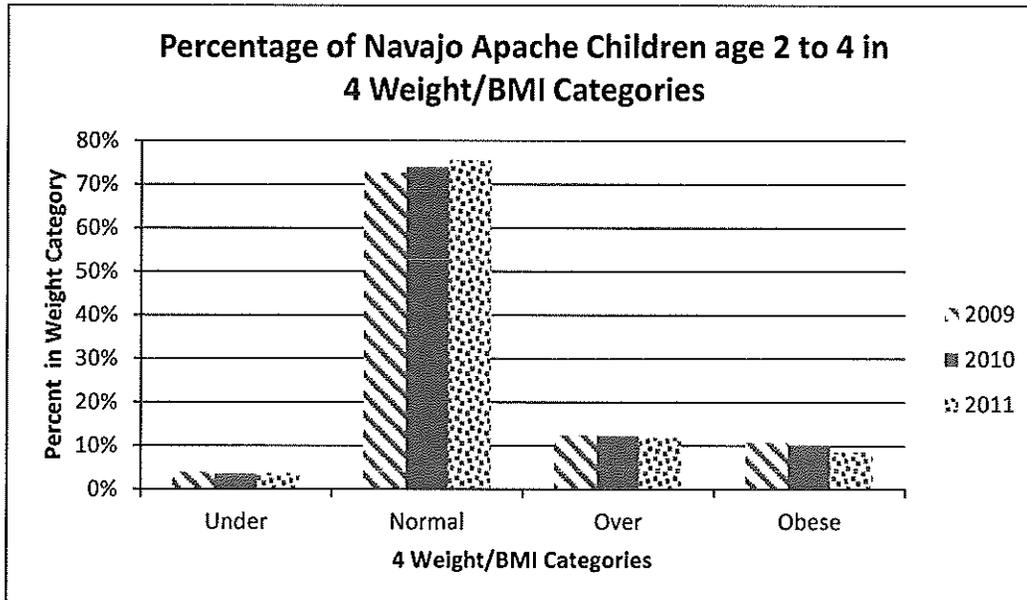
- 2020: In Navajo Apache, XX % of children age 2-4 at a healthy weight (BMI)
- 2020: In Arizona, 75% of children age 2-4 at a healthy weight (BMI)

Graphs 2 - 4: Percentage of children age 2 to 4 who are *Underweight*, *Overweight* or *Obese* (based on body mass index- BMI). Data displayed is presented for both the region and state for years 2009 through 2011.





Graph 5: Navajo Apache children age 2 to 4 presented in four weight categories (based on body mass index-BMI). Data displayed compares percentages for years 2009 through 2011.



Year	<i>Under</i>	<i>Normal</i>	<i>Over</i>	<i>Obese</i>
2009	3.99% (N=55)	72.69% (N=1001)	12.49% (N=172)	10.82% (N=149)
2010	3.53% (N=48)	73.90% (N=1005)	12.35% (N=168)	10.22% (N=139)
2011	3.76% (N=48)	75.53% (N=963)	12.00% (N=153)	8.71% (N=111)



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AGENDA ITEM: 2014 Needs and Assets Additional Work Scope of Work and Workplan

BACKGROUND: Each Regional Partnership Council is required by statute to conduct an assessment of their regions' needs and assets each two years. For the 2014 Needs and Assets Report, the Navajo/Apache Regional Partnership Council has selected Applied Survey Research as your vendor. The Regional Council has also contracted with Applied Survey Research to conduct an additional amount of work during this report cycle, for the total amount of \$40,000.

Attached for your information is the Scope of Work that describes the addition work and deliverables that have been contracted for. Also attached is the work-plan that is the first deliverable of the base contract, and describes in outline format how the work will proceed over the course of the next 12 months. Staff from Applied Survey Research will be available via conference call to answer any questions that you might have.

RECOMMENDATION: The Regional Director submits the attached as information only, no approval or action is needed.



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*Proposal for Additional Services to Supplement the BASE Report –*  
Navajo/Apache Region  
Needs & Assets Report 2014

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The Vendor hereby offers the following additional Regional Partnership Council Funded Tasks, which shall be performed in accordance with all requirements of RFP ADSPO10-00000005, each of which shall remain in full force and effect without change. In the event of a conflict between the provisions of these additional Regional Partnership Council Funded Tasks and the requirements of RFP ADSPO10-00000005, the requirements of said RFP shall govern.

The collection of supplemental data will allow the Navajo/Apache region to collect data specific to their needs and interests. Data collection will include primary data collected from surveys of local parents and child care providers.

**Tasks**

**Face-to-Face Parent Survey – estimated 200 hours**

**Data Collection**

- Face-to-face parent survey, number of surveys not to exceed 1,000 surveys, with a minimum of 500 surveys.
- Surveys will be used to collect data on the specific needs of children and parents in Navajo/Apache. Data from the survey will also provide information on how parents find out about services, access services, assets they see in the community and any concerns they have about their community. Survey administration will begin in September. Travel costs are included. Additional surveys will be distributed by FTF with assistance from ASR to local organizations to increase the response rate and target particular groups of interest (e.g., special needs preschools or services, home school children)
- Survey administrators will be paid \$3/survey by ASR
- Survey incentives to be provided by Navajo/Apache First Things First (e.g., children's books)



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### Data Analysis

- Face-to-Face survey analysis
- Regional data analysis as applicable
- Overall percents and frequencies
- Written description of face-to-face survey methodology and analysis
- Presentation of face-to-face data into tables/ charts/ graphs as appropriate and analysis to be included in base report

### Child Care Provider Survey – estimated 75 hours

#### Data Collection

- Child care provider survey, number of surveys not to exceed 150 surveys
- Surveys will be used to collect data on child care providers in Navajo/Apache. Surveys will collect information on type of center/home, number of staff, staff changes of the past year, educational attainment of staff, training needs, enrollment, attendance, etc.
- An Applied Survey Research team will attend the Early Childhood Fair to be hosted by Northland Pioneer College on October 5, 2013 and will distribute the survey in person. Travel costs are included.

#### Data Analysis

- Child care provider survey analysis
- Overall percents and frequencies
- Written description of child care provider survey methodology and analysis
- Presentation of child care provider data into tables/ charts/ graphs as appropriate and analysis to be included in base report

### Secondary Data Collection and Analysis– estimated 45 hours

#### Secondary Data Collection

- Collection of regional data based on regional neighborhoods
- Demographic, social and economic data collected from sources including but not limited to: U.S. Census, Department of Finance
- Collection of health data from sources including but not limited to: ADHS Primary Care Areas Statistical Profiles, ADHS Vital Statistics

#### Primary Data Analysis

- Additional analysis of Census 5-year estimates for regional level data: regional detail TBD
- Data will be analyzed by topic and neighborhood
- Community level analysis of the data in terms of how they relate to the overall community needs and assets



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- Written description of data collection methodology and analysis
- Presentation of secondary data into tables/ charts/ graphs as appropriate and analysis to be included in base report.

### **Graphic Data Displays– estimated 80 hours**

#### **Neighborhood Snapshot Creation**

- One to two page summaries comparing 7 different areas of the region
- Community level analysis with written description of data and implications to the area, PDF version will be provided
- Printing of 100 copies, full color/full bleed, per snapshot, PDF version of each snapshot will be provided

#### **Community Presentation Creation**

- PowerPoint Presentation with presentation notes for future presenters

### ***Budget***

<b>Deliverable</b>	<b>Cost</b>
Face-to-Face Parents Survey (includes 1 visit to the region and surveyor payments)	\$20,000
Child Care Provider Survey (includes 1 visit to the region)	\$7,500
Neighborhood Data Analysis (ASR will work with N/A to define the neighborhoods)	\$4,500
Neighborhood Snapshots (includes pdf versions and 100 printed copies of each -1 double sided page each- full color/full bleed)	7 for \$7,000
PowerPoint Presentation with presentation notes for future presenters	\$1,000
Final visit to the region to present the report to the council in August 2014	\$0--Included in base report
<b>Total cost not to exceed</b>	<b>\$40,000</b>

### ***Activities***



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### Face-to-Face Parent Survey

#### Primary Data Collection Activities

- Development of face-to-face parent survey
- Council member(s) and Regional Director review of survey instrument, FTF evaluation review and approval of survey instrument
- Translation of face-to-face parent survey into Spanish
- Development of scannable survey template (one page legal size, double-sided)
- Development of survey methodology
- Training in survey implementation for survey interviewers
- Survey coordination on day of survey administration
- Additional surveys
- FTF to distribute surveys to local organizations after Survey Saturday to increase response and target particular groups (e.g., special needs preschools or services, home school children)
- Data entry of surveys – scannable survey format
- Coding of open-ended survey questions as needed
- Data analysis to include:
  - Overall percents and frequencies
  - Written description of face-to-face survey methodology and analysis
  - Organization of face-to-face data into tables/ charts/ graphs as appropriate
  - Inclusion of face-to-face data in the base report

### Child Care Provider Survey

#### Primary Data Collection Activities

- Development of paper-based child care provider survey
- Council member(s) and Regional Director review of survey instrument, FTF evaluation review and approval of survey instrument
- Development of scannable survey template (one page legal size, double-sided)
- Development of survey methodology
- Training in survey implementation for survey interviewers
- Additional surveys
- Survey coordination: working with FTF staff to organize survey training, administration, sampling strategies and methods to increase participation after initial outreach.
- Coding of open-ended survey questions as needed



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- Data analysis to include:
  - Overall percents and frequencies
  - Written description of child care provider survey methodology and analysis
  - Organization of child care provider survey data into tables/ charts/ graphs as appropriate

### **Secondary Data Collection and Analysis Activities**

- Definition of communities/neighborhoods by census tract and/or zip codes and/or school districts and/or neighborhood
- Collection of additional secondary data sources
- Data analysis, writing and presentation

### **Neighborhood Snapshot Production Activities**

- Development of 7 user friendly data snapshots by communities/neighborhoods
- Completion of narrative, including data highlights by communities/neighborhoods
- Graphic design (including charts and graphs)

### **Final Presentation Creation and Presentation**

- Develop user friendly data presentation with speaking notes to be used by council members and community groups
- Conduct data presentation to the council using the drafted presentation as a learning/training opportunity



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### *Timeline and Payment Cycle*

Activities	Hours	Invoice Amount	Date of Invoice
Neighborhood Data Analysis	45	\$4,500	Submitted by August 10, 2013 for processing by the end of August 2013
Development of Face-to-Face Survey tool & Development of Child Care Provider Survey tool	50	\$5,000	Submitted by October 10, 2013 for processing by the end of October 2013
Face-to-Face Parents Survey Administration Child Care Provider Survey Administration	50	\$5,000	Submitted by January 10, 2014 for processing by the end of January 2014
Survey analysis	175	\$17,500	Submitted by April 10, 2014 for processing by the end of April 2014
PowerPoint Presentation development Neighborhood Snapshots	80	8,000	Submitted by August 10, 2014 for processing by the end of August 2014



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AGENDA ITEM: Regional Director's Report

BACKGROUND: Included in this report are monthly financial reports and the monthly regional director's schedule, and the Community Outreach Report

Verbal information will be given related to:

- FTF Summit 2013 Travel documents and procedures
- Status report related to the Community-Based Professional Development for Early Childhood Education Professionals strategy
- In recognition and support of our relatively new Regional Council Members, Review of the Navajo/Apache Regional Partnership Council's Governance Document

RECOMMENDATION: This is provided for informational purposes only, no action is needed.



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### Navajo/Apache Regional Director's Report June 12, 2013

#### Schedule of Events

- Kate Dobler-Allen, Regional Director, has made the following presentations/visits in the Navajo/Apache Region in June and July, 2013:

ICAN – Show Low	June 13, 2013
BUILD PD Workgroup – Phoenix	June 18, 2013
Care Coordination Meeting	June 19, 2013
Navajo-Apache-Gila Oral Health Coalition Meeting	June 21, 2013
FTF Supervisors Academy – Phoenix	June 24, 2013
Apache County Children and Family Alliance – St. Johns	June 27, 2013
Independence Day Holiday – Office Closed	July 4, 2013
FTF Communications Implementation Team Meeting	July 9, 2013
Navajo/Apache Regional Partnership Council Meeting – Show Low	July 10, 2013

- The following are planned for July and August 2013:

Strategy Implementation Team Meetings and Regional In-service	July 11-12, 2013
CB-PD ECE Professionals RFGA close – Lakeside Office, 1:00pm	July 15, 2013
Navajo/Apache Grantee Meeting – Pinetop Healthy Steps Office	July 17, 2013
Navajo-Apache-Gila Oral Health Coalition Meeting – Show Low	July 19, 2013
Delta Dental Foundation of Arizona 2014 Grant Offering Meeting	July 19, 2013
FTF State Board Meeting – telephonic	July 22, 2013
CB-PD ECE Professionals RFGA Review	July 24, 2013
Annual Leave – Out of Office	July 26-August 4, 2013
Navajo County Education Service Agency Meeting	August 12, 2013
Breastfeeding Symposium – Frontier Center, Show Low	August 13, 2013
Navajo/Apache Regional Council Meeting and Grantee Forum	August 14, 2013
<b>Maternity Leave – Out of Office</b>	<b>August 19 – October 28, 2013</b>

#### On-going Community Project Involvement

- **Navajo County Safe Kids Chapter** – beginning group to focus on safety needs and issues for the County's youngest kids. Facilitated by Navajo County Public Health and Kirk Webb, Lakeside Fire.
- **Counties Care 4 Children Coalition** – Beginning group convened by Navajo County Education Service Agency to bring together school-based homeless liaisons, health care providers, Navajo and Apache County Public Health departments, Cooperative Extension, faith based partners, FTF staff and other

community partner agencies to share information, training, and better understand the existing resources in our region to most effectively leverage resources to reach children and families that are homeless.

- **ICAN** – Interagency Coalition Against Child Abuse and Neglect – Convened by Navajo County Attorney’s Office, members include CASA, CPS, Northland Pioneer College, Summit Healthcare, FTF, North Country Healthcare, school districts from southern Navajo County, law enforcement, the Navajo County Family Advocacy Center, and others.

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## FY 2013 Navajo/Apache Funding Plan Summary

[Document Library Link](#)

		Population	Discretionary	Other	Carry Forward	Total				
<b>Total Allocation:</b>		<b>\$704,522</b>	<b>\$422,965</b>	<b>\$133,145</b>	<b>\$1,256,394</b>	<b>\$2,517,026</b>				
Strategy	Original Allotment	Current Allotment Distribution				Total	Awarded	Unawarded	Expended	Unexpended
Quality First	\$49,693	-	-	-	\$49,693	\$49,693	\$45,641	\$4,052	\$44,645	\$996
Quality First Child Care Scholarships	\$182,976	-	-	-	\$182,976	\$182,976	\$182,976	-	\$182,976	-
FTF Professional REWARD\$	\$13,500	-	-	-	\$13,500	\$13,500	\$13,500	-	\$13,500	-
Learning Labs	-	-	-	-	-	-	-	-	-	-
Recruitment into Field	\$90,000	-	-	-	\$90,000	\$90,000	\$90,000	-	\$61,575	\$28,425
Scholarships non-TEACH	\$15,000	-	-	-	\$15,000	\$15,000	\$15,000	-	\$13,640	\$1,360
Scholarships TEACH	\$6,600	-	-	-	\$6,600	\$6,600	\$6,600	-	\$988	\$5,612
Care Coordination/Medical Home	\$600,000	-	-	-	\$600,000	\$600,000	\$599,993	\$7	\$398,364	\$201,629
Child Care Health Consultation	\$7,560	-	-	-	\$7,560	\$7,560	\$7,542	\$18	\$2,315	\$5,227
Nutrition/Obesity/Physical Activity	\$95,000	-	-	-	\$95,000	\$95,000	\$95,000	-	\$52,388	\$42,612
Oral Health	\$130,000	-	-	-	\$130,000	\$130,000	\$130,000	-	\$69,308	\$60,692
Newborn Follow-up	-	-	-	-	\$100,000	\$100,000	\$98,959	\$1,041	\$18,003	\$80,956
Parent Outreach and Awareness	\$60,000	-	-	-	\$60,000	\$60,000	\$60,000	-	\$39,698	\$20,302
Statewide Evaluation	\$34,346	-	-	-	\$34,346	\$34,346	\$34,346	-	\$34,346	\$0
Community Awareness	\$30,000	-	-	-	\$30,000	\$30,000	\$30,000	-	\$24,181	\$5,819
Community Outreach	\$63,000	-	-	-	\$85,000	\$85,000	\$63,000	\$22,000	\$70,153	(\$7,153)
Media	\$10,000	-	-	-	\$10,000	\$10,000	\$10,000	-	\$8,522	\$1,478
<b>Total Allotment:</b>		<b>\$1,387,675</b>	<b>-</b>	<b>-</b>	<b>\$1,509,675</b>	<b>\$1,509,675</b>	<b>\$1,482,557</b>	<b>\$27,118</b>	<b>\$1,034,602</b>	<b>\$447,955</b>
<b>Total Unallotted:</b>		<b>\$704,522</b>	<b>\$422,965</b>	<b>\$133,145</b>	<b>(\$253,281)</b>	<b>\$1,007,351</b>				

## FY 2013 Navajo/Apache Contract Detail

	Grantee Name	Contract Number	Allotment		YTD Expense	Expense Variance	Reimbursement Activity	
			Total Allotment	Awarded			Pending	Paid (Last 30 Days)
<b>Community</b>	<b>Community Awareness Strategy</b>		<b>\$30,000</b>	<b>\$30,000</b>	<b>\$24,181</b>	<b>\$5,819</b>		
	First Things First (FTF-Directed)	PSC-MULTI-12-0432-01-Y2		\$30,000	\$24,181	\$5,819		
	<b>Community Outreach Strategy</b>		<b>\$85,000</b>	<b>\$63,000</b>	<b>\$70,153</b>	<b>(\$7,153)</b>		
	First Things First (FTF-Directed)	PSC-MULTI-12-0405-01-Y2		\$63,000	\$70,153	(\$7,153)		
	<b>Media Strategy</b>		<b>\$10,000</b>	<b>\$10,000</b>	<b>\$8,522</b>	<b>\$1,478</b>		
	First Things First (FTF-Directed)	PSC-STATE-12-0452-01-Y2		\$10,000	\$8,522	\$1,478		
	<b>Goal Area Subtotal:</b>		<b>\$125,000</b>	<b>\$103,000</b>	<b>\$102,857</b>	<b>\$143</b>		
<b>Evaluation</b>	<b>Statewide Evaluation Strategy</b>		<b>\$34,346</b>	<b>\$34,346</b>	<b>\$34,346</b>	<b>\$0</b>		
	First Things First (FTF-Directed)	PSC-STATE-13-0560-01		\$34,346	\$34,346	\$0		
	<b>Goal Area Subtotal:</b>		<b>\$34,346</b>	<b>\$34,346</b>	<b>\$34,346</b>	<b>\$0</b>		
<b>Family Support</b>	<b>Newborn Follow-up Strategy</b>		<b>\$100,000</b>	<b>\$98,959</b>	<b>\$18,003</b>	<b>\$80,956</b>		<b>\$2,336</b>
	Navajo County Public Health Services District	GRA-RC015-12-0463-01-Y2		\$98,959	\$18,003	\$80,956		\$2,336
	<b>Parent Outreach and Awareness Strategy</b>		<b>\$60,000</b>	<b>\$60,000</b>	<b>\$39,698</b>	<b>\$20,302</b>		
	Navajo County Library District	IGA-RC015-11-0100-01-Y3		\$60,000	\$39,698	\$20,302		
	<b>Goal Area Subtotal:</b>		<b>\$160,000</b>	<b>\$158,959</b>	<b>\$57,701</b>	<b>\$101,258</b>		<b>\$2,336</b>
<b>Health</b>	<b>Care Coordination/Medical Home Strategy</b>		<b>\$600,000</b>	<b>\$599,993</b>	<b>\$398,364</b>	<b>\$201,629</b>	<b>\$21,591</b>	<b>\$12,972</b>
	North Country HealthCare	FTF-RC015-13-0368-01		\$200,000	\$146,593	\$53,407	\$21,591	\$12,972
	Summit Healthcare Association	FTF-RC015-12-0339-01-Y2		\$399,993	\$251,771	\$148,222		
	<b>Child Care Health Consultation Strategy</b>		<b>\$7,560</b>	<b>\$7,542</b>	<b>\$2,315</b>	<b>\$5,227</b>		<b>\$85</b>
	First Things First (FTF-Directed)	PSC-MULTI-13-0578-01		\$353	\$353	-		
	Navajo County Public Health Services District	GRA-STATE-13-0505-01		\$6,345	\$1,344	\$5,001		
	Pima County Health Department	GRA-STATE-13-0525-01		\$706	\$522	\$184		\$51
	University of Arizona Cooperative Extension	GRA-STATE-13-0500-01		\$138	\$97	\$41		\$34
	<b>Nutrition/Obesity/Physical Activity Strategy</b>		<b>\$95,000</b>	<b>\$95,000</b>	<b>\$52,388</b>	<b>\$42,612</b>		
	Arizona Board of Regents for and on behalf of University of Arizona	IGA-RC015-11-0101-01-Y3		\$95,000	\$52,388	\$42,612		

	Grantee Name	Contract Number	Allotment		YTD Expense	Expense Variance	Reimbursement Activity	
			Total Allotment	Awarded			Pending	Paid (Last 30 Days)
Health cont.	<b>Oral Health Strategy</b>		<b>\$130,000</b>	<b>\$130,000</b>	<b>\$69,308</b>	<b>\$60,692</b>		<b>\$16,662</b>
	Navajo County Public Health Services District	GRA-RC015-13-0477-01		\$130,000	\$69,308	\$60,692		\$16,662
		<b>Goal Area Subtotal:</b>	<b>\$832,560</b>	<b>\$832,535</b>	<b>\$522,375</b>	<b>\$310,160</b>	<b>\$21,591</b>	<b>\$29,719</b>
Professional	<b>FTF Professional REWARD\$ Strategy</b>		<b>\$13,500</b>	<b>\$13,500</b>	<b>\$13,500</b>	<b>-</b>		<b>\$3,320</b>
	Valley of the Sun United Way	FTF-STATE-13-0346-01		\$13,500	\$13,500	-		\$3,320
	<b>Learning Labs Strategy</b>		<b>\$0</b>	<b>-</b>	<b>-</b>	<b>-</b>		
	<b>Recruitment into Field Strategy</b>		<b>\$90,000</b>	<b>\$90,000</b>	<b>\$61,575</b>	<b>\$28,425</b>		<b>\$10,757</b>
	Northland Pioneer College	GRA-RC015-13-0481-01		\$90,000	\$61,575	\$28,425		\$10,757
	<b>Scholarships non-TEACH Strategy</b>		<b>\$15,000</b>	<b>\$15,000</b>	<b>\$13,640</b>	<b>\$1,360</b>		
	Central Arizona College	GRA-MULTI-13-0527-01		\$15,000	\$13,640	\$1,360		
<b>Scholarships TEACH Strategy</b>		<b>\$6,600</b>	<b>\$6,600</b>	<b>\$988</b>	<b>\$5,612</b>	<b>\$162</b>	<b>\$235</b>	
Association for Supportive Child Care	FTF-STATE-13-0350-01		\$6,600	\$988	\$5,612	\$162	\$235	
		<b>Goal Area Subtotal:</b>	<b>\$125,100</b>	<b>\$125,100</b>	<b>\$89,703</b>	<b>\$35,397</b>	<b>\$162</b>	<b>\$14,312</b>
Quality and Access	<b>Quality First Strategy</b>		<b>\$49,693</b>	<b>\$45,641</b>	<b>\$44,645</b>	<b>\$996</b>	<b>\$49</b>	<b>\$11,935</b>
	Arizona Department of Health Services	ISA-STATE-12-0410-01-Y2		\$1,552	\$839	\$713		\$58
	Southwest Human Development	FTF-STATE-13-0351-02		\$236	\$183	\$53		\$33
		FTF-STATE-13-0426-01		\$452	\$222	\$230	\$49	\$83
	Valley of the Sun United Way	FTF-STATE-12-0336-01-Y2		\$43,401	\$43,401	-		\$11,761
	<b>Quality First Child Care Scholarships Strategy</b>		<b>\$182,976</b>	<b>\$182,976</b>	<b>\$182,976</b>	<b>-</b>		<b>\$56,363</b>
	Valley of the Sun United Way	FTF-MULTI-11-0302-01-Y3		\$182,976	\$182,976	-		\$56,363
		<b>Goal Area Subtotal:</b>	<b>\$232,669</b>	<b>\$228,617</b>	<b>\$227,621</b>	<b>\$996</b>	<b>\$49</b>	<b>\$68,299</b>
		<b>Overall Total:</b>	<b>\$1,509,675</b>	<b>\$1,482,557</b>	<b>\$1,034,602</b>	<b>\$447,955</b>	<b>\$21,802</b>	<b>\$114,665</b>