



# FIRST THINGS FIRST

*Ready for School. Set for Life.*

## Arizona Early Child Development and Health Board Navajo Nation Regional Partnership Council

### **DRAFT MINUTES**

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

A Regular Meeting of the First Things First Navajo Nation Regional Partnership Council was held on June 9, 2014 at 2:00 p.m. The meeting was located at the Flagstaff Unified School District Family Resource Center, Literacy Room B, 4000 North Cummings Street, Flagstaff, Arizona 86004.

The meeting was called to order by Member Seanez at approximately 2:17 p.m. followed by introduction of the Regional Council, staff, and guests.

Members Present: Benjamin Barney, Amelia Black, Rhonda Etsitty, Valonia Hardy, Paula Seanez and Jeannette Yazzie

Members Absent: Martin Ashley, Grace Boyne, Harry Martin, and Byrde Nez

FTF Staff Present: Melissa Begay, Elyse Dempsey, Ellen Majure, Angela Mussi, Rana Simms, Memarie Tsosie and Virginia Turner

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

There were no calls to the public at this time.

#### **Discussion and Possible Approval of May 20, 2014 Regular Meeting Minutes**

A motion was made by Member Yazzie that the Regional Council approve the May 20, 2014 Regular Meeting minutes as presented, seconded by Member Etsitty. Motion carried.

#### **Presentation on the New Statewide Strategic Communications Plan and Role of Community Outreach**

Angela Mussi, Senior Director of Community Outreach at First Things First (FTF), and Rana Simms, Community Outreach Director at FTF, presented to the Regional Council the SFY2014 to 2016 Strategic Communications Plan emphasizing the importance of maintaining consistent and comprehensive FTF communication strategies including community outreach and awareness, and the importance of combining statewide and regional efforts to create effective and measurable outcomes for FTF communications strategies. In addition, Ms. Mussi presented the three goals of the SFY2014 to 2016 Strategic Communications Plan: 1) raise awareness of, and build public support for, the importance of early childhood; 2) position First Things First as a recognized and trusted voice in early childhood; and 3) build awareness of early childhood programs and services, particularly First Things First statewide initiatives and locally supported programs among priority audiences; and associated objectives and benchmarks. Ms. Mussi asked that the Regional Council consider components for a regional community awareness implementation plan, which would be discussed with Community Outreach Coordinator, Memarie Tsosie.

Member Barney noted that with much of communication strategies being internet based Navajo Nation Arizona may not have access to the communication strategies due to limited access or no internet, and inquired about approaches taken to address the lack of access. Ms. Tsosie indicated that telephonic contact is maintained with people who do not have access to internet, and that additional effort is made to provide materials to individuals to share with others in more rural communities that do not have internet access.

Member Black also commented on other challenges that Regional Council members encounter when translating FTF core messages to community members. Ms. Tsosie offered to review FTF core messages with Regional Council members as needed.

Member Seanez inquired of action needed by the Regional Council to begin drafting the SFY2014 to 2016 Strategic Communications Plan. Ms. Tsoie indicated that one-on-one sessions will be scheduled with each Regional Council member for additional discussion to ultimately create a Community Outreach Regional Implementation Plan.

#### **Overview and Discussion of Coconino Regional Partnership Council's Priorities and Strategies**

Ellen Majure, FTF Coconino Regional Director, and Kevin Brown, FTF Coconino Regional Council Chair, presented common regional strategies of the Navajo Nation and Coconino Regional Councils, and asked the Regional Council to consider strategic collaboration to increase program access for more rural Navajo populated communities across regional boundaries. Ms. Majure identified prioritized needs, school readiness indicators, and regionally funded strategies of the Coconino Regional Council that serve Navajo families in Page and Winslow, Arizona, and provided comparisons of the Oral Health and Home Visitation strategies for Navajo Nation and Coconino Regional Partnership Council.

Member Etsitty inquired about programs available for young teens within the Coconino region. Ms. Majure indicated that the Healthy Steps program within Flagstaff Medical Center provide support for all new parents and makes referrals to other programs.

Virginia Turner, FTF Senior Northeast Regional Director, further noted that other Regional Councils have held discussion about how to leverage funding and have implemented cross regional collaboration to provide support services to all families and children.

Member Black inquired about special education services offered with the Coconino region. Ms. Majure indicated that although there is some involvement in Child Find events there are no strategies specifically funded to provide special education services.

Member Seanez expressed interest in furthering conversation regarding cross regional collaboration and alignment of strategies to meet the needs of children throughout the Northeast region.

Member Etsitty requested that the Navajo/Apache Regional council be included in conversation as well.

#### **Review and Discussion of SFY2014 Quarter Three Data and Financial Reports**

Regional Director Begay presented regional strategy updates for data and financial reports to the Regional Council with assurance that all grantees have or will meet the contracted service units (CSU). Regional Director Begay reported that Arizona Department of Education, grantee of the Expansion: Increase Slots and/or Capital Expense strategy, reported that Pinon Unified School District will no longer be participating in expansion due to challenges in identifying certified early care professionals. In addition, classroom materials previously purchased for the Chinle Unified School District (CUSD) that had been stored by the school district will be provided to Tuba City Unified School District and Red Mesa Unified School District. Regional Director Begay reminded the Regional Council of funding previously allocated to CUSD to open additional pre-kindergarten classrooms and purchase classroom materials; however, delays within the school district have since postponed the addition.

Regional Director Begay also reported that ten home based providers were recently certified as a part of the Family, Friends, and Neighbors Strategy; Parenting Arizona, grantee of the Home Visitation strategy, has met more than ninety percent of their CSUs and will continue with current recruitment efforts and strategic coordination with FTF health grantees; the Navajo County Public Health Services District is developing a referral process with Tuba City Regional Health Care as a part of the Nutrition/Obesity/Physical Activity Strategy; Quality First currently has eleven centers awaiting approval including the Tsehootsooi Integrated Preschool, the Indian Wells Preschool, and nine Navajo Nation Child Care and Development Fund centers; Reach Out and Read data reports, previously including the number of books donated, have been revised to include only CSUs of books purchased with FTF funding; and the Arizona Department of Health Services is currently finalizing an application for another therapist as a part of the Recruitment – Stipends/Loan Forgiveness Strategy.

Member Etsitty asked that staff of CUSD be notified that classroom supplies will redirected to other school districts.

#### **Review and Discussion of "To Coordinate and Influence a Shared Vision Among Early Care Providers" Work Plan**

Regional Director Begay reintroduced the theme, "To Coordinate and Influence a Shared Vision Among Early Care Providers," and presented outcomes and impacts previously developed by the Regional Council for reconsideration and discussion. Regional Director Begay asked that the Regional Council to consider activities that could assist with implementation of the theme.

Member Barney clarified an outcome regarding development of a possible Navajo traditional child care standard where providers assist in reinforcing child's tribal knowledge.

Member Seanez further recommended that components of quality care should include Navajo teaching standards.

Member Etsitty expressed concern regarding income restrictions for parent who are not able to access quality early care centers.

Member Black asked that quality educator be defined.

Regional Director Begay asked that the Regional Council continue to consider outcomes and impacts to further the implementation of the theme, and indicated that the Regional Council will be contacted to schedule future meetings with stakeholders.

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

Regional Director Begay reported that lengthy approval processes for Holbrook Unified School District (HUSD) to build two preschool classrooms in Indian Wells, Arizona has prevented a possible grant award to help in offsetting the cost of construction. However, FTF will be able to provide funding for classroom materials as needed through a government to government agreement with HUSD. HUSD intends to participate in Quality First.

Regional Director Begay also provided an overview of a Quality Assurance site visit for Scholarship non-TEACH grantee Coconino Community College (CCC). Regional Director Begay reviewed the Standards of Practice for Quality Assurance, and informed the Regional Council that CCC is in alignment. Two strengths identified during the visit were the connection and collaboration with the Early Childhood Education teacher at Tuba City High School (TCHS), and the thorough support provided to the TCHS students including necessary learning materials.

#### **Regional Council Member Announcements**

Member Barney recognized Member Yazzie for her service and dedication provided to the FTF Navajo Nation Regional Council and the children of the region, and presented a gift upon departure of the Regional Council. Member Yazzie expressed gratitude to FTF and members of the Regional Council during her four year term.

Member Yazzie announced that Chinle Hospital is Baby Friendly certified.

Member Etsitty announced that Arizona Department of Administration providing presentations for Quality First updates and asked that the Regional Council review the presentation.

Member Barney provided notice of attendance at the FTF Faith Representatives Forum on June 3, and requested feedback from the Regional Council regarding faith communities within the region that may be interested in discussing early child care practices.

Member Black announced that Diné College summer courses will include coursework for endorsement of child care degrees.

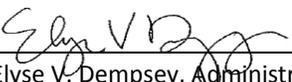
#### **Adjournment**

A motion was made by Member Black to adjourn the meeting, seconded by Member Barney. Motion carried. Member Seanez adjourned the meeting at approximately 5:40 p.m.

Dated this 12<sup>th</sup> day of June, 2014

ARIZONA EARLY CHILDHOOD DEVELOPMENT & HEALTH BOARD

Navajo Nation Regional Partnership Council



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Elyse V. Dempsey, Administrative Assistant II

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Harry Martin, Chair



# FIRST THINGS FIRST

Navajo Nation Regional Partnership Council

**Agenda Item #5:** Overview and Discussion of Navajo/Apache Regional Partnership Council's Priorities and Strategies

**Background:** The attached document outlines the prioritized needs, selected school readiness indicators, and First Things First prioritized roles for the Navajo/Apache Regional Partnership Council.

**Recommendation:** For informational and discussion purposes only

## Navajo/Apache Regional Partnership Council

### SFY 2015 Prioritized Needs

- Need for an educated and well-supported workforce of early childhood professionals
- Limited access to, and availability of, high quality, affordable early care and education programs and services
- Limited access to parent education and information
- Need to expand access to preventive health related screenings, supports and information for families
- Need to build the capacity within the early childhood and family service sectors in the region to effectively leverage resources and funding into the region, and to build a streamlined system of high quality supports and services for families.
- Limited knowledge and information about the importance of early childhood development and health

### Selected School Readiness Indicators

- #/% children demonstrating school readiness at kindergarten entry in the development domains of social-emotional, language and literacy, cognitive, and motor and physical
- % of children with newly identified developmental delays during the kindergarten year
- #/% of children receiving timely well child visits
- #/% of children age 5 with untreated tooth decay

### FTF Prioritized Roles

Professional Development System – Convene partners, provide leadership, and provide funding for the development and enhancement of an early childhood professional development system that addresses availability, accessibility, affordability, quality, and articulation. PD-1

Quality, Access, and Affordability of Regulated Early Care and Education Settings – Convene partners, provide leadership, and provide funding for increased availability of and access to high quality, regulated, culturally responsive and affordable early care and education programs. EL-3

Access to Quality Health Care Coverage and Services- Collaborate with partners to support improved nutrition and increased age/developmentally appropriate physical activity levels among young children. HLTH-3

Access to Quality Health Care Coverage and Services- Collaborate with partners to increase access to high quality health care services (including oral health and mental health) and affordable health care coverage for young children and their families. HLTH-2

Supports and Services for Families - Convene partners, provide leadership, provide funding, and advocate for development, enhancement, and sustainability of a variety of high quality, culturally responsive, and affordable services, supports, and community resources for young children and their families. FS&L-2

## Navajo/Apache Regional Partnership Council

### State Fiscal Year 2015 Strategies, Programs and Partners

#### Health

- Oral Health and Fluoride Varnish Project
  - Navajo County Public Health
- Healthy Steps for Young Children Program
  - North Country Health Care
  - Summit Regional Healthcare

#### Family Support

- Parent Outreach and Awareness
  - UA Cooperative Extension; Nutrition Education
- Navajo County Library District; Children's Early Literacy

#### Professional Development

- Professional Career Pathways Project
- Recruitment into the Field
  - Northland Pioneer College
- Community-Based Professional Development for Early Care and Education Professionals
  - Summit Regional Healthcare

#### Quality and Access

- Quality First Improvement Package
- Additional Quality First Child Care Scholarships
- FTF Professional REWARD\$
  - Valley of the Sun United Way
  - Association for Supportive Child Care

# First Things First - Navajo Nation Regional Council Meeting

Tuesday, July 22, 2014



CPLC PARENTING ARIZONA™  
*Safe children. Strong families.*

**Presenter:**

Katherine Mike, PAT Coordinator  
CPLC Parent Arizona - Tuba City  
(928) 286-7409 cell  
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(928) 283-4220 fax

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CPLC Parenting Arizona –  
Navajo Nation FTF Home Visitation Staff:



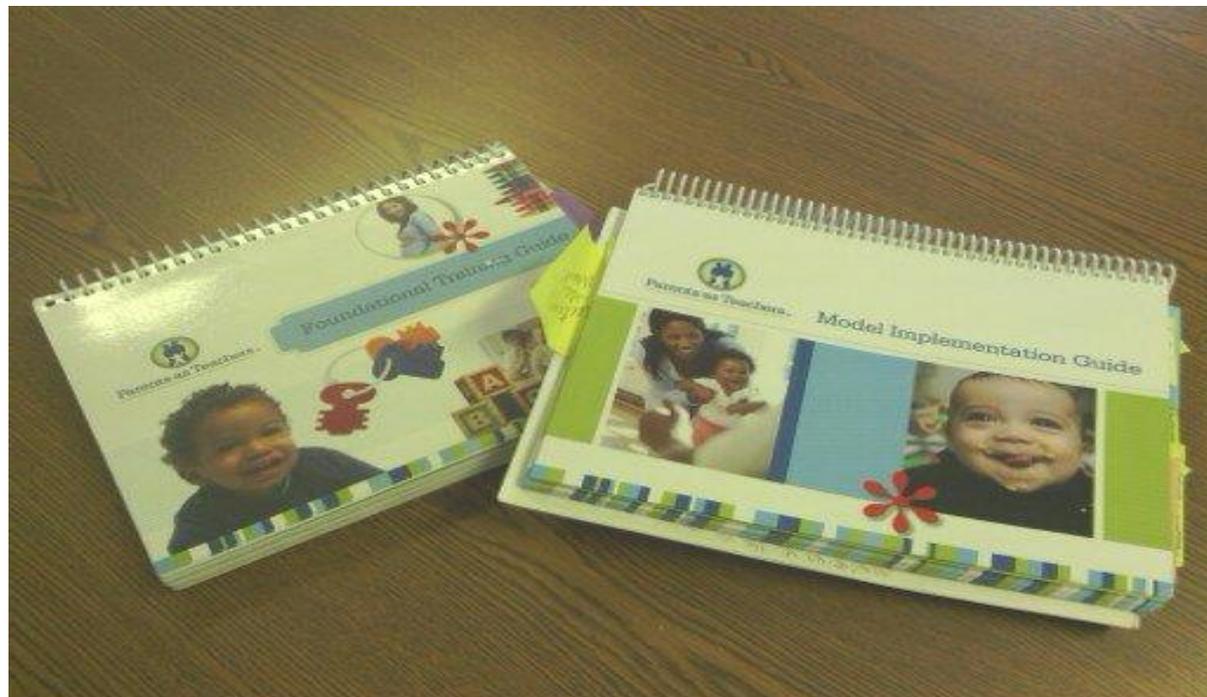
CPLC PARENTING ARIZONA™  
*Safe children. Strong families.*

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Katherine Mike	Parents As Teachers Coordinator	PA Office – Tuba City	(928) 283-4217 Email: <a href="mailto:katherine.mike@parentingaz.org">katherine.mike@parentingaz.org</a>
Victoria Yazzie	Parent Educator	PA Office-Tuba City (Kayenta)	(928) 701-1469 Email: <a href="mailto:victoria.yazzie@parentingaz.org">victoria.yazzie@parentingaz.org</a>
Veronica Young	Parent Educator	PA Office-Tuba City (Chinle)	(928) 225-5740 Email: <a href="mailto:veronica.young@parentingaz.org">veronica.young@parentingaz.org</a>
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Judith Bitsoi	Parent Educator	PA Office-Tuba City (Window Rock)	(505) 567-9190 Email: <a href="mailto:judith.bitsoi@parentingaz.org">judith.bitsoi@parentingaz.org</a>
(Vacant)	Data Entry Clerk	PA Office-Tuba City	

- CLPC Parenting Arizona – Tuba City has continuously provided services to the Navajo families specifically in the Western Navajo Agency region.
- As we commence Year 2 of the First Things First Navajo Nation Home Visitation Grant, we have served a little over 150 families. A few families have been replaced, some children will be moving into Head Start Program and/or moving from the service area.
- The four Parent Educators have been serving the communities in Kayenta, Chinle, Ganado and Window Rock area.
- PAT Coordinator and Regional Director will continue to monitor and provide guidance to the First Things First Navajo Nation Implementation Plans.



The training was conducive to the implementation of the Parent As Teacher curriculum – The Foundational Training Guide and Model Implementation Guide were found to be resourceful, as we continue our plans for the home visitations with the families.



# Home Visitations

- Parent Educators will continue to provide in-home delivery of early childhood education.
- Length of time on each visit with the family stems anywhere from an hour to hour & half.
- Each visitation emphasizes interaction among the parent, child, and parent educator.
- Assessing, Advocacy and support services related to various community resources is provided for each family.



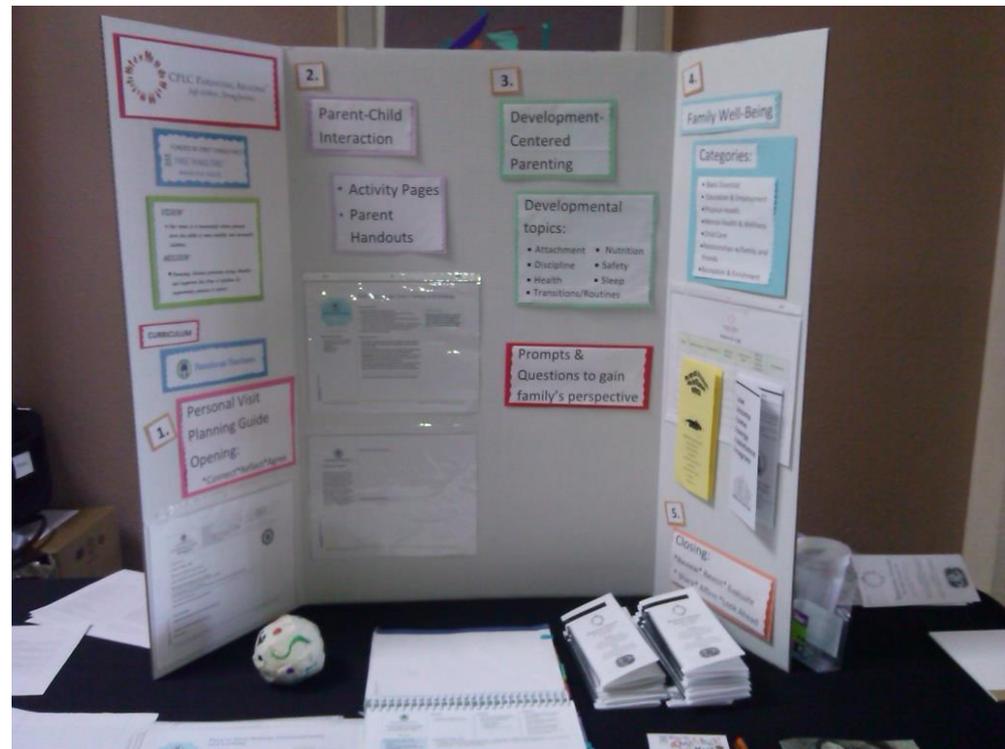
# Home Visitations



- Parent Educators drive to and from sites while transporting supplies daily within the 50 miles radius of their assigned HUB to provide services.
- One of the positive outcomes of the home visitation services is families demonstrating their abilities to form supportive and nurturing relationships.
- Each Parent Educator is assured that data collection and the robust attendance is as important in the success of the program; therefore, diligently work with the families.



- Additionally, Parent Educators conduct outreach activities to recruit families to receive home visitation services.
- In April 2014, we celebrated our 100% efforts in which, we identified our 150<sup>th</sup> family.
- As we continue our efforts, we have coordinated with other resources that refer families to our program.
- Currently, we have families on the Waiting List in Ganado and Kayenta.



# GROUP CONNECTIONS



- Group Connections are conducted on a monthly basis by each site.
- Families are brought together to socialize, group activities are conducted with various arts & crafts and other early childhood activities.
- At times, various Resources are invited to conduct program information on health & nutrition, gardening, stress management, dental and so forth.
- Healthy snacks or healthy eating is always emphasize during these group sessions.

CPLC Parenting Arizona, Navajo Nation First Things First Home Visitation Program has afforded us the opportunity to instill in us the passion to work in the field of Early Childhood Education; to bring out the unique qualities and characteristics in each of us; which allows us to work with families that have the opportunity to grow successfully. Our reward is bringing out the joy and excitement of each child, as they shape a positive learning environment for their future.





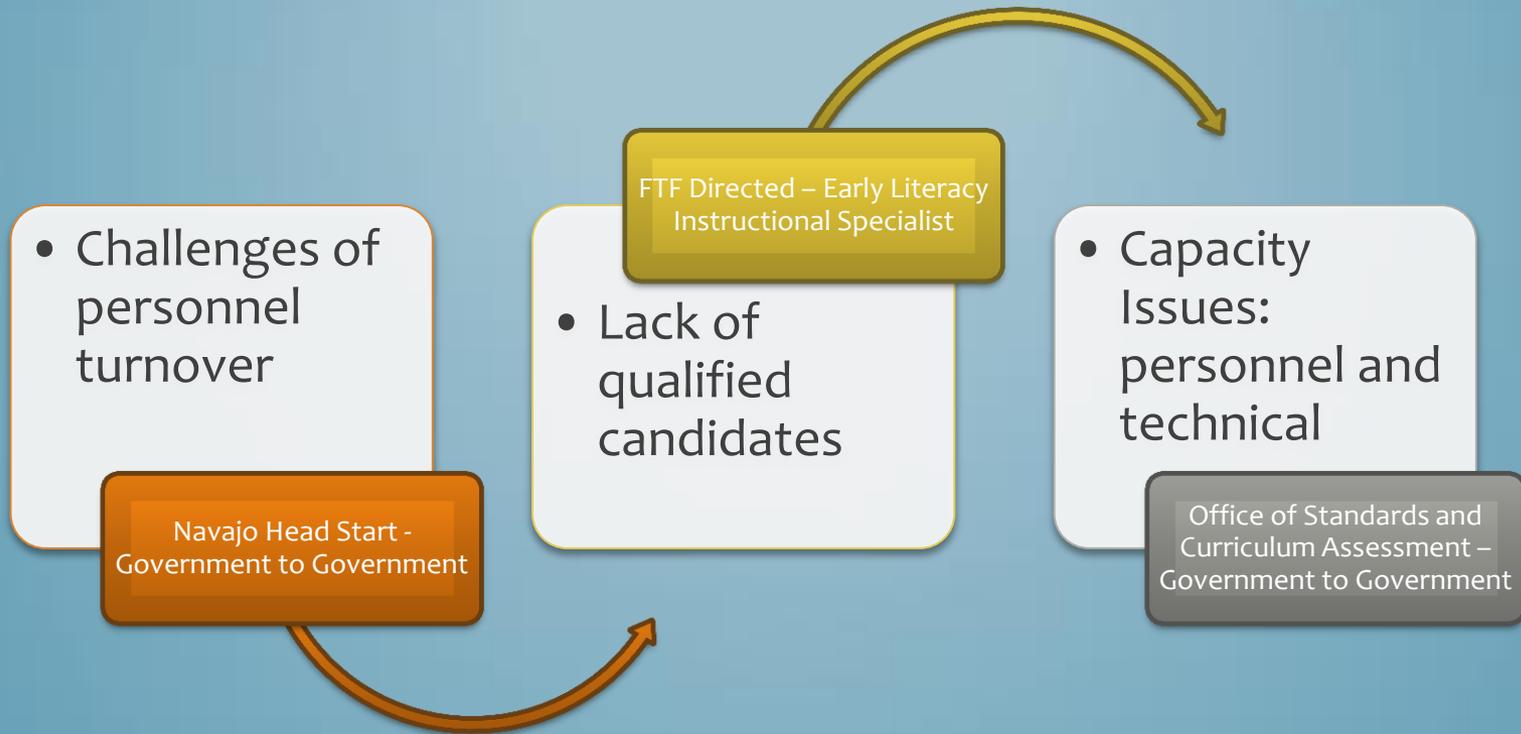
In Year 2, I look forward to the implementation of Parents As Teachers Curriculum and I like to express my appreciation to the staff, whom have been very supportive and who have provided a lot of guidance, orientation, Reflective Supervisions, forms review, availability of equipment, orders, open communication and everything to make our program a success!

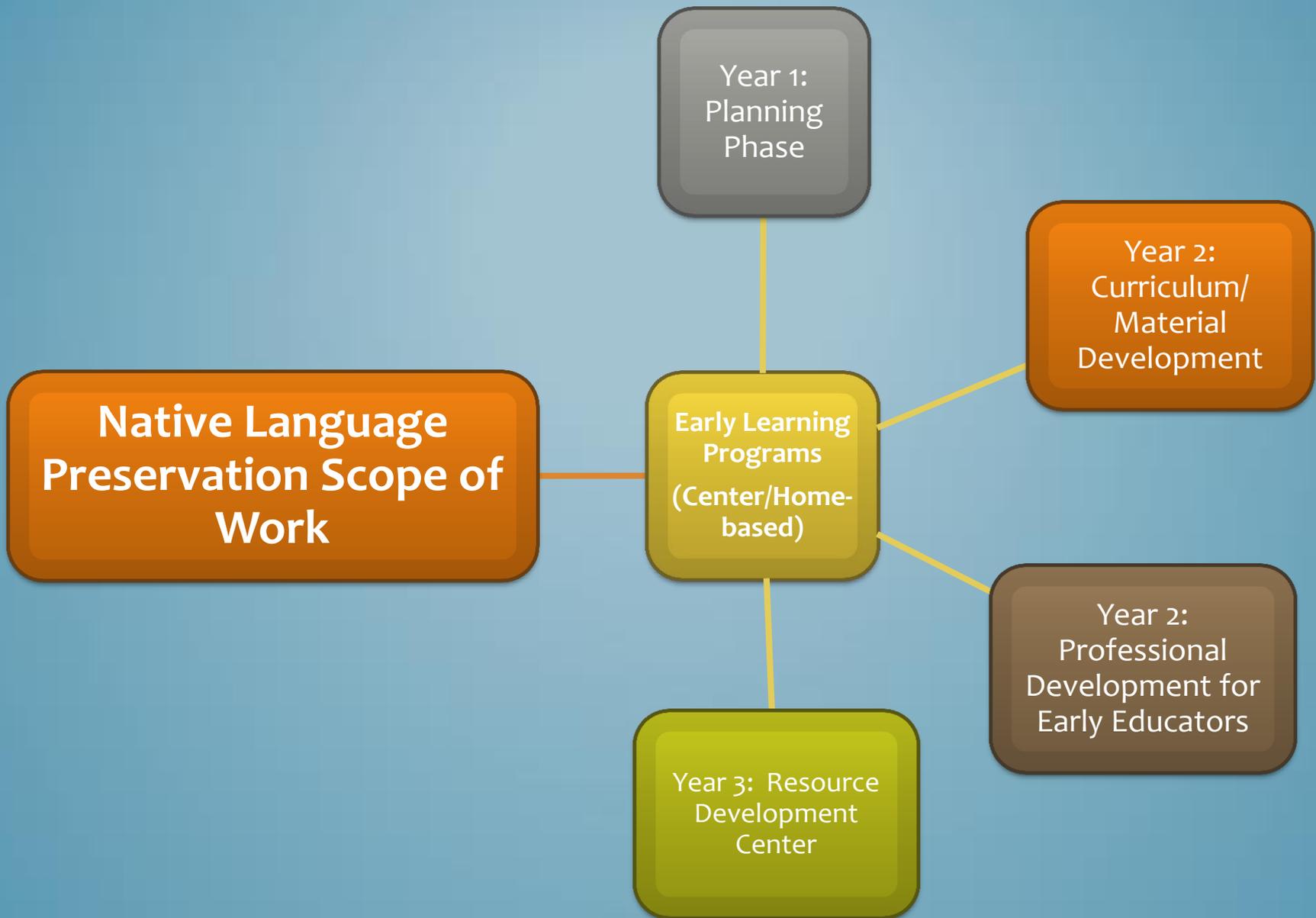




**Thank You`**

# NATIVE LANGUAGE PRESERVATION STRATEGY IMPLEMENTATION HISTORY





# Early Learning Programs (Center/Home-Based)

The planning phase (Year One) lays the foundation for the development of the curriculum and implementation plan:

1. Conduct a Comprehensive Needs Assessment to identify early literacy and Native Language needs.
2. Form a Curriculum Development Team to conduct focus groups and establish a curriculum committee/advisory group to explore how early literacy curriculum materials and programming can be integrated into current early learning programs to address the needs of children.

# EARLY LEARNING PROGRAMS

Year One (planning phase) deliverable is to provide an implementation plan that includes:

1. Intended Outcomes: Identify and state intended outcomes and/or educational objectives. The intended outcomes should include information on what skills students develop.

2. Select Content: The selected content should address the following questions:

- How the intended outcome will be attained?
- What will the student need to know?
- What knowledge, skills, attitudes, and behaviors will early educators need to acquire and practice?

## EARLY LEARNING PROGRAMS

3. Design or identify experiential teaching methods to help students achieved appropriate intended outcomes.
4. Strategies for Curriculum Development to include:
  - Overall curriculum evaluation criteria
  - Recommendations for producing curriculum materials
  - Provide recommendations to select pilot sites and conduct a formative evaluation of curriculum materials during the production phase
  - Development of a professional training model for teachers to implement and utilize the curriculum

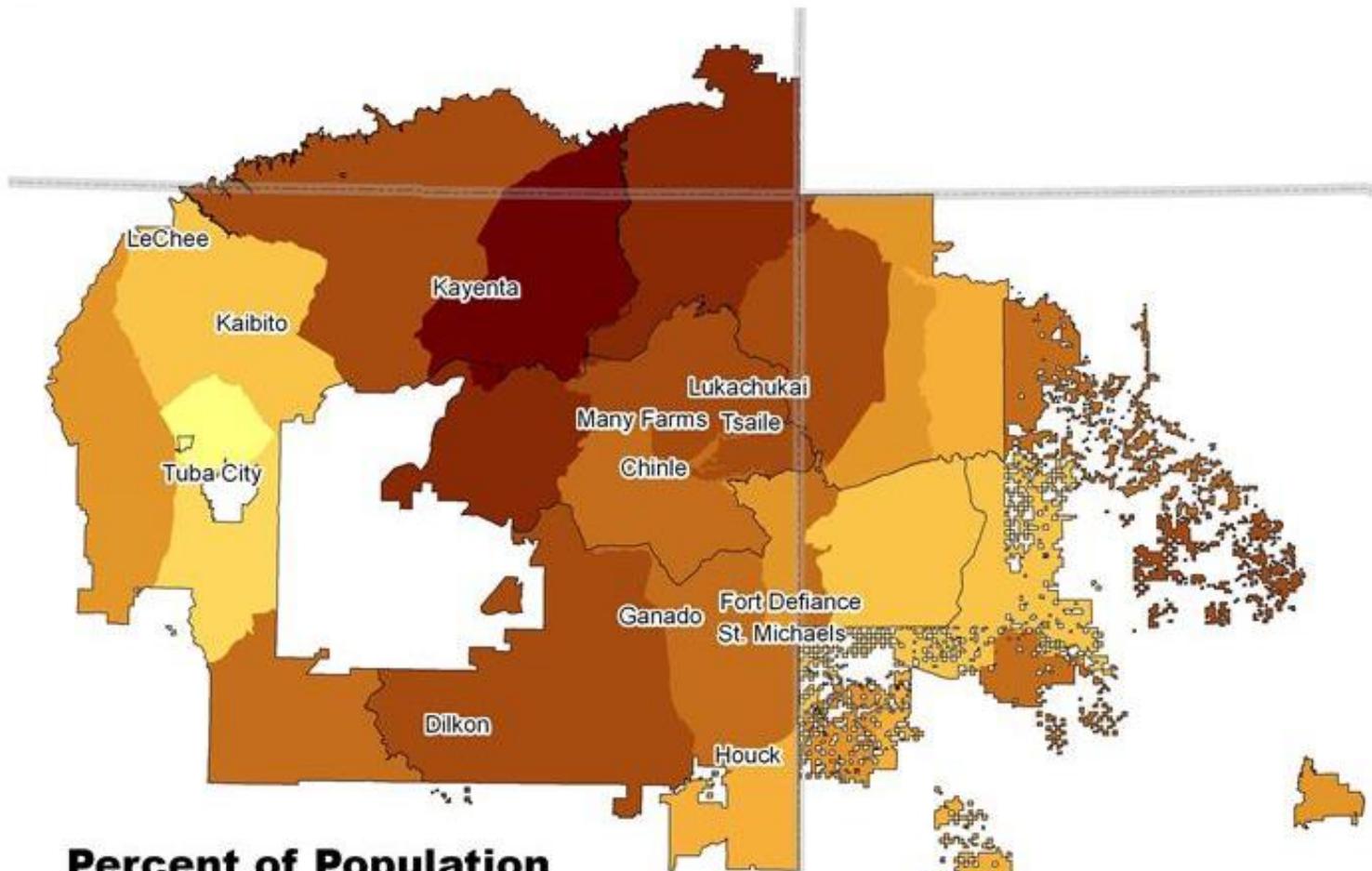
## EARLY LEARNING PROGRAMS - YEAR TWO & THREE

Year Two – Curriculum Development and Professional Development Training

Year Three – Implementation of Navajo Language curriculum in early learning programs and identify a resource development center

# CURRENT RESOURCES

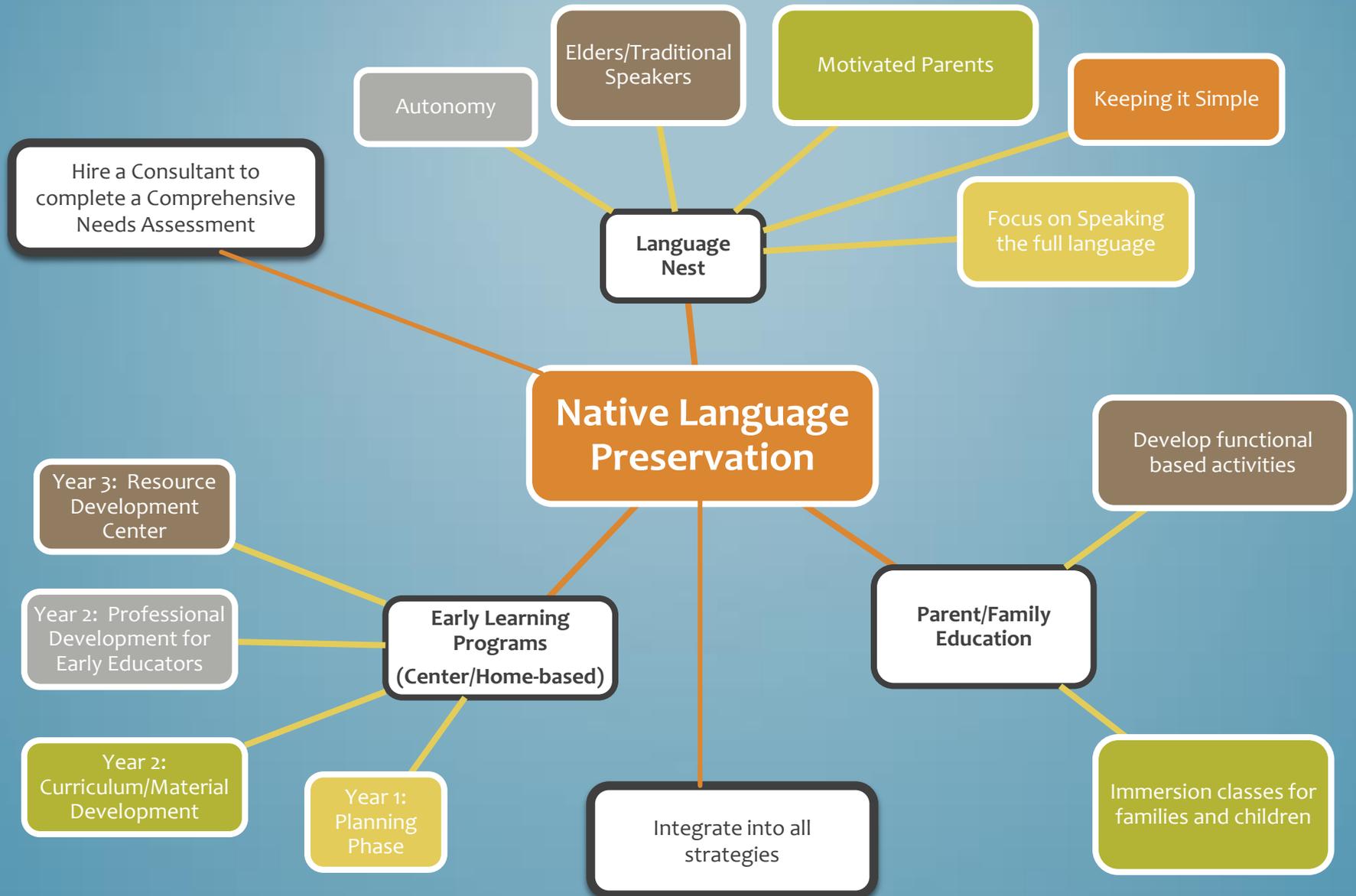
1. Navajo Head Start – Navajo Language Curricula
2. Unite for Literacy
3. Rough Rock Community School
4. Universities (e.g. Diné College, NAU, etc.)
5. San Juan School District Curriculum Center – Navajo Language Curriculum Materials
  - a. Books
  - b. CDs, DVDs, Rosetta Stone
  - c. K-12 Curriculum



**Percent of Population  
Who Speak Navajo at Home**



# Options: Scope of Work



## DISCUSSION QUESTIONS

- Is Native Language Preservation a priority need?
- Is Native Language Preservation a critical component to advance the early childhood system in the region?
- Is Native Language Preservation aligned to our priority needs?
- Identify next steps:
  - a. Scope of Work
  - b. Funding Mechanism



# FIRST THINGS FIRST

Navajo Nation Regional Partnership Council

**Agenda Item #9:** Discussion on SFY2016 – 2018 Strategic Planning

**Background:** The attached documents (5a – 5c) will help shape the discussion on:

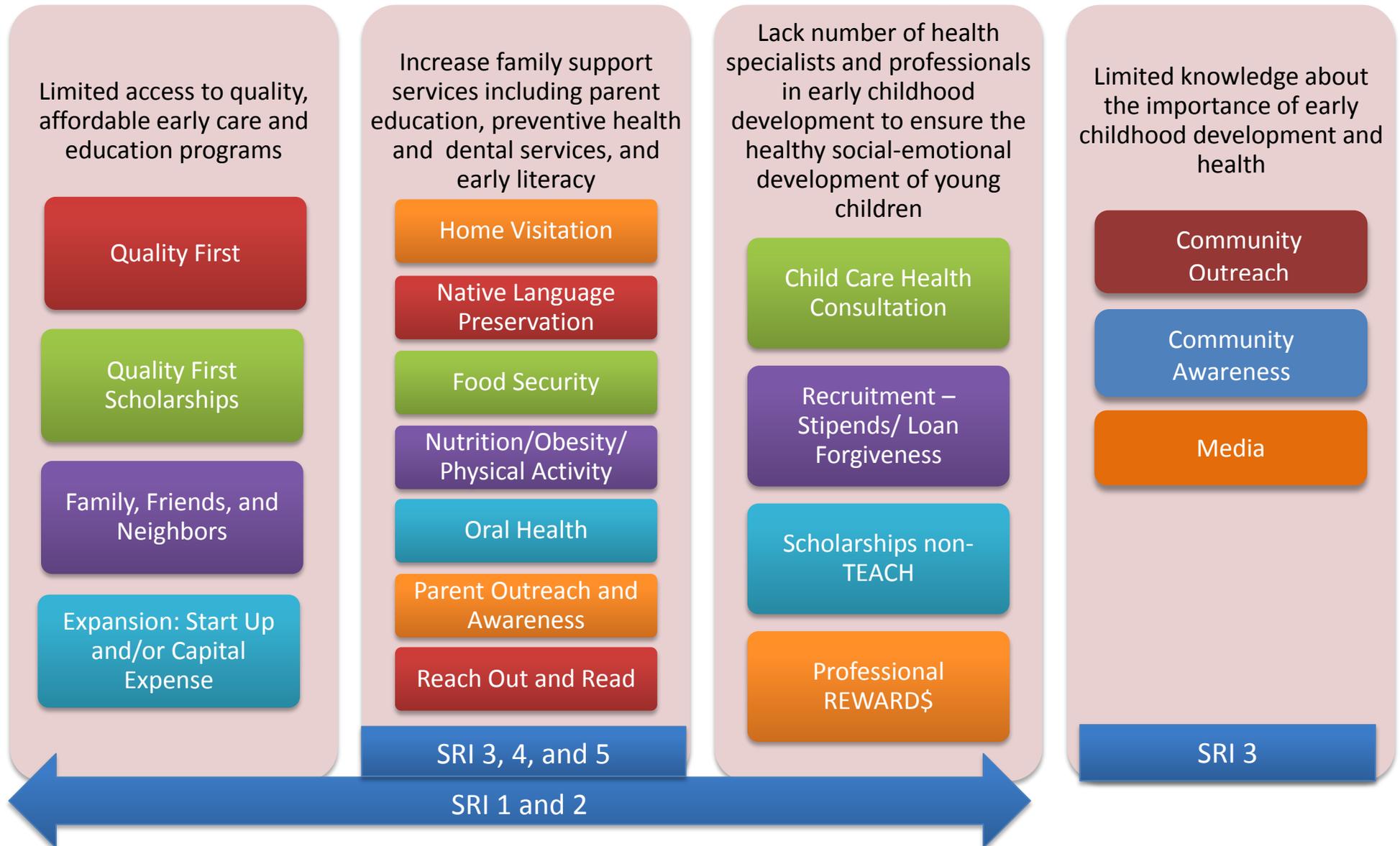
- Regional Priority Needs, Selected School Readiness Indicators, and Strategies
- Summaries of Community Partners’ Presentation and of the 2012 Needs and Assets Report
- History of the Regional Council’s Carry Forward

The intent of this discussion is to reflect on the SFY2013 to SFY2015 Funding Plan to guide the strategic direction for SFY2016 to SFY2018.



**Recommendation:** For informational and discussion purposes only

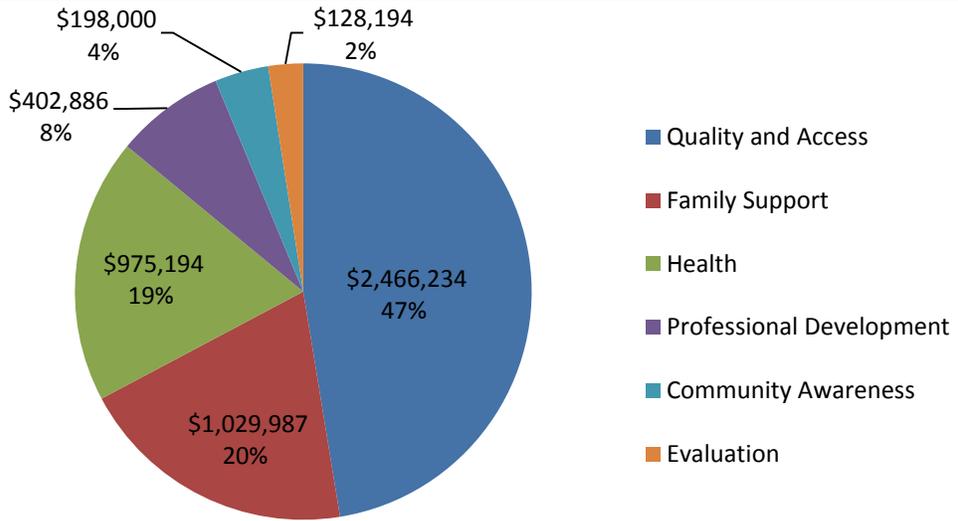
# SFY2013 – 2015 Regional Priorities, SRI Indicators, and Strategies to Achieve Outcomes



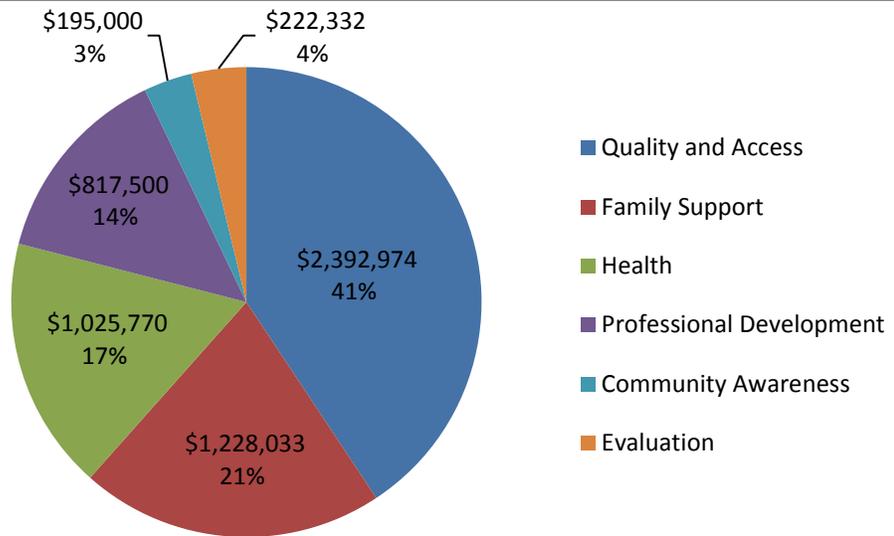
## Selected School Readiness Indicators (SRI)

1. #/% of children enrolled in an early care and education program with a Quality First rating of 3-5 stars
2. #/% children demonstrating school readiness at kindergarten entry in the development domains of social-emotional, language and literacy, cognitive, and motor and physical
3. % of families who report they are competent and confident about their ability to support their child's safety, health and well being
4. #/% of children ages 2-5 at a healthy weight (Body Mass Index-BMI)
5. #/% of children receiving timely well child visits

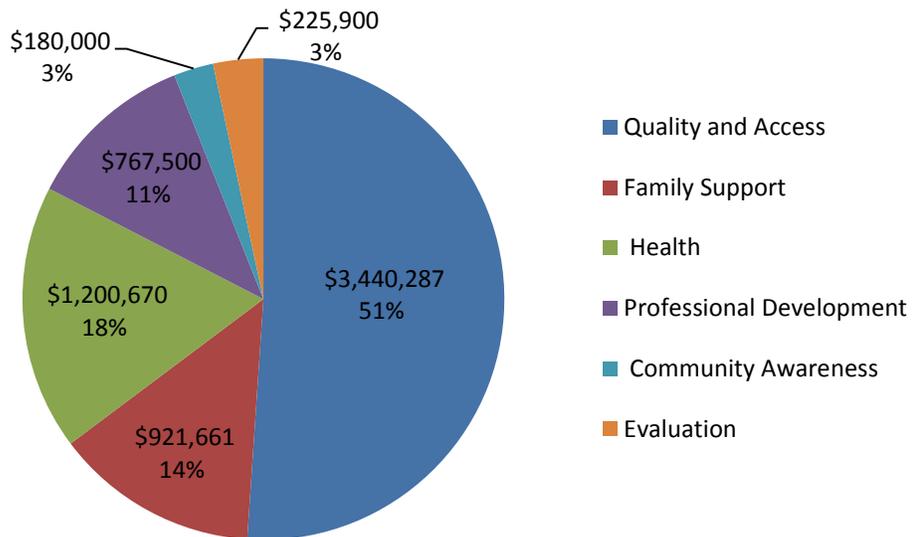
### SFY 2013 Allotments by Goal Area



### SFY 2014 Allotments by Goal Area



### SFY 2015 Allotments by Goal Area



# INDIAN HEALTH SERVICE EARLY CHILDHOOD INJURY PREVENTION



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Information was derived from Navajo Area District Office of the Indian Health Service Injury Prevention Program presentation on January 14, 2014

*The mission of the Indian Health Service (IHS) Injury Prevention Program is to raise the health status of American Indians and Alaska Natives to the highest possible level by decreasing the incidence of severe injuries and death to the lowest possible level and increasing the ability of tribes to address their injury problems.*

## Intentional & Unintentional injuries

Intentional injuries include assaults, suicide, child maltreatment, domestic violence, and bullying versus unintentional injuries, which tend to be the leading cause of death for American Indians/Alaska Natives ages 1 to 44 years old.

Within the Navajo Area, leading causes of injuries and hospitalizations for all ages from 1996 to 2012 are

- 1) Motor vehicle crashes
- 2) Falls
- 3) Assaults
- 4) Suicide



## Injuries for Children, Ages 0 to 5

Injury is the leading cause of hospitalization for children. Fatal injuries for children 0 to 5 years old are caused by motor vehicle crashes.

Injuries caused by motor vehicle crashes can be prevented if every infant, child, toddler, or children are properly restrained in a child passenger safety seat or booster seat.

Combination of the four E's is used to prevent injuries:

- Environment
- Education
- Enforcement
- Emergency Medical Services

## Injury Prevention Programs Provided by IHS Injury Prevention Program

### Injury Prevention Courses

A comprehensive training program that offers a variety of courses for various levels of experience.

### The Sleep Safe Fire Safety Program

Provides a curriculum for parent/student education, smoke alarms for installation, and an annual program coordinator's training workshop to reduce house fire-related injuries in AI/AN children's homes.

### RIDE SAFE—Child Passenger Safety Program

Aims to reduce the rate of motor vehicle related injuries to children, ages 3 to 5 years, that are enrolled in participating Tribal Head Start programs, by promoting motor vehicle child restraint use.

# COMMUNITY OUTREACH & PATIENT EMPOWERMENT (COPE) PROJECT HAPPY HOMES PROGRAM



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Information was derived from The COPE Project presentation on April 8, 2014

*The mission of The COPE Project is to eliminate health disparities and improve the wellbeing of American Indians and Alaska Natives; promote healthy, prosperous, and empowered Native communities; and to achieve these aims through implementation of three collaborative approaches: 1) a robust, community-based accompaniment; 2) a local capacity and system-level partnerships; and 3) eliminating food insecurity.*

## What is Happy Homes?

Happy Homes—a COPE Project program—teaches families to make healthy changes to prevent childhood obesity in children ages 3 to 6, and promote healthy behaviors.

At no cost to families, clinic includes motivational interviewing, hands-on activities, healthy recipes, and goal-setting to promote behavior change. Food is also provided at each session and families receive a free bag of healthy groceries.

Local program partnerships with chapter houses and Community Health Representatives (CHRs) also support implementation.

## Community Needs Assessment

An assessment survey was conducted in 2013 with more than 250 participants to evaluate program challenges and successes. Survey findings revealed:

- Access challenges for Navajo communities to obtain healthy foods were mostly structural (i.e. distance, income, utilities) rather than individual (i.e. knowledge, taste)
- High food insecurity in Navajo Nation
- Community input for solutions included development of delivery system to chapter houses and a mobile grocery unit, reducing cost of nutritious foods at local grocery stores, and revitalizing Navajo traditional health habits

## Assessment of Participating Households

- Average household size: 4.2 people
- Food programs used by households
  - ⇒ 32% WIC
  - ⇒ 40% SNAP
  - ⇒ 32% TANF
  - ⇒ 16% Other
  - ⇒ 4% Commodities
- Distance to grocery store: 32% travel > 1 hour
- Average monthly expense on groceries: \$413



## Assessment of Participants

### Parent participants

- Average age: 35 years old
- Female: 81%
- Average BMI (n=24): 25
- Obese (BMI > 30): 16%

### Children participants

- Average age: 4 years old
- Female: 62%
- Average BMI (n=14): 37.4

# FTF COCONINO REGIONAL COUNCIL PRIORITIES AND STRATEGIES



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Navajo Nation Regional Partnership Council

Information was derived from the First Things First Coconino Regional Partnership Council presentation on June 9, 2014

## Prioritized Needs

### Early Care and Education

- Families' need access to high quality child care (regulated and unregulated).

### Family Support & Literacy

- Families need improved opportunities for parent education and access to tools and resources necessary to support their child's development.
- Many children are arriving at kindergarten unprepared for school in the areas of early literacy and reading.

### Health

- Many children have untreated tooth decay across the region.
- Families across the region need improved access to high quality early childhood development and health programs.
- Families across the region need improved access to high quality early childhood development and health programs.

## Selected School Readiness Indicators

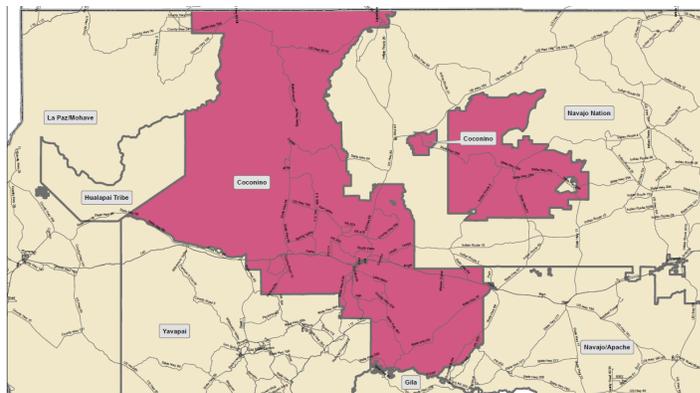
**Indicator #1:** Children demonstrating school readiness at kindergarten entry in the development domains of social-emotional, language and literacy, cognitive, and motor and physical

**Indicator #2:** Children enrolled in an early care and education program with a Quality First rating of 3-5 stars

**Indicator #5:** Children with newly identified developmental delays during the kindergarten year

**Indicator # 9:** Children age 5 with untreated tooth decay

**Indicator #10:** Families who report they are competent and confident about their ability to support their child's safety, health and well being



## Regionally Funded Strategies Serving Navajo Families

- Summer Transition to Kindergarten (Page/Winslow, AZ)
- Quality First (Page/Winslow, AZ)
- Oral Health (Page/Winslow, AZ)
- Parent Education Community Based Training (Page, AZ)
- Home Visitation (Winslow, AZ)

## Comparison of FY2014 Strategies for Navajo Nation and Coconino Regions

### Home Visitation

The Coconino Region is served by Parenting Arizona, Parents as Teachers, and the Healthy Families Program. The Navajo Nation Region is also served by Parenting Arizona as well as Parents as Teachers.

### Oral Health

The Coconino Region Oral Health Strategy is implemented by Smart Smiles with an allocation of \$128,00 and Target Service Unit (TSUs) of 1,100 varnishes and 1,350 screenings, whereas the Navajo Nation Region is served by the Navajo County and Coconino County Public Health Service Districts with an allocation of \$300,000 and TSU of 1,750 varnishes.

# NAVAJO NATION EARLY CHILDHOOD DATA



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Data was derived from the 2012 Navajo Nation Regional First Things First Needs and Assets Report

## Population of Navajo Nation, Arizona

Population: **101,835**

- Children under the age of six: 10,894

## Ethnicity

**96%** American Indian/Native American

**2%** Hispanic

**2%** White (Not Hispanic, Not Indian)

## Household Composition

Households with children ages birth to 5 years: **7,159**

- **50%** are married couple households
- **38%** are single mother households
- **12%** are single father households

Living arrangements for children ages birth to 5 years:  
**10,894**

- **56%** of children live with both parents
- **44%** of children live with relatives (other than parents)

**39%** of children ages birth to 5 years live in a grandparent's household

## Poverty in the Navajo Nation, Arizona

Arizona has the 5<sup>th</sup> highest child poverty rate in the U.S.

**48%** of children ages birth to five years live in poverty

## Employment and Wages

In 2007, **51%** was the estimated unemployment rate

**\$31,507** estimated median income of all families

**\$21,314** estimated median household income for single-female families with child ages birth to 18

**\$19,219** estimated median household income for single-male families with child ages birth to 18

## Parent Educational Attainment

*Parent Education is correlated to child wellbeing.*

**22% of 2,187** live births were to women who had not completed high school

**34%** of adults in Navajo Nation have not completed high school

Only **7%** of adults in Navajo Nation have received a Bachelor's degree or higher

## Culture & Language

Estimated number of households: **25, 115**

- **71%** of residents (over 5 years old) reported speaking Navajo Language in their homes
- **27%** of individuals speak English only

**17%** of households were reported to be linguistically isolated

**3%** of Navajo Head Start families read, write, or speak Navajo fluently

**2%** of Head Start preschoolers use Navajo as their first language

## Birth Characteristics of the Navajo Nation

There were **2,187** live births reported in 2009.

- **36%** of mothers did not receive prenatal care in the first trimester of pregnancy (2010)
- **11%** of mothers had fewer than 5 prenatal care visits
- **55 per 1,000 births** are born to mothers 14-19 years old
- **6.4%** babies are low birth weight

## Early Child Care & Education (2010/11)

Some families are having to choose between quality of care and education, Arizona's average annual fees were:

- \$9,250 and \$6,550 for a center-based and home-based provider, respectively, for an infant
- \$7,350 and \$6,220 for a center-based and home-based provider, respectively, for a 4 year old
- \$8,083 was the college tuition at a State university

An estimated population of **3,538** of children ages 3 to 4

- **40%** of children ages 3 to 4 were enrolled in public school
- **59%** of children ages 3 to 4 were not enrolled in school
- **1,585** children ages birth to 5 were enrolled in a center of the Child Care and Development Fund Program
- **1,136 children** ages birth to 5 were enrolled in a Navajo Nation Head Start center

## Health

Health care services include the Navajo Nation Division of Health, the Indian Health Services, and other tribally-operated facilities and private providers.

- The ratio of providers to population of residents on the Navajo is **1:1,228**; whereas all Arizona reservations are 1:920, both greater ratios than Arizona (1 per 468)
- **83%** of women breastfeed their infants
- **21%** of children aged 2 to 4 participate in Navajo Nation WIC are overweight
- **94%** estimated children enrolled in Navajo Head Start were up to date with immunizations

## Food Assistance & Insecurity

Navajo Nation is considered a "food desert," which means limited access to fresh food.

**8,956** children ages birth to six years are enrolled in WIC

**34%** of children ages birth to 18 years are enrolled in the Supplemental Nutrition Assistance Program (SNAP)

## Schools & 3<sup>rd</sup> Grade test scores (2011)

The AIMS results for third-grade children in ADE district schools on the Navajo Nation

- **48%** of 3<sup>rd</sup> graders did not pass the AIMS Reading standard
- **54%** of 3<sup>rd</sup> graders did not pass the AIMS Math standard

Of 108 schools on the Navajo Nation, 83 did not meet Adequate Yearly Progress (AYP).

## ARIZONAWIDE DATA

### Oral Health

*Dentists recommend children should have their first dental visit by age 1.*

**50%** of children ages birth to five years in **Arizona** have never seen a dentist.

**28%** of children ages birth to five years have untreated tooth decay.

### Special Needs

**7.6%** of children from birth to age five in AZ have special health care needs.

**13%** of preschoolers are enrolled in special education.

### Obesity

**16%** of children ages birth to five in Arizona are overweight; **14%** are considered obese.

**21%** of children ages two to four enrolled in Navajo Nation WIC are considered overweight; **18%** are considered obese

### Child Fatalities

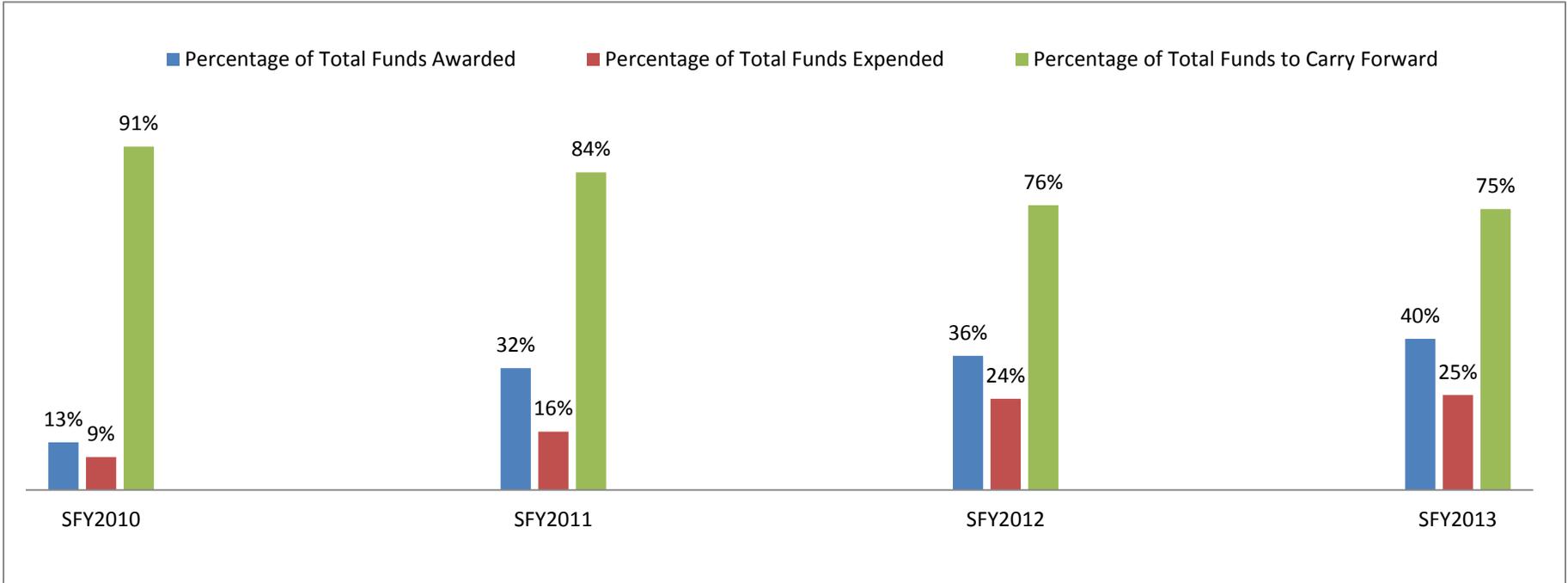
**In Arizona**, about **75%** of child fatalities are children between the ages of birth to five years.

It is estimated that **54%** of young child deaths are preventable.

## Regional Carry Forward Growth

Allocations and Funding Sources	SFY 2010	SFY 2011	SFY 2012	SFY 2013
FY Allocation	\$3,845,234	\$4,466,374	\$4,191,755	\$4,224,298
Population Based Allocation	\$2,601,940	\$2,463,210	\$2,424,024	\$2,420,366
Discretionary Allocation	\$1,243,294	\$1,463,143	\$1,367,948	\$1,353,719
Other (FTF Fund balance addition)		\$540,021	\$399,783	\$450,213
Carry Forward From Previous Year		\$3,509,720	\$6,736,023	\$8,274,661
<b>Total Regional Council Funds Available</b>	<b>\$3,845,234</b>	<b>\$7,976,094</b>	<b>\$10,927,778</b>	<b>\$12,498,959</b>

Strategies	Allotted	Awarded	Expended	Allotted	Awarded	Expended	Allotted	Awarded	Expended	Allotted	Awarded	Expended
Total for all Strategies	\$1,778,804	\$487,596	\$335,514	\$2,817,059	\$2,586,408	\$1,240,071	\$4,647,172	\$3,896,698	\$2,653,117	\$5,200,495	\$5,023,169	\$3,161,198
Total Unallotted/ Unawarded/ Unexpended:	\$2,066,430	\$1,291,208	\$152,082	\$5,159,036	\$230,651	\$1,346,336	\$6,280,606	\$750,474	\$1,243,581	\$7,298,464	\$177,326	\$1,861,971



### Identified Barriers

1. Capacity to respond to RFGAs
2. Capacity of public entities to respond to government agreements
3. Capacity to fulfill grant agreements
4. Impacts of the 2010 Ballot Initiative

### SFY2013 - 2015 Funding Plan

Allocations and Funding Sources	2013			2014			2015		
FY Allocation			\$4,224,298			\$3,781,417			\$3,797,324
Population Based Allocation			\$2,420,366			\$2,188,892			\$2,205,320
Discretionary Allocation			\$1,353,719			\$1,209,351			\$1,209,527
Other (FTF Fund balance addition)			\$450,213			\$383,174			\$382,477
Carry Forward From Previous Year			\$8,274,661			\$9,337,761			\$9,382,883
<b>Total Regional Council Funds Available</b>			<b>\$12,498,959</b>			<b>\$13,119,178</b>			<b>\$13,180,207</b>
Strategies	Allotted	Awarded	Expended	Allotted	Awarded	Expended	Allotted	Awarded	Expended
Child Care Health Consultation	\$95,760	\$52,438	\$14,401	\$59,350	\$46,703	\$17,064	\$74,250	\$70,012	
Community Awareness	\$50,000	\$50,000	\$44,322	\$50,000	\$50,000	\$18,822	\$30,000		
Community Outreach	\$83,000	\$83,000	\$82,473	\$80,000	\$80,000	\$70,332	\$85,000		
Expansion, Start-up/Capital Expense				\$500,000	\$200,000	\$130,000	\$500,000		
Family, Friends & Neighbors	\$200,000	\$197,673	\$112,884	\$200,000	\$200,000	\$101,590	\$200,000	\$200,000	
Food Security	\$340,000	\$340,000	\$318,031	\$280,000	\$280,000	\$272,413	\$180,000	\$180,000	
FTF Professional REWARD\$	\$67,500	\$67,500	\$31,295	\$67,500	\$67,500	\$67,500	\$67,500	\$67,500	
Home Visitation	\$523,197	\$523,197	\$503,402	\$389,966	\$389,966	\$275,240	\$428,963	\$389,966	
Media	\$65,000	\$65,000	\$65,000	\$65,000	\$65,000	\$54,739	\$65,000		
Native Language Preservation				\$400,000			\$150,000		
Needs and Assets	\$10,200	\$10,200	\$10,200	\$20,000					
Nutrition/Obesity/Physical Activity	\$505,800	\$505,800	\$347,598	\$600,000	\$600,000	\$292,855	\$600,000	\$582,930	
Oral Health	\$261,704	\$261,704	\$129,227	\$300,000	\$300,000	\$164,650	\$460,000	\$405,828	
Parent Outreach and Awareness	\$100,000	\$81,460	\$140,488	\$85,369	\$85,060	\$75,778	\$90,000	\$90,000	
Quality First	\$663,753	\$610,594	\$374,406	Quality First in no longer an inclusive package					
Quality First Academy	The Quality First Package prior to SFY2014 was an inclusive package.			\$23,360	\$19,407	\$12,866	\$23,500	\$23,500	
Quality First CCHC Warmline				\$1,136	\$1,136	\$720	\$1,175	\$840	
Quality First Coaching & Incentives				\$349,147	\$349,147	\$261,783	\$453,735	\$433,995	\$108,611
Quality First Inclusion Warmline				\$5,195	\$5,195	\$3,341	\$5,250		
Quality First Mental Health Consultation				\$5,343	\$5,343	\$4,710	\$5,400		
Quality First Pre-K Scholarships	\$959,040	\$945,273	\$515,841	Both Quality First and Pre-K Scholarships are now known as Quality First Scholarships					
Quality First Scholarships	\$643,441	\$643,441	\$102,507	\$1,306,715	\$1,306,715	\$1,306,715	\$2,249,327	\$2,229,148	
Quality First Warmline Triage				\$2,078	\$2,078	\$1,917	\$1,900		
Reach Out and Read	\$66,790	\$66,089	\$65,915	\$72,698	\$72,698	\$72,698	\$72,698	\$72,698	\$18,174
Recruitment – Stipends/Loan	\$111,930	\$66,420	\$10,691	\$66,420	\$66,420	\$66,420	\$66,420	\$54,120	
Scholarships non-TEACH	\$335,386	\$335,386	\$269,089	\$750,000	\$390,655	\$261,810	\$700,000	\$445,221	
Statewide Evaluation	\$117,994	\$117,994	\$23,371	\$202,332	\$202,332	\$202,332	\$225,900		
<b>Total</b>	<b>\$5,200,495</b>	<b>\$5,023,169</b>	<b>\$3,161,198</b>	<b>\$5,881,609</b>	<b>\$4,785,355</b>	<b>\$3,736,295</b>	<b>\$6,736,018</b>	<b>\$5,245,758</b>	<b>\$126,785</b>
<b>Total Unallotted</b>	<b>\$7,298,464</b>	<b>\$177,326</b>	<b>\$1,861,970</b>	<b>\$7,237,569</b>	<b>\$1,096,254</b>	<b>\$1,049,060</b>	<b>\$5,983,289</b>	<b>\$1,490,260</b>	<b>\$5,118,973</b>

## Regional Carry Forward and Sustainability Analysis for SFY2016 - 2018

Allocations and Funding Sources	SFY 2015		Allocations and Funding Sources	SFY 2016	Allocations and Funding Sources	SFY 2017	Allocations and Funding Sources	SFY 2018
FY Allocation		\$3,797,324	FY Allocation	\$3,797,324	FY Allocation	\$3,797,324	FY Allocation	\$3,797,324
Population Based Allocation		\$2,205,320	Population Based Allocation	\$2,205,320	Population Based Allocation	\$2,205,320	Population Based Allocation	\$2,205,320
Discretionary Allocation		\$1,209,527	Discretionary Allocation	\$1,209,527	Discretionary Allocation	\$1,209,527	Discretionary Allocation	\$1,209,527
Other (FTF Fund balance)		\$382,477	Other (FTF Fund balance)	-	Other (FTF Fund balance)	-	Other (FTF Fund balance)	-
Carry Forward From SFY14		\$9,383,883	Carry Forward From SFY15	\$7,742,899	Carry Forward From SFY16	\$5,557,172	Carry Forward From SFY17	\$3,393,628
<b>Total Funds Available</b>		<b>\$13,181,207</b>	<b>Total Funds Available</b>	<b>\$11,540,223</b>	<b>Total Funds Available</b>	<b>\$9,354,496</b>	<b>Total Funds Available</b>	<b>\$7,190,952</b>
Strategies	Allotted	Awarded	Strategies	Proposed Allotment	Strategies	Proposed Allotment	Strategies	Proposed Allotment
<b>Grant Year One</b>			<b>Grant Year Two</b>		<b>Grant Year Three</b>		<b>Fund for Grant Year One in SFY18?</b>	
Family, Friends & Neighbors	\$ 200,000	\$ 200,000	Family, Friends & Neighbors	\$ 225,000	Family, Friends & Neighbors	\$ 225,000	Family, Friends & Neighbors	\$ 225,000
Food Security	\$ 180,000	\$ 180,000	Food Security	\$ 180,000	Food Security	\$ 180,000	Food Security	\$ -
Nutrition/Obesity/Physical Activity	\$ 600,000	\$ 582,930	Nutrition/Obesity/Physical Activity	\$ 582,930	Nutrition/Obesity/Physical Activity	\$ 582,930	Nutrition/Obesity/Physical Activity	\$ 500,000
<b>Grant Year Two</b>			<b>Grant Year Three</b>		<b>Fund for Grant Year One in SFY17?</b>		<b>Grant Year Two</b>	
Home Visitation	\$ 428,963	\$ 389,966	Home Visitation	\$ 428,963	Home Visitation	\$ 400,000	Home Visitation	\$ 400,000
Scholarship non-TEACH (NPC)	\$ 327,661	\$ 327,661	Scholarship non-TEACH (NPC)	\$ 327,661	Scholarship non-TEACH	\$ 400,000	Scholarship non-TEACH	\$ 400,000
Scholarship non-TEACH (D'C)	\$ 65,560	\$ 65,560	Scholarship non-TEACH (D'C)	\$ 65,560				
<b>Grant Year Three</b>			<b>Fund for Grant Year One in SFY16?</b>		<b>Grant Year Two</b>		<b>Grant Year Three</b>	
Oral Health	\$ 460,000	\$ 405,828	Oral Health	\$ 420,000	Oral Health	\$ 420,000	Oral Health	\$ 420,000
Reach Out and Read	\$ 72,698	\$ 72,698	Reach Out and Read	\$ 75,000	Reach Out and Read	\$ 75,000	Reach Out and Read	\$ 75,000
Scholarship non-TEACH (CCC)	\$ 52,000	\$ 52,000	Recruitment – Stipends/Loan	\$ -	Recruitment – Stipends/Loan	\$ -	Recruitment – Stipends/Loan	\$ -
Recruitment – Stipends/Loan	\$ 66,420	\$ 54,120						
<b>Quality First Commitment</b>			<b>Quality First Commitment</b>		<b>Quality First Commitment</b>		<b>Quality First Commitment</b>	
Quality First Academy	\$ 23,500	\$ 23,500	Quality First Academy	\$ 23,500	Quality First Academy	\$ 23,500	Quality First Academy	\$ 23,500
Quality First CCHC Warmline	\$ 1,175	\$ 840	Quality First CCHC Warmline	\$ 1,175	Quality First CCHC Warmline	\$ 1,175	Quality First CCHC Warmline	\$ 1,175
Quality First Coaching & Incentives	\$ 453,735	\$ 433,995	Quality First Coaching & Incentives	\$ 453,735	Quality First Coaching & Incentives	\$ 453,735	Quality First Coaching & Incentives	\$ 453,735
Quality First Inclusion Warmline	\$ 5,250	\$ 5,250	Quality First Inclusion Warmline	\$ 5,250	Quality First Inclusion Warmline	\$ 5,250	Quality First Inclusion Warmline	\$ 5,250
Quality First MHC Warmline	\$ 5,400	\$ 5,400	Quality First MHC Warmline	\$ 5,400	Quality First MHC Warmline	\$ 5,400	Quality First MHC Warmline	\$ 5,400
Quality First Warmline Triage	\$ 1,900	\$ 1,900	Quality First Warmline Triage	\$ 1,900	Quality First Warmline Triage	\$ 1,900	Quality First Warmline Triage	\$ 1,900
Quality First Scholarships	\$ 2,249,327	\$ 2,229,148	Quality First Scholarships	\$ 2,249,327	Quality First Scholarships	\$ 2,249,327	Quality First Scholarships	\$ 2,249,327
Child Care Health Consultation	\$ 74,250	\$ 70,012	Child Care Health Consultation	\$ 74,250	Child Care Health Consultation	\$ 74,250	Child Care Health Consultation	\$ 74,250
FTF Professional REWARD\$	\$ 67,500	\$ 67,500	FTF Professional REWARD\$	\$ 67,500	FTF Professional REWARD\$	\$ 67,500	FTF Professional REWARD\$	\$ 67,500
<b>FTF-Directed</b>			<b>FTF-Directed</b>		<b>FTF-Directed</b>		<b>FTF-Directed</b>	
Community Awareness	\$ 30,000	\$ 30,000	Community Awareness	\$ 30,000	Community Awareness	\$ 30,000	Community Awareness	\$ 30,000
Community Outreach	\$ 85,000	\$ 85,000	Community Outreach	\$ 85,000	Community Outreach	\$ 85,000	Community Outreach	\$ 85,000
Media	\$ 65,000	\$ 65,000	Media	\$ 65,000	Media	\$ 65,000	Media	\$ 65,000
Parent Outreach and Awareness	\$ 90,000	\$ 90,000	Parent Outreach and Awareness	\$ 90,000	Parent Outreach and Awareness	\$ 90,000	Parent Outreach and Awareness	\$ 90,000
<b>Statewide Evaluation</b>	\$ 225,900		<b>Statewide Evaluation</b>	\$ 225,900	<b>Statewide Evaluation</b>	\$ 225,900	<b>Statewide Evaluation</b>	\$ 225,900
<b>Unawarded (Moved to Carry Forward in SFY16)</b>			<b>Year 1: Short term Investments to use Carry Fwd</b>		<b>Year 2: Short term Investments to use Carry Fwd</b>		<b>Year 3: Short term Investments to use Carry Fwd</b>	
Native Language Preservation	\$ 150,000		Native Language Preservation	\$ 300,000	Native Language Preservation	\$ 300,000	Native Language Preservation	\$ 300,000
Expansion, Start-up/Capital Expense	\$ 500,000		CCHC for non Quality First	\$ -	CCHC for non Quality First	\$ -	CCHC for non Quality First	\$ -
Scholarships non-TEACH	\$ 254,779	\$ -	Summer Transition to Kindergarten	\$ -	Summer Transition to Kindergarten	\$ -	Summer Transition to Kindergarten	\$ -
<b>Total</b>	<b>\$ 6,736,018</b>	<b>\$ 5,438,308</b>	<b>Total</b>	<b>\$ 5,983,051</b>	<b>Total</b>	<b>\$ 5,960,867</b>	<b>Total</b>	<b>\$ 5,697,937</b>
<b>Total Unallotted</b>	<b>\$ 6,445,189</b>	<b>\$ 1,297,710</b>	<b>Total Unallotted</b>	<b>\$ 5,557,172</b>	<b>Total Unallotted</b>	<b>\$ 3,393,628</b>	<b>Total Unallotted</b>	<b>\$ 1,493,015</b>

For purposes of this discussion, regional allocation is based on SFY2015 allocation. After the State Board meeting on July 22, 2014, direction on new fiscal policy may impact regional allocation.

Estimates of carry forward excludes total unawarded and grant expenditures.

For purposes of this discussion, Quality First commitment is based on SFY2015 allotments. The State Board will review and take action on the Program Committee's recommendation for Quality First.



## FY14-FY16 Statewide Strategic Communication Plan Goals

1. Raise awareness of, and build public support for, the importance of early childhood.
2. Position First Things First as a recognized and trusted voice in early childhood.
3. Build awareness of early childhood programs and services, particularly First Things First statewide initiatives and locally supported programs among priority audiences.

## Focus on Engagement

First Things First's community outreach and engagement efforts are directly supported by regional partnership councils and the FTF Board through two strategies- Community Outreach and Community Awareness. The FY14-FY16 Strategic Communications Plan includes a more formalized, deliberate community engagement program that focuses on moving stakeholders to take action on behalf of young kids. Engaging others will help us expand our outreach and awareness efforts.

The work of engagement begins by connecting with and identifying likely supporters and then motivating them to take action through tactics such as sharing success stories or showing the impact of early childhood programs through a site tour. This is followed by providing continual training and tools to support the efforts of these Friends, Supporters and Champions<sup>1</sup>. This three-tier program offers stakeholders an opportunity to be involved at whatever level they feel most comfortable. Specific calls-to-action for each of the three-tiers are employed.

Measurements and benchmarks help us focus our work, track the progress of awareness and engagement efforts and make adjustments as needed, using tactics outlined in this plan. Outreach staff are working toward several benchmarks, including:

1. Individual staff will work to recruit 30 people at the Friend level per month.
2. As a team, move 25% of the total number of Friends recruited to Supporters each quarter (about 22 per quarter regionally).
3. As a team, move 12.5% of the total number of recruited Supporters to Champions each quarter (about 3 per quarter regionally).
4. Secure two referrals per month from a Friend for FTF to present to another group or to share information at an event or with another group or organization.
5. Secure two commitments per month from Supporters or Champions to represent FTF at outside events.

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<sup>1</sup> See FTF FY14-16 Strategic Communications Plan for detailed information on tiered engagement program.

## Regional Priority Audiences:

- PreK/K-12 /Higher Education
- Faith-Based
- Families
- Military/Veterans
- Community Leaders

## ***Tactic: Presentations/Outreach Events***

- Presentations, one-on-one or networking meetings in the community, and attending community events to share information about First Things First and the importance of early childhood health and development to raise overall awareness and recruit Friends, Supporters and Champions.

### **Alignment with State Goals:**

- *Presentations, networking and event participation help to raise general awareness and identify and recruit Friends. Aligned with State Goal #1.*

## ***Tactic: Success Stories***

- Success stories demonstrating the impact of FTF-funded early childhood programs will be developed for newsletter use, media submission, and for distribution by grantees and supporters.

### **Alignment with State Goals:**

- *Stories inspire action. Aligned with State Goals 1, 2 and 3.*

## ***Tactic: Site Tours***

- Site tours of FTF-funded early childhood programs will be organized to demonstrate the impact of early education, health and family support programs on young children. Invitees may include Friends, Supporters and Champions to further their commitment and, if appropriate, other community members and community leaders to raise their awareness.

**Alignment with State Goals:**

- *Site tours are one of the top tactics to motivate people to action. Attendees leave with a greater understanding of the importance of the early years. Additionally, this is a specific engagement “call to action”, moving a friend to a supporter. Aligned with State Goals 1 & 3.*

**Tactic: Earned Media**

- Earned media opportunities will be secured through multiple outlets including radio, television and print media (including local newspapers and newsletters). The purpose is to spread the word of the importance of early childhood, share FTF updates and events and share success stories highlighting the impact of FTF funded services in the lives of children and families.

**Alignment with State Goals:**

- *Earned media helps to raise general awareness and reach broad audiences in local regions. Aligned with State Goals 1, 2 & 3.*

**Tactic: Speaker's Trainings**

- Trainings for Supporters and Champions to empower them to share consistent messages about early childhood and FTF which is fundamental to increasing awareness and engagement across the state of Arizona. The trainings also provide tools to support their efforts.
- The trainings include:
  - Early Childhood, Every Day- *Simple ways to spread the word about early childhood and First Things First in your community*
  - The Write Way- *Writing and Sharing Effective Impact Stories*

**Alignment with State Goals:**

- *Training helps support Supporters and Champions to take action and use key messages that are research-based and used statewide. Aligned with State Goals 1 & 2.*

**Tactic: Informal Networking Event**

- Informal networking events are an opportunity to broaden support among existing Supporters and Champions and help to mobilize and empower them to connect with others who share their interest in early childhood. Key Supporters and/or Champions may be asked to facilitate an informal networking event by hosting an event, planning an event, speaking at an event or inviting friends to an event.

### Alignment with State Goals:

- *Informal networking events helps encourage Supporters and Champions that they are part of a larger effort.*  
*Aligned with State Goals 1 & 2*

## Community Awareness

A variety of educational reinforcement items are used to engage various audiences in the community when presenting, participating in events and conducting trainings.

- Educational Reinforcement items will be given only to individuals who have first received general information about early childhood and FTF.
- The distribution of Educational Reinforcement items will be determined based on the demographic and knowledge of each audience.
- **FTF Supporters, Champions and community partners** who have attended a speaker's training will also be eligible to distribute educational reinforcements, and will work with the **Community Outreach Coordinator** to determine where and how these items will be used.

## Community Outreach: Regional Partnership Council Role

1. Provides input and expertise in the development of the community outreach plan.
2. As our highest-level Champion, works with **Regional Directors** and **Community Outreach Coordinator** to attend and/or present at local events, media opportunities, etc.
3. Provides ongoing feedback and guidance to both the **Regional Director** and **Community Outreach Coordinator** for leads, next steps, and recommendations for the successful implementation of the Community Outreach and Awareness strategies.

To assist Regional Partnership Council members with conducting outreach and awareness, Community Outreach Coordinators offer the following trainings/tools:

- Early Childhood, Every Day- *Simple ways to spread the word about early childhood and First Things First in your community*
- The Write Way- *Writing and Sharing Effective Impact Stories*
- Access to collateral and educational reinforcement items