Make Kids Count

Giving Babies a Smart Beginning

Children's Action Alliance

Southwest Human Development

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Children's Action Alliance and Southwest Human Development are grateful to the members of the Smart Beginnings steering committee for their leadership, dedication, and guidance on this important project.

Children's Action Alliance (CAA) is a nonprofit, nonpartisan, research, education, and advocacy organization dedicated to promoting the well-being of all of Arizona's children and families.

Southwest Human Development (SWHD) is a nonprofit, community-based, service organization committed to providing a continuum of quality direct services to children and families.

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Children's Action Alliance and Southwest Human Development have partnered to create the Smart Beginnings project. The Smart Beginnings project brought together a steering committee comprising community, business, religious, and government leaders to raise awareness of the importance of ensuring that all Arizona children reach adulthood having experienced a healthy and nurturing early childhood. The goals of the Smart Beginnings project include the following

- Increase public awareness and parent education about early childhood development and family support resources;
- Identify, link, establish, and expand a public/private family support system, which includes a continuum of services ranging from universal services to additional selective services for all families with young children;
- Improve the quality and increase the availability of infant and toddler child care.

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Introduction

New research on the brain has confirmed that nurture is just as important as nature when it comes to child development. At birth, the human brain is not fully developed. In the first few weeks, months, and years of life, as a child's brain takes in millions of sights, sounds and experiences, the brain becomes more organized, children begin to make sense of the world around them, and they develop vision, language, and thinking skills. Because of this explosive brain growth and development, early childhood is the developmental "prime time." What children learn in the first few years—for better or worse—can affect the rest of their lives.

For too many Arizona children, the early years are tough ones. High poverty rates, lack of health insurance, and poor quality child care all contribute to poor outcomes for Arizona children. Parents have the most responsibility and greatest opportunity to raise healthy children. But parents are not the only influences on children. Grandparents, family members, friends, neighborhoods, child care, schools, peers, and the news and entertainment media all influence the well-being of children.

The network of support services for Arizona parents is underfunded, uncoordinated, and weak. Programs are small, lack coordination, and too often are of poor quality. We are missing the opportunity to build our own future by rejecting the developmental prime time of early childhood. By working to strengthen and expand the network of resources for parents with young children, we can dramatically improve the health and well-being of our next generation.

An ideal system of support that gives parents and other caregivers the tools they need to help children grow up healthy and strong has the following characteristics. It is:

- comprehensive in its approach to serving families in order to meet families' individual needs.
- stable, so that families have continuity in services and care providers.
- flexible in its approach, building on the strengths of each family, ensuring families get the services they need, when they need them, in a manner that's most convenient for them.
- high quality, allowing personal contact with families by trained personnel who can answer questions, provide services, and refer families to additional services and resources.
- coordinated statewide, linking public and private services, and providing oversight and accountability.

Early childhood presents a great opportunity to help each child grow up healthy, emotionally stable, and well educated. While parents naturally have the greatest responsibility for the important task of raising the next generation of students, workers, and community leaders, they cannot do it alone. Family members, employers, teachers, community leaders, and public policymakers all have a role to play in giving all of Arizona's children a smart beginning.

The Brain

Scientists used to believe that most of the brain's "wiring" was genetically programmed. Now they realize that nurture is just as important as nature in the realm of brain development. While genes play an important role, genetic endowment may be either enhanced or diminished by early experiences. Recent scientific research concludes that 90 percent of brain development occurs between birth and age three. At birth, the human brain is not developed. Newborns start out with about 100 billion neurons (brain cells), which are the basic building blocks of the brain, and about 50 trillion synapses, or connections, among them. In the first year, the number of synapses increases to 500 trillion.[1]

These neurons, while initially undifferentiated, gradually start to be shaped by the baby's environment. They begin to link together and start firing messages from one to the other, as children try to make order of the world around them. It is during this critical stage that children develop vision, language skills, and emotion.

Vision: Babies can see at birth, but objects are fuzzy. As a child's brain develops, brain cells begin to align, which brings images into sharper focus. This enables a child's brain to memorize images and begin to attach meaning to sights. Unless a child's vision system is exercised by providing her with a variety of objects to look at, at a variety of distances, the visual system will not fully develop.

Language: Even before birth, babies are listening to the sounds around them—their mother's heart beat, their parents' voices. Language development research now indi-

cates that children begin to listen for the basics of language—vowel sounds—in their first few days of life. Research also indicates that a broad vocabulary and ability to learn are correlated with how much a parent talked to a child as an infant.

Emotions: One of the most important and complex areas of development is emotions. From birth, infants are gauging if their actions get a reaction from parents and others. They are constantly assessing if a cry for food or comfort is ignored or lovingly answered. When infants are responded to in a predictable and loving way, they develop assurance that their basic needs will be met. This allows them to leave the search for basic needs behind and explore and learn new skills. Infants who are not able to establish secure relationships in these very earliest months and years may have difficulty interacting with people and forming secure relationships, and may not be able to develop healthy cognitive and social skills.

During the early years, a child's brain will form more synapses than it needs. The brain will later eliminate about half of those synapses, thereby making the remaining connections more efficient. The remaining connections are the ones that were frequently used during early childhood. The brain works on a 'use it or lose it' basis, and the positive and negative experiences young children have during the first few years of life will influence how their brains will be wired as adults.[2]

A child's brain functions are shaped by his or her environment—taking in experiences from the environment and storing them for future use. This is true for both good and bad experiences. In the same way that warm, loving experiences create trust, harmful and neglectful experiences may create mistrust. Research indicates that if a child experiences repeated violence, the physical structure of the brain may be altered and the imprinting of violence can be seen in physical and emotional responses to stress.[3]

Early Childhood in Arizona

While many Arizona children get off to a good start, too many are at risk of developmental delays, health problems, and educational failure. Parents, as a child's primary caretakers and teachers, have a great influence on their child's life. However, parents do not raise children alone. They rely on family, friends, and community institutions for support and guidance. Arizona's system of support for young children and families is underfunded, programs are small, the network lacks coordination, and too often programs can be of poor quality.

CHILDREN AT RISK

When children don't get the care they need during developmental prime time, or if they experience trauma, abuse, or neglect, their brain development may be compromised. Risk factors include poverty, poor health, exposure to environmental toxins, lack of educational stimulation, substance abuse, and trauma.[4]

Poverty: Over the past decade, Arizona has been among the nation's leaders in job and economic growth, with one of the highest job growth rates in the nation. Despite the fact that our state is prospering and jobs are being created, more than one in five children live in poverty—giving us the 12th highest poverty rate in the nation.[5]

Ensuring economic security for our children and their families is critically important because of the wide ranging impact of poverty. Children growing up in poverty are less likely to do well in school, more likely to have health problems, and more likely to be exposed to violence.[6]

In comparison with non-poor children, children growing up in poverty are

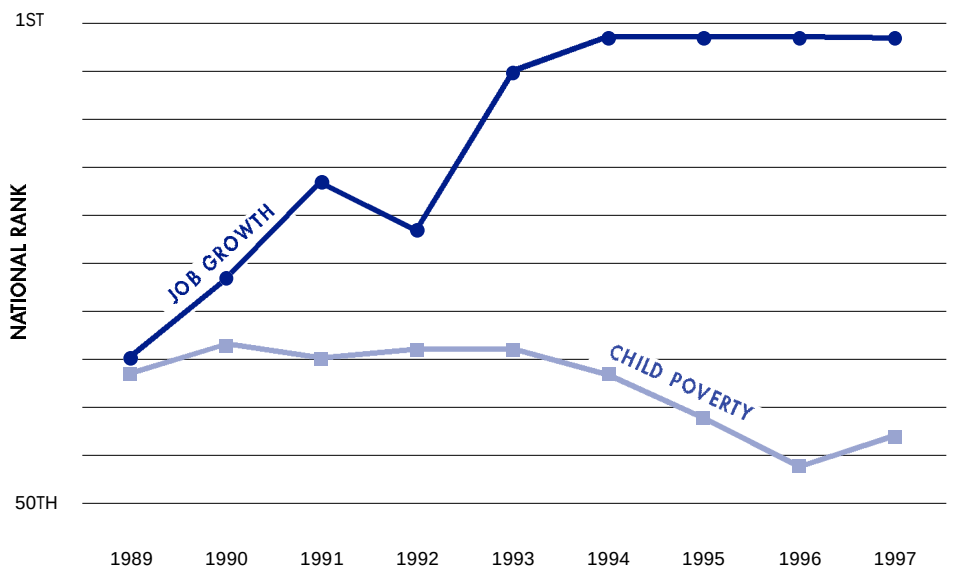
- 1.4 times as likely to have a learning disability
- 1.8 times as likely to report being in fair to poor health
- 2.2 times as likely to drop out of school
- 6.8 times as likely to be reported abused or neglected
- 9.9 times as likely to experience hunger.

Poverty is not the only risk factor faced by Arizona children. Arizona ranks 41st out of the 50 states in terms of general measures of child health, education, safety, and overall wellbeing.[7]

Health

- 7% of births did not receive adequate prenatal care in 1998
- 6.6 infants per 1,000 births died before their first birthday
- 7% of infants were born with low birth weights in 1999
- 22% of two-year olds were not fully immunized
- 44 girls aged 15-17 per 1,000 had a baby in 1997—giving Arizona the 5th highest teen birth rate in the nation.[8]
- In 1999, 22% of Arizona children lacked health insurance, ranking Arizona 5th worst in the nation.[9]

CHILD POVERTY AMONG WORST
WHILE ARIZONA LEADS COUNTY IN JOB GROWTH



Education

- One out of four children in the fourth grade could not read at proficient levels according to the 1998 national reading test.
- In 1999, 35,637 children dropped out of Arizona schools[10] giving us one of the highest percentages of youth ages 16-19 who are high school dropouts.[11]

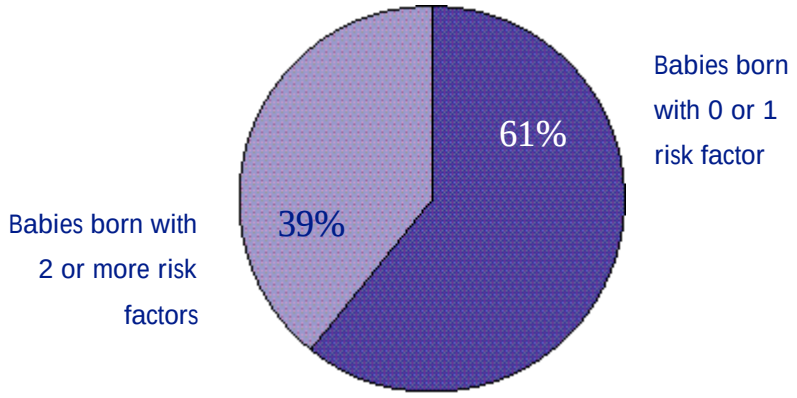
Multiple Risk Factors Some Arizona children face multiple risk factors. The greater the accumulation of risk factors, the worse the consequences for children. For example, growing up in poverty is a serious risk factor. Moreover, poor children, who live with a parent with a substance abuse problem are at greater risk of facing barriers to success.

Facing multiple risk factors is especially detrimental to the well-being of young children. Research has found that the more risk factors that are present when children are young, the greater the threat to overall child well-being and the more critical protective factors become in warding off irreparable consequences.[12]

While there are a variety of ways to define risk factors, one particularly useful measure is examine the income, educational background, age and marital status of mothers when their babies are born. All families with young children face stress. However, a family at risk, such as one in which the mother is a teen, is single, has not completed high school, or is poor, faces additional stress and barriers to success.

As the following chart portrays, more than one out of every three Arizona infants were born to families with two or more risk factors.

ARIZONA FAMILIES AT RISK, 1999



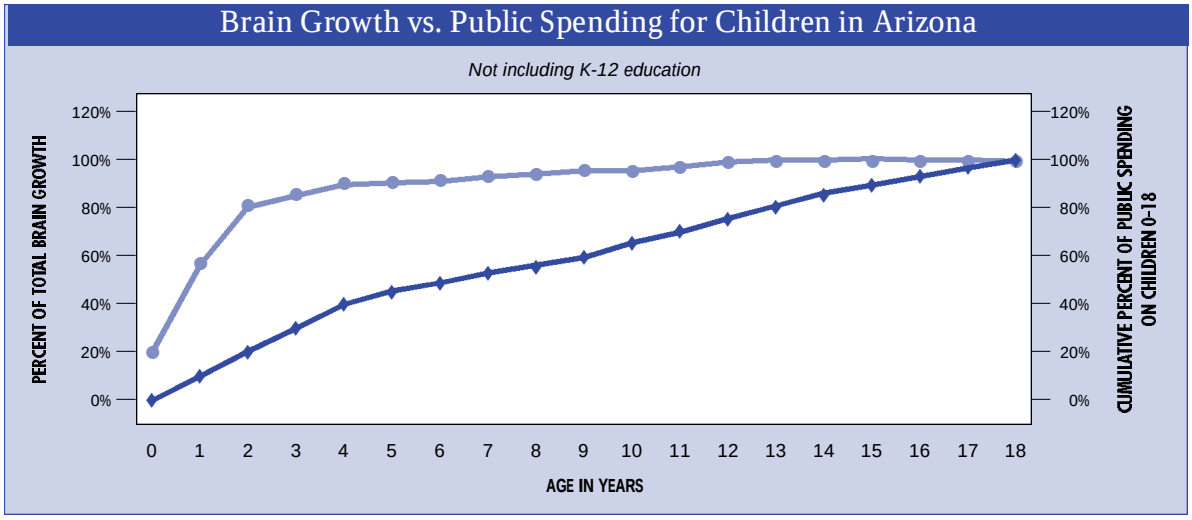
Risk factors include: mother not married, mother under age 20, mother with less than 12 years of school, and AHCCCS paid for birth.

INADEQUATE EARLY CHILDHOOD SYSTEM

Arizona's current network of programs and services for families with young children does not adequately take advantage of the opportunities presented by early childhood. There are several major shortcomings including a lack of funding, small and narrowly focused early childhood programs, a lack of coordination among programs, and programs that struggle to achieve even moderate levels of quality. These factors together indicate two problems. First, the early childhood network in Arizona is not prepared for the challenges presented by families in need nor able to take advantage of opportunities presented in a child's earliest weeks, months, and years. Second, no one entity is charged with taking on the task of addressing these issues and making sure that future generations of children get off to a better start in life

Inadequate Resources: Funding for prevention programs often takes a back seat in the state budget process. The underinvestment in early development in Arizona is illustrated by comparing stages of a child's brain development to public spending on children.

As the following chart illustrates, public spending on children in Arizona lags behind brain growth.[13] Brain research tells us that by age three, a child's brain has grown to 90 percent of what it will eventually grow to be. However, our public expenditure system waits until children are nearly 16 years old before we spend 90 percent of what we will eventually spend on children. To really take advantage of early childhood development opportunities and help all children get off to the right



start, Arizona should invest more in our children earlier.

Small Early Childhood Programs: Because of limited resources, programs for Arizona's youngest children are often times small-scale, short-term, and narrowly targeted pilot programs that result in gaps for families who fail to qualify for assistance. For example, Health Start is a voluntary program that uses lay health workers to reach out to high-risk pregnant women, children, and their families. Through home visits and group classes, the program helps some pregnant, at-risk mothers obtain health care and provides them with information about nutrition, preventive health care, child development, and immunizations. Services begin before a child's birth or during the postnatal period and may continue until a child reaches age two. In 1994, the Legislature launched Health Start as a pilot program that served about 1,000 women in seven program locations. The program lost public funding in 1998 but was reinstated by the legislature in 1999. At that time, Health Start served 2,500 women in eight locations throughout the state.

Similarly, the Arizona Department of Education's Family Literacy program is another example of a small prevention program that receives limited support. The state's Family Literacy program and its federally funded counterpart Even Start work to build reading, learning, and language skills among parents with preschool age children. Working intergenerationally, these programs work with children and their parents separately and help parents and children work together to reinforce and develop literacy skills. This program currently serves about 800 children in 40 sites across the state.

Lack of Coordination: A significant problem in Arizona is a lack of a comprehensive and systematic approach to providing supports to parents with young children. No entity exists in Arizona that has the responsibility for planning, promoting, developing, and evaluating such supports. The responsibility that does exist is divided among various state agencies. As a result we have a hodgepodge of disconnected programs that overlap in some instances and leave critical gaps in other instances.

Where does the leadership come from to evaluate which home visiting programs work? Who is responsible for developing child care programs in disadvantaged parts of our cities or in rural areas? Who is responsible for thinking through the complex strategies to fill the gap between the cost of quality child care and the reality of most family budgets? These questions have no clear answers.

Lack of High Quality Care for Children: While parents have a significant influence on children's development, other adults, particularly the people who care for children when parents are working, also have an influence on children.

Research on the impact of child care has illuminated the relationships between child care quality, worker training, and child outcomes. While each of these

Health Start is one of the prevention programs that has been found to have a positive effect. In a comprehensive program review, the Arizona Auditor General found when families participated.

- There were fewer low-birth weight births;
- More mothers received adequate prenatal care; and
- 90% of children participating in the program were fully immunized.

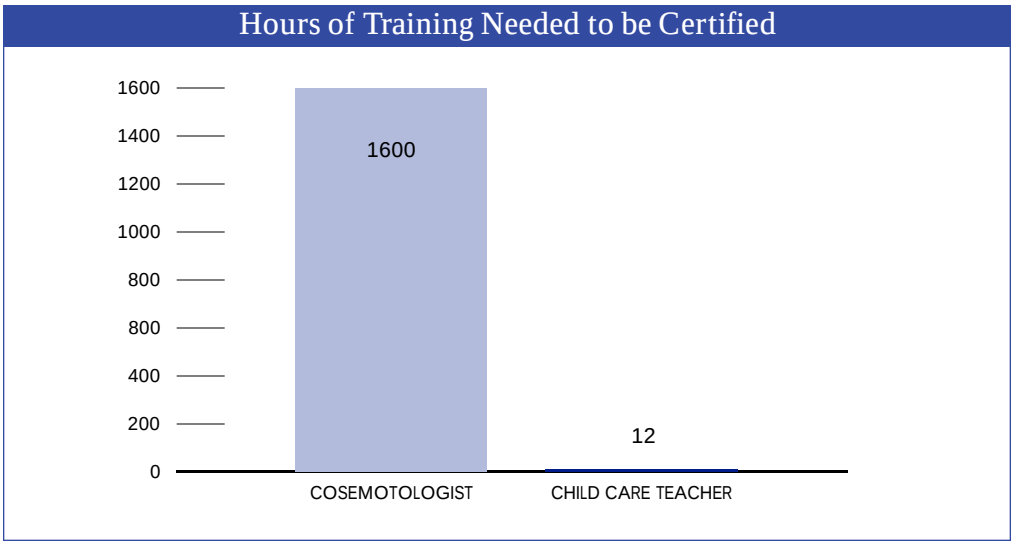
In addition to these positive outcome for children and families, the Auditor General also found that 75% of the costs for prenatal care were returned in the short term due to fewer health problems among children.[14]

properties can be difficult to measure, research consistently finds that children who have high quality child care arrangements have fewer behavioral problems, are better prepared to start school, and have more language skills.[15] In particular, child care providers with more education and training have a positive impact on child performance, cognitive skills, and adjustment.[16] Children who attend centers with smaller child-to-adult ratios have been found to have better language skills [17].

Unfortunately, too many child care arrangements in Arizona only meet minimum standards designed simply to protect children from harm. Too few programs achieve the higher standards that give children the opportunity to grow and develop. For example:

- Arizona does not meet recommended child to teacher ratios for any age group.[18]
- Arizona does not require providers who care for children in their home to have any training nor does it require a child care teacher to have any prior training.
- Only 39 percent of Arizona's child care centers require more than a high school diploma or GED to be a child care teacher.[19]
- Child care teachers need only complete 12 hours of training within their first year of teaching as compared to cosmetologists, who are required to complete 1,600 hours of training to be certified.[20]

While these are only cursory measures of quality, they do provide a sense that many care providers lack training and are inadequately prepared to make the most of the developmental opportunities in early childhood.



Goal: Improving the Lives of Young Children in Arizona

Brain research helps all of us better understand just how important the earliest years are. Parents have the primary responsibility, and the most direct opportunity, to successfully raise the next generation of learners, workers, and citizens. However, as any parent will describe, this is not a job they can do alone. All parents need support—to a lesser or greater degree—to make sure their children grow up healthy and well educated.

Far too often the systems of support for Arizona families do not take full advantage of the opportunities presented in early childhood. If we want our children to live up to their potential, we must work to create a system of support—a Smart Beginnings system—for families with young children. Such a system would be

- comprehensive in its approach to serving families in order to meet families' individual needs.
- stable so that families have continuity in services and care providers.
- flexible in its approach, building on the strengths of each family, ensuring that families get the services they need, when they need them, in a manner that's most convenient for them.
- high quality, allowing personal contact with families by trained personnel who can answer questions, provide services, and refer families to additional services and resources.
- coordinated statewide, linking public and private services, and providing oversight and accountability.

To achieve the goals of the Smart Beginnings system of support for families

States Across Nation Work to Promote Early Childhood Development

North Carolina's *Smart Start,* started in 1993, provides family literacy programs, transportation services, home visiting programs, child care, and parent education for families with children under age six. Governor Jim Hunt championed the program, which established a state-level, private, nonprofit entity to develop goals and outcomes for *Smart Start* programs and to oversee and coordinate activities of local boards. Counties receive funds from the state through a competitive grant application process. To qualify for grants, counties must establish private, nonprofit partnership boards at the local level to govern and coordinate local programs. Local boards develop the plans for collaborative child and family development services for their communities. Local boards must match 10 percent of the annual state appropriation with private funds. The *Smart Start* program receives $127 million in state funds and an additional $30 million in private funds annually.

California voters passed Proposition 10 in 1998, which established the Children and Families First Program. Proposition 10 enacted a 50-cent tax on cigarettes and tobacco products and is expected to raise $750 million annually for child development programs. A state commission will be created to formulate guidelines for early childhood development programs, distribute educational materials, conduct research and evaluations, and provide technical assistance. County commissions will be created to develop strategic plans for implementing new programs in communities throughout the state.

Minnesota's *Early Childhood and Family Education Program* offers parenting education groups, play and learning opportunities for children, parent-child activities, family events, home visits, health and developmental screenings, information on community resources, books, toys, and other learning materials to families with children from under age five. Minnesota provided $35 million in fiscal year 1997-1998 for this program. The state spends an additional $10.3 million on its *Learning Readiness Program* that provides child development programs to three and four year olds to ensure they enter school ready to learn.

Georgia's *Voluntary Pre-Kindergarten Program* serves four-year-olds in classroom and home-based settings throughout the state. In the 1997-1998 school year the program was funded at $211 million and served 60,000 children. In addition to its pre-kindergarten program, Georgia spends an additional $5 million to screen newborns for specific risk conditions, provide in-home assessments and referrals to needed services, and offer follow-up services to families.

Florida provides 27,000 low-income three and four year olds in school districts across the state with *Pre-Kindergarten* services. In addition, Florida's *Healthy Start* program provides health and developmental screenings, parent education, case management, home visit, and service referrals to pregnant women or families with infants up to age one. Local Healthy Start Coalitions design and monitor service delivery systems and advocate for maternal and infant health services. In 1997, Florida spent $97 million on pre-kindergarten and an additional $318 million in the Healthy Start program.

Connecticut's *School Readiness and Child Care Act* funds local, collaborative councils to provide child care and preschool education to low-income three and four year olds. Appropriations for fiscal year 1999 totaled $40 million. Connecticut spends an additional $6 million for family resources including parent education, family literacy, child care, and family support and referral services for families with young children.

Virginia's *Preschool Initiative* offers full-day early care and education, comprehensive child health and social services, and transportation to families with four-year-olds at risk. During the 1996-98 fiscal biennium Virginia spent $46.6 million in state funds in addition to a required local match to support this effort.

Source: Jane Knitzer and Stephen Page, *Map and Track: State Initiatives for Young Children and Families*, National Center for Children in Poverty, Columbia School of Public Health, New York, NY, 1998 edition.

with young children, a continuum of support services need to be developed. This continuum recognizes that all parents can benefit from information and support and that some families need more intensive services than others.

SMART BEGINNINGS: SUPPORTS FOR ALL FAMILIES WITH YOUNG CHILDREN

Parents are responsible for life's most important job: raising the next generation of citizens. All families need help to raise their children. This help comes in the form of family members or friends, doctors or other medical professionals, religious leaders, and community services. The following is a list of the kinds of supports that all Arizona families need in their local communities to help them raise healthy, well-educated, and emotionally strong children.

Information on Community Resources: Every new parent has questions—Why is my baby crying? Am I feeding too often or not often enough? When will my baby sleep through the night?

While many communities are full of formal and informal support services to help answer these questions, parents are often confused about where to turn for information. They may be familiar with "hot-lines" or "toll-free information numbers" but too often these resources only have information on select kinds of services—only information on health care or child care, for example. However, when parents have questions, they need to be able to call one number that can help them find a variety of resources. Similarly, when a parent reaches out to a community service provider, it would be helpful for that provider to know about other resources in the community. This broader scope of support would reduce the frustration faced by parents when they are told to call one phone number after another as well as provide tools to community members as they seek to inform each other and parents about available resources. Examples of the types of information families may need include information about preparation for parenthood, pregnancy and delivery, child development, nutrition, breast feeding, health and safety, family relationships, health care providers, and child care.

Comprehensive Prenatal Care: Giving children the best start in life begins with the care their mothers receive before they are born. Mothers who receive regular prenatal care stand a much better chance of delivering healthy, full-term, normal-weight babies than mothers who do not.[21] Prenatal care should include early and continuing risk assessment, health education and promotion, medical and social support services, and medical treatment for at-risk conditions.[22] Prenatal care should begin in the first trimester and continue regularly throughout pregnancy. The intensity and timing of these visits will depend on the needs and specific risks of each pregnant woman and her family.[23]

Because prenatal care is so important to infant and maternal health, all women expecting a child should have access to comprehensive prenatal care. To ensure

Supports for All Families

- Information on Community Resources
- Prenatal Care
- Newborn Health and Child Development Screenings
- Well-Child Care
- Quality Child Care
- Parent/Child Play Groups

that pregnant women get the prenatal care they need, we must address barriers to care including inadequate insurance coverage, lack of services in the local community, cultural or language barriers, lack of transportation and child care, and negative or ambivalent feelings toward pregnancy.

Newborn Health and Child Development Screenings: A health screening administered to all babies at birth is an excellent way to detect vision and hearing impairments as well as metabolic disorders. Developmental screenings, given to babies within their first few months of life, can detect emerging developmental delays. Early detection of risks gives parents the opportunity to treat the problems before they worsen by seeking proper medical attention and early intervention services for their children.

Regular Well Child Visits: Regular medical care is essential to healthy child development. All children, regardless of income, geographic, and cultural barriers, should have access to consistent and appropriate medical care. The American Academy of Pediatrics recommends that children have nine well child visits as well as a series of immunizations by age two.[24] In order to ensure that all Arizona children receive needed well child care, barriers need to be addressed, including lack of health insurance, lack of transportation, lack of health care facilities and services in remote and rural areas, inconvenient office hours that do not accommodate parents' work schedules, and language barriers. Working to overcome even some of these barriers will go a long way to getting children the preventive health care they need.

High Quality Child Care: High quality child care is that which is provided in a safe, caring environment, where infants and toddlers receive individualized attention and are regularly played with and nurtured. To achieve this level of one-on-one attention and quality care, each caregiver should be responsible for caring for only a small number of children and should be well trained to meet the individual developmental needs of children. Whether that care provider is a family member, trusted friend or neighbor, a home care provider or licensed child care provider, the most important element to a quality care environment is a trusting, secure relationship between young children and the adults in their lives.

Parent/Child Play Groups: Parent/child play groups offer parents the opportunity to not only bond with their children in a safe secure environment, but also allow them to interact with other parents and share experiences and information. Such play groups often act as an invaluable support system for parents who may be isolated and have questions or concerns about the health or development of their children.

SMART BEGINNINGS: SUPPORTS FOR AT-RISK FAMILIES WITH YOUNG CHILDREN

While all families need help raising young children, some need additional, and often times more intensive, levels of support. These parents—due to multiple risk factors including poverty, being a single or teen parent, ill health, lack of education, mental illness, and stress—can put themselves and their babies at risk of harm.

While these parents and their children may be at risk, research indicates that the presence of "protective factors," such as positive caregiving styles of parents, the presence of other supportive adults, and opportunities to achieve, can avert long-term, negative consequences and promote positive outcomes for children. The following provides a list of the kinds of support that at-risk families may need.

Assessment of Needs: Families should have access to a comprehensive family needs assessment. A voluntary needs assessment is beneficial in identifying family strengths and weaknesses. Needs assessments can be performed by a variety of health or social service professionals in the community. Once a family's specific needs are identified, an array of services can be offered that would help meet the needs of the family and help to minimize risk to young children.

Health and Community Resources: Families with multiple risk factors may need more intensive services than families with few risk factors. These high risk families, already coping with problems and stress, may need health and social service providers or family mentors to help them find and obtain specific services. Because these parents may need to address multiple problems, services should be linked and coordinated to reduce confusion and maximize service delivery.

Specialized Parent Education: Based on the specific problems and issues that an at-risk family is addressing, specialized programs of education and support should be available. These programs may build on existing resources, coordinate services to make it easier for parents to navigate service options, and work towards overcoming the barriers to success faced by at-risk parents with young children. This kind of specialized parent education and service helps to ensure that each family receives exactly the kind of support they need and aren't provided with "cookie-cutter" services that work on problems they do not happen to be facing.

Home Visiting: Families should have the opportunity to receive some services in their own home. The voluntary home visiting approach has been found to be a successful way of identifying needs of at-risk families, teaching parenting and life skills, and encouraging appropriate child development in non-threatening surroundings.

This chart on page 23 illustrates the range of services that all families need as well as the selective services that at-risk parents and their children may need by different age groupings. For example, in the "pregnancy stage" all expecting parents should

Supports for At-Risk Families

- Assessment of Needs
- Health and Community Resources
- Specialized Parent Education
- Home Visiting

have access to parenting information and prenatal care. During that same stage, at-risk parents may need more specialized parent education and support services as well as links to health and community resources to help prepare them for parenthood.

SMART BEGINNINGS
ESSENTIAL COMPONENTS OF A FAMILY SUPPORT SYSTEM
Prenatal Stage to Three Years Old

SCOPE OF SMART BEGINNINGS

UNIVERSAL

SELECTIVE

	PREGNANCY STAGE	NEWBORN STAGE	INFANT/TODDLER STAGE
OUTREACH	• Accessing Community Resources & Information	• Accessing Community Resources & Information • Personal Contact (Hospital or Home)	• Accessing Community Resources & Information
PARENT SUPPORT	• Parent Information - Preparation for Parenthood - Pregnancy & Delivery - Stages of Growth & Development - Nutrition & Breast Feeding • Health & Safety • Community Resource Information & Referral	• Parent Information - Early Stages of Growth & Development - Health, Safety & Immunizations - Nutrition - Parent-Child Interactions - Family Relationships • Community Resource Information & Referral	• Parent Information - Literacy - Stages of Growth & Development - Nutrition - Health & Safety - Parent-Child Interactions - Family Relationships • Community Resource Information & Referral
HEALTH	• Prenatal Care	• Newborn Health/Developmental Screening	• Regular Well-Child Visits - Immunizations - Child Development Screenings
SPECIAL SERVICES (for additional needs)	• Specialized Parent Education & Support • Home Visiting • Links to Health & Community Resources • Assessment of Family Needs	• Specialized Parent Education & Support • Home Visiting • Links to Health & Community Resources • Assessment of Family Needs	• Specialized Parent Education & Support • Home Visiting • Links to Health & Community Resources • Assessment of Family Needs

Action Agenda: Parents, Community Members, and Policymakers Working Together

To reach our goal of ensuring that all Arizona children grow up healthy and well educated, we must start early. Parents play the most major role in the healthy development of children—teaching them language, encouraging curiosity, and providing love and security. However, parents are not the only influence on children. Each of us—parents, community members, public policymakers—has an important role to play in making sure that our children get off to the best start in life. We must work together to ensure that families are strong, and that communities are able to support parents.

WHAT PARENTS CAN DO

Parents have one of the most difficult jobs—raising the next generation of students, workers, and community leaders. While state policymakers and community leaders can work to help parents in this important job, at the end of the day raising healthy, well-educated children is still parents' responsibility. To take advantage of the great opportunities presented by early childhood, parents can

- Get information on programs of support in their community.

- Ask trusted family members and community resources for help when feeling overwhelmed.
- Make sure that their young children see medical professionals regularly.
- Make sure that their children receive all of the appropriate immunizations.
- Learn more about early learning and the quality of child care in their community.

WHAT COMMUNITIES CAN DO

Community members—including community leaders, community-based agencies, employers, health care providers, and hospitals, faith-based institutions and other agencies serving families—have an important role in improving early childhood opportunities for families. These community members can identify needs, create a system of care that meets local needs, and reach out to families and encourage them to participate in high quality early childhood programs.

Business and Community Leaders and Philanthropic Organizations: Business and community leaders and philanthropic organizations make a substantial impact upon community service providers by taking leadership roles in identifying issues faced by families with young children and by working together to create community-based solutions. To best support families and local service providers, business and community leaders and philanthropic organizations can

- Participate in local boards.
- Donate time and expertise.
- Act as spokespersons for local organizations and agencies and promote the services they provide.
- Donate money to initiate, establish, and maintain family support services.
- Adopt an agency that provides family support services, or sponsor a component of a family support system by providing financial, in-kind, or technical assistance.
- Fund public awareness activities.
- Support employees' volunteer efforts, and/or establish mentoring projects.
- Work to remove zoning restrictions that limit family child care in neighborhoods.
- Promote information sharing at neighborhood co-ops.
- Encourage family friendly workplace policies and paid family leave.
- Explore and promote innovative private funding sources.

Community-Based Agencies: Community-based agencies are the core of a strong, local system of support for families with young children. However, these programs are weakened by continual resource shortages and staff turnover. A steady, sufficient funding stream is one way to ensure that these community assets are able to do their job. Community-based providers must also engage in efforts to improve the quality of services and to deliver them more efficient-

ly. For example, existing and new service providers should

- Link to other community-based agencies to provide direct services to families.
- Integrate programs and services.
- Establish community centers that offer resources, information, and services for families with young children.
- Host intergenerational programs for community members.

Employers: A healthy, stress-free employee is one of the ingredients to workplace success. Employers can play an important role in helping their employees with young children, as well as other parents with young children in the community, to remain healthy, reduce family stress, and get information and needed support services. For example, employers could

- Offer flexible and changeable benefit packages to employees that would allow employees to select from a variety of benefits, including child care.
- Use an annually allocated pool of funds to pay for benefits.
- Create family leave plans (maternity/paternity) for employees that include gradual transition time back to work, flexible schedules and part-time work, and financial assistance with sick child care.
- Ensure that health care and dental benefits cover all family members.
- Encourage employees to volunteer services for community-based service providers.
- Adopt or sponsor community-based agencies or services.
- Encourage small businesses to pool resources in order to provide employee benefits, including health insurance and child care.

Health Care Providers and Hospitals: Arizona hospitals and health care providers are on the front lines in providing prevention services for families with young children. They are in an excellent position to identify a family's needs early and to provide them with information about their babies and about available services within the community. Hospitals and health care providers can

- Dispense child development information (including information about follow-up services) to parents in the hospital after the birth of a child.
- Schedule the first well-child visit prior to hospital discharge.
- Make follow-up phone calls/home visits to families with newborns after they leave the hospital.
- Incorporate developmental specialists into pediatric primary care settings.
- Offer group well-child visits that allow parents to share ideas with other parents, serve multiple children in one setting, focus on age-appropriate development, provide immunizations and basic physical examinations, and

allow doctors to address problems and answer questions.

- Identify parental concerns before a visit takes places to maximize in-office time.
- Provide temperament assessments of children and follow-up services to help parents learn how to best meet the developmental needs of each of their children.
- Provide a child development support hotline.
- Track the results of referrals.

Religious Institutions: Religious institutions and their members are often the first to respond when a family is struggling. These organizations can help to identify families in need and provide them with support that helps to strengthen the family. For example, a faith-based organization could provide

- Marriage preparation counseling.
- Family planning and management.
- Family support groups and parenting counseling and education classes.
- Affordable, quality child care and preschool programs.
- Recreational activities for families.
- Information on resources in the community.

The Media: As the "watchdog" of society, the news media play an integral role in educating the public about the needs of Arizona families. During the past year alone, the Arizona news media covered stories about child abuse and neglect, the lack of quality child care in Arizona, and the failure of the state to meet even the basic needs of children and families, such as health insurance. The media can promote the institutionalizing of prevention by continuing its coverage of issues that affect families, by encouraging local communities to support their families, and by directly sponsoring family support services. For example, the media can

- Cover issues that affect families with young children, such as quality child care, child development, and family health care.
- Bring to light the problems faced by families with children in this state.
- Assist community-based service providers by sponsoring, printing, and broadcasting parent education messages and information.

WHAT POLICYMAKERS CAN DO

There are many ways that state policymakers can work to ensure that all Arizona children get off to a good start in life. We call on lawmakers to

- Take leadership roles in promoting prevention, develop a plan of action that takes advantage of new brain research and create a state system of prevention services.
- Raise standards and improve quality of and access to early childhood programs and family support services.

MEASURING PROGRESS—BENCHMARKS FOR ARIZONA'S YOUNGEST CHILDREN

In order to ensure that we are making progress toward improving outcomes for young children, benchmarks should be set and monitored. Some indicators of outcomes for young children already exist, including

- Percent of infants born who receive adequate prenatal care;
- Percent of low birth-weight babies;
- Infant mortality rate;
- Percent of two-year-olds who are immunized;
- Percent of young children living in poverty;
- Percent of young children without health insurance.

In addition to these indicators, we need to examine other benchmarks of progress, including

- Percent of infants who receive metabolic screenings at birth;
- Percent of young children with developmental delays who receive prevention and intervention services;
- Percent of at-risk families able to receive family support, parenting, or home visiting services;
- Percent of young children in high quality child care environments.

In addition, "positive" indicators should be created that chart the progress of children under age four. Examples of positive indicators include

- Percent of children living in families who have overcome poverty;
- Percent of children living in two-parent households;
- Percent of young children who are regularly read to;
- Percent of families with young children that have strong support networks;
- Percent of formerly uninsured children who are now insured.

- Provide significant new funding to ensure that all children receive the prevention and early care services they need.

Leadership: Achieving the goals we have for young children and their parents, making significant changes in the way programs are structured and operated, and putting the resources behind these efforts will take leadership from state policymakers in Arizona. State policymakers should

- Establish a "focal point" within the Executive Branch to coordinate current efforts and develop improvements. This focal point could be housed in a current state agency or office or be established as a cabinet-level coordinating committee or office.
- Work together to develop a detailed strategic plan to improve early childhood opportunities, including implementation steps and cost estimates.
- Formally establish a commission comprising business and community leaders at the state level. This commission would have the overall mission of promoting family support and preventing childhood problems and could be charged with the following:
- Establishing overall system requirements and guidelines (e.g., required service components, local collaborators and linkages; definition of community; priorities and criteria for distribution of funds; amount of private and/or local funds; etc).

- Establishing qualitative standards for services.
- Distributing funds to local collaborations based on needs assessments and plans.
- Consolidating and distributing current state resources as part of Smart Beginnings.
- Determining which activities require a single coordinating entity at the county level.
- Adopting and tracking benchmarks and outcome measures.
- Evaluating the effectiveness of prevention services.
- Promoting innovation and quality by providing information and technical assistance to build community capacity.

Standards: A primary role for policymakers is to ensure that programs meet high standards and that there are few barriers that prevent parents with young children from accessing high quality programs. Unfortunately, many programs for young children and their families are of low quality and do not meet national standards of excellence. Where high quality programs do exist, they are small and often out of reach for the very families that need them the most. State policymakers should

- Identify and make improvements to current programs (develop linkages, change statutes, etc) and expand child care that is "linked" to health and family support services.
- Establish a statewide training and credentialing system for infant and toddler caregivers. Require caregivers to complete training before caring for young children.
- Establish "best practices" guidelines for all types of early childhood services.
- Reward higher quality care environments by providing support for informal care by expanding "Kith and Kin" networks and providing incentives for credentialed caregivers to remain in the field (e.g. bonuses, wage supplements, etc.).
- Establish requirements that provide consumer protection for small home-based child care, including criminal and child abuse clearances and complaint tracking. Improve minimum staff to child ratios in centers (currently 1:5 for infants, 1: 6 for one year olds; and 1:8 for two year olds) and group size standards.
- Increase affordability by: increasing the maximum child care subsidy amount to cover the current costs of 75% of the child care providers (the current maximum is based on 1996 market charges); expanding the income eligibility level for the state's subsidy (currently $23,300 for a family of three); and providing a refundable tax credit for child care expenses.

Funding: Taking advantage of new opportunities, re-tooling existing programs, and increasing quality and accessibility will require new financial resources. Without additional resources, Arizona would simply be calling for higher standards without giving community leaders the real tools to achieve higher goals. State policymakers should

- Identify targeted fund sources (e.g. federal, general fund, local, foundations, donations, etc.) and a financing strategy (legislation, initiative, grants, "percent to prevent approach," etc.) to build a new system of support for young children and their families.
- Obtain permanent, stable, sufficient funding to support a comprehensive, statewide Smart Beginnings system.
- Establish tax credits that support parents who stay at home.
- Provide tax incentives for employers to develop and support on- and near-site child care.

Conclusion

The evidence is in. The earliest years are critical to a child's ability to achieve and succeed. The evidence is also in that far too many of Arizona's youngest children are at risk of clearly preventable developmental delays, health problems, and educational failure.

While parents have the most responsibility and greatest opportunity to raise healthy children, most cannot do it alone. The network of support services for parents is underfunded and uncoordinated and does not take advantage of the tremendous opportunities presented in a child's earliest weeks, months, and years.

We now understand the sound link between a strong education and a productive workforce. The early years before children enter school lay the groundwork for much of their brain development and ability to succeed. Given this connection, we in Arizona must move forward to strengthen our commitment to give each and every one of our children a smart beginning.

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