

Fulfilling Our Commitments to Children & Communities

FIRST THINGS FIRST

State Fiscal Year 2021
Annual Report



Dear Fellow Arizonans:

If 2020 was the year of isolation, 2021 was the year of resilience. The setbacks caused by the COVID-19 pandemic were significant, but our country, great state and public/private enterprises are returning to business. As of this writing, nearly 8 million doses of the COVID-19 vaccine have been administered in Arizona; businesses have re-opened and people are returning to work; schools have welcomed thousands of students back to in-person learning; and families are making up for lost time with loved ones.

Although these are welcome signs of Arizona's emergence from the COVID-19 crisis, for Arizona's infants, toddlers and preschoolers especially, they belie some troubling and ongoing challenges. As the data on Page 7 demonstrate, children faced many barriers before the pandemic, including: low immunization rates and preschool attendance, as well as high rates of adverse childhood experiences that threaten their long-term health and well-being.

The pandemic only exacerbated those challenges. Although doctors' offices have a renewed focus on preventive care for young children, low rates of immunization and missed well-child visits in Arizona are still troubling. And, although many child care centers have re-opened throughout the state, teachers are hard to find and enrollment in early learning programs remains disturbingly low.

We know that young children are resilient, but we also know that early adversity during the first critical years of life can have devastating long-term impact. It is vital that our young children receive the support they need to grow up healthy and ready to succeed. Without this support, the impacts of COVID-19 could haunt an entire generation of students, workers and citizens of our state.

FTF is proud of the role we have played in offering that support before, during and after the pandemic. The data on Pages 10 and 11 demonstrate the impact of those investments over the past year, as well as the tenacity and success of our community grant partners. Their innovative approaches to this critical work helped young children and families to do more than survive the pandemic; they helped many thrive!

Full recovery from COVID-19 could take months or even years for our state, but young children cannot wait. The majority of brain growth occurs before kindergarten, and early experiences lay the foundation for a lifetime. FTF is committed to leveraging its successes and resources – in collaboration with other state agencies, government entities at all levels, community organizations and families – to ensure that when today's infants, toddlers and preschoolers look back at 2021 they can see it as the year that Arizona focused on kids and truly put first things first!

With gratitude for your partnership in those efforts,



Gerald Szostak
Board Chair

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Josh Allen
Interim Chief Executive Officer

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First Things First

Created by a 2006 citizen's initiative, First Things First (FTF) is an essential, leading partner in building a family-centered, comprehensive, collaborative and high-quality early childhood system that supports the development, health and early education of Arizona children birth to age 5. FTF's work focuses on seven main areas, including:

Quality Child Care and Preschool

Children with access to quality early learning do better in school and are more likely to graduate from high school. FTF funds researched-based quality improvement supports that help children thrive, including healthy and safe learning environments rich in language and literacy, coaching for early learning professionals to better engage young learners, and developmentally-appropriate learning materials. Scholarships also are funded to help more infants, toddlers and preschoolers access quality early learning.

Strengthening Families and Early Literacy

Families are a child's first and best teachers. FTF programs give parents options when it comes to supporting their child's health and learning. Services are voluntary and provided at levels that meet the family's needs, from community-based parenting education to voluntary, evidence-based home visitation programs delivered in the home from a nurse or parent educator to address a variety of parenting situations, like grandparents raising grandchildren, parenting children with special needs or families with multiple births. Literacy approaches include embedding information about the importance of language and literacy-rich environments into strategies to improve early education and strengthen families, as well as efforts to ensure young children have increased access to books.

Preventive Health

Undetected or untreated health issues in the early years can impact learning later on. Left unaddressed, developmental delays and chronic medical conditions can become serious learning problems that require costlier interventions. FTF funds preventive developmental and sensory screenings, parent education and referrals to existing services to ensure that kids arrive at kindergarten healthy and ready to succeed. FTF also funds oral health screenings and application of fluoride varnish to prevent tooth decay and subsequent dental issues that are a leading cause of school absence later on. In addition, FTF funds strategies to connect families to health care options in their communities, as well as efforts to coordinate the services children receive for maximum benefit.

Teacher/Workforce Training and Development

Children's relationships with teachers and caregivers impact whether their brains will develop in ways that promote learning. Children 5 and younger learn differently than school-age children. The quality of early learning depends on the education and skills of the teacher. FTF funds college scholarships and other professional development support to expand the knowledge and skills of professionals working with infants, toddlers and preschoolers. In addition, FTF funds a variety of evidence-based consulting models to help early childhood educators improve health practices in early care settings, better support children's mental and behavioral health, and provide more inclusive settings in which all children can participate.

System Coordination

Collaboration among system partners maximizes resources and effectiveness. At the state and regional levels, FTF works with early childhood system partners – like state agencies, tribal governments, philanthropic organizations, businesses and providers – to maximize funding, reduce duplication and ultimately improve outcomes for young children. These collaborations also promote the ongoing development and continuous quality improvement of a statewide early childhood system that supports the health and development of all young children in Arizona.

Parent and Community Engagement

We all have a shared responsibility to help children arrive at school prepared to succeed. FTF works with families, caregivers and community leaders to build awareness of the importance of early childhood and steps they can take to support the education and health of young children in their communities.

Research and Accountability

Measuring effectiveness and promoting continuous quality improvement rely on robust, accurate data. Data collected by FTF and its partners are used to inform decision-making, monitor FTF-funded grant partner performance, enhance program effectiveness and measure the impact of FTF-funded strategies or the collective investments of Arizona's early childhood system.

Challenges Facing Arizona's Youngest Children



The data below describe how young children were faring in several areas before the COVID-19 pandemic devastated many families and communities throughout our state. The data offer insight into how many children lacked access to the supports they needed to start school ready to succeed. The challenges faced by young children included:



Nearly 1 in 4

young children lived in poverty.ⁱ



1 in 3

children lacked needed vaccinations by the time they were 3 years old.ⁱⁱ



Nearly 3 out of 4

children under 3 did not receive timely developmental screenings.ⁱⁱⁱ



Nearly 1 in 6

children under 6 had two or more adverse early childhood experiences, like family violence, mental illness or substance abuse.^{iv}



Nearly 3 out of 5

children did not go to preschool.^v



More than 1 in 4

kindergarteners had untreated tooth decay.^{vi}



Almost 1 in 10

young children lacked health insurance.^{vii}



1 in 18

babies were born to a teenage mother.^{viii}



1 in 10

young children lived with a parent(s) not in the labor force.^{ix}

The long-term impacts of COVID-19 for young children will take time to ascertain, but some disturbing trends started to emerge during the pandemic, including:

- The number of routine vaccines administered to young children in 10 large cities dropped dramatically in the months following the pandemic – between 16%-22% for children under 2 and between 60%-63% for children up to second grade, depending on the type of vaccine.^x Although vaccination increased in the later part of 2020, the rates were not enough to ensure the previously unvaccinated children were caught up on their routine immunizations.
- Since vaccinations are typically administered during routine well-child visits, the drop in vaccination rates likely means young children and families are also missing the other benefits of those doctor visits, including developmental, vision and hearing screenings. Those screenings can detect issues that, left untreated, could become learning difficulties later on.
- A decrease in calls to the statewide child abuse hotline raised alarm that potential abuse or neglect of young children was not being reported because they were not being seen by relatives, neighbors, doctors and school or child care staff who could raise concerns about the children's well-being.

FTF remains committed to carefully monitoring data from a variety of sources – including state agency partners administering programs for young children, as well as the 2020 Census – as they are available. The data will describe the ongoing challenges faced by young children and any additional areas of concern that arose from the COVID-19 pandemic. That information can be used to guide our decisions, as well as community conversations, about the future investments needed to help young children throughout Arizona get ready for school and set for life. The following pages describe current early childhood investments made by First Things First and the impact of that support on young children and families throughout our state.

Our Impact At-A-Glance



FIRST THINGS FIRST

The data below detail the number of children and families who had access to quality early childhood programs as a result of FTF investments in State Fiscal Year 2021*. Due to the COVID-19 pandemic, many of these programs became more difficult to implement and service disruptions may have occurred. Service numbers, while slightly lower than those realized in prior fiscal years, are a testament to the steadfastness shown by FTF in preserving these services for families during the pandemic and the tireless commitment of our grant partners statewide to serving young children and their families, especially in the most challenging times.

*Service units as reported by contracted providers through 8/4/21.

Early Learning

46,082 Young children were enrolled in early education through child care and preschool providers committed to continuous quality improvement of their early learning programs through Quality First. In addition, **33,887** infants, toddlers and preschoolers were enrolled in early learning programs that met or exceeded Quality First's rigorous standards.

5,920 Children from low-income families received quality early education with the help of a Quality First scholarship.

943 Early childhood educators received college scholarships to expand their knowledge and improve their qualifications for working with young children.

1,468 Relatives and other community caregivers attended educational sessions and received coaching to increase their understanding of children's development and strategies to support young children's health and learning.

Family Support

15,012 Families attended parenting activities or received referrals to needed services through family resource centers.

9,879 Families participated in activities to increase their awareness of core areas of family functioning and children's development.

4,669 Families with young children participated in voluntary home visiting programs proven to reduce parental stress levels, increase connections to community supports, and improve children's cognitive, motor, behavioral and socio-emotional development. In addition, **391** families successfully graduated from home visiting programs.

48,384 Kits containing important information, resources and tools for families of newborns were distributed to hospitals to help families support their child's health and learning.

1,098 Parents and other caregivers participated in evidence-based trainings designed to improve knowledge of effective parenting practices and children's development.

Health

17,491 Children received screenings to detect vision, hearing and developmental issues and prevent learning challenges later on. In addition, **3,765** children received referrals to further assess for developmental delays/sensory issues and possible treatment or early intervention services.

8,790 Children received a screening to detect tooth decay which left undetected and untreated could cause damage to permanent teeth, impaired speech development and failure to thrive.

5,353 Children received fluoride varnish applications to protect against early childhood tooth decay.

350 Child care and preschool providers received consultation proven to enhance teachers' confidence in dealing with students' social-emotional needs, improve teacher-child relationships and prevent expulsions. In addition, **45** referrals were given to children for services to address their mental/behavioral health needs.

Preserving Arizona's Fragile Early Learning System



In a word, child care was scarce throughout Arizona even *before* COVID-19, and the pandemic made existing challenges in the early learning system much worse.

A 2018 Center for American Progress report estimated 48% of Arizonans lived in a child care desert, defined as any Census tract with more than 50 children under age 5 that contains either no child care providers or so few options that there are more than three times as many children as licensed child care slots.

In the weeks and months following the pandemic's rise, Arizona saw a dramatic decrease in the number of available providers. For example, of the more than 1,000 providers in the First Things First Quality First program statewide, about half were closed. For those that remained open, costs skyrocketed. A state-by-state analysis by the Center for American Progress showed that child care operating costs increased by an average of 47% nationwide due to expanded COVID-19-related health and safety guidelines. In Arizona, they soared further, increasing by about 84% in center-based care and 75% for home-based care. The increased costs included higher prices for cleaning supplies and personal protective equipment, as well as the need to purchase greater quantities of existing supplies – such as latex gloves, paper towels, etc.

Actions during the summer of 2020 – both state and federal – provided the financial resources that allowed many more programs to re-open. Among the assistance programs were:


- Arizona Enrichment Centers – regulated child care providers could register to serve families of essential workers. By doing so, they were reimbursed at a higher amount for the care provided and had help in accessing cleaning and personal safety supplies.
- Since both provider availability and student attendance were so volatile, both the Arizona Department of Economic Security (DES) and FTF – in alignment with federal guidance and best practice across states – continued to pay subsidy/scholarship providers based on the number of children served before the pandemic.
- Through federal funds, providers were able to access operating grants in the last three months of 2020, as long as they agreed to open by September 30, 2020 and remain open for the entire 3-month grant cycle.
- In June 2021, DES used its remaining allotment of federal funds to provide grants to providers to help recruit and retain staff.

Without these financial resources, it is highly doubtful most Arizona early learning settings would have survived the pandemic. But, funding was just part of the problem. A June 2020 survey conducted by Arizona Child Care Resource & Referral identified providers' major barriers to reopening, including:

- 41% said they lacked clarity on COVID-19 health and safety guidelines.
- 69% said they had parents unwilling or unable to bring their young children back to the program.
- 35% said they had staff unwilling or unable to come back to work.

On a daily basis, providers faced critical decisions such as how to screen for illness, what to do if a COVID-19 diagnosis was reported by students or staff, and whether social distancing was even possible with young children in the amount of space available. While FTF Quality First providers have access to technical assistance from Child Care Health Consultants (CCHC) as part of the program, the remaining two-thirds of state regulated providers in Arizona were without a single, reliable source of COVID-19 health and safety information. In response, FTF took several steps to help child care providers statewide increase their understanding of how to stay open or re-open safely during the pandemic.

First Things First staff and contracted child care health consultants working in Quality First developed the *Arizona Quality First Recommendations for Safe Child Care Operations During COVID-19*.



First Things First staff and contracted child care health consultants working in Quality First developed the *Arizona Quality First Recommendations for Safe Child Care Operations During COVID-19*.

This guide – available in English and Spanish – provides early childhood programs with access to relevant information on national best practices, with practical strategies for implementation, all in one place. Recommendations are based on the Centers for Disease Control and Prevention (CDC), Arizona Department of Health Services (ADHS) and the *Caring for Our Children, 4th edition- National Health and Safety Performance Standards Guidelines for Early Care and Education Programs*. The guides are updated as state and federal guidance change.

But, offering written advice was just the first step; more support was needed to help providers implement the changes. Arizona's early learning providers are part of a mixed delivery system. That means that there are providers of every size and in various locations including personal homes, non-profit organizations, for-profit businesses, schools and churches. No written guidance could cover the nuances of providing safe care across such a wide variety of settings.

Child care health consultants regularly work with providers participating in Quality First to improve health practices in a variety of areas, including disease prevention, nutrition and sanitation. Data demonstrate that this support was invaluable to providers during the pandemic. For example:

- **More providers received CCHC services during COVID-19:** In the year before the COVID-19 shutdown, 684 child care programs (66% of Quality First providers with access to CCHC) opted to receive CCHC services. In the year following the shutdown, this increased to 728 child care programs (75%).
- **Almost every provider receiving CCHC services during COVID-19 was focused on reducing disease transmission:** During the year following the shutdown, 705 child care programs (97% of those who accessed CCHC services that year) had at least one interaction with CCHCs focused on reducing disease transmission. In the year prior to the shutdown, reducing disease transmission was only a focus of CCHC services for 458 providers (67%).

Thanks to a generous \$200,000 grant from the PNC Foundation, FTF was able to expand the work of its CCHCs – delivered by the Maricopa County Department of Public Health – to staff a statewide hotline available to providers without access to a child care health consultant.



The AZ Healthy Child Care Helpline is a free service any child care provider in Arizona can access via phone or email. It is staffed weekdays from 8:30 a.m. to 4:30 p.m. and offers answers to questions and expert advice on health and safety during COVID-19. Helpline staff are health professionals who are specially trained to work with early care and education providers to promote safe and healthy learning environments for young children and staff. They also are available to provide early educators with information on best practices and practical strategies based on their specific needs and are available to answer questions regarding the safety and availability of COVID-19 vaccines.

Since December 2020, helpline staff have responded to more than 300 calls from child care providers statewide, with more consultations happening daily as word gets out. The service will continue at least through December 2021.

In addition to the statewide helpline, FTF in partnership with the Arizona Association for the Education of Young Children (AZAEYC) hosted four webinars to address a variety of topics including safety guidelines, use of personal protective equipment and the COVID-19 vaccine. Almost 1,500 people attended the sessions or listened to the recorded webinars later on. Participants included the providers themselves, staff charged with supporting early educators (such as Quality First coaches or CCHCs) and other professionals serving young children, such as home visitors.

In December 2020 and March 2021, more than \$1.1 billion was allocated to Arizona by the federal government to further support the stabilization and the re-building of the child care system. The funding, which will be administered by DES, includes additional grants to help providers cover increased operational costs while enrollment returns to pre-COVID-19 levels. As providers come out of the pandemic, their focus will fully shift from survival to offering the full spectrum of quality early learning they were focused on before the crisis.

All of these supports – along with ongoing financial assistance from state and federal programs – has helped many programs re-open. Table 1 illustrates the year-long road to recovery for programs engaged in FTF's Quality First program.

Table 1. Quality First Programs Throughout the Pandemic

Report Date	Percentage Programs Open	Percentage Programs Closed	Programs Newly Opened	New Programs Temporarily Closed
July 6, 2020	54%	46%	6	17
October 2, 2020	74%	26%	25	2
January 1, 2021	79%	21%	2	4
April 2, 2021	85%	15%	10	0
July 2, 2021	91%	9%	0	1

Pre-Pandemic Strides in Quality Improvement

Longitudinal studies, spanning more than 40 years, demonstrate that quality care and education from birth to age 5 results in higher IQ scores, higher school graduation rates and lower crime rates.^{xi,xii} Young children with high-quality experiences have been shown to have increased vocabulary, better language, math and social skills, more positive relationships with classmates and higher scores on school readiness assessments. In short, these children are better prepared for school.^{xii,xiv}

Elements of high-quality early childhood programs include: skilled teachers that know how to engage young learners; indoor and outdoor environments that are safe, child-centered, stimulating and well-stocked with developmentally-appropriate materials; predictable and balanced daily schedules and routines; evidence-based, culturally

responsive and relevant curriculum; supportive assessments of each child's progress; and ample opportunities for family involvement in their child's education.

First Things First created Quality First – Arizona's Quality Improvement and Rating System – to establish a unified, measurable standard of care; inform parents on their local providers' proximity to that standard; and improve quality to promote school readiness. Quality First participating providers receive supports to improve and maintain the quality of their programs. These supports may include: individualized coaching and specifically targeted technical assistance, incentive grants and college scholarships so staff can expand their skills in engaging young learners.



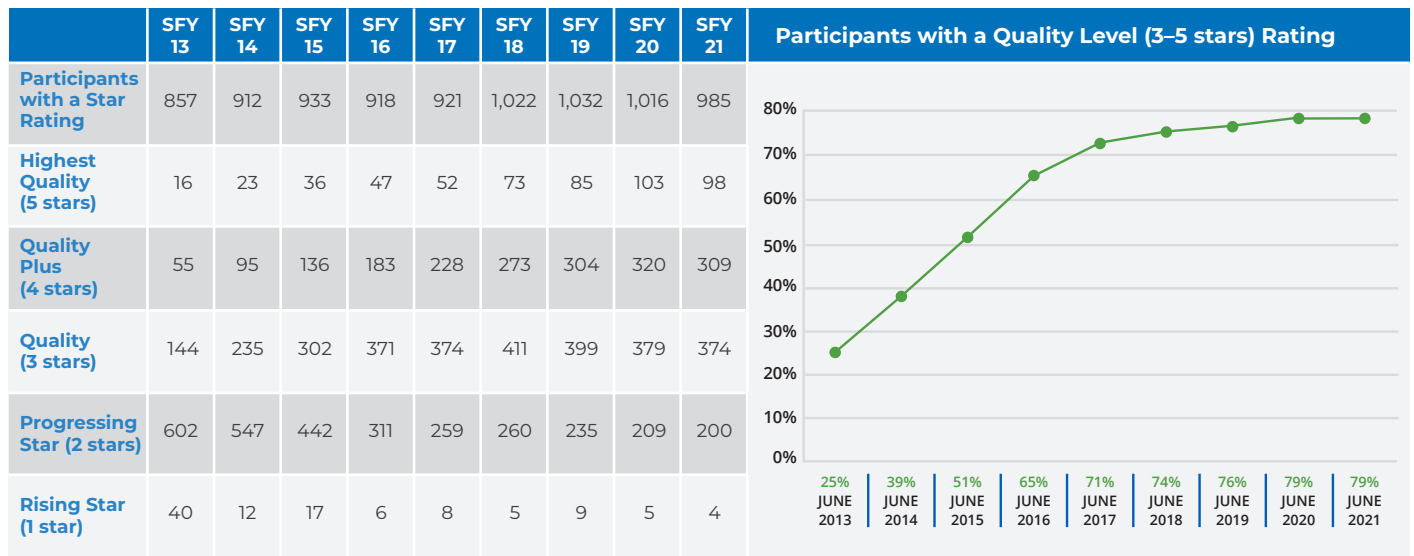
Pre-pandemic data showed that Quality First significantly improved the quality of early learning options available to Arizona's families (see Figure 1). When programs were first rated (2013), 25% of 857 participating rated providers met or exceeded quality standards (3-5 star rated). Over the course of the next seven years, both enrollment and quality levels improved among providers participating in Quality First. In 2020, 79% of 1,016 participating rated providers met or exceeded quality standards. This meant that:

- 45,488 children in Arizona were in early learning programs that met or exceeded quality standards, an increase of 86% since 2015 (24,420 children).
- An additional 15,408 young children received their early education from child care and preschool providers who were actively working on quality improvement.

- When combined with the previously mentioned providers who already had met or exceeded quality standards, this meant that Quality First ensured that 60,563 children throughout the state had access to a higher standard of early education.
- And, 75% of those children were in early learning settings that met or exceed quality standards.

Figure 1 shows that the vast majority of Quality First-participating programs remain open and serving young children. Although the pandemic did not allow child care settings to be rated in 2021, the programs have been supported virtually throughout the pandemic by coaches and technical assistance providers who now will be able to return to in-person services and help programs continue on their trajectory of quality improvement and success.

Figure 1. Quality Improvement and Rating System Progress and Outcomes



FTF's ongoing investments in quality improvement also will continue to ensure that Arizona is able to make full use of all available federal child care funds.

In Arizona, many children access early learning through federal Child Care Development Fund (CCDF) dollars. CCDF funds are administered by DES, which uses the funds to provide child care subsidies for a number of purposes, including: ensuring that low-income working families have access to safe, reliable child care (which enhances their ability to work and may reduce instances of abuse or neglect because children are not left to be cared for in unsafe environments), and to provide child care for families providing temporary placement to children in the child welfare system (such as foster families and relatives).

Through the federal funds, participating child care and preschool providers are reimbursed for the care they provide to children. Any costs of care not covered by the subsidies are either absorbed by the provider or passed on to the family.

Although the amount of child care subsidy funds available for Arizona to support struggling families has increased dramatically over the past couple of years, one thing stayed the same: the CCDF grant requirement that the State provide both Maintenance of Effort (MOE) and matching funds. Specifically, Arizona cannot claim a \$37 million portion of the total CCDF grant (\$197.6 million) unless the State expends \$30 million in non-federal dollars on child care-related activities.

Arizona has been able to leverage more than \$453 million in federal child care funds that otherwise would have been lost.

Historically the State met the MOE and matching requirement with State General Fund dollars appropriated by the Legislature to DES for additional child care vouchers. State funds approved by the Legislature for child care subsidies reached a high point of \$69.1 million in fiscal year 2008. Due to significant reductions in General Fund revenues resulting from the economic recession, the Legislature drastically reduced state appropriations for child care subsidies. In state fiscal year 2012, all General Fund appropriations to child care vouchers were eliminated, resulting in the State's inability to meet the CCDF's maintenance of effort and matching requirements and threatening the loss of tens of millions of dollars for child care vouchers annually.

Although some funding has since been restored (the SFY21 state General Fund contribution for child care subsidies was \$7 million to the Department of Child Safety), this is still insufficient to meet the federal requirement for Arizona to receive maximum federal funding.

In order to continue to access Arizona’s full allotment of CCDF dollars, FTF collaborated with the Governor’s Office and DES in establishing a Memorandum of Agreement to count FTF investments as the required match. These expenditures have included the various components of quality improvement efforts – including assessing programs, coaching providers on quality improvement and professional development for early educators to expand their skills working with young children – as well as Quality First scholarships to allow young children to access quality programs.

Throughout the 12 years this MOA has been in place (see Table 2), Arizona has been able to leverage more than \$453 million in federal child care funds that otherwise would have been lost.

By ensuring that Arizona is able to draw down all available CCDF funds and by working to improve the quality of care in licensed and certified child care and preschool settings, FTF is helping to promote quality early learning for thousands of Arizona’s youngest children.

Table 2.

Federal Fiscal Year	FTF Match Provided	Federal Child Care Subsidy Dollars Drawn Down as Result of FTF-DES MOA
2011	\$10 M	\$40.5 M
2012	\$30 M	\$37.9 M
2013	\$30 M	\$37.6 M
2014	\$30 M	\$37.5 M
2015	\$34 M	\$37.8 M
2016	\$30 M	\$37.6 M
2017	\$30 M	\$37.4 M
2018	\$30 M	\$38.1 M
2019	\$30 M	\$37.9 M
2020	\$30 M	\$37 M
2021	*\$30 M	*\$37 M
TOTAL	\$344 M	\$453.2 M

*projected

Source: Arizona Department of Economic Security, Child Care Administration

Pandemic Reveals Fragility – and Resilience – of Early Childhood Education System

COVID-19 has had a devastating impact on Arizona and the country, but like the pandemic itself, the loss has been disproportionately felt by many, including those working to prepare young children for success in school. As a statewide shutdown commenced in March 2020, seemingly overnight, about half of the state’s child care providers closed. For some, it would take many months before they were able to re-open. Some never would. Below are stories from two providers who survived the pandemic. Their stories offer hope for early learning providers still struggling statewide, and the children and families they serve.

The Show Low/Pinetop/Lakeside area is a prime example of the various ways Arizona’s early learning landscape has been dramatically altered. Of the five early learning centers in the area, three are currently open, one planned to re-open with the new school year and one closed permanently.

Ehmke’s Childhaven Preschool closed for almost two months, owner Eve Hoskins said. “So many businesses were closed,” Hoskins recalled. “Parents were unsure what was going to happen; they were working from home and the older kids were kept home from school, so it just made sense to keep the little ones home, too.”

Hoskins followed the news closely, and when the federal Paycheck Protection Program went into effect, she applied and was one of few small businesses who received the funding. She used those funds to ensure her staff were taken care of, and funds from other assistance measures – like ongoing subsidies from the Arizona Department of Economic Security and FTF Quality First



scholarships – as well as some savings for operational expenses. She also used the time when no children were on site to make needed repairs to the roof and floor.

When Ehmke’s re-opened June 1, 2020, enrollment was at about 75% and steadily grew. Now, it is back to pre-pandemic levels and still rising.

“The reality in our area is that a lot of people had to go back to work, and then our schools went back to in-person,” Hoskins said. “That meant our staff and kids needed to come back to.”

Thankfully, there have been no reported COVID-19 cases among her kids or her staff, and she credits that, in part, to Ehmke's philosophy during the pandemic.

"I went into it with the idea that I would do whatever I had to do," Hoskins said.


"I would not let this overtake me; I had 11 staff members and almost 100 children I was responsible for, and we would just have to make it work as best we could."

Her staff, some of whom have been with her for over 20 years, took the same approach.

"It kind of became our mantra," Hoskins said. "If we can be that constant, if while everything around them is changing, our school could be the place where kids were safe and where their families knew we were doing everything we could to keep them safe, they would all feel confident that everything was going to be ok."

Although things are looking good now, Hoskins admits to some concerns about the future. Ongoing unemployment means businesses having to increase their salaries in order to remain competitive for both current and prospective employees.

It's a concern shared by many child care providers statewide, including Martha Picciao of Whiz Kidz Preschools in Maricopa County, who owns three child care centers in Mesa, north Phoenix and Scottsdale.



"If we don't have staff,
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It's hard to compete with
businesses paying \$15 or
more for jobs."

-Martha Picciao,
Owner of three child care centers

None of the Whiz Kidz locations closed during the pandemic, but Picciao noticed dramatic differences in enrollment based on a variety of factors, including whether parents were essential workers, how long the site had been in operation, and even where they were located.

As the numbers continued to plummet, she had to furlough staff and kept the schools running by moving the remaining staff between the three locations depending on how many kids showed up at each site on a given day.

"We did a lot of adjustments, like everyone did," Picciao said. "Of course, we were all terrified – of all the potential what ifs – but we pivoted; child care is such purposeful work and our parents were so appreciative of the support."

Assistance programs have played a crucial role for Picciao, including the DES subsidy and FTF scholarship payments, the ability to become an Enrichment Center providing care for families of essential workers and two rounds of grant funding from DES.

She said she invested in technology and hospital-grade sanitizers in order to keep everything up to increased safety standards. In an ironic twist, being in child care for years helped.

“It was kind of funny to hear everyone talking about washing your hands and sanitizing several times a day,” Picciao said. “Welcome to child care; that’s what we have been doing every day.”

Still, increasing the frequency and intensity of those cleanings came with additional costs, at a time when she was losing her main source of revenue – enrollment. Without the assistance programs, Picciao isn’t sure her businesses would have survived.

“It would have been a close call,” she said. “I try to run a very tight budget, but I really don’t know how we could have sustained our programs without the help; it has absolutely been instrumental in strengthening our capacity to stay open.”

The latest round of grant funding – focused on workforce recruitment and retention – is a great example. When Picciao had to furlough staff, she told everyone they would still have a job at Whiz Kidz when they came out of the pandemic, if they wanted one.

“It’s been over a year in some cases; family situations change; not all our staff came back and the labor market is very tight,” Picciao said. “We have had to increase salaries to hire people, even those with little experience, who we will need to train. That drives up costs, too.”

With enrollment steadily increasing and nearly back to normal, Picciao is more focused than ever on keeping her kids and staff healthy, and in providing a quality learning experience at Whiz Kidz locations.

“We used some of our down time during the pandemic to facilitate staff training, because that had always been something that was hard to find time for,” she said. “Staff are using that training in their own classrooms, and also to mentor new employees.”

She said she hopes assistance for those educating children and providing child care for working families continues to be a priority, as more and more Arizonans are encouraged to get back to work.

“If we don’t have staff, we don’t have child care,” Picciao said. “It’s hard to compete with businesses paying \$15 or more for jobs that, frankly, are easier than working with young kids.”

“I can’t raise the rates I charge to families by 3 to 4% to keep up, because families can’t afford that,” she continued. “Children are resilient, and early educators by trade and by heart are committed, but that pool is getting smaller and smaller. I hope we don’t lose great early childhood teachers like we have lost so much during this pandemic. “

Home is Where Learning Begins



When Lydia Rader found out she was going to be a mom, a friend recommended that she enroll in the Nurse-Family Partnership (NFP) program.

Funded by First Things First and administered in the Pima North Region by the Easterseals Blake Foundation, NFP works with first-time, low-income prenatal mothers, caregivers and their children from pregnancy until the child turns 2. Prior to the pandemic, the program included one-on-one home visits by a trained public health registered nurse. During COVID-19, the home visits were adapted to video conferencing and phone calls with program participants.

Rader, who lives in Tucson, was introduced to her home visitor, nurse Jocelyn, when she was seven weeks pregnant and their relationship began to blossom. The first-time mom was wary of the virtual Skype home visits at first, but she soon looked forward to their frequent time together.

“Jocelyn went above and beyond every time we met,” Rader said. “She would troubleshoot any questions that I had and would even let me text her when I was in crisis mode.”

For example, when Rader was having trouble breastfeeding her newborn son, Raymond, Jocelyn went step-by-step to find solutions to help. Having a registered nurse serve as her home visitor has helped Rader again and again.

“Month by month, I had so many questions,” Rader said. “My family stepped in, but Jocelyn was always available to reassure me that I was doing everything right.”

Now a mother of a 6-month-old son, who smiles all the time, Rader talks about how grateful she is to Jocelyn. “I am so thankful for the patience, knowledge and warmth that Jocelyn has brought to my home,” Rader said. “I hope that other expecting mothers also have an expert like her to share ideas and resources with them.”

“Month by month, I had so many questions. My family stepped in, but Jocelyn was always available to reassure me that I was doing everything right.”

- Lydia Rader
Mother from Tucson, AZ

Programs Proven to Work

NFP is one of three evidence-based home visitation models funded by FTF; the others are Healthy Families (HF) and Parents as Teachers (PAT). These three models have been evaluated nationally, and each has been proven to significantly improve child and family outcomes^{xv} (see Table 3).

FTF's home visitation programs provide personalized support for expectant parents and parenting families with children from birth to age 5, not yet in kindergarten, who face a variety of risk factors. Services are voluntary, free and primarily provided in the families' home. Although the models vary, each involves regular home visits administered by trained professionals such as nurses, social workers, early childhood specialists or paraprofessionals.

While many families could benefit from home visitation, research shows the families who benefit most are those with infants and toddlers who are facing adverse or challenging circumstances.^{xvi} Families prioritized for enrollment in home visitation programs include those who, for example:

- ✓ Are pregnant or who have an infant
- ✓ Earn less than the federal poverty threshold
- ✓ Are parents under 21
- ✓ Are single parents
- ✓ Have less than a high school education

Table 3.

	Improved Outcome	HF	NFP	PAT
Short-Term Outcomes	Child cognitive, motor, behavioral, socio-emotional development	X	X	X
	Maternal mental health and depression	X	X	
	Parenting stress levels	X	X	X
Intermediate Outcomes	Connection to community supports	X	X	X
	Home environment	X	X	X
	Mother employment	X	X	
Long-Term Outcomes	Reduced child maltreatment	X	X	X
	Economic self-sufficiency		X	X
	Decreased substance abuse	X	X	

In addition to the factors noted previously, each program model also has identified target populations, such as:

- **Healthy Families:** Families are enrolled prenatally or within 90 days of the child's birth. Designed for parents facing challenges such as single parenthood; low income; childhood history of abuse and other adverse child experiences; and current or previous issues related to substance abuse, mental health issues and/or domestic violence.
- **Nurse-Family Partnership:** First-time, low-income mothers and their children. Mothers must enroll by the time they are 28 weeks (seven months) pregnant and services continue until the child turns age 2.
- **Parents as Teachers:** Designed for expectant parents and parenting families with children birth to age 5. Families can enroll at any point along this continuum.

Based on the diverse characteristics of families throughout Arizona, FTF regional councils may also ask grant partners to focus efforts on specific types of families to address the particular needs of their communities, like grandparents raising grandchildren, mothers who suffer from depression or substance abuse; teen or first-time parents and families who have children with special needs.

FTF's home visitation programs provide personalized support for expectant mothers and parenting families with children from birth to age 5, not yet in kindergarten, who face a variety of risk factors.

FTF Home Visitation Models Reaching Those Most In Need

Although there is overwhelming evidence that home visitation programs work, as part of its commitment to effectiveness, FTF gathers data on how outcomes are changing for Arizona children participating in FTF-funded home visitation programs, and whether the services were reaching the intended populations of children and families in our state. FTF is the largest funder of evidence-based home visitation in the state, followed by the Department of Health Services (through the federal Maternal, Infant and Child Home Visiting – MIECHV – grant) and the Department of Child Safety.

In SFY20, FTF funded more than half of the state's \$35 million investment in home visitation programs.

During SFY20, FTF-funded home visitation programs reached 5,201 families and 6,093 children birth to age 5 and provided 59,015 home visits. Given the importance of serving families that stand to benefit most from home visiting services, FTF examined various demographic characteristics of families enrolled in FTF-funded home visitation services during SFY20, and where possible, compared them to the same characteristics at the population level to ensure that FTF is reaching and enrolling prioritized families.

Examples include:

- Programs are enrolling children early; NFP (as required) enrolled 100% of children prenatally and HF and PAT enrolled a large percentage of children before age 1 (84% and 40%, respectively).

- All programs are reaching a higher proportion of families with low education levels (17%-28% compared to 13% statewide) and significantly more low-income families (64%-78% compared to 38% statewide).
- Both HF and NFP are reaching a much higher percentage of teen parents (11%-32% compared to 6% statewide) and proportionate numbers of single-parent families (35%-46% compared to 35% statewide).
- Programs are reaching a diverse group of families, with participants' racial makeup largely mirroring the state's. All three programs also reached a large percentage of Hispanic families (56%-64% compared to 31% in the state).

Overall, the data suggest that the home visiting programs are enrolling families that would most strongly benefit from home visiting services. FTF also examined how well FTF-funded home visiting programs are adhering to key national/FTF implementation standards that are critical to achieving positive outcomes for families and children.

Once families are enrolled, research suggests various factors that promote positive outcomes for families, and each program model has established guidelines in these areas, including visit frequency, screening and referral, and retention of families in the program. SFY20 data analyzed shows that FTF programs are performing well in these areas, too.

Visit Frequency

National model standards for visit frequency vary depending on the needs and risks of the family, or whether they are newly enrolled in services. FTF's Standards of Practice requires that families receive at least one home visit per month.

- In SFY20, families participating in FTF-funded home visitation programs benefited from over 59,000 home visits, with an average visit frequency of 14.6 visits received over the program year for HF families; 13.5 visits for NFP families; and 10 visits for PAT families during the same time period.
- Visit frequency was higher in the first six months of enrollment which is recommended by all models to promote family engagement in services.



Screening and Referral

Home visitors provide developmental screenings to all participating children at regular intervals (a minimum of one screening per program year after the child reaches 2 months of age is required), and they provide mental health screenings to participating caregivers, based on the home visitor's clinical judgment. In addition to providing developmental screenings, home visitors provide equipment-based hearing and vision screenings to children (when funded by FTF regional councils) as an additional component to home visitation service delivery.

- During SFY20, a total of 15,857 screenings were conducted with enrolled children, including 6,345 developmental, 4,958 social-emotional, 2,314 vision and 2,240 hearing screenings. The percentage of children who received at least one developmental screening during the program year varied across program models:
 - ▷ 75% of children participating in PAT;
 - ▷ 97% of children participating in HF; and
 - ▷ 94% of children participating in NFP.

The screenings conducted resulted in the identification of 870 children with results yielding significant developmental concerns (scoring below cut-offs), which is equivalent to 20% of children screened whose results indicated a developmental concern requiring some level of follow-up.

The screenings conducted resulted in the identification of 870 children with results yielding significant developmental concerns.

Moreover, 821 children received a referral for additional support services which is 94% of children screened with results yielding significant developmental concerns receiving a referral. This demonstrates that the home visitor is supporting the families in ensuring children's developmental concerns are being addressed through referrals when warranted.

Depression screening was conducted for 2,010 caregivers (33%) during the program year across models:

- 746 (53%) caregivers participating in HF;
- 835 (20%) caregivers participating in PAT; and
- 429 (71%) caregivers participating in NFP.

Depending on the program model, between 11% and 24% of caregivers' screening results indicated a concern for depression and, where necessary and appropriate, caregivers were referred for additional services.

Program Attrition/Retention Rates

In order for families to optimally benefit from home visiting, they need to participate in services for the desired length of time, as articulated by the program model and national research. When examined for the SFY20 program year, the PAT, HF and NFP programs had an attrition rate of 28%, 35% and 24%, respectively.

In a landmark issue of the *Future of Children* – a scholarly journal that provides research and analysis to promote effective policies and programs for children – national research across home visitation models showed that families' attrition rates can vary from 20%-67%.^{xvii} More recently, researchers noted that approximately 35% of families participating in Nurse Family Partnership complete the 2.5 year program nationwide.^{xviii} With these studies in mind, the observed attrition rates seem to be in alignment with national research that are reflective of the on-the-ground reality of program implementation with vulnerable families.



Improvements in Family Functioning

Two areas of focus for outcome analyses in SFY20 included assessments of family functioning and parent-child interactions. This type of analysis was not possible until there was two years' worth of data to be able to show improvement over time.

Analyses of these two focus areas were completed for the PAT and HF program models. Comparison data for the NFP model was not available at the time this analysis was completed.

Family functioning measures assess families in key areas important for building strong, stable families:

- Knowledge of parenting and child development;
- Family relationships and formal and informal supports;
- Medical and dental health (e.g., health insurance coverage, primary care physician); and
- Family stability (e.g., income, housing, food, clothing, quality child care).

Measures of parent-child interactions assess caregivers' interactions with their children - the goal is to see interactions that:

- Promote children's learning (e.g., cognitive and language development);
- Show engagement/involvement;
- Provide structure and stimulating experiences (e.g., trips outside the home); and
- Are sensitive/responsive, supportive/encouraging, and affectionate/accepting.

Results from our analyses indicated that families participating in either program model made significant improvements in many areas of family functioning:

- Areas of functioning where families participating in PAT made the most improvement were in relationships with children, self-care, literacy and relationships with supportive resources.
- Areas of functioning where families participating in HF made the largest improvements included areas of mobilizing resources, home environment and problem-solving.

These changes are important because they are meaningfully connected to children's daily experiences with their caregivers and the quality of the home environment. Further, caregivers' openness to receiving support from their home visitor may be an important vehicle for change in other aspects of family functioning.

For families participating in PAT, all families made significant improvements in parent-child interactions over time. This finding is consistent for families of all backgrounds. This positive change across time is meaningful because it suggests that the quality of children's home environment and caregivers' positive behavior with their children increased while participating in the PAT home visitation program, regardless of caregivers' demographic characteristics. That is, in interactions with their children over time, all caregivers who were assessed showed increased engagement and involvement with their children; more sensitive, responsive, supportive, encouraging, affectionate and accepting behaviors and emotions toward their children; and provided increased structure as well as experiences that are linked to children's learning.

Results from analyses examining parent-child interactions were inconclusive for the HF model due to an observed ceiling effect created when home visitors scored families high every time data were collected. This finding suggests that additional training is needed before the data collection tool can be a reliable outcome measure.

For families participating in PAT, all families made significant improvements in parent-child interactions over time. This finding is consistent for families of all backgrounds.

Continuous Quality Improvement in Program Implementation

Based on data collected over the past two years, FTF-funded home visitation programs are enrolling families that stand to benefit most from home visitation services. There continue to be universal and well-documented challenges for home visitation programs in being able to visit families frequently based on model recommendations and retain families in services for the recommended period of time. This presents FTF and its system partners with an opportunity to learn more about the barriers to retention and find new ways to engage families in services for lasting impact. For example, one area being studied is whether there is a relationship between staff turnover and family retention. This analysis could provide valuable insight into various aspects of staff recruitment, training and support.

As referenced at the beginning of this chapter, home visitation work was significantly impacted by COVID-19. The cornerstone of the strategy was the in-home support provided to families, which allowed a relationship to develop between caregivers and program staff. This also allowed home visitors to see young children in their natural environments and to provide support, education and guidance to the caregiver specific to the home circumstances, including modeling parenting actions. COVID-19 made in-person visits impossible, and while many families and home visitors anecdotally reported that the virtual visits were easier to schedule, it remains to be seen what impact the virtual format had on crucial aspects of the program, such as screening rates, workforce and family retention and family outcomes.



Smile for the (Video) Camera



The onslaught of the COVID-19 pandemic wreaked havoc on the state's health system, including those attempting to provide preventive care for non-COVID-19 issues. Community health programs – like First Teeth First – faced a huge service challenge: how to continue to provide preventive screenings to young children and pregnant moms when they could not see them in person.

Program staff were used to providing oral health screenings to children birth to age 5 and pregnant moms in community settings like Women, Infant, and Children (WIC) clinics, pediatrician or obstetrician offices, and child care settings.

“Overnight, they were all closed, but even though we couldn't see people in person, it became clear there was still a need for our services when partners in community programs like WIC told us they were getting oral health questions during Zoom appointments,” said Laurie Clark, a registered dental hygienist with the program. “We discovered there was a need for the communication of oral health information through a new medium and that was the beginning of our teledentistry project!”

The program uses email to obtain electronic signatures on necessary paperwork and Zoom video conferencing to communicate with caregivers of young children and expectant moms. Using the cameras on computers or smartphones, oral hygienists in the program can check teeth for signs of oral health problems and provide education on healthy eating and correct tooth brushing to both children and their caregivers. After

the appointment, caregivers and expectant moms can get help making appointments with dentists for follow-up care.

Olga De La Torre, a supervisor with First Teeth First, said she was surprised that there were few challenges with technology when they launched the program.

“When the pandemic began, we heard so much about the lack of computers or Internet access among lower income families, who are one of our primary focuses,” De La Torre said. “But, we learned that many families had access to computers and Internet through work or their older children's school, or were already using Zoom on their phones. For those who weren't familiar, our outreach staff could talk them through.”

The program has been operating since August 2020 and has successfully worked with almost 70 families since then.

Clark recalled an instance where two co-workers helped a mother of an infant and 5-year-old. The mom thought her 5-year-old had a cavity. It was discovered that not only did the child have cavities, but the mother had an abscessed tooth. One staff member

was able to provide screenings and oral health instructions for the children, while another investigated the family's dental coverage, located dental offices, and helped set dental appointments for the entire family.

That is precisely how the program is expected to work, but De La Torre said sometimes, the successes can come as a surprise.

“We worked with one mom during her pregnancy, and then did a follow up with her when her baby was 6 months old; that allows us to check on mom and make sure the baby is getting preventive care, as well,” De La Torre said. “During the course of the conversation, the mom mentioned that the baby was having discomfort from teething and that she was using Orajel to treat it.”

The mom was unaware that over-the-counter medications – like Anbesol, Hurracaine, Orajel, Baby Orajel, and Orabase – contain benzocaine, which can lead to a rare but serious, and sometimes fatal, condition called methemoglobinemia, a disorder in which the amount of oxygen carried through the blood stream is greatly reduced. Children under 2 seem to be at higher risk.^{xix}

“We were able to share credible information from the (Food and Drug Administration) with her, as well as suggest safe ways to comfort her baby,” De La Torre said. “She was so grateful, and we were glad that our post-screening conversation led to this discovery.”

De La Torre said the increase in the length of appointments surprised her. At doctor's offices or clinics, program staff often

Although in-person services have resumed in many areas, teledentistry will continue to be an option offered by First Teeth First.

see children or expectant moms at the end of their visits, when they are tired or have somewhere to go afterward. Since teledentistry appointments are scheduled at the family's convenience, there is often more time for the educational and follow-up care portions of the appointment.

Although in-person services have resumed in many areas, De La Torre said teledentistry will continue to be an option offered by First Teeth First.

“A lot of people are still scared to go to crowded places, and scheduling has always been a challenge for some families,” she said. “Now we have options for families, and that goes a long way in helping us to engage them in preventive care.”

This is just one of the latest examples of how FTF's community grantees are working to implement the oral health strategy throughout Arizona.

Smiling All The Way To School

Tooth decay — the single most common chronic childhood disease — can cause lasting harm to a child’s health and impact their cognitive and social development.^{xx} As a child enters school, it can lead to missed school days, inability to focus, anxiety and other factors that affect academic success.^{xxi,xxii} For pregnant women, lack of good oral hygiene and health care in pregnancy can lead to inflammation of gums, gum disease, and is correlated with premature birth and low birth weight.^{xxiii,xxiv}

FTF’s oral health strategy is designed to reach children and pregnant women that may have developing or prominent oral health problems and/or are not actively seeking and utilizing dental care. FTF has invested in the oral health strategy for many years, including \$3.8 million across 13 regions in SFY20. A portion of that investment is also devoted to oral health education for early care and education providers as well as medical/dental clinic staff to ensure that the professionals who surround young children, their families and pregnant women are well-versed in the importance of caring for young teeth and the importance of good oral health care during pregnancy.

Research suggests that social determinants of health – such as poverty and access to dental care and insurance – influence oral health status.^{xxv} Specifically, the literature points to factors such as lack of health insurance,^{xxvi} primary caregiver education below high school,^{xxvii,xxviii} and poverty^{xxix,xxx} as risk factors for the presence of cavities. In addition, studies indicate that children from certain racial or ethnic subpopulations, specifically children who are American Indian,^{xxxi,xxxij} Hispanic,^{xxxiii,xxxiv} or Black^{xxxv} are more likely to have tooth decay than their white peers, likely due to the fact that children in these groups are more likely to be in economically disadvantaged families who lack access to resources for optimal oral health care.



Postpartum survey data from the DHS Pregnancy Risk Assessment Monitoring System indicate that expectant mothers are not regularly getting dental care or having their teeth cleaned during their most recent pregnancy,^{xxxvi} which puts these mothers at risk for negative pregnancy outcomes such as premature birth and low birthweight babies.^{xxxvii} Although there is scant literature on this topic, some studies suggest that expectant mothers who identify as Black/African American or Hispanic^{xxxviii,xxxix,xl} are at greater risk for not receiving dental care during pregnancy. Additional studies suggest that expectant mothers who have no health insurance,^{xli} have a high school education or less,^{xlii,xliii} or who are less than 30 years old^{xliiv} are at higher risk for not receiving oral health care or having their teeth cleaned during pregnancy.

Through the Oral Health strategy, FTF works to reach those at greater risk for poor oral health outcomes due to these socioeconomic factors.

The American Academy of Pediatrics recommends that children without a regular dental provider receive an oral health screening at eight intervals by the time they turn 6.^{xlv} Screening babies and mothers together, along with a risk assessment for cavities, is an opportunity to identify children who are already displaying signs of poor oral health and get them referred to a dentist for possible treatment and ongoing care.^{xlvi}

Screenings are also a good way to identify pregnant mothers with or at high risk of developing oral diseases. Pregnancy often

causes changes in the mouth including gingivitis and can also lead to a worsening of periodontitis – an infection of the gum tissue which can lead to the destruction of the bone supporting the teeth.^{xlvi} Detecting and treating periodontitis in pregnant women is important because research has found that periodontitis and periodontal infections may be a risk factor for adverse pregnancy outcomes.^{xlvi}

Applying fluoride varnish to the surface of baby teeth is a proven method for preventing tooth decay. It is estimated that fluoride varnish reduces tooth decay by 43% in permanent teeth and 37% in baby teeth.^{xlix} The American Dental Association Council on Scientific Affairs recommends fluoride varnish application at least twice per year to prevent cavities among children starting at 6 months old.ⁱ Studies suggest that applying fluoride varnish at least two times per year (i.e., at six month intervals) may be the most effective approach to preventing dental caries for high risk populations of children, such as those from lower income families.ⁱⁱ Moreover, applying fluoride varnish every six months was shown to be effective for reducing early childhood caries over the course of two years in a high-risk sample of children with a previous history of tooth decay.ⁱⁱⁱ

Analysis of SFY20 data shows the FTF Oral Health strategy continues to be successful at reaching many children and expectant mothers at risk for poor oral health outcomes.

FTF Oral Health Services Reaching At-Risk Children

In SFY20, 20,244 young children received oral health screenings, despite almost four months at the end of the fiscal year when screenings were largely impossible due to COVID-19.

Data available on 20,088 children also show that FTF is reaching children of color who may be at greater risk for poor oral health outcomes. In the general population in funded regions in Arizona, an average of 4% of children birth to age 4 were American Indian or Alaska Native, 6% of children were African-American or Black, and 47% of children were Hispanic.^{liii} By comparison, of the children served by the oral health strategy, 3% of the children were American

Indian/Alaska Native, 10% were African-American or Black, and 70% were Hispanic or Latino.

When examining the socio-economic factors impacting oral health status, FTF is reaching a percentage of at-risk children at the same rate or at even greater rates compared to the population of all children in the regions served, as Table 4 shows.

Table 4.

	Overall Population in the Regions Served	Children Served by Oral Health Strategy
% Children with No Health Insurance	7%	8%
% Households with Primary Caregiver Education High School or Less	40%	36%
% Households Federal Poverty Level 130% or Below	34%	56%


Sources:

Children with no insurance: US Census Bureau (2018). American Community Survey five-year estimates 2013-2017, Table B27001. This table excludes persons in the military and persons living in institutions such as college dormitories

Households with primary caregiver education less than high school: US Census Bureau (2018). American Community Survey five-year estimates 2013-2017, Table B15002

Households Federal Poverty Level 130% or below: US Census Bureau (2018). American Community Survey five-year estimates 2013-2017, Tables B17001 & B17022

Screenings were offered in a variety of settings, most commonly Women, Infant and Children (WIC) clinics and early learning settings (child care centers, preschools, Head Start programs, etc.). The majority of children who were screened and had teeth (80%) received a fluoride varnish either by the FTF grant partner at the time of the screening or had the varnish applied elsewhere within the three months prior to the screening. Of the 20% of children who did not receive a fluoride varnish, the most common reason why was due to the parent/caregiver refusing fluoride varnish (61%). This may be due in part to the fact that almost 2 in 5 (38%) of screenings were done in sites where children can be readily seen – such as preschools – but their parents were not in attendance (consent forms are sent to parents in advance of the screening events). The data reveal an opportunity for grant partners to expand efforts to build awareness of the importance of fluoride varnish among families, especially when screenings are being conducted at sites where the parent/caregiver is not in attendance when the screening occurs.



FTF is reaching a percentage of at-risk children at the same rate or at even greater rates compared to the population of all children in the regions served.

Most importantly, the data show that FTF grant partners are reaching children at risk for poor oral health outcomes. Of all children screened during their first screening:

- 20% had tooth decay (14% had untreated decay);
- 16% of children had only white spots on their teeth with any decay (meaning they were in the very early stages of decay, where screening and fluoride varnish can be most impactful);
- 63% had high risk scores (making them ideal to receive information related to good oral health habits that can prevent tooth decay);
- 13% were in early need of dental care (cavity formation without pain, infection or swelling) or urgent need of dental care (signs or symptoms that include pain, infection, or swelling, which requires immediate attention);
- 85% of caregivers whose children were considered high risk received information and guidance on how to better care for their children's teeth;
- Of children who received a follow-up call and who were determined to be high risk or did not have a dental home at the time of the screening, 531 (16%) had attended a dental appointment at the time of the follow-up call.

FTF Oral Health Services Reaching At-Risk Expectant Mothers

In SFY20, 1,610 expectant mothers were served through the FTF Oral Health strategy. Although comparison data describing the race and ethnicity of all expectant mothers in the regions funding the oral health strategy are not available at this time, FTF oral health demographic data available on 1,608 expectant mothers suggests that the FTF strategy is reaching a proportion of mothers at-risk for not receiving dental care during pregnancy (12% of expectant mothers identified as Black/African American and 63% identified as Hispanic or Latina versus 37% non-Hispanic).

With regard to socioeconomic factors, data in Table 5 suggest that FTF is reaching a higher proportion of mothers younger than 30 year of age. FTF is reaching a slightly lower proportion of mothers with less than a high school education, who studies referenced earlier indicated are at higher risk of not receiving dental care during pregnancy.

Ten percent (10%) of expectant mothers served did not have health insurance, which means FTF not only reached a population at risk for poor oral health outcomes (expectant mothers), but also was able to provide a service not readily accessible due to a lack of insurance.

Data also demonstrate that expectant mothers are receiving the expected services from the program. Specifically:

- 1,610 mothers received a screening;
- 79% of mother screened had tooth decay (including 37% of mothers with untreated tooth decay);
- 70% of mothers had high risk scores at their first screening and 37% were in early need of dental care (cavity formation without pain, infection or swelling) or urgent need of dental care (signs or symptoms that include pain, infection or swelling, which requires immediate attention);

Table 5.

	Overall Population in the Regions/Counties Served	Expectant Mothers Served by Oral Health Strategy
% Mothers with No Health Insurance	Not available	10%
% Expectant Mothers <30 Years Old	57%	64%
% New Mothers with High School Education or Less (2017)	44%	39%

Sources:

Mothers with less than a high school education: Arizona Department of Health Services, Bureau of Public Health Statistics. (2019). [Vital Statistics Dataset]. Unpublished raw data received from the First Things First State Agency Data Request.

Expectant mothers less than 30 years old: Arizona Department of Health Services (2018). Resident Births by Mother's Age Group, Race/Ethnicity, County of Residence, and Year, Arizona 2008-2018. Retrieved online from <https://pub.azdhs.gov/health-stats/menu/index.php?pg=births>.

- Virtually all expectant mothers (99.8%) who were high risk received information and resources to support good oral hygiene.
- Of expectant mothers who received a follow-up call and who were determined to be high risk at the screening or did not have a dental home, 48 (16%) had attended a dental appointment at the time the grantee made a follow-up call.

FTF will continue to watch for trends or changes in the socioeconomic factors of both children and expectant mothers served by the strategy. These trends will help determine if changes in outreach are necessary in order to serve the population most at risk. Further, FTF plans to conduct additional analyses to explore the extent to which these demographic and socioeconomic factors lead to poor oral health outcomes for expectant mothers served by the strategy, as determined by the oral health screening and risk assessment findings conducted by FTF.



Challenges Persist

Data collected in SFY20 also point to ongoing challenges faced by efforts to provide preventive oral health services to at-risk children and expectant mothers in the region.

One issue identified is that 20% of children did not receive a fluoride varnish at the time of screening, and the majority of those were because the parent did not consent to the fluoride application. Given these findings, FTF will explore the different mechanisms that grant partners are using to educate parents about the benefits of fluoride varnish whether in person or via communication that goes to the homes of the children. FTF is also connecting with state partners and Arizona Health Care Cost Containment System (AHCCCS) health plans to promote and align educational materials for parents on the importance and safety of fluoride varnish application.

A second challenge is that although both young children and expectant mothers are receiving screenings and children are receiving fluoride varnishes, the number of both children and expectant mothers who subsequently get an appointment scheduled with a dentist is low. Although many parents or caregivers say they prefer to make the dental appointment themselves, data from SFY20 suggest this may be a common reason why grant partners are reporting such low appointment rates. FTF has been working to identify some of the barriers faced by both grant partners and families in this area of

follow-up care. In terms of families, identified challenges include lack of providers in their area or the inability to afford care. FTF is exploring whether referral/navigation and follow-up activities should be targeted to specific children/expectant mothers.

FTF continues to explore what tools/resources grant partners need to more effectively reach caregivers.

A key factor in connecting children to a dental home is getting in touch with caregivers/parents when they are not present at the child's screening (e.g., the screening occurred at a child care center). Grant partners reported that when outreach was attempted one or more times, they could not reach the families. FTF continues to explore what tools/resources grant partners need to more effectively reach caregivers. This includes exploring alternative communication options with caregivers and expectant mothers such as software to allow for large-volume text messaging. Studies are beginning to emerge regarding the effectiveness of text messaging. In one small study, participants were sent text messages regarding positive oral health behaviors or other information regarding child wellness twice a day for eight weeks.

Results indicated satisfaction with the program, as well as an increase in preventive oral health behaviors such as tooth brushing, at the end of the program and at follow-up.^{liv} In addition to these promising findings, FTF is closely watching the evaluation of a local Arizona pilot through FTF's system partner Eyes on Learning that is partnering with a cohort of local schools and health care providers to utilize text messaging to communicate with parents post-screening. If successful, it could be an option to increase the probability that caregivers are provided the education on positive oral health care and encourage them to access and utilize oral health supports and services through a dental home.

FTF will continue working with other system partners – including private providers, AHCCCS and its affiliated health plans, as well as federally qualified health centers – to better coordinate efforts to build awareness among families on the importance of preventive care and the oral health resources available to families in the regions.

Ongoing Evaluation Of Impact

First Things First also will continue to work with state partners to determine whether their collective investments are improving statewide oral health outcomes for young children.

According to the Healthy Smiles Healthy Bodies study, released in 2016, oral health outcomes for children in Arizona were beginning to improve compared to the previous 2003 study.

- The percentage of Arizona's kindergarteners with untreated decay decreased from 35% to 27%.
- The percentage of kindergarten children sitting in a classroom with dental pain has decreased from 7% to less than 2%.
- The percentage of Arizona's kindergarten children with a dental visit in the previous year increased from 54% to 77%.
- In addition, the percentage of young children who had never been to a dentist was cut by more than half, dropping from 25% to 10%.
- The percentage of kindergarteners needing urgent dental care because of pain or infection decreased from 7% to 2%.^{lv}

First Things First has partnered with AZDHS to conduct a follow-up study again to determine if these improvements have been sustained or even increased. Screenings will occur in the 2021-2022 academic year, with the subsequent report released in early 2023.

Regional Council Acknowledgements



At FTF, decisions about which early childhood programs are funded locally are informed by recommendations to the state Board from regional partnership councils comprised of community volunteers. These dedicated citizens represent the many facets of our community that have a stake in our young children's success, including parents, educators, child care professionals, health care providers, tribal communities, faith representatives, business leaders and philanthropists. Each member dedicates an estimated 120 hours each year to study the needs of their communities and work with local stakeholders to identify priorities for funding.

But, being a regional council member goes beyond the work done in meeting rooms. Each member – in their professional and personal lives – works to connect others in their community with the work of FTF, whether building awareness of the importance of early childhood among audiences ranging from families to policymakers, or establishing community partnerships that help to expand or enhance the local supports for young children or their families. Although members serve staggered four-year terms, many individuals apply for and are selected to serve additional terms. In SFY21, there were eight individuals statewide who celebrated 10 years of service to young children in their communities. They join 70 individuals acknowledged for this milestone since 2018. This year, FTF thanks and celebrates the eight 10-year champions for children listed below. We asked these newest members of the Decade Club what they appreciated most about serving on the regional council and why they would recommend council participation to others in their community. Below are just a few of their responses.

- **Sherry Dorathy – School Administrator**
FTF Gila Regional Partnership Council
- **Michael Kintner – Philanthropy**
FTF Pinal Regional Partnership Council
- **William Kirkpatrick – Philanthropy**
FTF Santa Cruz Regional Partnership Council
- **Virginia Loring – Business**
FTF Salt River Pima-Maricopa Indian Community Regional Partnership Council
- **Dr. Bill Myhr – Tribal Representative**
FTF East Maricopa Regional Partnership Council
- **Monica Rosnagle - Child Care Provider**
FTF Colorado River Indian Tribes Regional Partnership Council
- **Kathy Watson – Philanthropy**
FTF Yavapai Regional Partnership Council
- **Hector Youtsey – Business**
FTF Pascua Yaqui Tribe Regional Partnership Council

William Kirkpatrick - Philanthropy
FTF Santa Cruz Regional Partnership Council

What have you enjoyed most about serving on a regional partnership council?

I have enjoyed witnessing year-to-year the exceptional job our grant partners have done in providing services to young children and families and promoting the many facets of early childhood development within our region. I also enjoyed working and collaborating with a remarkable group of fellow regional council members, past and present, all on the same page and focused on programs to get kids ready for school.

Why would you recommend regional council service to others interested in helping young children in your community?

My time with the Santa Cruz Regional Council of First Things First has been beyond uplifting, energizing and rewarding; it's been an absolute privilege. I believe that the solutions to everything – from climate change and political upheaval to medical mysteries that have baffled us for ages – are more likely to come from the brains of those whose early childhoods were spent in an environment where their healthy development was a priority. Serving on a regional council is the opportunity to help that happen for more children in our community.

Dr. Bill Myhr - Tribal Representative
FTF East Maricopa Regional Partnership Council

What have you enjoyed most about serving on a regional partnership council?

Over the past decade I truly enjoyed working with a diverse group of professionals sharing a common mission to support early childhood education. Their hearts, minds and energies toward FTF were a regular inspirational boost for me. I felt like was always surrounded by heroes in every meeting.

Why would you recommend regional council service to others interested in helping young children in your community?

Serving was an honor and a blessing for everyone on the council. The sense of shared service in making a difference for the many lives touched over the years was seen at our meetings on a regular basis. Anyone serving on a FTF regional would receive much more back than their hours of service required.

Kathy Watson - Philanthropy

FTF Yavapai Regional Partnership Council

What have you enjoyed most about serving on a regional partnership council?

I strongly believe in the mission and goals of First Things First and have enjoyed making a difference in Yavapai County serving on the regional council. It is heartwarming to see the impact our decisions about how to use the allocated monies make in the lives of young children. I especially enjoy the stories and successes of the home visiting parenting programs as the parents gain the skills needed to help their children succeed.

Why would you recommend regional council service to others interested in helping young children in your community?

It truly does make a difference in the lives of young families. It is not a huge time commitment and the difference it makes is huge. The commitment to quality early education, literacy skills and positive parenting skills pay huge dividends for the children as they grow and experience success in school and life.

In Memoriam

First Things First Remembers



Ella Begay

*FTF Tohono O'odham Nation Regional
Partnership Council*

Mrs. Begay served on the First Things First Tohono O'odham Nation Regional Partnership Council from its inception until 2016. Mrs. Begay cared deeply for her community, the Tohono O'odham Nation and the entire state of Arizona. She was passionate about early childhood and showed it through decades of dedication and service to children and families.

Mrs. Begay was also a strong supporter of the entire education system, to which she provided countless contributions of time, talent and resources. As the faith representative on the regional council, Mrs. Begay offered many blessings to open discussions on behalf of young children; she always had a big smile and a powerful prayer to share at meetings.

Mrs. Begay always looked to the future and the entire Tohono O'odham Nation will be forever grateful for the vision and steadfast support she exhibited in making a better Nation for all. She exemplified community leadership and will be sorely missed.



Louis Johnson, Jr.
*FTF Tohono O’odham Nation Regional
Partnership Council*

Mr. Johnson gave 11 years of dedicated service to the FTF Tohono O’odham Nation Regional Partnership Council, serving as Chair or Vice Chair during most of his tenure. His fellow council members recall his tireless commitment to improving the lives of children and families of the Nation.

Indeed, strengthening the people of the Tohono O’odham Nation was the central theme of both Mr. Johnson’s professional career and volunteer activities. In his role as a regional council leader, he often spoke on the need for equitable educational opportunities for all children and the importance of O’odham culture, history and language as foundational and integral parts of the learning process.

Countless lives were impacted and inspired by Mr. Johnson’s leadership, advocacy, wisdom and service to community.



The Reverend Patrick Maitrejean
FTF Santa Cruz Regional Partnership Council

Affectionately known as “Father Pat,” the Reverend Patrick Maitrejean served as an incredible contributor and member of the FTF Santa Cruz Regional Partnership Council since 2014. His multiple years of service reflected his profound dedication and commitment to improving the lives of young children and families of Santa Cruz County.

Throughout Father Pat’s professional career and volunteer endeavors, he consistently brought a passion and determination that centered on strengthening the Santa Cruz community as well as the other communities in which he lived and served. As the faith representative on regional council, he offered perspective, guidance and support that only a leader of faith can. He spoke to the importance of ensuring equitable and high-quality health and education opportunities for all children, which is a part of the legacy he leaves and that will live on with the FTF Santa Cruz Regional Partnership Council.



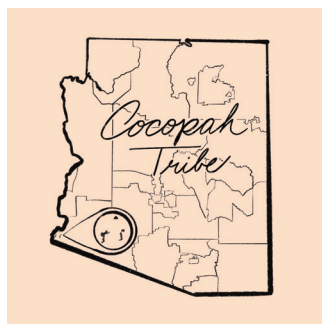
Audrey Opitz

FTF Gila Regional Partnership Council

Audrey Mae Opitz brought so much hope and positive change to the Globe-Miami area. A recipient of the Globe Citizen of the Year and Golden Service awards, she served her community for over 40 years.

Mrs. Opitz began her work as a school teacher, teaching children of the San Carlos Apache and White Mountain Apache tribes. A woman of faith, her ministry work included serving as the Gila Community Food Bank Director, Globe Lions Club secretary/treasurer, and board member for the Community Action Program and Pinal-Gila Community Child Services (Head Start).

Mrs. Opitz also served as a founding member of the FTF Gila Regional Partnership Council member. She served terms as both the faith and philanthropy representative. Although her council service ended in June 2020, Mrs. Opitz continued to support the work of First Things First until her passing. She took great pride in helping to connect families with needed services in the community, often stopping a parent in the supermarket, pulling a parent card out from her purse and sharing information about the importance of early childhood. Because of this, her legacy will live on and her work will continue to do good for the community.



Kermit Palmer

FTF Cocopah Tribe Regional Partnership Council

In his role as tribal administrator, Kermit Palmer in 2008 served as a liaison to the First Things First Cocopah Tribe Regional Partnership Council. As such, he provided guidance and support to the development of the council itself and its grant programs. In 2021, Mr. Palmer joined the Cocopah Tribe Regional Council and, once again, provided guidance and direction on behalf of the children and families of the Cocopah Tribe.

As both a tribal council member and a regional partnership council member, Mr. Palmer poured his skills in business, leadership and technology into advancing the Cocopah Tribe and obtaining additional funds to support young children. His vision included working with the younger generation to prepare them as leaders through Cocopah Tribe culture revitalization and leadership training. Mr. Palmer was a strong leader, advocate and friend of First Things First, and he will be deeply missed.



David Schwake

FTF Southwest Maricopa Regional Partnership Council

David Schwake was the health representative on the FTF Southwest Maricopa Regional Partnership Council since its inception in 2008. For many years, Mr. Schwake served as the Food Services Director at the Litchfield Park Elementary School District. A registered dietician and a food security and nutrition advocate for his entire career, Mr. Schwake had a well-known passion for service and feeding the hungry. His commitment to families with young children compelled him to serve on the council as a constant voice for all children.

A steadfast advocate for families living in rural communities, Mr. Schwake led a successful 2004 campaign for the passage of an Arizona Junk Food Bill and other child nutrition related public policies on both the state and federal levels. These are among the many reasons why he was awarded the National Child Nutrition Hero award in 2017.

Mr. Schwake often spoke of his journey as a father raising two children in Tonopah, Arizona, and he was seen as an all-around hero to many. As a pillar in the community, his passing was a great loss to the Southwest Valley.

Financial Report



First Things First is the only state funding source dedicated exclusively to the beginning of the education continuum, from birth to age 5. Emphasis is placed on getting services directly to children, families and professionals through a network of community providers. In State Fiscal Year 2021, First Things First received approximately \$125.6 million in revenue, with tobacco tax revenues accounting for approximately \$118.1 million. Additionally, FTF received \$5.3 million from investment earnings and \$2.2 million from gifts, grants and donations. Investments in early childhood development and health programs and services that help prepare children for success in kindergarten and beyond constituted approximately 93% of spending in SFY2021. Administrative expenses remain low – 7% in SFY2021.

Most public revenue sources fluctuate from year to year and are impacted by a variety of factors, including economic conditions, state and federal policy decisions, and changes in consumer spending. Tobacco revenue – the primary source of funding for FTF’s early childhood investments – is a great example

of this. Between its first and third full years of operation – SFY2008 and SFY2010 – FTF saw an almost 20% drop in revenue as a result of the Great Recession. That downward trend has continued, with FTF experiencing year-over-year decreases in revenue in 9 of the last 11 years (see Table 6).

Table 6: Tobacco Revenue for Early Childhood Declines Over Time

State Fiscal Year	FTF Tobacco Revenue Collections	+/- Change from Prior Year	% Difference from Baseline	\$ Change from Baseline
2008	\$164,805,113			
2009	\$159,974,131	Decrease	-2.9%	-\$4.8 million
2010	\$132,269,028	Decrease	-19.7%	-\$32.5 million
2011	\$130,701,444	Decrease	-20.7%	-\$34.1 million
2012	\$128,314,293	Decrease	-22.1%	-\$36.5 million
2013	\$125,768,040	Decrease	-23.7%	-\$39.0 million
2014	\$124,621,734	Decrease	-24.4%	-\$40.2 million
2015	\$122,115,615	Decrease	-25.9%	-\$42.7 million
2016	\$125,856,241	Increase	-23.6%	-\$38.9 million
2017	\$125,338,281	Decrease	-23.9%	-\$39.5 million
2018	\$121,746,973	Decrease	-26.1%	-\$43.1 million
2019	\$115,337,473	Decrease	-30%	-\$49.5 million
2020	\$120,672,218	Increase	-26.8%	-\$44.1 million
2021	\$118,117,184	Decrease	-28.3%	-\$46.7 million
2030 Projected	\$97,871,590		-40.6%	-\$66.9 million

In SFY21, FTF revenue from tobacco sales was slightly less than SFY20, by approximately 2.1%. As the nation and our state continue to emerge from the pandemic (reducing stress, which can trigger smoking); as fewer youth start smoking and more adults quit smoking, tobacco revenue likely will continue its steady decline. That is the conclusion drawn by experts at the Seidman Research Institute at Arizona State University. The Institute compiles regular tobacco revenue estimates for FTF to assist the state Board with fiscal management and strategic planning. The latest report is consistent with prior reports in warning that tobacco revenue is likely to decline dramatically over the next decade. In fact, compared to SFY21, tobacco revenue is expected to decrease by an additional 17% by 2030. If that occurs, by the end of the decade, FTF will have \$67 million less per year (compared to SFY2008) to invest in programs that strengthen families, improve the quality of and access to early learning and promote healthy child development than when it started (almost 41% below baseline SFY2008 tobacco revenue).

The report also stresses what FTF's history has proven year after year: tobacco revenue is highly volatile, and could be significantly impacted by population changes, the impact of smoking alternatives like vaping and legalized marijuana; the increase in the federal smoking age; the lingering effects of the COVID-19 pandemic; and additional and more effective anti-smoking campaigns.

The FTF state Board will continue to be strategic and intentional in its efforts to ensure the sustainability of its current early childhood investments by commissioning ongoing independent projections of tobacco

Compared to this year, tobacco revenue could fall by an additional 17% by 2030

revenue; continuing its successful investment strategy; monitoring and revising its adopted sustainability plan, as needed; and working with both public and private entities to leverage funds and maximize the resources available for early childhood programs.

This proactive and conservative approach to sustainability earned the Board high marks from state auditors in a 2017 report. Based on current projections, the Board estimates its current annual Board allocations can remain steady through SFY2027. New revenue estimates have been commissioned from the Seidman Research Institute and will be available in Spring 2022. Based on those projections, the Board will need to determine whether to continue with its current statewide funding levels for the next 4-year planning cycle (SFY24-27), or whether to begin a gradual decrease in funding for that cycle in anticipation of a dramatic drop in revenue by 2030. Ultimately, the Board will favor actions that cause the least severe disruption in services for children, families and communities.

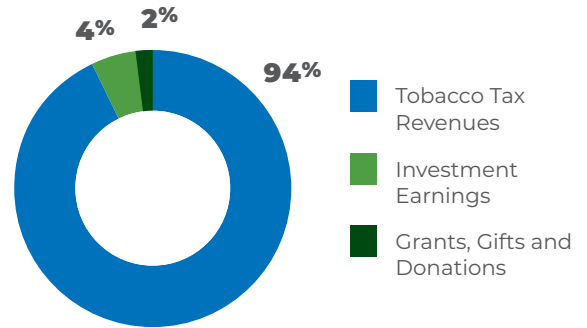
In the meantime, FTF will continue to seek opportunities to increase public and private investments in early childhood, both through FTF and through our state and community partners. In SFY21, successes in this area included:

- A \$200,000 grant from the PNC Foundation expanded the resources available to help child care providers statewide navigate the challenges of providing safe early learning environments through the pandemic (see Page 15 for additional information).
- Along with the Arizona Department of Education and Read On Arizona, First Things First helped develop the proposal that resulted in a 5-year, \$20 million federal Comprehensive Literacy State Development Grant (CLSD) to improve reading skills for students most in need of additional supports. The project will help advance literacy outcomes by: expanding professional development in the science of reading for more than 750 early care and PreK-12 educators; high-quality language and literacy strategies to support struggling readers; the purchase of evidence-based curricular and reading intervention materials; the hiring of literacy coaches to build teacher capacity; and strengthening community collaborations that drive higher language and literacy achievement for children from birth through high school.
- In addition, several grants were received by FTF to further initiatives at the regional level. Those grants include:
 - ▷ The Women's Foundation of Southern Arizona awarded FTF \$105,000 for Quality First Hope Scholarships to the Pima North and Pima South regions. The scholarships are provided to children whose parents are engaged in education and training programs as part of a two-generation anti-poverty pilot program involving multiple community partners within those regions.
 - ▷ Connie Hillman Family Foundation awarded the Pima South Regional Council a \$5,000 grant to support early literacy in the region. The funds were used to purchase books that are distributed in community settings as part of efforts to build awareness of the importance of early childhood development and literacy.
 - ▷ Jobot – a technology-based job search and recruiting platform – donated \$10,000 to support the early childhood development and health needs of children birth to 5 years old in the FTF Navajo Nation Region. Riordan, Lewis and Haden, Inc. – an investment firm – donated an additional \$1,051 to those efforts in honor of Heidi Golledge, Chief Executive Officer of Jobot.

The following pages include additional details on FTF revenues and spending for SFY21, including the amounts spent for early childhood programs by subject area and in each region throughout Arizona.

SFY21 Revenue by Source

Tobacco Tax Revenues	\$118,117,184
Investment Earnings	\$5,324,816*
Grants, Gifts and Donations	\$2,159,189
TOTAL	\$125,601,188

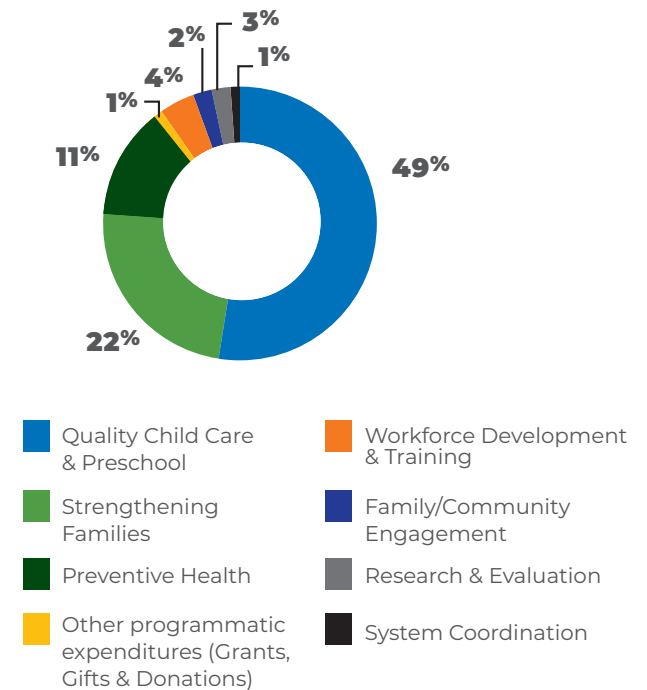


Note: Financial data presented are based on a modified accrual accounting methodology and are unaudited at time of publication and, as such, are subject to change.

* Does not include \$150,032 in unrealized gain on endowment account investment of \$7.5 million.

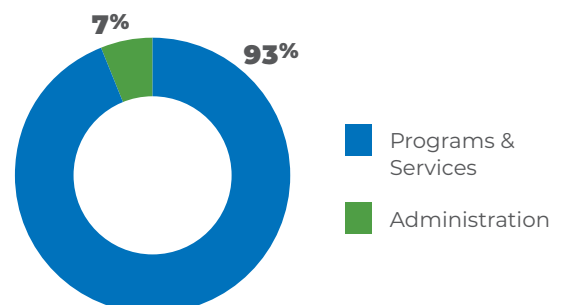
SFY21 Expenditures

Programs and Services	
Quality Child Care & Preschool	\$69,311,955
Strengthening Families	\$31,327,229
Preventive Health	\$15,626,604
Other programmatic expenditures (Grants, Gifts, & Donations)	\$1,922,764
Workforce Development & Training	\$5,223,820
Family/Community Engagement	\$2,706,202
Research & Evaluation	\$4,114,712
System Coordination	\$989,821
Support Activity	
Administration & General	\$9,976,224

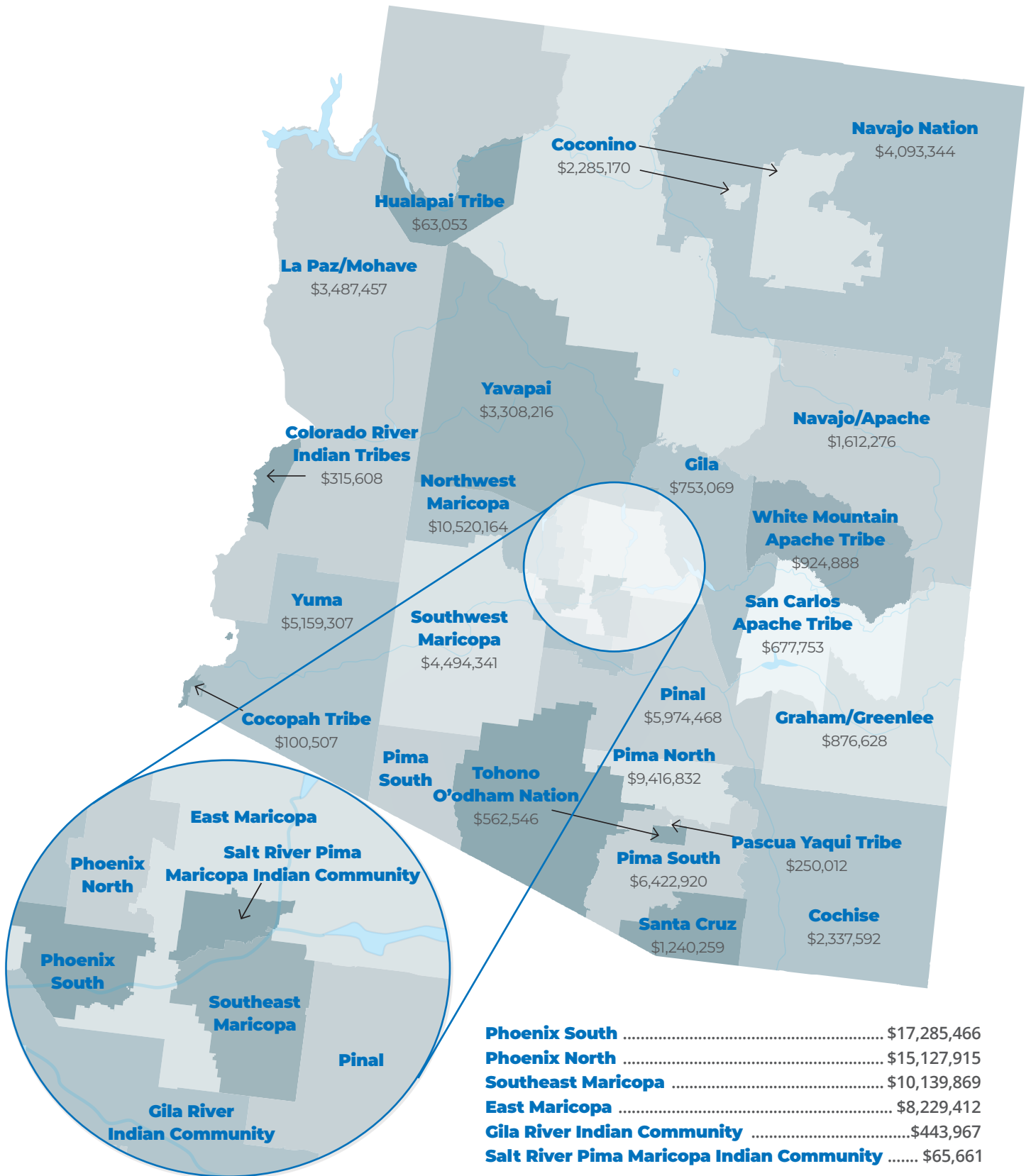


SFY21 Expenses by Category

Programs & Services	\$ 131,223,108
Administration	\$9,976,224
TOTAL	\$141,199,332



SFY21 Investments Across Arizona



Phoenix South	\$17,285,466
Phoenix North	\$15,127,915
Southeast Maricopa	\$10,139,869
East Maricopa	\$8,229,412
Gila River Indian Community	\$443,967
Salt River Pima Maricopa Indian Community	\$65,661

*This does not include \$9,441,807 in statewide programmatic expenditures.

Endnotes

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