PROMOTING HEALTH & WELLNESS AMONG ARIZONA'S EARLY CARE & EDUCATION (ECE) PROVIDERS

A Landscape Analysis

of State Agency Reach, Supports, & Connectedness

ADHS

August 31, 2024

PREPARED BY THERESA LEGROS, MA

for the Arizona Department of Health Services (ADHS) State Physical Activity and Nutrition (SPAN) Program

THE UNIVERSITY OF ARIZONA
COLLEGE OF AGRICULTURE & LIFE SCIENCES
Nutritional Sciences & Wellness

“Many things can wait. Children cannot. Today their bones are being formed, their blood is being made, their senses are being developed. To them we cannot say ‘tomorrow.’"

Gabriela Mistral

CONTENTS

EXECUTIVE SUMMARY

The Arizona Department of Health Services' State Physical Activity and Nutrition (SPAN) program works at the state level to improve health-related support for early care and education (ECE) providers. The state system includes technical assistance networks, incentives, and evaluation processes to track provider participation and progress. This landscape analysis explored the supports and interconnectedness of four statewide programs: the DES Division of Child Care, First Things First, and the ADHS Office of Community Innovation (OCI)'s Empower and AZ Health Zone. Key findings include:

- First Things First and the AZ Health Zone had robust, local-level technical assistance networks for Empower and Go NAPSACC. First Things First was especially active in offering tailored Go NAPSACC support between August 2023-July 2024. Go NAPSACC progress and support varied by county and some urban-rural classifications.
- Different types of incentives were available across programs. Monetary incentives were powerful, but lack of funding sometimes threatened continuous availability.
- Statewide enrollment data for provider participation was generally accessible. This enabled a merged dataset that revealed gaps and areas of potential duplication. For example, many providers were enrolled in more than one health program.
- Programs used at least three quantitative assessments to track providers' health-related implementation progress. Two tools were validated, used nationwide, and linked directly to action planning with ECE providers.
- Agencies described variations in their overall connectedness to other agencies. The AZ Health Zone and Empower were well-connected, as were the DES and First Things First. The OCI was least connected to the DES and First Things First. The current First Things First-ADHS pilot has already begun to enhance this network limitation.

RECOMMENDATIONS

Building from System Strengths & Addressing System Limitations

Enhance the OCI's connectedness to DES and First Things First to share resources and further bridge the gap between health-related compliance and quality improvement.

Streamline technical assistance support by developing state-level guidance and resources for local staff to coordinate their Empower and Go NAPSACC support.

Collaborate to explore shared incentives, including cross-promoting existing incentives and/or securing funding for new incentives.

Consider merging select evaluation processes. This includes (1) a combined enrollment dataset for ADHS licensed and Quality First-, Empower-, and Go NAPSACC-enrolled ECE providers and (2) an opportunity to merge the Empower and Go NAPSACC self-assessment processes.

WHY CONSIDER THE ECE LANDSCAPE?

In 2023, the Arizona Department of Health Services (ADHS) received funding to implement the CDC's five-year **State Physical Activity and Nutrition (SPAN) program**, including the early care and education (ECE) strategy: "States and communities can support children's healthy growth and development in ECE at three levels: state systems, ECE programs, and ECE providers. This approach helps ECE programs improve their policies and practices." Arizona SPAN is currently prioritizing *state-level* work to improve its general infrastructure and support for ECEs' health-related policy, systems, and environment (PSE) improvements.

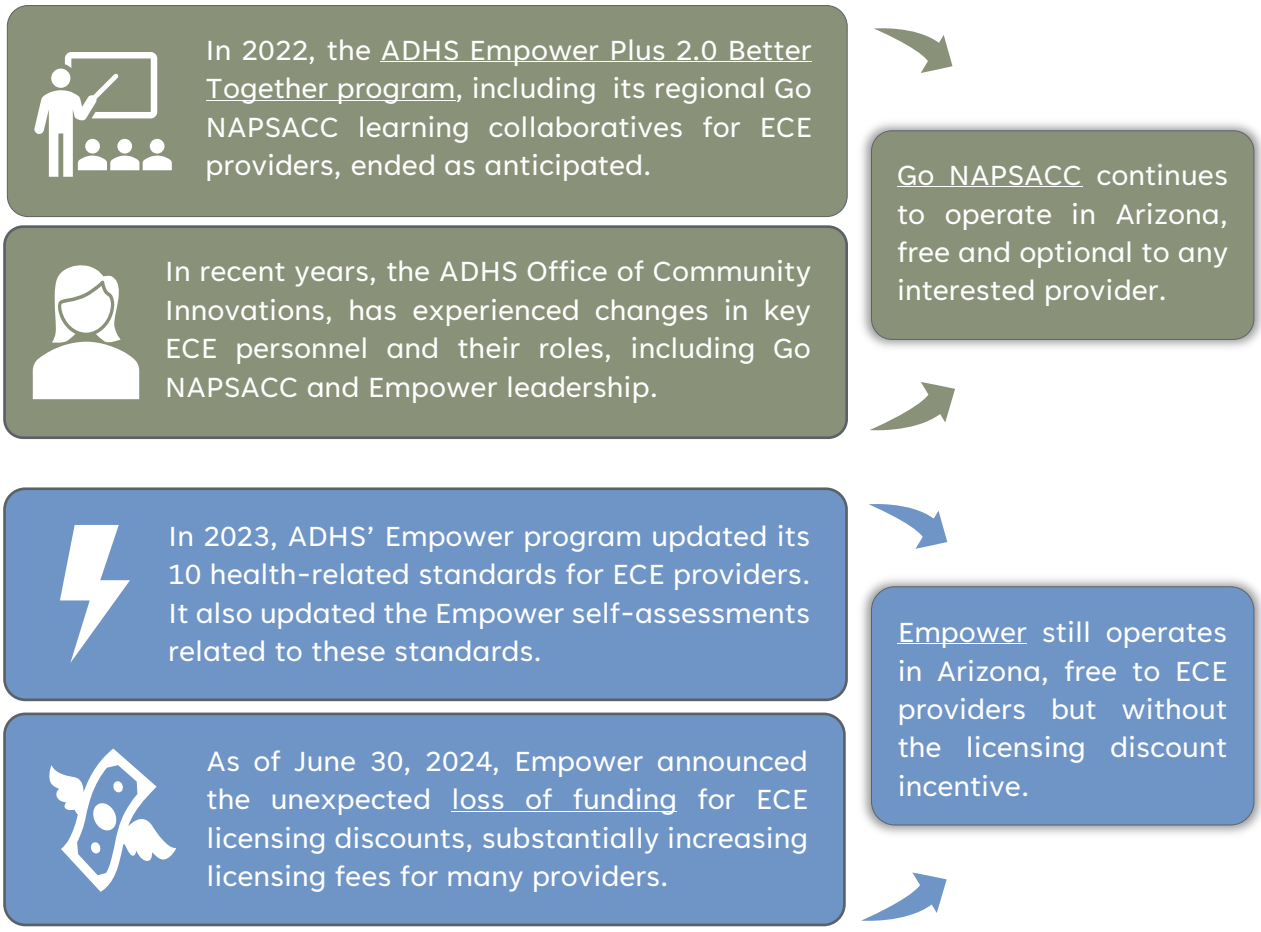
The State ECE Landscape is Evolving

Arizona's state-level ECE system supports health-related PSEs using a combination of technical assistance to ECE providers, ECE participation incentives, and evaluation processes for tracking and improving ECE participation and progress. This system has undergone numerous recent disruptions, making a current snapshot of the ECE landscape especially helpful for informing next steps with SPAN.

It is worthwhile to first consider a broader 2022 landscape analysis of Arizona's ECE-related challenges and opportunities. One report recommendation was to address the persistent interagency competition for state resources:

"Arizona should explore a collective impact model…to build on its common agenda, establish shared measurement, align mutually reinforcing activities, strengthen relationships, and ensure a dedicated team."

SPAN provides a unique opportunity to address the health-related aspects of this recommendation. Meanwhile, the state ECE system has experienced several changes in



Despite these changes, many state agencies continue to support ECE health, including:

- ✓ **The Arizona Department of Economic Security (DES) Division of Child Care** (also restructuring)**.** DES continues to require its contracted providers to complete pre-service and regular health and safety trainings, and to participate in Empower.
- ✓ **Arizona's publicly-funded First Things First program.** The First Things First 2024-27 strategic plan includes an objective to act as a systems convener and/or coordinator with partners like Empower. While the plan does not mention Go NAPSACC, First Things First maintains a cohort of trained Go NAPSACC Consultants.
- ✓ **The Office of Community Innovations (OCI), via the AZ Health Zone and Empower.** The AZ Health Zone, Arizona's SNAP-Ed program, promotes Empower and Go NAPSACC with partner ECE providers and trains local agency staff as Go NAPSACC technical assistance Consultants. Empower operates statewide and partners with other agencies to reach ECEs locally.

Together, these conditions highlight Arizona SPAN's need to better understand how the current state-level system collectively promotes and inhibits ECE provider engagement in health-related initiatives. Arizona SPAN also seeks to identify opportunities to enhance interagency communication, coordination, cooperation, and collaboration.

Project Purpose & Aims

The purpose of this 2024 landscape analysis is to elucidate Arizona's ECE system for supporting provider participation in health-related PSE interventions. This includes two primary aims:

1. Describe the state-level ECE supports (technical assistance networks, incentives, evaluation processes, and interagency connectedness) of the DES Division of Child Care, the OCI's Empower and AZ Health Zone programs, and First Things First.
2. Identify opportunities and challenges around enhancing these supports.

THE HEALTH-PROMOTING ECE LANDSCAPE

Arizona's ECE providers may participate in one or more required and optional health-related programs supported by various state agencies. The programs below are especially relevant to this landscape analysis.

ECE PROVIDERS MAY BE...

ADHS LICENSED

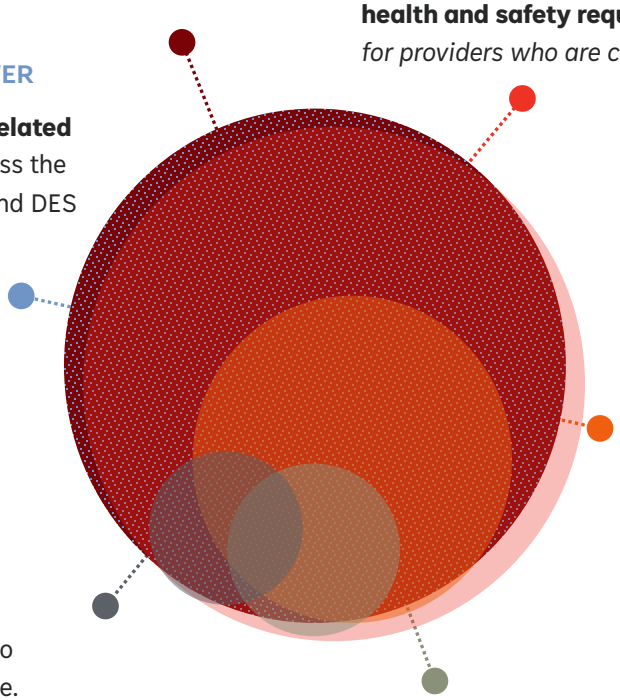
By law, any Arizona provider compensated for regular care for more than 4 children at once must be licensed (child care centers) or certified (family child care homes, or FCCHs) by the ADHS.

DES CONTRACTED

Beyond licensing, ECE centers and FCCHs can contract with the DES to care for children eligible for child care assistance. Unlicensed homes with up to 4 children can also become DES Certified Family Child Care Providers. All DES-contracted ECE providers must meet **minimum health and safety requirements**. *Empower is required for providers who are contracted with the DES.*

ENROLLED IN EMPOWER

Empower promotes **10 health-related standards** to ECE providers across the state. Beyond the Quality First and DES requirements to participate, any licensed Arizona provider can voluntarily enroll in Empower.



ENROLLED IN QUALITY FIRST

ECE providers can voluntarily participate in First Things First's Quality First program, which offers opportunities for enhanced DES subsidy rates. Quality First supports comprehensive improvements to the learning environment, including but not limited to **health and safety beyond the minimum DES requirements.** *All Quality First participants are required to enroll in Empower. Some also receive Go NAPSACC support through Quality First.*

PARTNERED WITH THE AZ HEALTH ZONE

ECE providers that meet the income threshold to quality for SNAP-Ed services can choose to partner with the AZ Health Zone. AZ Health Zone Local Implementing Agencies (LIAs) offer Go NAPSACC, Empower, and other support for improving **nutrition & physical activity (PA) policies, systems, & environments (PSEs)**.

ENROLLED IN GO NAPSACC

Voluntary for Arizona providers, Go NAPSACC promotes PSE improvements across any of **6 health-related topics**: Breastfeeding & Infant Feeding, Child Nutrition, Farm to ECE, Infant & Child Physical Activity, Oral Health, Outdoor Play & Learning, and Screen Time.

Agency & Program Reach

Some but not all enrollment data was available for this analysis and was used to better understand which ECE providers participate in which state agency programs:

The ADHS updates its public database of licensed and certified providers every month.

Quality First also maintains a database of all participating ECE providers.

The Go NAPSACC database of all participating ECE providers is open to administrators.

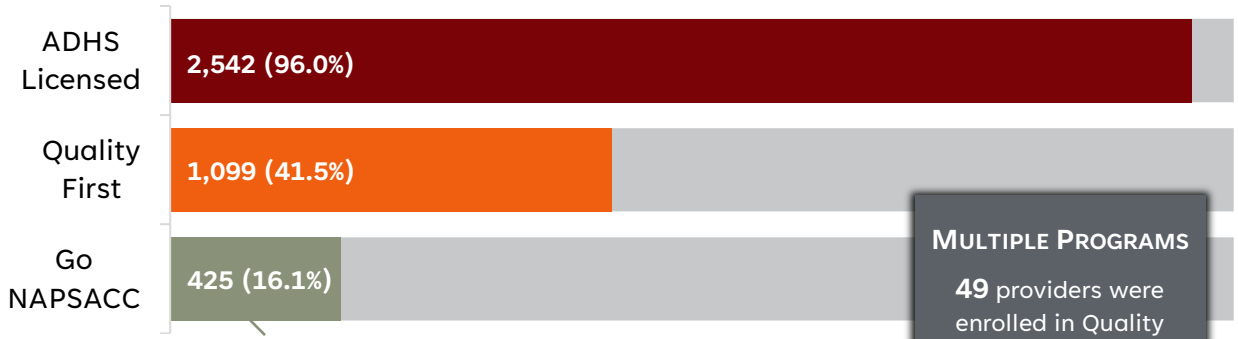
No Empower dataset of participating ECE providers was available.

USED HERE TO ANALYZE ECE PARTICIPATION

MERGED DATA SETS = 2,647 ECE PROVIDERS

Deeper investigation into dataset naming practices may reduce this number.

Almost all of the 2,647 ECE providers were ADHS licensed or certified.

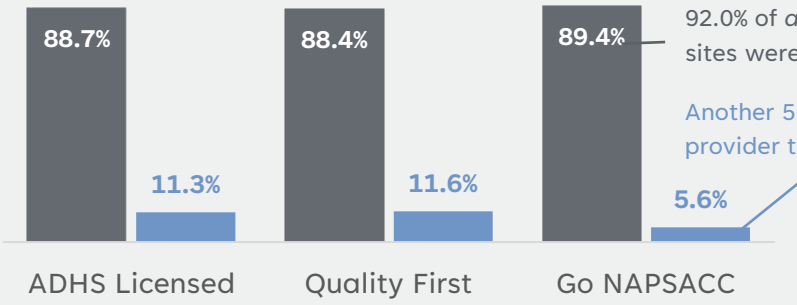


Only 75 (2.8%) of these providers were **active** in Go NAPSACC, taking at least one action beyond enrollment in the past year.

MULTIPLE PROGRAMS

49 providers were enrolled in Quality First *and* active in Go NAPSACC.

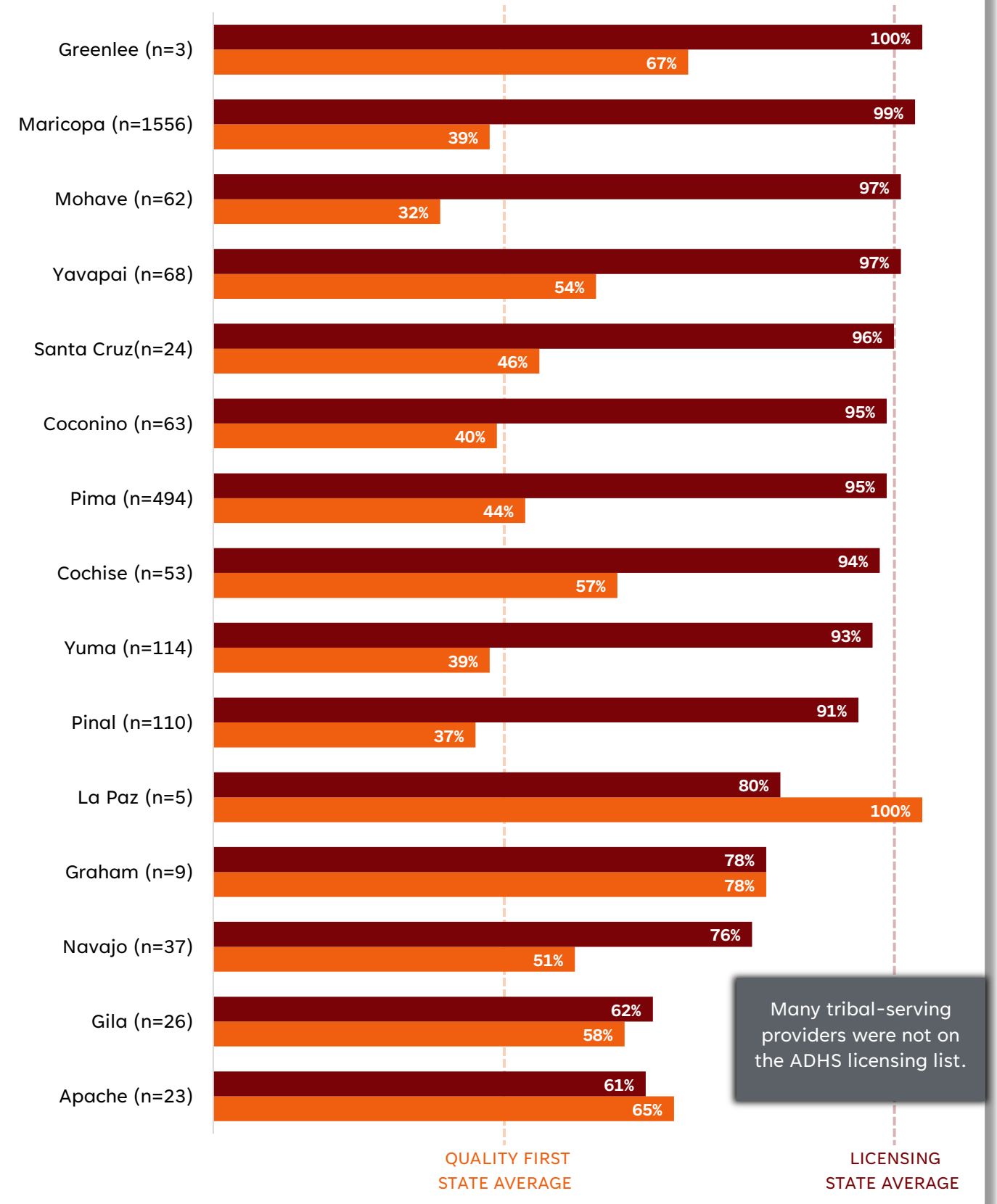
A relatively higher proportion of centers versus family child care homes (FCCHs) were active in Go NAPSACC.



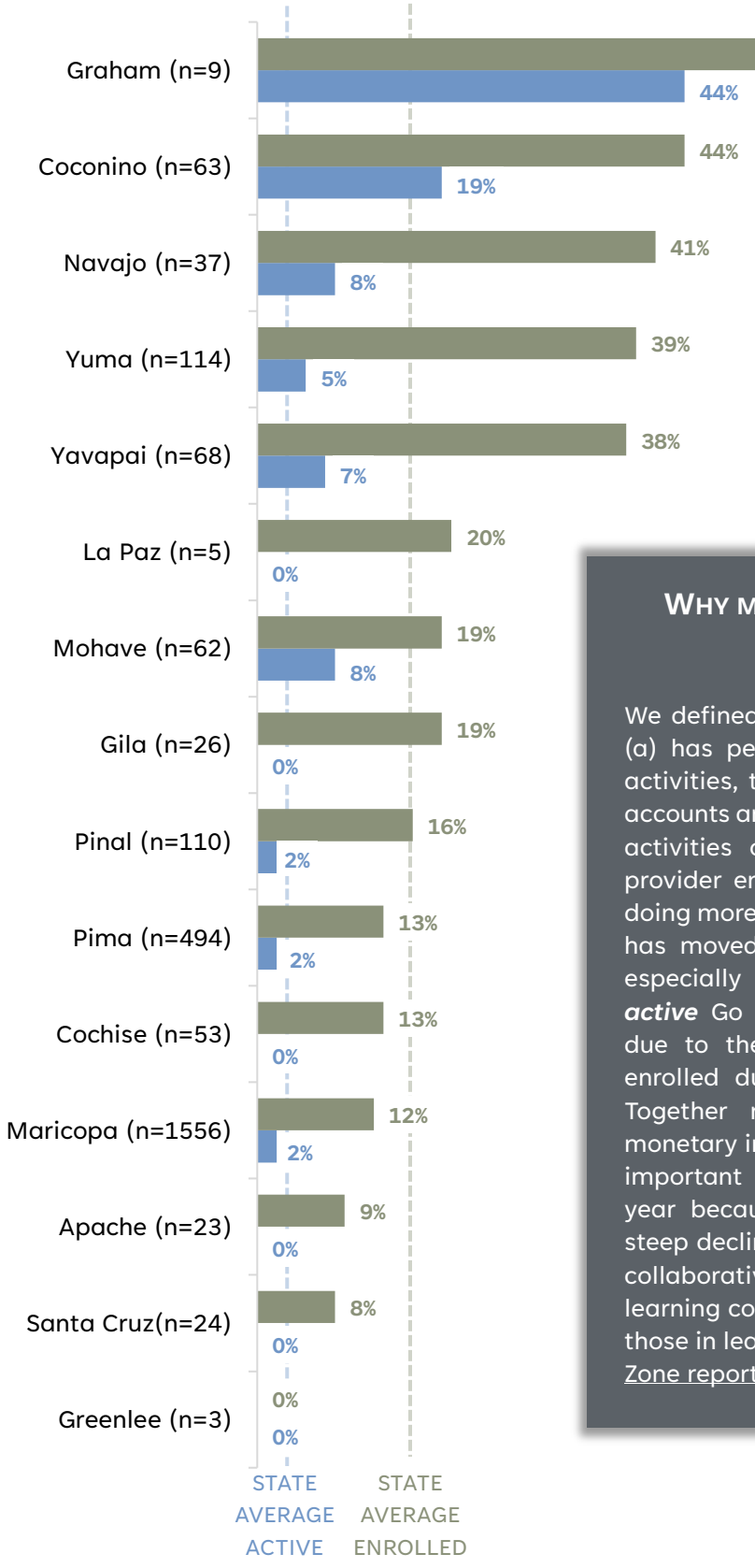
92.0% of *active* Go NAPSACC sites were centers.

Another 5.6% of Go NAPSACC provider types were unknown.

Among all Arizona counties, Apache, Gila, Navajo, Graham, and La Paz had the smallest proportion of ADHS licensing and certification and some of the largest proportions of Quality First enrollment.



Among all Arizona counties, Graham and Coconino had the highest proportions of ECE providers enrolled in Go NAPSACC and active in Go NAPSACC within the past year. Apache, Santa Cruz, and Greenlee had the lowest.



As of July 2024, Go NAPSACC Consultants connected to ECE providers had the potential to reach **25,101 CHILDREN**.

WHY MEASURE ACTIVE GO NAPSACC PROVIDERS?

We defined an active ECE provider as one that (a) has performed at least two Go NAPSACC activities, tracked online via their Go NAPSACC accounts and (b) performed at least one of these activities on or after July 1, 2023. Because provider enrollment is recorded as an activity, doing more than one activity meant the provider has moved beyond simple enrollment. It was especially important to identify the subset of ***active*** Go NAPSACC providers in this analysis due to the large numbers of providers who enrolled during the Empower Plus 2.0 Better Together recruitment period, which offered monetary incentives to simply enroll. It was also important to capture activity within the past year because provider activity experienced a steep decline when the Better Together learning collaborative ended in 2022. Providers not in learning collaboratives made less progress than those in learning collaboratives in this AZ Health Zone report (p21-22).

State Agency Overview

The overview on page 12 summarizes the health-related technical assistance, incentive, and evaluation systems of the four state agency programs analyzed—with a special focus nutrition and physical activity elements. This visual does not include broader ECE provider supports (ex., for business practices or instructional quality) offered by First Things First, the DES, or the OCI. Moreover, other state programs that support ECE health (Head Start, tribal programs, Arizona WIC, etc.) are not included but may be important to future work.

Technical Assistance Networks

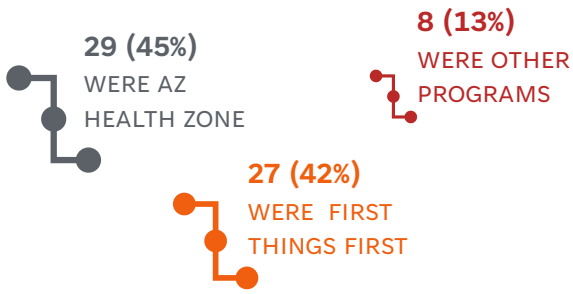
All three state agencies—the DES, First Things First, and the OCI through the AZ Health Zone—have some type of technical assistance network. The OCI's Empower program does not. Thus, ECE providers receive tailored Empower support through other channels. In addition, while the DES has a cohort of internal staff to provide technical assistance around health and safety compliance, they largely coordinate with other partners to strengthen ECE providers' health and safety initiatives beyond compliance. Therefore, the robust technical assistance networks of First Things First's Quality First and the OCI's AZ Health Zone play pivotal roles supporting site-level Empower, Go NAPSACC, and other health-related PSE changes.

- The **Quality First Child Care Health Consultant (CCHC)** is "a specially trained health professional who provides recommendations and support to ECE providers through education and the identification of site-specific health and safety needs (Quality First Representative Guide)."
- **AZ Health Zone Local Implementing Agency (LIA) staff** are trained and qualified to aid multilevel nutrition and physical activity interventions, including site-based support for ECE providers' PSE initiatives (AZ Health Zone FY24 Program Guidance & Policy Manual).

CCHCs tend to work across a broad spectrum of wellness-related topics, while LIA staff are generally focused on nutrition and physical activity, with some recent tie-ins to trauma-aware and culturally relevant approaches.

Go NAPSACC Consultants.

The Go NAPSACC online platform allows Arizona to track its cohort of trained technical assistance Consultants, including their linkages to ECE providers. As of July 2024, **64 Consultants** were active since 2023 and/or had at least one pending or actual provider connection. Of those:



HEALTH-RELATED ECE SYSTEM OVERVIEW

SYSTEM ELEMENT	DES DIVISION OF CHILD CARE	FTF QUALITY FIRST (QF)	OCI EMPOWER PROGRAM	OCI AZ HEALTH ZONE
Technical Assistance Network	On-site staff and community partners support health & safety compliance	CCHCs support comprehensive health & safety, including Empower and Go NAPSACC	X	LIA staff support PA and nutrition PSEs at SNAP-Ed sites via Empower, Go NAPSACC, and more
Social Incentives	Cohort groups offer opportunities for networking and peer support	Tiered and tailored coaching includes the QF Coaching & Incentives Grant and more	X	Tailored LIA support for PSE change, and some cohort groups, with qualified sites
Monetary Incentives	Higher subsidies for higher QF star ratings & select health credentials, $500 for DES certification	ECE staff bonuses & higher subsidies for higher star ratings, some QF subsidy scholarships	X	X
Material Incentives, i.e. Supplies	X	Health & safety supplies, including funds for purchasing via QF Coaching & Incentives Grant	X	Reinforcement items related to physical activity & nutrition supports
Training & Credentialling Incentives	College scholarships (tangential to health & safety, depending on workforce training topics)	AZ Early Childhood Workforce Registry Credit for Health & Safety trainings	AZ Early Childhood Workforce Registry Credit for Empower trainings	AZ Early Childhood Workforce Registry Credit for Empower & Go NAPSACC trainings
Marketing & Promotion Incentives	ECE is listed in the Child Care Resource & Referral Database, with any QF star rating	QF star ratings are published by DES, and ECEs can market high QF star ratings	ECEs can market their participation in the widely recognized Empower program	X
ECE Compliance Assessments	Compliance visits assess some health topics, and yes/no for Empower participation	Observation-based Environment Rating Scale (ERS includes health & safety), CCHC Checklist	Yes/no completion of the Empower self-assessment (required for DES & QF representatives)	X
ECE Progress Evaluations	Opportunistic qualitative conversations with ECE providers (ex., during visits)	ERS tool and CCHC Checklist to action plan & see change over time, narrative reports	*When resources available*, Empower self-assessments analyzed to track change over time	5 Go NAPSACC self-assessment modules to action plan & see change over time, narrative reports

Forty-nine of the 64 (77%) Consultants were **connected to at least one provider**. Of those 49:

- **25 (51%)** WERE AZ HEALTH ZONE
- **4 (8%)** WERE OTHER PROGRAMS
- **20 (41%)** WERE FIRST THINGS FIRST

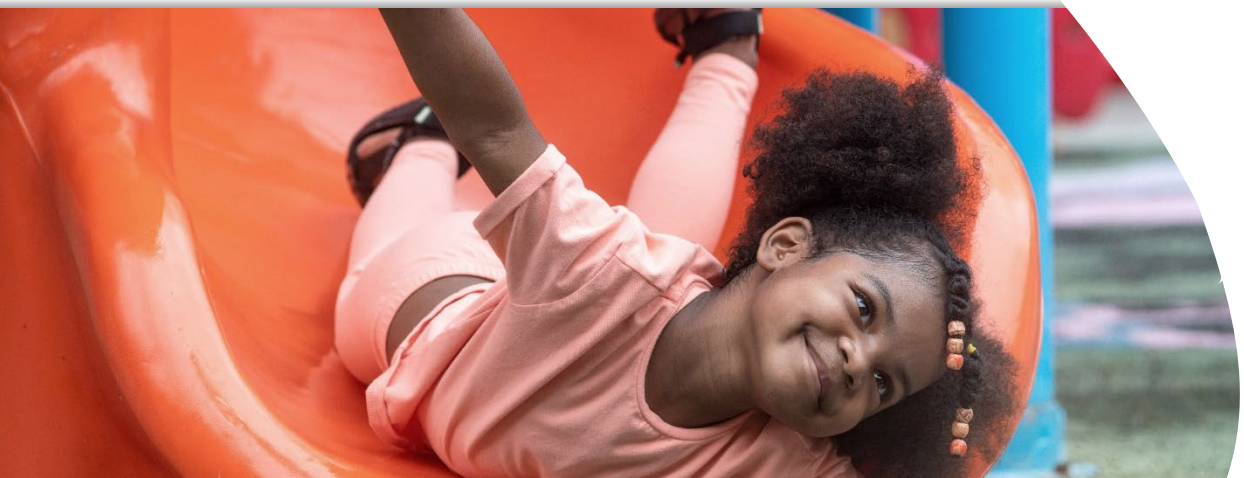
In addition, 46 of the 64 (72%) were **active within the Go NAPSACC portal during the past year**, i.e., since July 1, 2023. Of those 46:

- **19 (41%)** WERE AZ HEALTH ZONE
- **5 (11%)** WERE OTHER PROGRAMS
- **22 (48%)** WERE FIRST THINGS FIRST

Thus, although the AZ Health Zone has the largest proportion of Go NAPSACC Consultants, First Things First has the largest proportion of *active* Consultants.

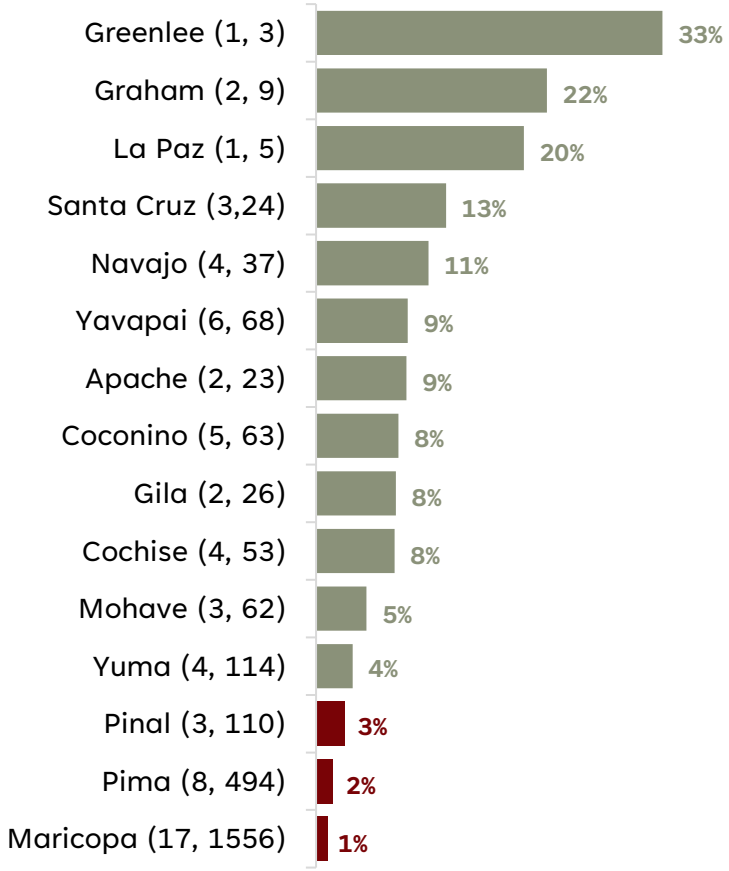
Consultants can serve more than one provider. In Arizona, their number of connections varied widely, from 1 to 69. While the *median* number of Consultant connections was about 5 for both the AZ Health Zone and First Things First, the *mean* was much higher for First Things First (11.5) versus the AZ Health Zone (6.4). "Other" agency Consultants were less present in Arizona but had an even greater number of median (12) and mean (15.5) connections. In addition, the mean number of ECE programs connected was somewhat higher for Consultants active within the past year (10.1) versus all Consultants (9.2). This suggests that CCHCs and other groups may have the capacity to support more ECE providers than AZ Health Zone LIAs.

All Arizona counties were covered by at least one Consultant, and the number of active Consultants generally increased as the number of ECEs providers in the county increased. However, a by-county analysis (from the ECE provider dataset reported earlier) revealed that the more urban counties had lower proportions of Consultants per provider than the more rural counties. The figure on page 14 provides more detail and suggests that providers' Go NAPSACC success can be influenced by the strength of the county's technical assistance network, but that other factors beyond the number of Consultants may play an important role in supporting Go NAPSACC in certain regions.



Arizona's most urban counties had the highest number of Go NAPSACC Consultants but the lowest proportion of Consultants per ECE provider. Conversely, three of the most rural counties had the highest Consultant per provider proportions.

The numbers of Consultants and providers are listed after each county as (Consultants, providers).



REMEMBER...

...having an active Consultant may not always be sufficient for promoting Go NAPSACC activity. Greenlee County providers were *not at all* active in Go NAPSACC, whereas Graham County providers were *the most active* of all counties. Maricopa and Pima counties were somewhat active.

Not all 46 recently active Consultants were connected to a provider: 34 (74%) were linked to at least one provider, and the rest were active in other ways (ex., completed training). Consultants also had 62 *pending* connections with ECE providers, and they had outstanding enrollment invitations to another 159 providers that had not (yet) registered.

Finally, considering just the 75 providers who were active in Go NAPSACC during the past year, 87% were connected to at least one active Consultant, compared to only 63% of non-active providers. Some active providers (18.7%) had two or more Consultants from two or more agencies. Two implications are that an important—but not always sufficient—condition for helping providers move through Go NAPSACC's improvement process is tailored support, and that interagency coordination can reduce the duplication of services.

Perceptions of Support Networks. Focus groups with First Things First and AZ Health Zone state leaders revealed that both agencies seek frequent two-way communication with the ECE providers they support. To date, First Things First reported a more established system than the AZ Health Zone to both support ECE providers and collect their feedback to improve services.

> "CCHCs do educate ECE providers, and there's also a whole component with the Maricopa Department of Public Health where all the consultants come back in and talk about what ECEs are sharing, what's working, what's not...so we're getting feedback. We also have the Quality First Academy—[the health and safety] feedback goes to [the First Things First Program Strategy Specialist]...[and] we do annual representative surveys directly with all of our over 1,000 providers and ask them for feedback on all Quality First programs, including CCHCs. We also have regional forums, like when the American Rescue Plan funding came in, we had to have a conversation to get the provider voice...Providers do call us!"
>
> *–First Things First Representative*

The AZ Health Zone aspired toward this kind of provider engagement, however state leaders felt that more work was needed to achieve statewide success.

> "It depends on what county and LIA is interacting [with the ECE provider]. Ideally, the AZ Health Zone is seeking two-way communication between the LIA and ECE provider, but that engagement piece is still beginning, growing in the majority of places."
>
> *–AZ Health Zone Representative*

Incentives

During interviews and focus groups with the DES, the OCI's Empower and AZ Health Zone programs, and First Things First, representatives described five types of incentives shown in the state agency overview (p12). They discussed these incentives as ways to encourage ECE providers to partner with them on health and safety initiatives, for example:

"We find in a lot of our strategies that the ability to connect with peers and have a space to get questions answered and get support motivates people to participate."

–DES Representative

SOCIAL INCENTIVES

"Licensing discounts seem to have been a strong incentive to at least get providers to participate. I don't yet know what it will look like now that this incentive has gone away."

–Empower Representative

MONETARY INCENTIVES

"These incentives work to a certain extent but do not push barriers to ECE participation such as ECEs' limited time and burnout. But they help in some ways."

–AZ Health Zone Representative

MATERIAL INCENTIVES

TRAINING & CREDENTIALLING

MARKETING & PROMOTION

"When they complete Empower trainings, they receive credit in the workforce registry and contribute to the professional development profile of their provider... Training completion also satisfies a DES requirement for the providers' health and safety trainings."

–Empower Representative

"[One reason] we hear from providers about why they're in Quality First: It is posted on the FTF website so it's a way to market their program as [high] quality..."

–First Things First Representative

Evaluation Processes

In addition to the enrollment data already presented, each state agency has evaluation processes in place to assess ECE providers' compliance and/or progress with health-related programs (see p12).

Compliance. The EMPOWER SELF-ASSESSMENT is collected by the ADHS licensing team. The DES focuses on HEALTH AND SAFETY-ORIENTED COMPLIANCE, including monitoring the level of risk at the ECE provider's site, tracking provider completion of training requirements, and checking that the contracted provider also participates in Empower.

The DES coordinates closely with First Things First, which monitors Quality First requirements, including Empower participation. More importantly, Quality First acts as a bridge connecting the health and safety compliance tracked by the ADHS licensing and DES teams, with CCHC-SUPPORTED, QUALITY IMPROVEMENT-ORIENTED EVALUATIONS.

> "The [ADHS] licensing team manages the [Empower] self-assessment when they go out and do their annual reviews...The ECE can do this on site [and online] when licensing is doing their visit."
>
> *–Empower Representative*

> "For the licensed center group home contracting side, they have a provider registration agreement that the provider has to comply with...For the family child care home provider certified side...[After the first year, they receive] two visits per year with the monitoring tool to assess the level of safety risk for noncompliance with Article 52."
>
> "The Program Development Unit...oversees the health and safety curriculum...how it links to the Workforce Registry to enter that training into that system so that [the DES monitoring] team can track compliance with the training requirements."
>
> *–DES Representatives*

> "We work closely with the providers to make sure they're not overwhelmed with multiple assessments at one time...Our formal assessment with our external assessment team is completed *before* the CCHCs are doing their Health & Safety assessment. If we were to be at a site when an ADHS or DES person shows up to do compliance visits, we end our assessment so that the provider can focus on one thing at a time...We are a voluntary, quality improvement-focused program. We are above and beyond basic licensing and tribal regulations. So they take precedence, and we build on what they have started."
>
> *–First Things First Representative*

Evaluating Implementation Progress. The SPAN program is especially interested in understanding how state agencies are assessing ECE providers' implementation of health-related PSEs. It is important to note that, in Arizona, participation in such evaluations is optional for all ECE provider types. In this analysis, First Things First, Empower, and the AZ Health Zone used the three quantitative evaluations below (and sometimes other assessments) to help providers improve their health-related PSEs:

EARLY CHILDHOOD ENVIRONMENT RATING SCALE®, 3RD ED (ECERS-3)

- Observations made by trained First things First representative
- Measures 35 observable items (no policy), with a subset related to nutrition and physical activity
- Some topical overlap with Go NAPSACC & Empower, but covers broader learning environment
- Detailed, validated extensively, used nationally
- Completed biennially during First Things First visits, used broadly as a Quality First requirement
- Results inform provider action planning and track change over time
- Data also informs Quality First star ratings

"[The ECERS-3] has an infant, toddler, pre-K, and family child care home rating scale edition. Programs not affiliated with Head Starts start with the ERS and, if they meet certain thresholds, they then move on to the classroom assessment and scoring system that looks more at interactions and instructional support, more of those interpersonal behavioral supports."

-First Things First Representative

EMPOWER SELF-ASSESSMENTS

- Self-reported online by ECE provider
- Measures implementation of 10 Empower PSE standards (7 supported by AZ Health Zone)
- Some topical overlap with ECERS-3 (narrower scope) & Go NAPSACC (broader scope, vaguer)
- Brief, easy to complete, not validated, items and rating scale somewhat vague, Arizona-specific
- Collected during ADHS licensing visits, used broadly as a DES and Quality First requirement
- Results can be used for action planning, but a formal process not yet built into support systems
- Data analyzed annually, as resources allow

"When funding and staff are available out of WIC, we have the fluctuating capacity to have someone analyze the data, generate reports, and/or update the assessment itself. The process is very resource-dependent and not standardized…It has been helpful to look at 5 or 7-year reports to see how implementation has changed, [but] there are challenges in understanding what is actually meant for [ratings] like *not implemented at all*, *some*, and *fully implemented*."

-Empower Representative

GO NAPSACC SELF-ASSESSMENTS

- Self-reported online by ECE provider, ideally with the help of a trained CCHC or LIA Consultant
- Measures PSE implementation across 6 topics: Oral Health (not AZ Health Zone-supported), Infant & Child Physical Activity, Outdoor Play & Learning, Screen Time, Farm to ECE, Child Nutrition, and Breastfeeding & Infant Feeding.
- Some topical overlap with ECERS-3 (narrower scope) & Empower (more detailed)
- Intuitive, validated extensively, used nationally
- Completion cycles co-determined by the provider and Consultant, lesser used in Arizona
- Results are designed to be used for action planning, which is built into online provider portals
- Data are analyzed biennially and formally reported by the AZ Health Zone

"To date, assessments were more completed when learning collaboratives were active. Now it's more of a struggle to get providers to partner through the entire improvement cycle with pre and post assessments. There are just 2 or 3 LIAs that have done this successfully with a limited number of ECE providers. So, recruitment is the most challenging from the evaluator perspective. The data entry and assessment processes themselves work wonderfully."

-AZ Health Zone Representatives

Interagency Connectedness

Interagency connectedness can be described using "The Four Cs": communication, coordination, cooperation, and collaboration:

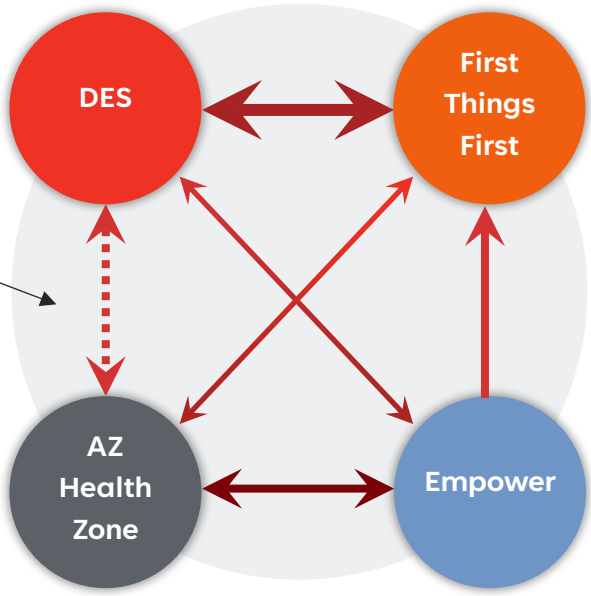
HOW CONNECTED ARE PEOPLE & PROCESSES?
HOW OFTEN DO THEY INTERACT?

LESS CONNECTED → MORE CONNECTED

COMMUNICATING	COOPERATING	COORDINATING	COLLABORATING
EXCHANGING IDEAS & INFORMATION	OPERATING SEPARARTELY TOWARD A SIMILAR GOAL WHILE AGREEING NOT TO INTERFERE	ALIGNING ORGANIZATIONAL ACTIONS IN PURSUIT OF A COMMON GOAL	COLLECTIVELY CREATING SOMETHING NEW (I.E., EMERGENT)

Focus groups and interviews with the DES Division of Child Care, First Things First, the Empower program, and the AZ Health Zone were used to explore agencies' perceptions of their connectedness to one other. There was general agreement among the four programs, with the exception of DES and the AZ Health Zone noted below:

- DES & Empower shared the DES requirement to participate in Empower, which previously included collaboration around licensing discounts.
- DES & the AZ Health Zone agreed they participated in state Go NAPSACC meetings, but DES described this as *coordination* while AZ Health felt it was *communication* only.
- DES & First Things First both described a history of frequent *coordination* and occasional *collaboration*.
- First Things First & Empower agreed about a general one-way flow of information to *coordinate* Empower technical assistance.
- The AZ Health Zone & Empower both described a history of regular *coordination* and *collaboration*.
- First Things First & the AZ Health Zone described limited state-level *coordination* around common goals and local-level variation in CCHC-LIA *cooperation* & *coordination*.



Note: The recent First Things First-ADHS pilot funded by the AZ Health Zone and SPAN to reach more ECE providers with Go NAPSACC strengthens these agencies' *collaboration*.

Conclusions

- **As of July 2024, many of Arizona's ECE providers were reached by one or more health-related programs—and their associated requirements.** Most providers were subject to ADHS licensing requirements as well as DES contractual obligations, including but not limited to health-related components. Many were also likely to participate in Quality First (over 40% in this analysis) and/or Empower (while no dataset was available, an ADHS summary reported 997 Empower self-assessments completed from 8/1/23-7/31/24). Furthermore, over 16% of providers were enrolled in Go NAPSACC, though a much smaller number were active in the online portal. These findings suggest that many providers likely engage in a combination of compliance and quality improvement activities around ECE health, including but not limited to assessments. Some providers may be asked to complete three or more assessments (ex., the ECERS-3, Empower self-assessment, and Go NAPSACC self-assessment), develop action plans, and make changes, within a one-to-two year period. Each assessment is unique in scope, however ECE providers may lack the capacity to fully engage in the full assessment-informed improvement processes.

- **State agencies were generally able to reach both ECE centers & FCCHs with health-related programming.** The proportion of ECE centers and FCCHs that were ADHS licensed, Quality First enrolled, and Go NAPSACC enrolled were similar. Go NAPSACC may be easier for centers versus FCCHs to implement, as the proportion of centers active in Go NAPSACC was higher than the proportion of centers that were simply enrolled.

- **In terms of program reach, Arizona counties tended to group by geographical characteristics, including some urban-rural classifications.**

    - The more urban counties (Maricopa, Pima, and Pinal) had relatively high numbers of ECE providers, and the vast majority of those were ADHS licensed. Quality First enrollment rates met or approached the statewide average. However, Go NAPSACC enrollment rates were below average for Maricopa and Pima, and rates for active Go NAPSACC providers were below average in all three counties. While there were more Go NAPSACC Consultants serving these counties than anywhere else, the numbers of Consultants *per provider* were relatively low.

    - Licensing rates in the small metro northern and western counties (Yuma, Mohave, Yavapai, and Coconino) were also high. Aside from Yavapai, Quality First enrollment rates fell below the statewide average, while Go NAPSACC enrollment rates were above average. Despite the modest numbers of Go NAPSACC Consultants per provider in these counties, their percents of ECE providers *active* in Go NAPSACC were relatively high.

- The majority of providers in Apache, Gila, Navajo, Graham, and La Paz—rural counties with many tribal-serving sites—were licensed at lower rates than other counties but exceeded the statewide average for Quality First enrollment. Apache and Gila had modest numbers of Consultants per provider, while La Paz had a relatively high number. Regardless, no ECE providers were active in Apache, Gila, or La Paz. In contrast, Graham and Navajo had a notable proportion of providers *enrolled and active* in Go NAPSACC, and both counties had relatively high numbers of Consultants per provider.
- Cochise, Santa Cruz, and Greenlee—southeastern counties with varying population densities—had high licensing rates, and their Quality First enrollment rates were above the state average. However, these counties had no active Go NAPSACC providers despite having modest-to-high numbers of Consultants per provider.

- **The First Things First technical assistance network was especially robust.** First Things First CCHCs and AZ Health Zone LIAs were trained to support Empower, Go NAPSACC, and other health-related ECE initiatives, with the potential to reach all Arizona counties. While the AZ Health Zone had slightly more trained Go NAPSACC Consultants, CCHC Consultants tended to be more active and support more providers, on average, than LIAs. First Things First also had a more developed communication feedback loop with providers than the AZ Health Zone, although the latter did reach numerous providers and described aspirations to further develop provider-LIA engagement.

- **There was broad availability of different incentive types across the four statewide programs.** Financial incentives were described as particularly powerful. Each additional incentive type may be uniquely attractive to ECE providers, depending on their needs and interests.

- **Statewide enrollment data for ECE providers' program participation was generally accessible.** Due to recent changes in operations and personnel, Empower data was not available for this report. Even so, the available data enabled the creation of a merged dataset that revealed gaps and areas of potential duplication of services.

- **Implementation progress was tracked using quantitative assessments that varied in validity and utility, and formal and informal qualitative inquiry.** First Things First and the AZ Health Zone relied on validated instruments used nationwide. Assessment results, formally tied to action planning, were often used by providers, CCHCs, and/or LIA staff. Empower and Go NAPSACC used self-assessments, whereas the ECERS-3 was observation-based. Statewide Go NAPSACC results were analyzed biennially by the AZ Health Zone and formally reported. Historically, statewide

Empower results were analyzed annually, although this process is currently in a state of flux. Empower and Go NAPSACC assessments were found to be fairly intuitive, brief, and cover many but not all of the same topics (Go NAPSACC modules are more detailed in their coverage of the six topics assessed). The ECERS-3 had some topical overlap with the other two assessments but was much broader—and often more detailed—in scope.

- **Agencies described variations in their overall connectedness to other agencies.** The OCI's AZ Health Zone and Empower programs were well-connected, as were the DES Division of Child Care and First Things First. The OCI was least connected to the DES and First Things First. The current First Things First-ADHS pilot funded by the AZ Health Zone and SPAN has already begun to address this system limitation.

MOVING FORWARD WITH SPAN

SWOT Analysis

During interviews and focus groups, representatives from the four state programs were also asked about their views on further coordinating their technical assistance networks, incentives, and evaluation processes with the other programs. This resulted in the strengths, weaknesses, opportunities, and threats (SWOT) summary on the right.

The SWOT analysis provides a summary of respondents' views around the ECE system's currently accessible strengths or assets; current weaknesses or gaps; opportunities that could emerge from enhanced cooperation, coordination, and/or collaboration; and challenges or threats to aligning various aspects of these state agencies' systems.

STRENGTHS OR ASSETS

Technical Assistance

- DES & Empower already look to qualified, trained First Things First & AZ Health Zone staff to provide local, tailored support to ECE providers.
- Some LIA staff & CCHCs already have experience coordinating their provider efforts locally.
- First Things First models effective 2-way communication with ECE providers.
- First Things First & the ADHS have already begun a coordinated pilot and shared records of potential ECE sites & regions for support.

Incentives

- A variety of incentives are already offered across programs.

Evaluation

- The AZ Health Zone & First Things First already have systems to train staff on assessments & action planning.
- Assessment processes are already embedded in ADHS Licensing, DES, & Quality First compliance visits.
- Empower & Go NAPSACC use online self-assessments that have been thoroughly cross walked (twice).

WEAKNESSES OR GAPS

Technical Assistance

- The quality & frequency of optional support is inconsistent (ex., with turnover, funding loss).
- The AZ Health Zone is restricted to SNAP-Ed qualified sites and nutrition/physical activity topics. It does not yet have regular 2-way LIA-provider communication.

Incentives

- The Empower licensing discount, a major incentive for providers, was discontinued.
- LIAs struggle with Go NAPSACC recruitment: registry credits are not widely understood, providers are over-burdened, and many Go NAPSACC incentives ended.

Evaluation

- Empower's transitional period has created difficulty accessing ECE provider participation data.
- Recurring (and sometimes unpredictable) budget deficits inhibit the ability to analyze data.

All Areas

- DES, First Things First, & the OCI do not fully understand each other's scope, processes, & viewpoints.

OPPORTUNITIES

Technical Assistance

- Combining Empower's recognizability with Go NAPSACC's trainings & resources (for most Empower topics) can simplify messaging & conserve resources.
- Streamlining enrollment data across agencies could enhance coordination and expand combined reach.

Incentives

- Pooling incentives across agencies can conserve resources and still reach providers in appealing ways.

Evaluation

- Streamlined data collection, analysis, & reporting can conserve limited resources and help all agencies understand the effectiveness of their supports. The OCI's new Empower hire could help revamp data systems.
- Go NAPSACC's new data dashboard launch may be useful for Arizona.

All Areas

- Empower's transitional period offers an opportunity to reimagine its technical assistance network, evaluation processes, & incentive system.

CHALLENGES OR THREATS

Technical Assistance

- The AZ Health Zone needs time & resources to ensure all resources used by LIAs are trauma-informed and meet their Language of Health guidelines.

Incentives

- Funding for state programs is limited and inconsistent, threatening efforts that require dedicated funding.

Evaluation

- Each agency's assessment aligns to its current operations and goals. How can these be streamlined without losing critical, program-specific information?
- There is no current funding source identified for developing & maintaining shared evaluation processes.

All Areas

- The 4 programs exhibit differences in their real & perceived scope (ex., funder requirements, missions, definitions of "health") that challenge alignment.
- It is unclear who would lead any coordination of efforts across agencies. This includes the potential for power dynamics to foster inequity and/or political strife.

Recommendations

1. **Enhance OCI Connectedness to DES and First Things First.** The compliance-oriented DES and quality-oriented First Things First expressed strong cooperation and coordination, and regular collaboration, around broad ECE topics that included nutrition and physical activity PSEs. The OCI's two quality-oriented Empower and AZ Health Zone programs were also highly connected, with a unique focus on nutrition and physical activity PSEs. Strengthening the OCI's *coordination with the DES* and *collaboration with First Things First* can enhance the overall connectivity of the state agency network, further bridging the gap between health-related compliance and quality improvement. This work may include *non-goal-oriented relationship building* (ex., meetings and conversations to share perspectives and educate one another on program scope) as well as more *formal, goal-oriented project planning* to address shared needs and objectives. Recommendations 2-4 offer more detailed suggestions for goal-oriented collaboration.

A Related Idea. Can the AZ Health Zone learn more about First Things First's successful two-way communication channels with ECE providers? Are there opportunities to hear provider feedback already shared through First Things First surveys?

2. **Streamline Technical Assistance Support.** Multiple demands on ECE providers can overwhelm their capacity, including their ability to progress health-related PSEs. ECE providers must first meet compliance demands, resulting in limited capacity for quality improvement efforts. Meanwhile, the state agencies included here have variable maximum capacities to reach hundreds of ECE providers with tailored support. First Things First and the AZ Health Zone both maintain technical assistance networks in most counties, and CCHCs and LIA staff sometimes coordinate efforts. Consider building from these county-level efforts by developing state-level guidance and resources to support local Empower and Go NAPSACC coordination. This can include (a) an expectation that CCHCs and LIAs coordinate to avoid duplication of services *and* enhance countywide reach, (b) a checklist of considerations for coordinating efforts (ex., which agency has an existing provider relationship? Which staff are geographically closer?), and (c) up-to-date lists of which agency staff are operating in each county, along with which ECE providers are enrolled in Quality First, Empower, and Go NAPSACC.

   Potential benefits to ECE providers include greater access to tailored support for health-related PSEs; simplified communication between the provider and a single technical assistant (versus two or more agencies reaching out around similar topics); and the technical assistant's greater familiarity with the provider, especially helpful amid ECE turnover. Potential state agency benefits include reduced duplication of resource-intense services and reduced competition for ECE providers' limited time. The First Things First-ADHS pilot has already begun to address this recommendation, and additional lessons may be learned as a result.

A Related Idea. Can state agencies connect CCHCs and LIAs who have been especially successful supporting Go NAPSACC progress? Can less active Go NAPSACC Consultants learn from those who are active with 5 or more ECE providers?

3. **Explore Shared Incentives.** Agencies can work together to identify ways to cross-promote—and further leverage—existing incentives and recognition programs tied to quality improvement. Ideas include: creating a collaboratively branded and consistent menu of incentives to share with ECE partners, incorporating proof of Go NAPSACC

progress into Quality First Star ratings, building Empower and/or Go NAPSACC recognition into the "Quality Level" column of the Child Care Resource & Referral provider search results, and allowing a certified Go NAPSACC Consultant from *any* agency to order nutrition and physical activity incentives from a central warehouse managed by the ADHS. In addition, state agencies may wish to build a new, shared incentive process for ECE providers who make measurable improvements in their nutrition or physical activity PSEs (ex., an annual award system, grant writing support from a specialist, a new progress-based licensing discount system).

A Related Idea. Can state agencies work together to apply for incentive-related grant funding and/or collectively advocate for state legislation around funding licensing discounts?

4. Consider Merging Select Evaluation Processes. First, maintaining a combined *enrollment* dataset could identify ECE providers that are licensed by the ADHS, participate in Quality First, enrolled in Empower, and/or are registered (and active) in Go NAPSACC. To pursue this recommendation, priorities include identifying how to obtain Empower program enrollment data in spreadsheet format and how to fund a role for collating data on a regular (ex., semi-annual) basis. As illustrated in this report, such a dataset can help to identify which providers have not yet been reached by health-related programs, which are likely being reached by overlapping—and even competing—programs, which are likely to be completing multiple assessments, and more. This information, in turn, can be used to streamline technical assistance by county.

   Next, the combination of Empower's transitional period with recent changes to Arizona Go NAPSACC (page 5) offer a unique opportunity to merge the Empower and Go NAPSACC self-assessment processes. Ideas include:

   - Review the Go NAPSACC modules for alignment with the ADHS Language of Health guidelines. Given Go NAPSACC's use as a part of the AZ Health Zone's ECE strategy, this agency is already tasked with ensuring that five of the six Go NAPSACC modules are aligned.
   - Continue this landscape's newly developed system for tracking Go NAPSACC Consultant certifications and activity levels.

- Leverage the existing Go NAPSACC Consultant training and support system to train all agencies' quality improvement specialists working in nutrition, breastfeeding, farm to ECE, physical activity, screen time reduction, oral health, and (coming soon from Go NAPSACC) social and emotional health. This reduces the number of new professional development opportunities that First Things First and the AZ Health Zone need to create and deliver for their internal technical assistance cohorts.
- Build from the Empower-Go NAPSACC crosswalks with the goal of retaining Empower's 10 standards while replacing its online self-assessment with Go NAPSACC's online improvement process. For the three standards not addressed by Go NAPSACC, a parallel improvement process could be developed from existing Empower resources.
- Identify a consistent process for the annual or biennial evaluation of nutrition and physical activity implementation progress. This may or may not include the need to also identify consistent funding. At minimum, the North Carolina-based Go NAPSACC team provides annual progress reports to participating states. Additional funding could provide for a more comprehensive, state-specific analysis (ex., around Empower plus Go NAPSACC progress).

These ideas, or those that grow out of future discussions, can build off of Empower's broad recognizability and system embeddedness to bolster Empower implementation. Formalizing improvement cycles for each standard and leveraging the many features of Go NAPSACC's existing program portal can accelerate progress. Benefits include reducing the number of assessments completed by providers participating in both programs, and enhancing the OCI's ability to evaluate Empower progress.

A Related Idea. How can state agencies further integrate data collection into *existing* ADHS/DES/Quality First/AZ Health Zone visits to reduce provider burden and maximize the use of limited resources?