



Initiatives and Projects: Grounded in Evidence and Best Practices

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I. PURPOSE AND BACKGROUND

The purpose of this report is to highlight Supporting Evidence & Best and Promising Practices and research findings which are consistent with the strategies utilized and outcomes desired through the implementation of First 5 Marin's strategic plan. It serves as a reference for First 5 Marin, its' funded partners as well as the community. The findings presented in this report, for the most part, reflect those for individual projects which is different from the integrated and multi-level approach that First 5 Marin has undertaken.

As of 2006, all of the Initiatives and Projects designed and funded through First 5 Marin's Strategic Planning process are fully implemented. Together they reflect an integrated approach to providing a continuum of sustainable community based supports and services that range from public policy and education to parent education and leadership development. As a collective, they seek to achieve 3 primary results:

- ▶ Children have optimal health;
- ▶ Children are ready for schools & schools are ready for children;
- ▶ Marin values and invests in its children.

Initiatives and projects are grounded in the guiding values and principles articulated by First 5 Marin in its' strategic plan and theory of change.

They are also based on research findings and best practice models reflecting a multi-disciplinary approach to supporting the healthy development of children 0-5 through partnering and building the capacity of service providers, increasing the accessibility of organizational systems and structures and working closely with families and communities.

This report provides an overview of First 5 Marin initiatives and projects by result area and includes outcomes (as defined in individual evaluation plans), key strategies and activities, funded projects (where applicable) and the research findings and/or Supporting Evidence & Best and Promising Practices which are the foundation for the structure, strategies and potential effectiveness within the context of First 5 Marin's mission:

First 5 Marin Guiding Values

We believe...

- ▶ *that families have the primary responsibility for their children's physical, intellectual, mental, social and moral development.*
- ▶ *that the entire community shares the responsibility with families to ensure that every child thrives.*
- ▶ *that what we do to increase the potential of less advantaged children improves the potential for all children.*
- ▶ *that our resources must be directed toward catalyzing sustainable improvements in the health and well-being and development of all children in Marin.*
- ▶ *our highest and best use is working to prevent problems before they begin.*

We respect and value the diversity of families, races and cultures in Marin.

First 5 Marin Mission

To assure that all children in Marin County thrive in supportive, nurturing and loving families, enter school healthy and ready to learn, and become productive, well-adjusted members of society.

II. EVIDENCE AND RESEARCH SUPPORTING RATIONALE AND APPROACH

Result 1: Children Have Optimal Health

Special Needs Mental Health Initiative

The Early Childhood Special Needs/Mental Health (SNMH) Initiative will provide a coordinated and seamless system of outreach and information, as well as screening, referral and support services in the early identification and intervention for children with special needs and mental health issues (i.e., developmental delays, physical disabilities and social/emotional and behavioral issues.) In coordination with the five School Readiness Initiative sites (San Rafael/Canal, Novato, Shoreline/West Marin, San Geronimo/Nicasio and Marin City/Sausalito), community-based organizations, public agencies, and healthcare providers will work collaboratively with families, teachers and child care providers to support children with mild to high special needs and mental health issues.

Outcomes

- ▶ A seamless system of outreach and information, early identification and screening, referral and support services.
- ▶ Children who do not meet the criteria for state mandated services for developmental or social/emotional issues will receive appropriate resources and services.
- ▶ Families are able to obtain and understand information to make decisions to support and advocate for the health and well-being of their family.
- ▶ Increase opportunities for quality early care and education.
- ▶ Children participate in quality early education programs.
- ▶ School Readiness Initiatives support SNMH efforts to improve and protect the health of children.

Key Strategies and Activities

- ▶ An integrated screening and referral system with training, tools and tracking processes for screening sites (notably the Community Clinics) and coordinated screening of all children 0-5 who live in the School Readiness Initiatives (SRI) catchments.
- ▶ Community outreach, conducted by community outreach workers and SRI providers, will focus on community-based providers and families to promote, normalize and institutionalize universal screening of children in the SRIs.
- ▶ A centralized, coordinated screening review, assessment process and timely referral system that includes parent and child care provider consultation, education and support for children

Funded Partners

- ▶ *PCIT and Family/Child Counseling, Family Service Agency of Marin*
- ▶ *Overall project leadership, Developmental Screening and Case Coordination, Easter Seals Northern CA, Inc.*
- ▶ *Early Childhood Mental Health Project, Jewish Family and Children's Services*
- ▶ *Family Mentor Project, Marin Child Care Council*

identified with moderate to high special needs to mandated or other intervention and support services.

- ▶ A coordinated assessment and case coordination system linked to screening sites to identify, refer and monitor comprehensive, interdisciplinary services for children with delays, disabilities, social/emotional or behavioral issues, health problems or multiple risk factors including family problems.
- ▶ Consultation and education that involves families in planning and provision of interdisciplinary services for those children to be referred to mandated services or pre-referral intervention services.
- ▶ Coordinated interdisciplinary intervention services (special needs and early childhood mental health and developmental consultants, e.g. occupational therapy (OT)) that support inclusion for disabilities and developmental and behavioral needs and are provided on-site at child care settings, homes and other natural settings for children.
- ▶ Coordinated on-site inclusion support (professional consultation, resources acquisition, etc.) in natural settings, including home, child care and preschool settings and community programs through coaching and consultation to families and child care providers, or assistance in identifying sources for supports.
- ▶ Transition support for children to preschool, child care or kindergarten through on-site coaching and information-sharing among intervention specialists, mental health consultants, child care providers, families and school sites.

Supporting Evidence & Best and Promising Practices

- ▶ *Parent As Teacher's*
Undiagnosed and unaddressed developmental and health issues can impede overall child development and school readiness. Programs offering Parents as Teachers services through the Born to Learn model provide regular child screening that focuses on developmental progress regarding cognitive, language, social-emotional, and motor skills, as well as identification vision/hearing/health issues. As a consequence, children with possible developmental delays and vision/hearing/health issues are identified early, and referred to further services when needed.
- ▶ *The Executive Summary of The California Infant Mental Health Workgroup Report*
This report includes recommendations for Screening, Assessment, Service Delivery and Training Related to the Promotion of Infant Social and Emotional Mental Health for All Providers of Education, Health and Human Services to Infants, Toddlers and their Families.
- ▶ *The Infant Preschool Family Mental Health Initiative (IPFMHI)*
A First 5 California Children and Families Commission (CCFC) funded project that promotes optimal early childhood development and prepares children to be ready for school. The successful development of infant-family and early mental health services in eight pilot counties has been the focus of IPFMHI.
- ▶ *Early Childhood Mental Health: Prevention, Promotion and Treatment*
Early childhood mental health can be considered to be synonymous with healthy social and emotional development. It also refers to the mental health difficulties and disorders experienced by very young children. We can think of the response to infant and early childhood mental health needs as existing along a continuum of promotion, prevention, and treatment services.

- *Preventative Mental Health Services for Young Children in Alameda County*
Recommendations to better serve children with mental health and/or other special needs include:
 - ✓ Increase the number of child care centers that receive on-site mental health consultation.
 - ✓ Increase the availability of training resources to enable child care providers to identify children with developmental delay or other behavioral health issues.
 - ✓ Provide child care staff with additional training and ongoing educational opportunities to promote cultural competency and improve the recruitment and retention of staff with such skills.

Health Advocacy and Health Literacy Initiative

The Health Advocacy/Health Literacy Initiative implements the Strategic Plan's emphasis on health promotion and education, preventive care and early identification. It supports integration and coordination among organizations, programs and systems around health messages, understanding of health services and how and why to use them, and reducing barriers to access for families.

Outcomes

- School Readiness Initiatives are able to support health advocacy and literacy efforts to improve and protect the health of children.
- Families are able to obtain and understand information to make decisions to support and advocate for the health and well-being of their family.
- Providers have the resources, knowledge and skills to improve the health literacy of families and link families to resources.

Key Strategies and Activities

- A multidisciplinary county-wide forum of early childhood health and safety professionals, advocates and educators from public programs, School Readiness Communities, early care and education, community clinics, and community organizations.
- Cross-train, plan together, share resources, allocate/coordinate resources across the SRI sites, and develop and advocate for additional health education, literacy and health promotion resources as determined through needs assessments.

- ▶ Local coordination among providers; family outreach and information dissemination; needs assessment; linkage of families to health education, screening and other resources; health promoter training in SRI communities, and other strategies to reach isolated families.

Funded Partners

- ▶ *Early Childhood Health Consultant, MC/DH&HS/Prevention Services*
- ▶ *Various organizations, including School Readiness family/health advocates*

Supporting Evidence & Best and Promising Practices

- ▶ *Exploring the Health Information Acquisition and Use By Latino Parents in Marin County*
Health Literacy is a critical component to overall health and wellness. Poor health literacy is linked with decreased utilization of preventative services, increased hospitalization, increased utilization of emergency services for primary care and higher rates of disease and mortality. The United States healthcare system is a complex puzzle of information and services for people to access and navigate. Those with limited literacy skills are challenges and/or often unsuccessful in gaining what is necessary to maintain or improve their health thus exhibiting worse health outcomes than those who are sufficiently literate
Multidisciplinary, multicultural and multilevel approaches that challenges and reshape the cultures of institutions and disciplines and engage the public in their cultural and educational realities are critical for paving the path to a health literate America.
- ▶ *Planned Parenthood Strategy in Reaching Migrant Communities*
Translators are on hand in all Tulsa health centers, as well as in a mobile health center. Bilingual outreach workers and educators are also on staff.
- ▶ *Local Evaluation of an Integrated Health Care Program*
In January 2001, St. Jude Medical Center initiated the Healthy Steps for Young Children program, funded by the Children and Families Commission of Orange County. This program replicates a model program to build closer relationships between health care professionals and parents to address the physical, emotional and intellectual development of children from birth through age three. The program was inaugurated in two physician practices and the St. Jude Pediatric Mobile Van. The program was also unusual in that it served both middle class and more disadvantaged families residing in North Orange County. The program also provided home visits, a telephone call-in line, referrals to community resources, and written materials. The St. Jude program also added parenting classes and child development assessments in the community.

Overall, evaluation of key strategies for improving health access for young children shows that a program designed to integrate in-place pediatric practice with a mobile practice, nurses and other family services is a feasible addition to the healthcare infrastructure serving young children. This strategy is particularly promising because it apparently makes more efficient use of the available capacity in the existing system that is strained by too few pediatricians and nurses.

- ▶ *The Challenge of Reaching Out to LA County Latinos*
Findings confirm that LA County Latinos learn about health information and services in a variety of ways. Report states that “in order to reach out to the community in ways that better reflect the increasingly complex habits of Latinos, health organizations need to promote their services in linguistically and culturally appropriate ways.” Specific suggestions for ways to reach new immigrant communities and communities with a mix of new and old

immigrants including: creating culturally-appropriate pamphlets in Spanish; engaging local health professionals to spread the word about available resources; placing advertising and stories in ethnic and health-related publications; and use internet websites and e-newsletters.

- ▶ *Freire's ideas adapted to health education*
Empowerment Education is proposed as an effective health education and prevention model that promotes health in all personal and social arenas. The model suggests that participation of people in group action and dialogue efforts directed at community targets enhances control and beliefs in ability to change people's own lives. Empowerment education with its emphasis on organizing is recommended to be integrated into other prevention strategies of health promotion, disease prevention, and health policy.
- ▶ *Powerlessness, empowerment, and health: implication for health promotion programs*
Powerlessness, or lack of control over destiny, emerges as a broad-based risk factor for disease. Empowerment, though more difficult to evaluate, can also be demonstrated as an important promoter of health. Given the importance and currency of these concepts of powerlessness and empowerment, a model of empowerment education is proposed for health-promotion practitioners.

Oral Health Project

The Children's Oral Health Project is an early identification and treatment project targeting low-income children 0-5 in child care and family day care settings. Staff also conducts a series of dental health education programs for parents/family members, other service providers, and child care providers. They work closely with the local Dental Association and with all five School Readiness Coordinators. They also work closely with the Children's Health Initiative, often identifying children with no insurance and linking them to members of the outreach and enrollment team.

Outcomes

- ▶ Access to Oral Health Services is increased.
- ▶ Community awareness of Oral Health issues is increased.
- ▶ Provider knowledge of Oral Health disease prevention and treatment for children is increased.
- ▶ Oral health and dental disease prevention habits in very young children is promoted.

Key Strategies and Activities

- ▶ Provides dental screenings, dental cleanings and x-rays at county preschools
- ▶ Provides oral health education classes and written material in three languages: English, Spanish, and Vietnamese.

Supporting Evidence & Best and Promising Practices

- ▶ *California Children's Dental Disease Prevention Program (CDDPP)*
The California Department of Health Services contracts with the University of California, San Francisco, School of Dentistry to oversee the California Children's Dental Disease Prevention Program which serves more than 300,000 California preschool and elementary school children annually. Need is based on the proportion of Free and Reduced School Lunch Program participation for each county. The CDDPP has five required program components: 1) weekly fluoride mouth rinse or daily fluoride supplement; 2) plaque control; 3) classroom oral health education; 4) dental sealants screening/application and 5) an active oral health advisory committee. Local teams work on increasing access to dental care, educating the public to prevent early childhood caries, oral injuries, and dental disease.
- ▶ *Access to Care: Policy Statement*
Oral Health in America: A Report of the Surgeon General, published in 2000, identifies huge disparities in the oral health status of certain populations in the United States, including low-income families, those living in rural communities, racial or ethnic minorities, children, the elderly and the developmentally disabled. This "hidden epidemic" affects millions of adults and children throughout the US.
- ▶ *California Oral Health Needs Assessment of Children*
Effective prevention begins with early dental visits for young children. Those first visits with a dentist and dental hygienist provide an opportunity to educate parents about techniques for promoting the oral health of their children. However, by the time a child first visits a dentist, often delayed until age three or older, oral problems may already be present. Specific program recommendations for School and community-based preventive dental programs include:
 - ✓ To increase children's access to preventive services, programs need to be expanded into school settings and integrated with other health programs. These recommendations call for coordinated systems of health promotion, screening, and referral.
 - ✓ Encourage an ongoing education program directed at parents and caregivers to prevent tooth decay by using appropriate feeding practices: breastfeeding, use of nursing bottles and pacifiers, restriction of sugary foods and drinks.
 - ✓ Promote and fund innovative community-based early childhood dental caries prevention programs that include an emphasis on early and periodic screening, diagnosis and treatment of BBTD and how to counsel parents and caregivers about healthy feeding practices.
- ▶ *Specific Recommendation for Proposition 10 Children and Families Commissions*
Proposition 10 Commissions should consider launching or supporting projects that:
 - ✓ Train providers of service to preschoolers – such as child care workers, WIC program staff, adolescent pregnancy and teen parenting program workers, and parents – concerning the prevention, recognition, and referral sources for oral disease.
 - ✓ Deliver oral screening and clinical preventative dental services for at-risk participants in programs serving preschool children.
 - ✓ Develop a media campaign to increase public awareness about ECC and its prevention among families at risk.
 - ✓ Integrate oral health services into programs serving infants and children, such as child care, WIC, and primary care clinics.

Children's Health Initiative

As a primary partner in the County's Children's Health Initiative, First 5 Marin funds the county-wide outreach, enrollment and utilization effort, including positions in both Department of Social Services and in the Health Department which have created a "one-stop" enrollment structure for children and their families. We also fund premiums for insurance coverage for 0-5 year olds who do not qualify for existing publicly funded programs.

Outcomes

- ▶ Children have health insurance.

Key Strategies and Activities

- ▶ Contact and educate parents and families about the importance of establishing a medical home for their children including a primary care physician (PCP), dentist and vision specialist for all children enrolled in CalKids.
- ▶ A liaison contacts a family, provides them with detailed information on how CalKids works and a list of participating providers.
- ▶ A liaison works with the family in the establishment of a medical home.
- ▶ Primary strategies include phone and in-person consultation and in-service trainings on accessing resources for health advocates/health promoters, case workers and other service providers.

Supporting Evidence & Best and Promising Practices

- ▶ *Evaluation of The Santa Clara Children's Health Insurance (CHI)*

CHI was launched in January 2001 and is comprised of two parts: a health insurance product, Healthy Kids which covers children in households up to 300 percent of the federal poverty level who are ineligible for other public health insurance options; and a comprehensive outreach campaign that finds uninsured children and enrolls them in Healthy Kids.

✓ Impact

- Children received more preventative care.
- Children's use of sick care declined.
- Children's unmet health care needs declined.
- Parent's confidence improved.
- Dental access continued.

Funded Partners

- ▶ *Health Insurance Access, Department of Health & Human Services*
- ▶ *Health Access Outreach, Parent Services Project (fiscal agent)*

➤ *Health Insurance for Children: Issues and Ideas*

This report summarizes the impact of providing health coverage for low income children in California and the programmatic issues in doing so. Released in 2003, several of the report recommendations are being addressed across the State.

✓ Impact

- A California study found that children enrolled in public health insurance programs experienced a 68% improvement in “paying attention in cases” and “keeping up with school activities” according to their parents.
- The probability of well-child visits increased by 17% among previously uninsured, low-income children who were enrolled in Medicaid for one year.
- Children who have health insurance have greater access to health care, particularly preventive and primary care.
- Parents and families reported feeling worried, scared and stressed when their children were uninsured and that the lack of insurance created financial difficulties.

✓ Recommendations

- Enroll eligible children
- Eliminate barriers for immigrant children
- Expand eligibility to children in more low-income families
- Develop innovative outreach programs
- Simplify enrollment and renewal

➤ *The Effect of New Insurance Coverage on the Health Status of Low –Income Children in Santa Clara County*

A survey of 1235 parent enrollees in the Healthy Kids program in Santa Clara conducted August 2003 to July 2004. Parents were interviewed by telephone in either English or Spanish (the majority). The response rate was 89 percent. The study group, children who were continuously insured by Healthy Kids for one year, was significantly less likely to be in fair/poor health and to have functional impairments than the comparison group of newly insured children.

Result 2: Children Are Ready for Schools and Schools Are Ready for Children

School Readiness Initiatives

One way in which the Commission supports readiness for school is through our School Readiness Initiatives in five communities in Marin. Each community brought together parents, service providers, early care and education providers, and schools to design an initiative most appropriate to their community. Each initiative includes four areas of work: health (physical, oral, social/emotional), access to quality early care and education, family support, and increased school capacity. The five communities are: San Rafael, particularly the Canal Community, San Geronimo Valley/Nicasio, Shoreline/West Marin, Novato & Marin City/Sausalito.

Outcomes

- ▶ Children participate in quality early education programs.
- ▶ Children enter kindergarten ready for school.
- ▶ Parents/Families provide nurturing and positive emotional support to their children.
- ▶ Children live in home environments supportive of cognitive development.
- ▶ Children receive early hearing and vision screening.
- ▶ Children have health insurance.
- ▶ Children have good oral health.
- ▶ Parents/Families and families have access to health and early child development information and resources.
- ▶ Schools are ready for children.
- ▶ Systems are ready for children and families.
- ▶ Effective collaboration will occur among School Readiness Initiatives and F5M funded efforts serving families to share information and generate referrals.

Key Strategies and Activities

- ▶ Adult education and literacy
- ▶ Family literacy programs
- ▶ Community resource and referral
- ▶ Targeted intensive parent/family support services
- ▶ Preschool for 3 and 4 years olds
- ▶ School readiness programs
- ▶ Early education provider programs
- ▶ Kindergarten transition services, including Summer Bridge and Kinder Advocates

Funded Partners

- ▶ *Canal School Readiness Initiative:*
 - ✓ *Mentores Program, Parent Services Project*
 - ✓ *Kinder Advocates, School Linked Services Initiative*
 - ✓ *Family Education Coordinator, Marin Head Start*
 - ✓ *Parent to Parent Program, Matrix: Special Needs Orientation and Support*
 - ✓ *Pickleweed Preschool Expansion, City of San Rafael*
- ▶ *Marin City/Sausalito School Readiness, Community Action Marin*
- ▶ *Shoreline School Readiness, Papermill Children's Corner*
- ▶ *Novato School Readiness, Novato Youth Center*
- ▶ *San Geronimo Valley School Readiness, San Geronimo Community Center*

- School readiness programs
- Other health information
- Comprehensive screening and assessments
- Health access
- Service, outreach, planning, support and management
- Provider capacity building, training and support
- Community strengthening efforts
- Program management
- Case/care management integration

Supporting Evidence & Best and Promising Practices

- *Evaluation Report: New Parents as Teachers project*
The Parents as Teachers Born to Learn model provides personal visits, screenings, group meetings, and connection to a resource network designed to maximize the impact that parents have as their children's first and most influential teachers. Because the early years of a child's life are critical for optimal development and provide the foundation for success in school and life, working with parents of very young children is an opportunity to promote children's readiness for school and sets children on the path for school success.
- *Early Childhood Care and Education: Effects on Ethnic and Racial Gaps in School Readiness*
Children who attend center care or preschool programs enter school more ready to learn, but both the share of children enrolled in these programs and the quality of care they receive differ by race and ethnicity. The authors examine black, white, and Hispanic children's differing experiences in early childhood care and education and explore links between these experiences and racial and ethnic gaps in school readiness.
- *Home Instruction for Parents of Preschool Youngsters (HIPPY)*
HIPPY promotes school readiness and early literacy through parent involvement by:
 - ✓ Providing a HIPPY curriculum with activities for children ages 3, 4 and 5 that offers practice in skills that research has proven crucial to school readiness.
 - ✓ Designing the HIPPY curriculum so that parents with limited or unsuccessful schooling, and/or limited financial resources can be successful teachers of their own children.
 - ✓ Providing home visits that offer one-on-one instruction from a peer, in the parent's most fluent language, where available.
 - ✓ Creating an environment that supports the parent in their role as the child's first teacher.
 - ✓ Helping parents understand what their child is learning and how that supports future learning. Having group meetings that provide socialization for children and information and support for parent.

Highlights from an evaluation of HIPPY included: HIPPY children in the first cohort outperformed those in the comparison groups on objective measures of school performance and teacher ratings of their motivation and adaptation to the classroom. HIPPY children had better attendance, scored higher on standardized achievement tests, and were perceived by their teachers as better students (Baker et. al. forthcoming).

- ▶ *Los Angeles Universal Preschool (LAUP)*
 LAUP promotes universal access to high-quality preschool for all 4 year-olds by: Collaborating with providers and other stakeholders of a comprehensive community of early childhood education; Serving as the center of integration in Los Angeles County for a dynamic Universal Preschool network; and Serving as the stewards of quality and innovation for children and families. To do this, LAUP works with and for the communities it serves. Studies show that the entire community benefits by investing in children's early years. For every dollar invested in quality preschool, the public saves more than double that in reduced special education, crime prevention, and other costs. Additionally, research that shows that children who attend quality preschool programs are more likely to succeed, in school and beyond, than those who do not.
- ▶ *In-Home Visitation Programs: A Review of the Literature*
 The following best practices were identified from empirical evidence:
 - ✓ Philosophy and culture – recognize families face complex and multiple stressors and establish comprehensive focus to address full range of family needs.
 - ✓ Home services provided – teach parents skills that serve as bridge to future use of community resources and functioning in social environment and ensure families are linked to medical provider and other services as necessary.
 - ✓ Target population – target services to populations most likely to benefit.
 - ✓ Nature of client participation – voluntary and use outreach programs to build client trust.
 - ✓ Attrition – assess attrition and address specific barriers to continuation in program.
 - ✓ Credentials of staff – no clear domination of a particular professional or education discipline and the type of visitor must be well-matched with the goals of the program.
 - ✓ Duration and frequency – intensity is more important than duration.
 - ✓ Other – program must be flexible and individualized to clients.
- ▶ *School Readiness Pathway*
 The School Readiness Pathway is a broad and coherent body of information about what it takes to increase the number of children who are ready for school learning at the time of school entry. It highlights actions that individuals and organizations can take to achieve three crucial goals: good health, supportive social and cognitive environments, and safe, strong neighborhoods. The following are the key ingredients of effectiveness:
 - ✓ Accessibility
 - ✓ High Quality
 - ✓ Effective Management
 - ✓ Connections to and across Services and Supports
 - ✓ Community Engagement and Social Networks
 - ✓ Sustainability
 - ✓ Funding

➤ *Key Ingredients for School Readiness*

The following key ingredients have been identified as essential for school readiness:

- ✓ For Children: children's language development; emotional and social development; physical well-being and motor development; cognition and general knowledge.
- ✓ For Schools: continuity between early care, education programs, and elementary grades and establishment of student access to services and support in the community (among other items).
- ✓ Family and Community Support and Services: access to high-quality and developmentally appropriate early care and education experiences; access by parents to training and support that allows them to be their child's first teacher and promotes healthy, functioning families; prenatal care, nutrition, physical activity, and health care that children need to arrive at school with healthy minds and bodies and to maintain mental alertness.

➤ *Relations between preschool children's child care experiences and concurrent development: The cost, quality, and outcome study.*

High quality early care and education for children 0-5 years of age positively impacts their elementary school readiness and continued performance in school. Conversely, low quality child care has been shown to predict more behavior problems, lower cognitive and language ability and lower school readiness scores in young children.

MarinCARES

Comprehensive Approaches to Raising Educational Standards This is a work-force development program for early care and education providers initiated by the State First 5 Commission, which provides matching dollars for local programs. For more information, see the CARES website.

Outcomes

- The quality of early childhood programs in Marin County will be improved.

Key Strategies and Activities

- Identifies best practices and improves program quality
- Supports professional development of early childhood professionals
- Assists early childhood professionals in obtaining their Child Development Permits and Associate, Bachelor, and Master degrees
- Increases access to higher education
- Provides professional development opportunities and resources to early childhood professionals

Supporting Evidence & Best and Promising Practices

- ▶ *Clearing a Career Path: Lessons from Two Communities in Promoting Higher Education Access for the Early Care and Education Workforce*
Several lessons learned from planning and implementation of CARES in Alameda and Santa Clara County provide helpful guidelines for other communities considering similar efforts to address the quality of early care education through education and training of teachers:
 - ✓ A shared community vision, based in part on workforce-related assessments and data, provides a strong foundation for ECE higher education efforts.
 - ✓ In order to move the vision forward, regular forums must be established or adapted to facilitate communication among the key players who impact ECE higher education in the county.
 - ✓ County vision and resources are necessary but insufficient for creating systemic change in higher education. Outside seed funding, and ongoing financial support, are critical to success.
 - ✓ Efforts should begin with improving the county's existing ECE higher education infrastructure, and then progress toward developing new programs.
 - ✓ Creating systems to guide students onto a more intentional and planned path early in their education can enhance their success and prevent obstacles from arising later.
- ▶ *Policy Brief -Better Teachers, Better Preschools: Student Achievement Linked to Teacher Qualifications*
Research has linked early learning and development to the educational qualifications of teachers. The most effective preschool teachers – those with at least a four-year college degree and specialized training in early childhood – have more responsive interactions with children, provide richer language and cognitive experiences, and are less authoritarian. High-quality preschool education depends on effective, high-quality teachers.

Marin Literacy Mobile FLAGship

The FLAGship is a large bus outfitted as a traveling preschool. It moves on a regular weekly schedule throughout the county, targeting particularly isolated families and communities (such as ranches in West Marin) and communities in which there is not enough affordable child care or preschool for the children living there. Family and adult literacy, health education, and developmental screening are some of the services the bus provides.

Outcomes

- ▶ Parents/Families and families have access to health and early child development information and resources.
- ▶ Children live in home environments supportive of cognitive development.
- ▶ Effective collaboration will occur between the FLAGship Program and other programs serving families in the Canal neighborhood, to share information and generate referrals.

Key Strategies and Activities

- ▶ Partner with health professionals to present workshops on the following topics: dental, nutrition, health and safety awareness
- ▶ Provide story times
- ▶ Develop an on-site lending library relating to health issues
- ▶ Promote the development of home library relating to health and safety issues
- ▶ Lessons/demonstrations on nutritious snacks and daily meals to reinforce the messages of the workshops
- ▶ Develop and maintain a community bulletin board

Supporting Evidence & Best and Promising Practices

- ▶ *Exploring the Health Information Acquisition and Use By Latino Parents in Marin County*
A needs assessment was conducted as part of the data collection efforts for this report including key informants and parents from each of the School Readiness Initiative (SRI) areas in Marin County. A key finding from that effort was that participants requested mobile clinical services and more practitioners conversant in Spanish.
- ▶ *People who move: New reproductive health focus*
People who move often can be served better if health care programs reach out to them where they work and live.

Raising a Reader

Outcomes

- ▶ Children live in home environments supportive of cognitive development.
- ▶ Schools are ready for children.

Key Strategies & Activities

- ▶ Provide orientations to child care site staff, parents and families to increase ownerships and orientations to promote and foster literacy awareness.
- ▶ Provide high quality, multicultural books, including Spanish/English bilingual and/or Spanish monolingual books, to families.
- ▶ Model read aloud techniques for providers and families during orientations, workshops, literacy events and site visits.
- ▶ Continue partnership with Marin Literacy Program to continue offering free ESL classes to Raising a Reader families, building literacy skills for both the parents and the children.
- ▶ Provide high quality, multicultural books that are carefully selected for good language content, rich rhyming, appropriate messages and sensitivities to language and culture.

Supporting Evidence & Best and Promising Practices

- ▶ *“Home Literacy Activities and Their Influence on Early Literacy Skills*
Young children whose parents read to them regularly develop stronger literacy-related skills before starting school.
- ▶ *Starting Out Right: A Guide to Promoting Children’s Reading Success*
Reading is essential to success in society...Reducing the number of children who enter school with inadequate literacy-related knowledge and skill is an important step toward preventing reading difficulties.”
- ▶ *Zero to Three: Brain Wonders*
Recent research supports an interactive and experiential process of learning spoken and written language skills that begins in early infancy. We now know that children gain significant knowledge of language, reading, and writing long before they enter school. Children learn to talk, read, and write through such social literacy experiences as adults or older children interacting with them using books and other literacy materials, including magazines, makers, and paper. Simply put, early literacy research states that:
Language, reading, and writing skills develop at the same time and are intimately linked.
 - ✓ Early literacy development is a continuous developmental process that begins in the first year of life.
 - ✓ Early literacy skills develop in real life settings through positive interactions with literacy materials and other people.

Result 3: Marin Values and Invests in Its Children

Public Policy and Education Initiative

The *Public Policy and Education Initiative* uses advocacy and education strategies to support First 5 Marin's priority results, as detailed in the Commission's Strategic Plan through the broad dissemination of key policy and educational messages critical to the healthy development of children 0 to 5. In addition, it will support the specific work of each of the other initiatives.

Outcomes

Public policies promote:

- ▶ the optimal social/emotional development and school readiness of all children;
- ▶ the quality early education and child-ready school environments that promote success in life, and;
- ▶ the optimal health, safety and well-being of all children.

Key Strategies and Activities

- ▶ Mass Audience/Policy Level Efforts including:
 - ✓ First 5 Marin Website
 - ✓ Other Internet Opportunities
 - ✓ E-Mail Messaging
 - ✓ Print and Electronic Media
 - ✓ Legislative Advocacy/Policy Advocacy
 - ✓ Public Forums
 - ✓ Policymakers Breakfast
- ▶ Grassroots/Community-Based Efforts
 - ✓ Parent Forums
 - ✓ Printed Materials for Parent
 - ✓ Community Partnerships
 - ✓ Stakeholder Partnerships

Supporting Evidence & Best and Promising Practices

- ▶ *Diagnosing the Communication Infrastructure in Order to Reach Target Audiences in a Study of Hispanic Communities in Los Angeles in Understanding Health Communications Technologies: A Case Study Approach.*
Data from 327 randomly selected families who have children aged 0-5 within Pico Union and the Southeast communities of Los Angeles are discussed to examine and contextualize residents' media connections in the context of their larger environment. The study shows the importance on a communication strategy relying on interpersonal communication, ethnically targeted local media and cable television to target these particularly hard- to-reach but burgeoning populations for family health and child care interventions.

- ▶ *Media Relations, Threat and Health Problem Solving Behaviors: Extension and Application of Communication Infrastructure Theory and Research*
Results from a dataset of 739 randomly selected survey respondents and 51 focus group participants indicated that new immigrant Hispanics prefer ethnic and electronic media over mainstream and print media for achieving the various personal and collective goals of their everyday lives. The telephone was highlighted as an important media for their daily goals and for health related emergencies. Results also showed that the Internet is relatively less important for most new immigrant Hispanics who face various constraints in their efforts to connect to online social and health resources.

- ▶ *Caring for Infants and Toddlers: Analysis and Recommendations*
An analysis of how the needs of infants and toddlers are being met in today's families as they balance caregiving with the demands of employment, including recommendations for how government can strengthen policies regarding parental leave and child care to improve the caregiving options available to families during the vulnerable early years of a child's life.

III. ADDITIONAL EVIDENCE AND RESEARCH SUPPORTING OVERALL FIRST 5 MARIN RATIONALE AND APPROACH

In addition to the references and experiences which support specific initiatives, the following reports and documents provide additional support for the philosophy, approach and the overall results and outcomes that First Marin seeks through its Strategic Plan.

- *Starting Smart, How Early Experiences Affect Brain Development*
It is now clear that what a child experiences in the first years of life profoundly influences how his brain will develop and how he will interact with the world throughout his life. Parents play the most important role in providing the nurturing and stimulation that children require, but they need information and support to develop good parenting skills
 - ✓ Educate parents about the importance of early experiences for their children's development.
 - ✓ Prevent abuse and neglect.
 - ✓ Provide accessible, quality mental health services for parents.
 - ✓ Ensure adequate nutrition prenatally and in the first years after birth.
 - ✓ The Importance of Quality in Infant-Toddler Child Care
- *Early Literacy: Policy and Practice in the Preschool Years*
This brief summarizes the knowledge to date on the interaction between literacy and early child development and includes policy recommendations:
 - ✓ Relationship between Literacy and Early Child Development
 - Literacy development starts early in life and is highly correlated with school achievement.
 - All of the domains of a child's development—physical, social-emotional, cognitive, language and literacy—are interrelated and interdependent.
 - The more limited a child's experiences with language and literacy the more likely he or she will have difficulty learning to read.
 - Teacher knowledge, respect and support for the diversity of children's families, cultures, and linguistic backgrounds are important in early literacy development.
 - ✓ Policy Recommendations
 - All children should have access to early childhood programs with strong literacy components that include clear adaptations for children with special needs.
 - Early literacy curricula and teaching practices should be evidence-based, integrated with all domains of learning, and understandable to staff members.
 - Parent involvement programs should have a strong early literacy component that guides parents and caregivers in providing early literacy experiences at home.
 - Support for English Language Learners should be specified and provided in both the home language and English where feasible.

IV. CONCLUSION

This document provides an overview of existing literature, models and research that support the underlying premise of First 5 Marin's individual initiatives and intended collective impact. Through its local evaluation efforts, First 5 Marin will seek to further the research on the short and long term effectiveness of a comprehensive, community based and integrated approach to achieving its mission.

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