



Iowa Community Empowerment Newsletter

Volume 3, Issue 3
June 2002

Questions/Comments:
Kris Bell, (515) 281-4537
Kris.bell@idom.state.ia.us

Planning a Joint Conference

Building State Collaborations

The Community Empowerment State Networking Conference and the Iowa Early Childhood Care and Education Congress are combining and planning a joint conference! We are excited to build on each other's strengths. During these tight times it is one step to become unified in our efforts to support young children.

Mark your Calendars! The conference will be held at the Scheman Center in Ames, Iowa on November 19 and 20th. We will also be combining the previous Day on the Hill and Exhibit Fair activities. Please reserve the afternoon of February 4, 2003 as an advocacy training day and February 5 as the Day on the Hill/Exhibit Fair. We will keep you informed as details become more final.

Smart Start Update

The Smart Start Technical Assistance Plan

Progress is being made with Iowa's Smart Start Technical Assistance Grant. Following the formal assessment conducted in March, we have received a draft technical assistance plan. The plan lays out overall findings as well describes Smart Start's role in providing technical assistance with Iowa efforts and our requirements in fulfilling the grant expectations. The technical assistance plan is broken down into the following five suggestions for developmental steps:

- Develop and utilize a comprehensive, compelling, and unifying vision for all Iowa's young children
- Strengthen and build on accountability for results at state and local levels
- Deepen and broaden the public will to support early childhood issues
- Strengthen leadership to increase support for Community Empowerment and the greater vision for early childhood in Iowa.
- Expand organizational capacity to meet the greater vision for young children.



Once the plan is agreed upon and a contract signed, the implementation phase begins. This part of the process will last from 12-18 months. As this phase begins, Smart Start staff will attend the July 12th Iowa Empowerment Board meeting to share information about their initiative and facilitate a discussion.

If you'd like more information about the Smart Start initiative, their website is: www.ncsmartstart.org. Information about this grant opportunity is located under the National section.

Community Empowerment Board Makeup

2nd in a Series: Members Representing “Business”

Community Empowerment boards include business leaders as members to facilitate opportunities to build partnerships between the business sector and the local empowerment initiative. The partnership helps community board members learn the difference between a community plan to support early childhood and a business plan to market products to reach adequate profit to continue operating.

A common ground exists between early childhood and business, commerce and economic development leaders. Business knows positive early childhood development affects the quality of the future workforce. Business knows availability of quality childcare and good health care result in low worker absenteeism, better recruitment of workers and longer retention.

“Each of us must come to care about everyone else’s children. We must recognize that the welfare of our own children and grandchildren is ultimately linked to the welfare of all other people’s children. After all, when one of our children needs lifesaving surgery, someone else’s child will perform it. If one of our children is threatened or harmed by violence, someone else’s child will be responsible for the violent act. The good life for our own children can be secured only if a good life is also secured for other people’s children.”

Lillian Katz

“10 Tips for Getting and Keeping Business Involved” from the Families and Work Institute sites the following for bringing business involvement to community initiatives for early childhood:

- Know the benefits of support to early childhood and make it a “business case.”
- Know the vision, goals and strategies for results.
- Frame the request to benefit the business.
- Know how to ask, use business terms and jargon.
- Find a business leader in the community to champion early childhood.
- Ask business representatives to recruit their peers.
- Measure and report with data on results, businesses use numbers to make decisions.
- Keep in touch with brief updates to keep all informed.
- Explore different and new ways to involve business.
- Use recognition, awards and media for public visibility of the contribution of business leaders.

Potential Recruitment Resources:

- Local manufacturing concerns
- Banking and finance institutions
- Chamber of Commerce
- Economic development agencies
- Human Resources agencies

Business leaders also belong to and are involved in many community organizations such as local clubs, fraternal groups and organizations. Target messages to the group you are meeting with. Build future leaders and increase local business interests to support early childhood by going out and being visible in the community as a representative of Community Empowerment for early childhood.

Childcare Partnership Project has free resources available on engaging business to support early childhood at <http://www.nccic.org/ccpartnerships>

What if Your Empowerment Area is NOT a 501(c)3?

Upcoming Events

Empowerment Board Meeting Schedule
July 12, 2002
October 4, 2002

Empowerment Advisory Council Meetings
June 13, 2002
September 12, 2002

Contact/Coordinator Meetings
September 18, 2002

NEW!

Mark Your Calendars!!
Early Care & Education Congress
(Joining forces with Empowerment Conference)
November 19 & 20, 2002
Scheman Center, Ames

Day on the Hill/Exhibit Fair
February 4 and 5, 2003



This information provided Making the Early Years Count: Enhancing Your Child's Brain Development by Pam Schiller, PhD

What if Your Empowerment Area is NOT a 501(c)3??

As many community empowerment areas are looking for additional resources to enhance their efforts, the empowerment team has received comments that reflect a concern that many grant opportunities primarily exist for those entities that have received a 501 (c)3 status. Areas have shared that they don't have the funds to become or maintain as a 501 (c)3 corporation, and thusly do not qualify for certain grant opportunities.

Before getting too far into this article, you might be wondering, what is a 501 (c)3? Here's a description shared on the Secretary of State website. A nonprofit corporation is one in which no part of the income or profit of the corporation is distributed to the corporation's members, directors or officers except where allowed by [Iowa Code chapter 504A](#). A nonprofit is also forbidden from issuing shares of stock to its members. A nonprofit is allowed to pay reasonable compensation to its members, directors or officers for services rendered. Most nonprofit corporations are formed for religious, charitable, literary, scientific or educational purposes.

Once incorporated, nonprofits may obtain a tax-exempt status under [Internal Revenue Code section 501\(c\)3](#). This tax-exempt status also allows people and organizations who make contributions to the nonprofit to take a tax deduction for their contributions. Another benefit is that the U.S. Postal Service allows a nonprofit to mail at lower postal rates. More information on a nonprofit corporation exists on the Secretary of State website at <http://www.sos.state.ia.us/business/nonprofcorp.html>.

If your community empowerment area is not a 501 (c)3, here are some ideas for when a grant opportunity comes along requiring nonprofit status that appears to match expanding your community plan.

- Team up with an existing organization in your community that qualifies and have them be the lead or a partner in the grant application.
 - Public organizations: schools, county hospitals, county health departments, libraries, etc. often qualify to apply for grant and other public funds as well as incorporated nonprofit.
 - Non-profit incorporated organizations: Community Action, United Way, Social Services (such as Lutheran Social Services, Catholic Charities, or Children and Family Services), etc.
 - A local non-profit organization such as a church or religious institution, Kiwanis, Lions, Chamber of Commerce, etc.

A Nose for Memory

Researchers tell us that certain aromas increase our ability to learn, remember, and create. Peppermint, basil, rosemary, and lemon enhance mental alertness and memory. Lavender, rose, orange, and chamomile calm us down and help us regulate stress. Vanilla, jasmine, cinnamon, and chamomile are helpful when we are fatigued.

Our sense of smell is the only sense we have that goes unfiltered to the brain. Its effects register with us quickly. Tips for using aromas to enhance mental states:

1. Use toothpaste with peppermint flavoring. It will help get you going in the morning.
2. Use potpourri in accordance with the reactions you want in certain areas of your home. You have the calming scents in the bedroom. You may want a scent that enhances alertness in other areas.
3. Bake cookies, brew spiced tea, and bake bread. Remember how many of your memories are associated with the wonderful smells of your childhood. Think about how often a scent has triggered a memory for you. It works the other way too. It is not uncommon to pull up an old memory and feel you can actually smell the aroma associated with it.

Every Child Reads Birth to Kindergarten 2002 Executive Summary

LauraBelle Sherman-
Proehl, Chairperson

The Department of Education continues to be engaged in a multi-agency professional development initiative developed by the Every Child Reads: Birth to Kindergarten Work Team. The purpose of the professional development initiative is to expand the capacity of early care and education systems, families and community members to enhance language, reading and writing skills of children three to five years of age.

Iowa Community Empowerment Areas (counties funded to improve the quality of life in their communities) were invited to form multi-agency teams to attend 3 days of *Getting Ready to Read Literacy Training* in February, April and October of 2001. The training sessions provided teams with research based principles and teaching strategies to enhance literacy development of young children three to five years of age and information on effective professional development, community engagement and public awareness strategies.

- Fifty-one of the 58 Community Empowerment Areas recruited teams and attended the trainings provided in five regions of the state
- A total of 389 team participants were trained to be trainers of the *Getting Ready to Read* literacy training for early care and education providers within their communities.
- State Improvement Grant funds of \$100,000 were distributed to 26 of the 51 teams completing training (26 teams applied for funding to pilot training in their community).
- Each pilot training team is collecting data for early care and education providers using the early literacy strategies pre-/post-/ and 6-months after completing training to report increase of skills using the getting ready to read strategies (report to be completed in July of 2002).
- Three regional technical assistance sessions have been scheduled for 2002 by the Every Child Reads: Birth to Kindergarten Work Team to provide follow up to the 26 training teams piloting the Getting Ready to Read Literacy Training.
- Ninety community librarians have been trained by Mary Cameron, the Youth Services Coordinator of the State Library, in using the early literacy strategies (other trainings are scheduled). Mary Cameron is a member of the ECR: BK Work Team.
- Seventy-three Shared Visions early childhood teachers attended a one day training for the Getting Ready to Read Literacy Training in February of 2002.
- Data collected from the pilot site (Cedar Valley Promise Empowerment Area) indicated statistically significant changes for a pre- to post-test self assessment for participants using early literacy strategies.
- Twenty follow-up modules were developed to provide ongoing support for teams meeting with participants after they completed 15 hours of training. Tom Rendon, the Ready to Learn Coordinator from Iowa Public Television, facilitated developing and piloting of the parent training follow up modules.
- The original regional cadre plan was expanded from 8 individuals to 51 teams which provided a broader base of literacy trained constituents of early childhood professionals throughout the state.
- Two brochures were developed in collaboration with the WIC program distributing board books to parents of infants and toddlers. The brochures provide strategies and suggestions to read to one- and two-year-olds. The WIC program consultants distribute the Every Child Reads brochures with their books as children have their first and then second birthdays. The brochures link the library, WIC, and ECRBK to encourage reading to young children, eating good nutritional foods and using the public library as a source for more books to read:
 - 10,000 brochures distributed for one-year-olds; and 7,500 brochures distributed for two-year-olds.
 - Two brochures were developed to distribute to families regarding suggestions for reading to 3- to 5-year-old children selecting fiction and non-fiction books.



Community Story: Lakes Area Empowerment Partners to Fight a Major Health Problem

Lakes Area Empowerment Partners to Fight a Major Health Problem in Northwest Iowa

Best Care for Better Babies (an Empowerment funded in-home health program for pregnant mothers and children in Clay, Dickinson, Osceola, and O'Brien counties), Child Health Specialty Clinic, Clay County Public Health, and participating families' private insurance have linked services and resources to tackle Respiratory Syncytial Virus (RSV).

Several months ago MedImmune, the manufacturers of Synagis and the Maternal-Child Health Program provided an educational opportunity for staff to become more knowledgeable about Respiratory Syncytial Virus (RSV), and its impact on vulnerable populations. Synagis is an immunoglobulin that is received every 28 days throughout the RSV season (generally starts in October and ends in April) and has shown to prevent high-risk infants and children from contracting RSV.

Since its initial isolation in 1956, RSV has become recognized as a major health problem throughout the world. RSV is an ever-present seasonal pathogen that yearly causes epidemics in all ages. Primary infection usually occurs in children before two years of age. In older children and adults, RSV generally manifests as a mild upper respiratory infection. However, in immunosuppressed individuals, those with underlying Cardiopulmonary disorders, preterm infants, and other vulnerable groups RSV can cause severe, even fatal bronchitis, or pneumonia.

Close contact with infected people and/or their secretions spread RSV. RSV in nasal secretions of acutely ill infants remains infectious on countertops and hard surfaces for more than six hours. On cloth and paper tissues the virus lives for thirty minutes. (Hall, 1999). It is also interesting to note that these nasal secretions remain infectious after transfer from object or hands of another person, suggesting that contact with contaminated clothing, furniture, and or tissue maybe one way of transmission. Good hand washing is a vital component to prevent the spread of RSV infection.

The most severe infections occur among the youngest infants especially premature infants and those with chronic lung disease. Patients at highest risk for severe RSV infection are those with chronic pulmonary diseases, cardiac disease, and those with immuno-suppression.

Premature infants with chronic lung disease appear to be at highest risk for serious illness. Early studies for the risk of rehospitalization for premature infants with chronic lung disease estimated that 50% of such children are rehospitalized within two years of their initial discharge, primarily because of viral lower respiratory tract infections.

Currently Clay County is serving twenty-four infants and children through our clinic. Because the cost of Synagis is high, it is believed that costs outweigh the benefits of administering Synagis to all at-risk children. Therefore therapy is currently only used for children and infants at greatest risk. The average wholesale price of a 100mg vial was \$1,216.58 in 1999. An estimated cost for five injections administered to a 3kg infant ranges from \$2,250.00 to \$4,500.00 excluding administration costs. We are currently sharing vials of Synagis in our clinic each month, which would reflect the lower cost of administration. The partners of this project, Child Health Specialty Clinic, Clay County Public Health, and the Best Care for Better Babies program, provide staff and clinic space to operate the program. The families insurance pays for the cost of Synagis administration.

Other Activities

2002 ECR,B-K Summer Training Sessions

If questions, contact:

Marcia Hula, 515-727-0656
e-mail: mhula@iastate.edu

June 4th – Train the Trainers
Des Moines, IA

June 25th
Makeup Technical Assistance
session, Des Moines, IA

July 16th,
Makeup Technical Assistance
session, Des Moines, IA

The Twenty-third Annual Summer School for Helping Professionals

August 5-8, 2002

University of Iowa, Iowa City;
2 & 4 day basic and advanced
classes; 1 & 2 hours UI Credit
and/or CEU's;

If interested in receiving the
conference brochure, please send
your request with mailing address to
jo-dickens@uiowa.edu, or call
1-800-551-9029.

Building Brighter Visions Conference

September 26-27, 2002

Coalition for Family & Children's
Services in Iowa; Holiday Inn
Airport, Des Moines, Iowa
More information will be available in
July at www.iachild.org.



Thanks to Cyndee Dather, Lakes Area Empowerment, for submitting this informative article.

Update from Community Empowerment Area on Grant Opportunity!

Thanks to Phyllis Runnells for sharing this information. Currently, there is a grant opening period for the Early Learning Opportunities Grants. If you want more information, you may contact Shanell Wagler or visit the Administration for Children and Families website at:
<http://www.acf.dhhs.gov/programs/ccb/policy1/funding/archives/elo/waisgate.txt>

Studies exploring cost-benefit ratios have shown that use of Synagis among infants that meet the APA guidelines not only reduce pulmonary related hospitalizations and length of stay, but overall cost as well. (Schaffer, 2000). The Schaffer study also estimated that their RSV prophylaxis program between October 1998 and March 1999 saved \$6,766.00 per infant.

Understanding RSV infection and the burden that it inflicts on society are vital for the development of strategies for management and prevention of their widespread virus. The partnership between Best Care for Better Babies, Child Health Specialty Clinic, Clay County Public Health, and participating families' private insurance have developed a process that insures rural children in Northwest Iowa have the necessary care that they so desperately need.

Southern Iowa Economic Development Association (SIEDA), is the provider of the Parents As Teachers programming for three Empowerment Areas that serve six counties in southern Iowa; the ADLM Empowerment Area, the Jefferson-Keokuk Empowerment Area and the Mahaska-Wapello Empowerment Area. On behalf of the three Empowerment Areas, SIEDA submitted and was funded for a 16-month Early Learning Opportunities Act grant in the amount of \$457,285 to expand the existing Empowerment programs from serving 350 children to 590 children.

The grant funded the addition of six certified Parents As Teachers Educators and the purchase of three minivans to be used to provide transportation for families to PAT activities and medical/social services. The Parents As Teachers program provides in-home parent education and parent support services to families of children up to the age of 5 years based on the curriculum designed by the Parent As Teachers National Center in St. Louis, Missouri.

The project focused on increasing the access to early learning opportunities by 1) expanding the current program to 590 children and 2) removing barriers to their participation in the program. Key to the success of the program is the close coordination of PAT with existing community services and joint case management planning meetings.

The project

- 1) Increased the access to existing early learning programs by expanding the number of children served by an additional 240 children
- 2) Helped parents and care givers increase their capacity to facilitate the development of cognitive, language comprehension, expressive language, social-emotional, and motor skills and promote learning readiness with the PAT curriculum
- 3) Developed linkages among early learning programs and between early learning programs and health care service for young children using a strong referral network with Head Start, the Area Education Agency, Area XV Specialized Child Health Clinic and local Public Health Nursing Services
- 4) Increased the access to early learning opportunities for young children with special needs including developmental delays, by facilitating coordination with other programs serving such young children through joint case management conferences with these agencies
- 5) Promoted effective parenting through the use of the PAT curriculum
- 6) Removed ancillary barriers to early learning by providing transportation for families and by scheduling home visits to accommodate families with nontraditional work times.

More information about the project can be obtained from Phyllis Runnells, SIEDA Executive Director or Pat McReynolds, SIEDA PAT Coordinator by calling 641-682-8741.

Local Story: It Doesn't Happen Overnight, but It CAN Happen!



Thanks to Dean Hargens for sharing the information with me for this article.

Keep up the Good Work!

Mandatory Reporter Class *Needs state certification*

Crawford County has every right to be proud of their new Early Childhood Development Center. A Director, Deb Fink, who was hired by the governing board, supervises the center. The Crawford County Public Health Department employs her and she also supervises the daycare portion of the center called the Imagination Station. The HeadStart program is another portion of the center, which is supervised by West Central Development Corporation. The Special Education program is supervised by the Denison Community School District.

The Imagination Station is the daycare portion that cares for children from four weeks of age through eleven years. They provide a quality early childhood education environment where children can feel safe, happy, confident, and proud of what they accomplish. In order to be affordable to families, many collaborative efforts ensure the center operations are kept in balance for quality verses cost scale.

You may wonder how this community is able to operate a new a daycare facility that will hold 90 kids at full capacity. I spoke with Dean Hargens, a Crawford County Supervisor and President of the governing board, and was pleasantly surprised to learn that it really took a joint venture to make it work. A governing board was created with a 28E agreement; their sole purpose being to develop the facility. Members represent the Denison Community School District, the Crawford County Supervisors, Crawford County Memorial Hospital, and the Denison City Council. To show its support, the Denison Municipal Utilities pledged to donate all utility expenses for the facility for the first five years with the intent of extending this indefinitely.

In 1999, a governing board was established to spearhead the activities. Fund raising began in March of 2000 with a goal originally of \$1,080,000, but that has been adjusted to \$1.1 million. To date, they have been awarded over \$880,000 gathered from private donations as well as funds from granting entities. Funds have been applied toward the completion of the construction of the facility. These funds will not be utilized for operations or purchases other than need for construction and development of the facility.

The County, City and School each donate \$8,000 per year to the governing board for any maintenance needed for the facility because the three entities will own it. This was set up by the 28E Agreement. No more than \$8,000 can be given in one fiscal year. This was a great compromise by not using local taxpayers' money to build the project, just help maintain it.

The Community Empowerment Area board partnered in this effort by granting \$89,000 to be used toward startup costs for the daycare program through the Crawford County Public Health Department. Many others have had a role in making the center become a reality for the community. Because of their diligent efforts, the community feels proud of the center and children receive quality learning experiences.

Iowans who are considered mandatory reporters for child or dependent abuse may be impacted by a new state requirement. As of May 1, 2002, the Iowa Department of Public Health must approve the training curricula for selected mandatory reporter training programs.

Persons covered by the new requirement include professionals such as certified nurse aides, X-ray technicians, home health aides, peace officers, child-care workers and licensed teachers. Other Iowans considered mandatory reporters of abuse might work in professions that require a state license. It is the responsibility of those licensing boards to approve the mandatory reporter training, and workers in those professions are not covered under the new requirement.

The initial requirement was passed by the 2001 session of the Iowa General Assembly. Since that time, a six-member panel has been meeting to develop the process and guidelines for approval of a training curricula.

According to Iowa law, six classes of professionals must report suspected abuse within 24 hours from the time they notice the suspected abuse. Those professions are: health, mental health, education, law enforcement, child care and, social work. These people are required by Iowa law to complete a training course in mandatory reporting of abuse.

Complete information about the process and a complete listing of the approved training courses is available at the Abuse Education website: www.idph.state.ia.us/dir_off/AbuseEducation/default.htm, or by contacting Mary Anderson at 515-242-6333.

Links to Empowerment Web sites

- State: www.empowerment.state.ia.us
 Buchanan Delaware Fayette: www.bdfempowerment.org
 Cherokee, Lyon, Plymouth Sioux: www.northwestiowa.org
 Floyd, Chickasaw, Mitchell: www.fmccom.org
 HAWC (Howard, Allamakee, Winneshiek): www.HAWC-Iowa.com
 Hardin <http://www.empowerhardin.com/>
 Humboldt, Hamilton, Wright www.buildingfamilies.net
 NEW! Jasper: <http://www.jaspercountypowerment.org/>
 Linn: www.linnempowerment.homestead.com/homepage.html
 Marshall: www.youthandviolence.org
 Pocahontas, Calhoun and Webster: www.linking-families.com
 Polk: www.humanservicesplanningalliance.org
 Scott: www.scottcountypowerment.org/
 Story: <http://www.storycountyfamily.org>
 Washington: www.empowerwashington.org
 Woodbury: www.siouxlandship.org

Send us your web site address and we'll include it in the next newsletter.

Empowerment Tool "Iowa Empowerment Board Leadership Agenda" FY 2002

Empowerment Vision

Empowerment Communities will develop the capacity and commitment for achieving the results of:

- Healthy Children
- Children Ready to Succeed in School
- Safe and Supportive Communities
- Secure and Nurturing Families
- Secure and Nurturing Child Care Environments

Mission Statement

The Iowa Empowerment Board supports communities by demonstrating and facilitating leadership and collaboration to achieve desired results for children (0-5) and their families.

Guiding Principles

- Mutual respect/trust
- Flexibility
- Results-Focused
- Best Practices/Research Based
- Creative/Innovative Partnerships
- Accountability

Achieving Desired Results

The Iowa Empowerment Board will empower Iowans and their communities to achieve desired results for improving the quality of life for children (0-5) and their families.

- Promote best practice and research-based activities
- Support comprehensive community strength-based planning and assessment
- Keep the focus on results by allowing flexibility and innovation
- Build a comprehensive, integrated system for children (0-5) and their families
- Maximize efficient utilization of assets and resources.

Collaboration

The Iowa Empowerment Board and state agencies will support communities in developing collaborations that build an interdependent system for children (0-5) and their families which includes a shared vision, comprehensive communication and planning, pooled resources and shared risks and products.

- Facilitate state-level inter-agency efforts to integrate early care, health and education systems
- Enhance state and community partnership through innovative approaches
- Foster partnerships at and between all levels for shared accountability
- Encourage business involvement in the development of an early childhood system
- Enable and empower local citizens to lead collaborative efforts

Advocacy

The Iowa Empowerment Board will lead policy development, state system integration and build legislative support for children (0-5) and their families.

- Reinforce the purpose of community empowerment
- Enhance linkages that support children and families
- Increase individuals' and communities' awareness of the importance of early childhood
- Serve as champions for adequate support and resources for early childhood
 - Listen—seek input from communities on reaching results

Meet State Board Member

Thomas A. Wilson



Meet Iowa Empowerment Board Member

Thomas A. Wilson

President/CEO of Family Resources, Inc.

Mr. Wilson joined Family Resources in 1974, when the agency acquired the residential programming at the Wittenmyer Youth Center. In this time, he has served as President; Vice President; Assistant Executive Director; Director of Child Welfare Services; and the Coordinator of Residential Treatment.

Mr. Wilson's community service endeavors include serving as a Board Member and past President for the Iowa Coalition of Family and Children's Services; member, Davenport Rotary Club; Commissioner for the Bi-State Regional Planning Commission; reviewer for the Council on Accreditation of Children and Family Services, Inc.; member, Public Policy Committee of Family Service America; member, Department of Human Services Restructuring Task Force; member and past president of the United Way Agency Directors Association; and Governor-appointed member of the State Empowerment Board.

Tom received his Masters of Social Work at the University of Iowa and his Bachelor of Arts with a Social Work major from Wartburg College. He also attended the Academy of Certified Social Workers (ACSW) in 1976. Tom became a Licensed Social Worker (LSW) in 1988.

Tom's work experiences include managing a behavioral health care initiative, which is positioning Family Resources to enter the managed behavioral health care system. This process includes an internal review with potential modification of existing services. Tom also secured funding to pursue new programming mandated by the state legislature. This gave Family Resources the opportunity to implement a new model of treatment for adjudicated delinquents.

In 1974, Family Resources assumed responsibility for a 55 bed state institution for children, and created a residential treatment program. On-going assessment and programming development has resulted in growth to a seven program facility with the capacity to serve 117 youth. Tom is responsible for the development and administrative oversight of many programs and initiatives, including an enhancement of Employee Assistance Program that has a contract base that has grown to over 30 primary and affiliate contracts serving 20,000 employees and their families.

Tom previously worked under contract with the Iowa Department of Human Services where he was a social worker and then served as Director of Social Services at the Iowa Annie Wittenmyer Home. Tom also served in the United States Military and was a Peace Corp Volunteer in Bombay, India.

The Iowa Community Empowerment Board is pleased to have Tom as a member. His social service background serves him as a voice of experience and other board members consider his opinion refreshing and invaluable.

These three pictures are from the 2002 Star Child Care Provider Banquet. HAWC Empowerment Area holds this banquet during Child Care Appreciation Week, this year it was held on May 2nd. They honored 6 different people for providing quality care in their area. A catered meal, door prizes, free gifts for all, and dancing are part of the fun activities. This is just a small way the HAWC area says thank you to the providers. Registered providers, non-registered providers and center staff are all invited to attend. This year they had 100 people registered (50 providers) with representatives from the Empowerment Board, CACFP, and DHS invited to offer words of wisdom. This year a group of parents spoke about quality care and how it has helped them.

All the providers had a wonderful time and were able to walk away energized about their line of work. *Thanks Kristi Brockway of the HAWC Empowerment Area for sharing this information.*



HAWC Star Child Care Provider Banquet



Performance Measures in Contracts



Most contracts do provide for a section on "deliverables" which include criteria related to contractor or sub-contractor performance. Such criteria provide an objective means to determine the fulfillment of a contract. For instance, it may include provide home visiting service in XYZ county or provide a full time child care consultant to visit identified non-registered homes. These are important, but if you are wanting to show how results are being achieved, you should include performance measures as part of the performance criteria. Such measures assess an activity, service or product from a contractor. This brief article is intended to help you think through identifying performance measures when appropriate and a process for selecting measures.

Using the Common Language framework, performance measures include:

- Input measures (How much did the contractor put in?)
- Output measures (How much did the contractor do?)
- Quality/Efficiency/Customer satisfaction measures (How well did the contractor do it?)
- Outcome measures (What difference did the contractor make for customers?)

(For a more in-depth discussion on performance measures, refer to Tool J in the *Community Empowerment Toolkit*.)

Some key concepts include:

Direct Connection to Service - measures selected need to be directly related to the activity, service or product to be provided.

Length of Contract- Performance measures developed for the contract need to be limited to the period of the contract and based on future desired outcomes. For instance, a one-year contract to deliver training to child care providers would not include a measure related to success in school, but instead possibly have a measure of pre-and post scores of student before and after the training.

Measurement Development Process

How does one select measures for contracts? If you know what you want the contractor to do and what you want to see as a result of that work, you have a good start. Here is a "check list" to help you through the process of developing performance measures to be included in the contract.

Step 1. Clearly identify the purpose of the contract

Develop a clear, concise purpose statement to answer why the contract is needed. For example, a contract for a child care home consultant could state, "The child care home consultant will provide or arrange training for child care providers to increase the quality of early learning experiences for children in care."

Step 2. List the service, product, or activity that is the basis for the contract

Be very concrete and concise in listing the services or activities expected to be delivered. If the contract is for administrative support, it should not say, "Provide administrative support", but instead, list the specifics such as maintaining corporate files, keep and publish minutes of board meetings, arrange meeting places, etc. This list should reflect the purpose in the first step.

Step 3. List the appropriate parameters such as time, space, influence, or control that are part of the contract

List for yourself the limiting factors to the contract that will affect what measures would be reasonable: Length of the contract; Geographic limits or location; influence variables such as service demand, transportation, etc.

Step 4. Define success

How will you know success? You or the contractor just can't say, "I'll know it when I see it." It is not useful, tangible, or measurable. This is where you define your criteria for success. Examples include, increase capacity, increase staff quality, improved parenting skills. As you think about the criteria, also be thinking how you would measure the success.

A Process or Checklist for Selecting Measures

Step 1. Clearly identify the purpose of the contract

Step 2. List the service, product, or activity that is the basis for the contract

Step 3. List the appropriate parameters such as time, space, influence, or control that are part of the contract

Step 4. Define success

Step 5. List the Measures you want

Step 6. Who will report, whose data and when

Step 7. Checking against criteria

Step 8. Setting targets and performance thresholds

Step 5. List the Measures you want

You are now ready to begin selecting the measures to include. You may want to begin with **output** measures, as they are the easiest to define. These may include the number of visits, number of parents attending education courses, number of parents accepting or using (not just referred to) the contract service. Think, too, about **quality and efficiency** measures. What about turn-around time, percent off on-time delivery, customer satisfaction, cost per client ratios and the like.

Some contracts can include **short-term outcome** measures. They do need to be directly tied to the purpose of the contract and can be influenced or controlled by the contractor. You would not want to measure the child abuse rate for a parent education program, but you could measure parent self-reports on their confidence in parenting upon completion of the program.

Step 6. Who will report, whose data and when

Once the performance measures have been decided, you need to decide on the source of the data. Can you collect from existing systems, such as vouchers? Do you have a reporting system in place that can do it for you? Does the contract have data collection and reporting mechanisms to provide the data? Does a new reporting need to be designed and is it cost effective? Most frequently the data should be collected and reported by the contractor with assurance regarding the integrity of the data. Lastly, how often do you need to know progress on the measures?—monthly, quarterly, annually? When determining when you want reports, think through the fact that reporting does have costs that will take away from administrative, service or activity dollars.

Step 7. Checking against criteria

Are the measures you propose reliable, valid, feasible, useful and timely? Is the measure limited to the time of the contract? Will the data be available during the time of the contract, or shortly thereafter?

Each measure should be checked against each criteria. If you can't answer yes to all of these, discard or revise the measure.

Step 8. Setting targets and performance thresholds

Setting targets and thresholds for acceptable performance is a program issue and needs to be a part of the contract management process. You need to know where you want to go and how much progress by the contractor is acceptable and reasonable. This is where you operationalize your definition of success. How many visits should be made? What percent of parents should report greater parenting confidence? What percent of providers should have completed training?

Early Head Start Overview

The mission of EHS is to promote healthy prenatal outcomes for pregnant women, enhance the development of very young children, and promote healthy family functioning. Early Head Start (EHS) was created by the U.S. Congress in the reauthorization of the Head Start Act in 1994. Since its inception, it has grown to a nationwide effort of 635 community-based programs serving 45,000 children. The total budget for EHS for 2001 is \$558 million. This represents an increase of \$136.7 million from FY 2000.

Program Services

EHS is an intensive, comprehensive, flexible program that is designed to reinforce and respond to the unique strengths and needs of each individual child and family. The program services include: *quality early education both in and out of the home; parenting education; comprehensive health and mental health services, including services to women before, during and after pregnancy; nutrition education; family support services.*



Program Design and Options

As with Head Start, Early Head Start (EHS) offers children and families comprehensive child development services through center-based, home-based, and combination program options. Children and families enrolled in center-based programs receive comprehensive child development services in a center-based setting, supplemented with home visits by the child's teacher and other EHS staff. In home-based settings children and their families are supported through weekly home visits and bi-monthly group socialization experiences. EHS also serves children through locally designed family child care options, in which certified child care providers care for children in their homes. Program and staffing requirements for each of these options are outlined in the *Head Start Program Performance Standards*.

The community and family assessments undertaken by EHS programs help them to determine which program option(s) best meet the needs of families in their local community. Often one program option does not meet the developmental needs of a child over a 3-year period, or support the family's changing needs and circumstances. As a result, EHS programs often offer more than one program option so that children can receive the services they need as their family needs change.

Head Start Program Performance Standards: A Framework for Quality

The *Head Start Program Performance Standards* provide specific quality standards for EHS services to pre-birth-to-age-5. Major elements of the standards include early childhood development and health services, family and community partnerships, staffing, and program design and management. In order to meet the requirement of the 1998 Reauthorization of the Head Start Act, EHS is striving to ensure that 50 percent of center-based staff have an AA or BA degree by the year 2003. Head Start programs are required to involve parents and community representatives in all areas of the program, including policy, program design, curriculum, and management decisions.

Eligibility

Just as with preschool Head Start, EHS is a child development program primarily for low-income families who meet the Federal poverty guidelines. The Head Start Program Performance Standards require that at least 10 percent of the total number of enrollment opportunities be made available to children with disabilities. Once enrolled, children are eligible for EHS until 3 years of age or when they are transitioned into an appropriate preschool setting.

Program Administration

EHS local programs are administered by the Head Start Bureau, the regional offices of the Administration for Children and Families, and the American Indian Programs Branch. Regional office responsibilities include grants administration, monitoring evaluations, site visits, and ongoing support to programs. Local programs are evaluated by Federal program specialists and consultants every 3 years, and more frequently as needed.

Northeast Iowa Region Chosen as One of Four In the Country to Receive Grant for Community Planning



The Northwest Area Foundation has awarded \$600,000 to a six-county area in Iowa for the development of a comprehensive, strategic plan to increase opportunities and reduce poverty. The communities involved are Black Hawk, Bremer, Buchanan, Butler, Grundy and Tama counties, and the Meskwaki Nation.

“We’ve chosen the name Opportunity Works for our 18-month process,” explains Project Director Stacy Van Gorp. “We think our name defines what we’re all about: providing opportunities that will lead to stronger communities and individuals.” A process design team is being assembled to determine how to structure the planning process. This group will determine methods to engage more members of their communities. The goal is to develop a ten-year plan. The volunteers will meet regularly until finishing the plan in August 2003.

“The team will represent urban and rural interests, white and black, young and old, indigenous peoples and new immigrants, low income and wealthy,” says Dr. Robert Koob, President of University of Northern Iowa and a process design team member. “We will develop a plan based on the assets and needs of this diverse area.”

Input is being sought from all communities represented in the plan. People of all ages, backgrounds and walks of life are encouraged to participate in the process. Funding from Northwest Area Foundation will be used to support community planning costs including facilitation, research and training. Funds will also be used to provide childcare, translation services, and transportation for participants.

The Community Foundation of Waterloo/Cedar Falls and Northeast Iowa will serve as administrative agent for the project, responsible for receiving and distributing the funds. “In 1996, the Northwest Area Foundation stopped funding grant requests and opted to pursue a new model of philanthropic investment,” says May Ann Burk, President of the Community Foundation of Waterloo/Cedar Falls and Northeast Iowa. “The foundation is now directing its resources to forming partnerships with communities to help those communities develop long-term solutions to poverty.”

For information about the Northwest Area Foundation, visit their website at www.nwaf.org.



As we wind down another school year, school-based outreach for *hawk-i* is just starting to gear up. Covering Kids and our partners are excited that we will be launching another Back-to-School Health and Safety Fair enrollment drive August 3rd. The goal is to encourage parents with uninsured children to put enrolling for *hawk-i* at the top of their back-to-school checklists. We hope that you will join us in this exciting event.

The Back-to-School enrollment drive is part of a national campaign to connect children to affordable health care coverage programs that exist in every state. We want to encourage your community outreach partners to consider being a part of this national and statewide event.

The 2002 Back-to-School Health and Safety Fair in Polk County will be held at the Southridge Mall during the ‘tax free’ day on August 3rd, from 10 a.m.- 1:00 p.m. Entertainment and drawings for free backpacks with school supplies will attract families to the event. Since plenty of shoppers will already be out, it is a great opportunity to raise the profile of uninsured children in the community, let parents know that help is available and demonstrate the commitment of many organizations and businesses working to insure children.

We encourage communities across Iowa to hold similar Back-to-School events. To assist in such efforts, a **Back-to-School 2002 Campaign Action Kit** is available to download at: www.coveringkids.org (under the “communications campaign” link). This kit has everything you need to launch a successful Back-to-School Campaign. There are media and event templates, resources, free posters, stickers, and other materials to handout at the event.

Let’s make sure the kids in our neighborhoods have the health care coverage they deserve. We hope you will participate in this effort.

For further questions, contact Sonni Vierling, Covering Kids Coordinator, at (515) 281-4516 or svierlin@idph.state.ia.us.