As part of our work with the OK Futures partnership, Advocacy & Communication Solutions, LLC ("ACS") participated in three phone calls with service providers to learn more about how rural families receive early childhood information, the perceived value of the information, lessons learned from previous communication efforts, and effective messengers and media. This outreach will inform and complement work already done to create strategies that support the goal: Raise awareness among rural families that are low-income and/or are already receiving some social service/benefit about the value of early childhood development, local opportunities, and services available.

ACS, along with members of the OK Futures team, spoke with staff from:
1. Chickasaw Nation Nutrition Services (WIC Program)
2. Head Start/Early Head Start Providers
3. Cherokee Nation Child Care
4. Muskogee Creek Nation Child Care

Summary of Discussions

Family Awareness and Perceived Value of Early Childhood Education

For all three conversations, participants rated awareness of available early childhood services as low to moderate, with a slightly higher rating for those families that already receive some type of assistance. Similarly, in all three conversations the perceived value of early childhood education was somewhere in the middle, with it being slightly higher in those families who had some experience with early childhood education.

Challenges to greater awareness and understanding of value include inconsistent messaging among those working with and talking to families (messages may differ between state level and local offices, and from agency to agency.) Families are also not receptive to negative messaging and respond better to positive encouragement.

Other family members, including elders and grandparents, also play a role in whether families understand the services available and their perceived value. On more than one occasion,
conversation participants stressed that if grandparents and elders are giving one message, and providers such as WIC or Head Start are giving another, parents/guardians will usually listen to family members. Participants stressed that to be effective, any messaging should reach an entire community, so that all family members are hearing the same message and elders can reinforce with parents/guardians. In several of the discussions, participants shared that families may still see early child care as “playtime” or “just babysitting”, especially when it’s provided by a neighbor or family member.

Parents/guardians also are more receptive when the messages are delivered in language that makes sense to them, (aka “speak to their heart”) and meets them where they are. All participants indicated that back and forth conversations that listened to parental/guardian needs were more effective in delivering messages than passive, one-way efforts.

**Lessons Learned**

Every conversation participant had tried a variety of ways to reach families, including active and passive methods. Some examples include: creating apps for use on phones, having tables at community events, fairs, and parks, passing out information door to door, creating partnerships with local health care offices to make information available in waiting rooms, posting on their own and community Facebook pages, billboards and flyers in places families visit, including food pantries, libraries, and churches.

In each discussion the most successful methods of engagement were those that involved interaction with the parent/guardian. For example, the MOMents app developed by Chickasaw Nutrition services includes consistent, positive messages and provides support and encouragement for the actions parents can take for and with their children. Creating partnerships with other organizations who serve the same families also created a strong opportunity for sharing information and messages with a wider audience using a trusted messenger. Visual elements, such as video have also been successful. In those cases “snail mail” is most effective.

Less effective methods included those that were expensive but passive, such as a billboard, or advertisements at the movie theater. Social media has been successful in some rural areas but not all. In areas where there is reliable internet, social media has been successful in reaching families. In areas where there is not reliable internet access or mobile phone service, the successful use of websites, social media, email, and text messaging is limited.

Certain actions, word and phrases were cited as an immediate negative among families. Those include any mention of the Department of Human Services (DHS) or using the phrase “social services” generally. Some discussion participants used “resources” instead when speaking with families. In addition, families may have a particular impression of terms like “education” and “mental health” and therefore they may not resonate with them. It is important to be descriptive about what it means and how it affects healthy development.
Rural geography is particularly difficult when it comes to access to services and this should be considered when developing messaging. There may be a lack of available early childhood services like child care or pediatricians, or because of transportation challenges, the family is unable to get there on a regular basis.

**Messengers and Media**

There were a number of messengers/message locations mentioned in each discussion. They included: other family members, other moms, health care workers, local state/county/tribal employees, community Facebook pages and agency websites, churches, grocery stores, tribal newsletters. Most discussion participants had utilized local radio stations and newspapers, tribal radio stations and newspapers, and social media in a variety of forms, but weren’t always sure whether they were effective or not.

Trust is a major component to whether messenger is effective in conveying the message. Families trust those from their own communities, family members, and members of the health community. Speaking the same language, being from or living in the community, and having a consistent presence can convey trust.

**Key Takeaways**

There were several key takeaways to inform the messaging strategy, including:

1. Negative messaging does not work. For families to hear and absorb a message, it should be positive and encouraging, and if possible, visual.
2. Many children are in the care of friends, families, and neighbors. It is important that families and these providers see what they are doing as more than babysitting.
3. Inconsistent messaging exists, and in the absence of consistency, parents will turn to other family members and neighbors for advice and counsel. Since parents rely on other family members for advice, it is critical that messages also reach grandparents and other family members that no longer have young children.
4. To engage families effectively, messengers need to be active, continuous, and trusted in the communities in which they are operating.
5. Social media, email, and text messaging is effective in some areas but not all. When there is reliable mobile and internet service, this may be the most effective way to reach families. When it is not available, “snail mail” is most effective. Partnerships with trusted organizations and agencies and media are consistent ways to
6. The tribal health association, community centers, and county health departments are potential partners in reaching rural families with consistent messages.