

May 18, 2018

Small Group Discussion Notes

Adam's Group:

- As corporations take on living wages, other employers may need to follow suit. Especially in context of 3.9% unemployment
- What are benefits of taxes. It is a good thing to pay taxes. Public good.
- How do tax credits grow economy
- Work place policy
 - FHLI closely define telecommute policy
 - Durham County – 12 weeks paid parental leave
 - 4 other counties
 - Onsite child care (SAS)
- Connecting housing/food to healthcare
 - DHHS/DMA, Medicaid transformation
 - Connected to PHP/health systems.
 - Grandparent with chronic d2

Group 2:

- Social Norms
 - Back to valuing early childhood and early care and education
 - Teachers' needs:
 - Depression treatment for early childhood workforce
 - Food security
 - Stable housing
 - "Thank you for not quitting today"
 - Addressing needs of teachers will lead to more awareness of trauma, ACEs, engaging with parents
- Discipline issues
 - Big problem with expulsions from daycare
 - Compassionate Schools Project
 - Free book: *Heart of Learning and Teaching*
 - "Self-Care"
 - What about Strengthening Families?
 - Triple P
 - To help with parenting practices
 - But problems with proprietary materials
 - Cost is prohibitive
 - *Make parent education the norm
- Teachers need relationship-based skills
- Incredible years is more affordable and supported by "children's trust fund"
- Circle of Security model – great for teen moms and need to approach. Academic Pediatric ACEs – Sept./Oct. 2017
- Continue to define Resilience – CAHMI – how to measure thriving

- Who is focusing on children ages 8-18?
- It's not going to work to stop at Grade 3
- "Cradle to Career" & Family Success Alliance

Group 3

- Considerations for children who are citizens whose parents are not – are there economic supports they might not qualify for/benefit from?
- Lack of understanding of mental health needs in children – looked at as bad behaviors. Lack of education for providers
- Need cultural infusion of what this is what mental health looks like for children
- Opportunity window opening for a living wage for teachers – One priority for economic supports for families
- Another priority is state nutrition assistance programs
 - Strategies/considerations:
 - Need for parental education
 - Utilize cooperative extension, assess existing resources
 - Capitalize on momentum with healthy corner store initiative
 - Root causes of costs of food is largely bogged down in federal law
- Changing social norms:
 - ACEs & toxic stress – resilience, addiction
 - Cultural impact of ACEs for all members of society
 - Social emotional health and well-being in early childhood – emphasis on prevention and connection
 - Not something wrong with child
 - Considering cultural and language needs

Group 4

- Economic Supports
 - Example of organization called StreetCred in Boston – advertise EITC and other gov. assistance programs in health care clinics. Families can receive free assistance in filing taxes
 - Could child care programs be aware of VIDA and expand to at-risk parents
 - Are they benefitting the people who really need money—if they don't make enough to even pay taxes
 - NC has a patchwork of services. How can we streamline bureaucracy
 - Examples of problems:
 - Parent loses subsidy and then has to go to new center where subsidy renewed
 - NC FAST – sometimes overpay/sometimes underpay
 - Subsidized child care – what parents co-pay determines quality of actual care
 - Imperfect safety net for families at bottom, next level of low-income families have even smaller safety net and qualify for even fewer programs
- Child Care Subsidies

- Subsidies are only a part of high-quality care
- Some centers charge less to increase number of parents who qualify for coverage and end up depressing market rate which ends up lowering subsidy rate
- Subsidy rates must increase to increase capacity – centers can't provide quality care at current subsidy rate
- Have to make working with 0-5 a respected and high-paying profession

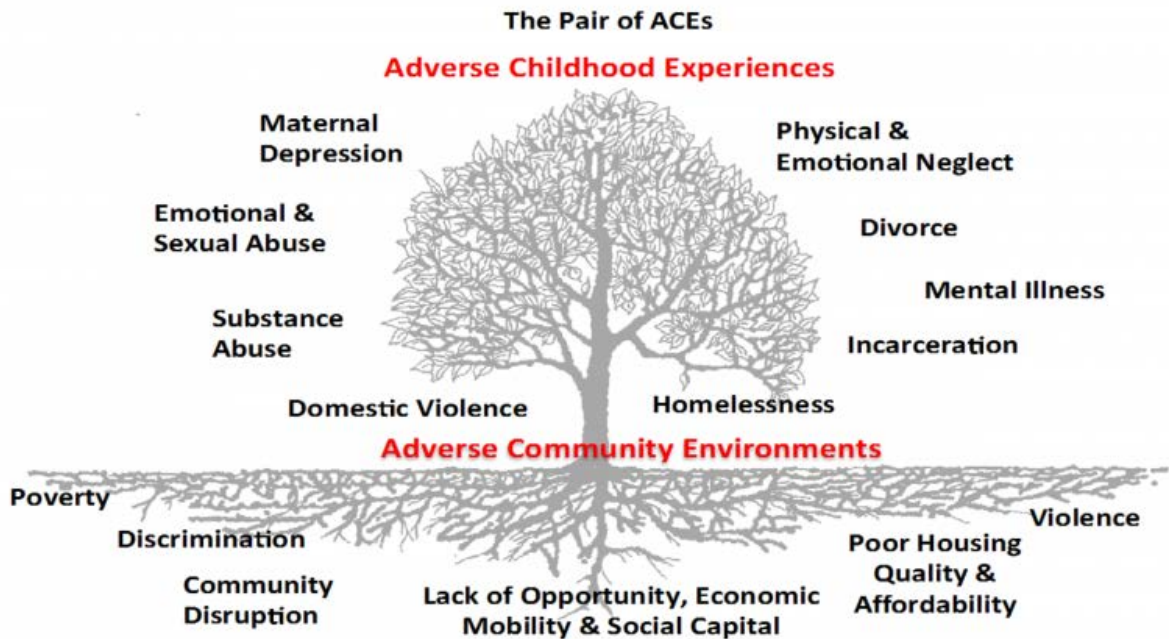
Group 5

- Increase number of level 4 and 5 trained Triple P therapists/clinicians
- Improving knowledge in accessing “free” benefits
- Creating a behavioral health service array that's more transparent and easier to navigate for children/families
- “All parents need help,” normalizing the need for help
- Having paid family leave for everyone, This would give families a chance to start off without additional stressors
 - This would also increase with sustaining an effective workforce
 - Reduce cost of losing workforce
 - Recommendation: the state take the lead in supporting state employees with 6 weeks paid leave for all
- 0-3 behavioral health in currently carved out of LME/MCO care
 - Before 2006 EI served at-risk children. Reached more kids.
 - Now – limited to only I/DD children
 - Reduced provider network
 - No incentive for providers to be innovative due to the low rate for CPT therapy
 - Providers/agencies that have EBP training don't work with 0-3 due to rate that is not sustainable
- Getting the right people (policymakers) in the right place at the right time.

Karla's Group

- Prioritize social norms work – outside of the child advocacy community the vast majority of North Carolinians are not aware of the basics of ACES, toxic stress, brain architecture, etc. We are still finding in our work in communities that even professions you would expect to know like medical professionals or even pediatricians the ignorance is vast and deep.
- Important to measure social norms work. How do we know if we have moved the needle if we run social norms campaigns?
- Consider focusing on these five key msgs:
 - ACES/toxic stress awareness
 - Protective Factors – as a solution/response to ACES/toxic stress – both as prevention and mitigation strategy
 - “Parenting is hard and it's ok to ask for help” – parenting education is not just for high risk populations
 - ROI of prevention – emphasize \$2B annual spend in NC on downstream costs (an entirely preventable problem)
 - Social services system is here to support you

- Consider using Pair of ACEs framework from GW University in DC. Link to work is here: <https://publichealth.gwu.edu/departments/redstone-center/resilient-communities>



Ellis, W., Dietz, W. (2017) A New Framework for Addressing Adverse Childhood and Community Experiences: The Building Community Resilience (BCR) Model. *Academic Pediatrics*. 17 (2017) pp. S86-S93. DOI information: 10.1016/j.acap.2016.12.011

- Consider pushing/advocating for all forms of family leave options: insurance options, counties and municipalities that are implementing leave programs, family friendly policies in the business community. Explain coherently and clearly the value of family leave in keeping children healthy and safe.
 - Consider pushing/advocating for parenting education given that somewhere between 75-80% of children in NC are not in a child care setting on a daily basis. How do we help those 75-80% of children? Noted that policymakers in this state are hyper focused on early childcare setting as though those settings are taking care of closer to 100% of children.
 - Consider pushing/highlighting child care options in a continuum – what is in between the 5 star child care center options (often out of financial reach of many families) and having, say, an aunt or grandmother with no parenting education/child development knowledge taking care of children in their family? Can we advocate for more ½ day programs?
 - Do we have clear analysis of what child care programs and options work and why?
 - Storytelling IS critical to advocacy. How do we start telling stories that give glimpses into the lives of real North Carolinians and how they manage their family lives? Can we create vignettes that complement or support the quantitative analysis that often is used in advocacy? How can we start sharing the stories of real families in this state and how they struggle to make family life work? We need more than stats!
- Examples:
- Do policymakers really understand what it's like to be a working single mother (using Sundays to set up food, outfits, etc for the entire week)?

- Do policymakers really understand what the handoffs and tradeoffs look like even for a two parent household?
- Do policymakers really understand what the daily life of a family living at or below the poverty line looks like?
- Consider/pushing tax credits even if it's a potential long-term strategy.

Meghan's Group:

Strengthen economic supports for families:

The environment has changed since started the E4C initiative, so some things may be able to get traction that couldn't before; through Delta program NCCADV is working on paid family leave as prevention piece; Phil isn't sure what is ripe for action now; there is more buzz around family friendly work policies, companies can move this forward doesn't rely on the GA; early childhood foundation is doing some of this work, maybe E4C could support this work when BCBS money runs out in December – could get more bang for smaller buck because BCBS has already made huge investment; the time is ripe for family friendly policies; need to frame this in a way that understands needs for different size companies (large organizations versus small businesses) have to be strategies that all can implement; have a menu of options, have it reflect the audience; think about how it help with staff retention – especially for shift workers;

Also conversations for nutrition assistance programs – this is linked to social mobility factors; this one is also bubbling up in different sectors; Medicaid waiver for social determinants of health, are others working on food insecurity – World food policy center at Duke; No Kid Hungry Group, Read and Feed (mobile literacy program and also provide dinner – not systems based work), larger food banks in state could be a resource – is there organization/policy support going on there? Center for Environmental Farming Systems would be another touch point; state collaboratives with Urban Farms? In Arizona, using SNAP funds for community farms; Is there a roll up body at the state level – Stan would be a good person to talk to; TDE rural church division is working with food banks and food pantries to provide healthy options; want to make sure there are healthy options; not just getting food, but getting high quality foods; Raising Bertie documentary (Hive House) – run full day summer camp program that is free for parents, they have to show up with groceries, use food stamps to buy the food, get list of food and parents have to buy it; Jamie Kirk Hanh Foundation worked on food; How is this related to child maltreatment?: This is building protective factors for families (Child maltreatment prevention)

This is linked with community awareness campaign – making everyone understand that they are part of the system; food security could be our marker, knowing that in order to get there, we need to strengthen things that would prevent child maltreatment – one way to do that is to honor a non-traditional partner for their work in Child Maltreatment prevention (similar to what Mass does in their E4C work)

People can see strengthening families as part of their work instead of preventing child maltreatment (food security is preventing child maltreatment)

When label child abuse and neglect publically, people don't see themselves in it, but if talk about parenting is hard, people are willing to engage

In some spaces, we don't want to avoid child abuse and neglect, but working with families and communities we have to do it in a way that isn't labeling or blaming

Social Norms:

What changes have you seen:

5-10 years ago, just getting frameworks institute involved, just thinking about toxic stress, at first we were a bit resistant, but now seems normal (at least in our bubble)

Resilience has really helped people get it

Has seen a lot of shift in discipline practices (anecdotally); only two districts that are still using corporal punishment, but can't get legislative movement – maybe because don't want to have nanny government; in schools seeing more about conscious discipline and restorative justice – there is a positive shift in the schools, how do we behave towards each other, treat each other; there are schools who are doing mindfulness work – kids then relate this to their parents; helping kids to self-regulation – as a way to address trauma without calling out individual experiences, this can change parenting practices;

How are parenting practices and discipline related or not related?

Parenting challenges – think about social determinants of health first

Who is the audience for the social norms campaign? From Catherine's perspective: it is parents (triple P level 1) and to help the general public understand we have a shared responsibility

Parenting challenges get into equity issues; societal pressures of racism and impacts on health; not about blaming parents; how do you expect parents to do things well when dealing with all these challenges; making sure children are safe and at the same time making sure the family gets what it needs – holistic perspective; needs to be an intergenerational audience because grandparents are often the ones who are giving the parenting advice

Need to be careful to not blame parents – stay away from problem behaviors, it's not that children are bad, don't want to stigmatize; make sure we use language that doesn't label kids as problems; it's developmentally appropriate;

Any lessons from young families connect? Catherine will ask them

People are good at offering help, but not good at asking for help; normalizing how we offer help;