

**TASK FORCE ON ESSENTIALS FOR CHILDHOOD**

**NORTH CAROLINA INSTITUTE OF MEDICINE  
630 DAVIS DRIVE, SUITE 100  
MORRISVILLE, NC 27560**

**DECEMBER 16, 2014**

**10:00 am - 3:00 pm**

*Goals for the meeting: We will discuss the revised recommendations around data informed action and finalize our wording and recommendations. We will address remaining questions about the role of the Leadership Action Team and Backbone Organization in order to inform our recommendations. We will also discuss draft report chapters previously provided to the Task Force*

**WELCOME & INTRODUCTIONS**

**Kenneth A. Dodge, PhD**  
Founding Director  
Center for Child and Family Policy  
Duke University

**Kathy Pope**  
Board of Directors  
Prevent Child Abuse NC

**Adam Zolotor, MD, DrPH**  
Interim President  
North Carolina Institute of Medicine

Dr. Dodge, Ms. Pope, and Dr. Zolotor welcomed Task Force members and laid out the instructions for the day.

**DISCUSSION OF REVISED RECOMMENDATIONS**

**Adam Zolotor, MD, DrPH**  
Interim President  
North Carolina Institute of Medicine

Dr. Zolotor presented the revisions to the recommendations under the CDC Goal #2: Use Data to Inform Actions. Draft recommendations are:

- Establish a Child Data Working Group of the Leadership Action Team
- Expand the Kindergarten Health Assessment to Include Additional Measures of Social and

Emotional Development

- Gather Data on Social Norms around Children and Parenting
- Create a Case Management System

Task Force members discussed the details of these recommendations, suggested revisions to clarify wording and involved parties, and determined prioritization (none would be listed as Priority Recommendations in the final Task Force report).

Comments on these recommendations included:

- Clarification on child data working group report to Leadership Action Team – do we need outside ownership? What are the resources involved? State allocation or appeal to foundation? NC Child, PCANC. Section of broader LAT progress report
- Is advocacy the purpose of this report?
- Combine rec on integrated data with rec on electronic case management system; clarify difference between pop health level data and CPS population data.
- Dodge: working group on K entry – recommending annual report on kindergarten health, drawing on pediatrician part of kindergarten entry assessment. What info is plausible for pediatrician to provide at point of kindergarten entry? Voluntary by parent. Close the loop, reporting back to ped with info from school. Should report be stand-alone (similar to School Readiness Report Card) or part of Child Health Report Card? Accessible through NCIR for physicians and school staff?
- Who owns recognizing gaps in data and other barriers? Responsibility for use? Follow up on how it's being used? – specific charge for data working group to report to LAT
- Instruction sheet, clarity on needed info. Standardized form, ideally electronic – EPIC – this will help if standardized across school systems, etc.
- New reimbursement code for psychosocial screening in ped offices – need update in chap. 7 (policies) – Catharine Goldsmith. Code 96127
- Early Learning Challenge grant includes money for KEA assessment, K-3 assessment plan, and roll out. If this is insufficient, group should explore additional funding for sustainability
- Re: social norms survey: Can we do this? Will CHAMPS allow? BRFSS? AZ: recommend asking about 1 bucket for 2 years, another bucket for 2 years, etc. Competition for space for questions.
- Build in case management rec into rec about integrated data.

**DISCUSSION OF REPORT CHAPTERS: OVERVIEW, SOCIAL NORMS AND PROGRAMS, POLICIES, RAISING AWARENESS,**

**Adam Zolotor, MD, DrPH**

Interim President

North Carolina Institute of Medicine

**Michelle Ries, MPH**

Project Director

North Carolina Institute of Medicine

Dr. Zolotor and Ms. Ries led discussion on previously-provided chapters of the Task Force report and discussed plans to integrate Task Force comments and revisions into final report – Chapters 1, 2, 4, 6

Chapter 1 (Introduction) comments included:

- Address current task force first, before historical context

Chapter 2 (Overview of Child Maltreatment) comments included:

- Use text to build a stronger bridge between discussion of CM, ACEs, and public health approach to CM. Public health waterfall metaphor – include in opening?
- Suggested to include a more precise definition of well-being within the context of NC children – using indicators?
- Is it better to restructure this chapter to start with frameworks on prevention, child well-being, connection with well being of the state as a whole – economic, education, health, etc. and finish with CM information? Start with the positive?

Chapter 4 (Raise Awareness and Commitment to Promote Safe, Stable, Nurturing Relationships and Environments to Prevent Child Maltreatment) comments included:

- This chapter is most challenging – we need structure that hangs together better (proposed):
  - Can we integrate better into CDC flow
  - Building public will (investment in families, policies, programs)
  - LAT serves systems change work---services, supports, funding. (creating capacity?)
  - Demonstrate and sustain impact
  - Explore opportunities in NC.
- Public policy, tax policy. – should we move this to the section on policies? Is this more about awareness or policy – to be discussed and decided by Steering Committee
- 2008 Task Force update? What were the working groups, who was on them? - can we get more details/specifics on the implementation of 2005 recs?
- Clarify wording and be consistent---early care and education and K-12 when appropriate.
- Include more on what would findings of economic analysis be used for? What do we want as a result of this analysis?

Chapter 6 (Create the Context for Healthy Children and Families through Social Norms Change and Programs) comments included:

- Build early in chapter topics around statewide selection, investment, coordination in EBPs
- First 2,000 Days – Address as an example of one way/program, but building other programs for social norms change.
- Should we have reorganization of programs in chapter? Primary vs. secondary prevention, treatment-based?
- Child First: Add info on NC development – currently being reviewed by KBR, to be updated with NC development info
- Decided to remove sections on specific programs altogether – Build in more info on PCANC’s environmental scan of NC EBPs – by topic, # that are evidence based vs.

evidence informed, etc.

- Build in more info on current funding and refer back to LAT chapter's role to assess overall need and funding.
- Build up section on implementation support, infrastructure, fidelity
- Need to clarify with NC Early Childhood Foundation what their intent is for future phases.

## **NEXT STEPS AND REPORT TIMING**

### **Michelle Ries, MPH**

Project Director

North Carolina Institute of Medicine

Ms. Ries discussed timing of receiving final comments back from the Task Force – the Task Force should send final comments on all report chapters to Ms. Ries by Jan. 9. Comments will be incorporated and clarified, and then the report will undergo review by 3 members of the NCIOM Board of Directors. Following this review, the report will be copyedited, sent for layout, and printed in time for the launch at PCANC's Learning and Leadership Summit on March 3 and 4, 2015.