

TASK FORCE ON ESSENTIALS FOR CHILDHOOD

**NORTH CAROLINA INSTITUTE OF MEDICINE
630 DAVIS DRIVE, SUITE 100
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OCTOBER 24, 2014

Meeting Summary

Goals for the meeting: We will discuss the draft 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

Kathy Pope

Board of Directors
Prevent Child Abuse NC

Adam Zolotor, MD, DrPH

Interim President
North Carolina Institute of Medicine

Ms. Pope called the meeting to order and thanked the task force for attending. Dr. Zolotor gave an overview of the meeting's agenda.

DISCUSSION OF VOTING RESULTS – SOCIAL NORMS, POLICIES

Adam Zolotor, MD, DrPH

Interim President
North Carolina Institute of Medicine

Dr. Zolotor presented the voting results for recommendations on social norms and policies, and asked the group how should the recommendations be framed and organized. The task force members suggested organizing the recommendations in the following ways:

- Keeping all of the recommendations and using a tiered organization, but making sure that the priority recommendations are emphasized. The recommendations should be contextualized to include some of the data from the chapters (ex. emphasize the importance of early learning for language development in the child care subsidy recommendations), with an explanation of the prioritizing process.
- Organizing by the most timely recommendations (including timeline goals) and also organizing by audience relevance or responsible agent.

Create the Context for Healthy Children and Families through Policies :

Child care and early childhood education and development

The task force discussed and revised recommendations around early child care and education.

Selected Comments

Dr. Zolotor asked the task force how the subsidy recommendations should be specified. Some members expressed a concern that legislation mandates a certain amount of subsidy for Smart Start so budget cuts reduce the funding available for other parent support program subsidies. Parent support programs and subsidies are included in the same chapter which will address this concern.

Economic opportunity for families:

The task force discussed and revised recommendations around economic opportunities for families.

Selected Comments

It was pointed out that the community college training recommendations are an important target to develop instruction for those working with children and families. The community college accounts for a large part of the early care and education workforce quality. Does the Task Force want to expand this recommendation to specify a pipeline to early child care and education? This recommendation could also be framed around poverty reduction leading to parents being better able to care for their children. The task force was asked to think about which way to frame this recommendation.

Workplace policy recommendations were discarded, but there was a conversation around whether these could be built into a recommendation around ensuring economic security.

Primary care screening for psychosocial risk factors and family protective factors (infants, children, families)

The task force discussed and revised recommendations around primary care screening.

Selected Comments

It was pointed out that Adverse Childhood Experiences (ACES) are not yet known about by the general population as well as a large part of the medical community. The task force discussed eliminating the recommendation for an ACEs resolution (General Assembly). Ms. Vidrine emphasized framing the safety net program education recommendation around the connection to preventing or reducing ACEs, buffer for toxic stress.

COLLECTIVE IMPACT INFRASTRUCTURE: LEADERSHIP ACTION TEAM, BACKBONE ORGANIZATION

Catherine Joyner, MSW

Child Maltreatment Prevention Leadership Team
Women's and Children's Health Section - Division of Public Health
N.C. Department of Health & Human Services

Ms. Joyner discussed collective impact work as it relates to the Leadership Action Team envisioned in the CDC grant.

Raising children is a complex task that requires a collective impact approach, which includes working toward the same goal and measuring the same things, cross sector alignment, coordinated actions, and sharing lessons learned. A collective impact approach involves a Leadership Action Team and a backbone organization. The Leadership Action Team sets a vision and goal, and the backbone organization ensures that the work is happening. The CDC suggests a structure where the backbone organization facilitates multiple work groups made up of community partners. Some common misperceptions about the backbone organization are that it sets the agenda, drives the solution, receives all of the funding, and is self-appointed. Backbones typically require at least 3 key staff positions: project director, data manager, and facilitator. Ms. Joyner discussed the Leadership Action Team as it was envisioned during the 2005 child maltreatment prevention task force. The task force agreed that some of the teams/committees could be merged and that the budget recommended by FSG could be reduced.

Ms. Joyner invited the task force to discuss the creation of a backbone organization.

DISCUSSION OF DRAFT RECOMMENDATIONS: DATA

Adam Zolotor, MD, DrPH

Interim President
North Carolina Institute of Medicine

Dr. Zolotor and Ms. Ries led the task force in a discussion on the draft data recommendations. The Task Force then voted on the recommendations. Task Force members not in attendance will receive an electronic survey for voting.

DRAFT REPORT CHAPTERS: OVERVIEW OF CHILD MALTREATMENT AND ADVERSE CHILDHOOD EXPERIENCES, ESSENTIALS FOR CHILDHOOD AND STRENGTHENING FAMILIES PROTECTIVE FACTORS FRAMEWORKS, SOCIAL NORMS AND EVIDENCE-BASED PROGRAMS, POLICIES

Adam Zolotor, MD, DrPH

Interim President
North Carolina Institute of Medicine

Michelle Ries, MPH

Project Director

North Carolina Institute of Medicine

Ms. Ries encouraged the task force to continue sending report feedback electronically. Ms. Ries will send out a date by which all comments and suggested revisions should be sent. Ms. Ries reminded members of the next Task Force meeting and went through the process for the remainder of the Task Force.