



NC DEPARTMENT OF
HEALTH AND HUMAN SERVICES
Division of Public Health



Essentials for Childhood Third Update Committee Meeting September 17, 2024

Attendance:

- Ivana Muszkiewicz, NC Institute of Medicine
- Ingrid Bou-Saada, NC Division of Public Health
- Michelle Ries, NC Institute of Medicine
- Khristian Curry, NC Institute of Medicine
- Jenna Barnes, Early Childhood, BCBS Foundation
- Amanda Dale, NC Institute of Medicine
- Meredith Archie, NC Chamber Foundation
- Sheila Arias, MomsRising
- Andrae Banks, NC Central University
- Mebane Boyd, NC Partnership for Children
- Vernisha Crawford, Trauma Informed Institute, LLC
- Eric Cunningham, Halifax County Schools
- Ellen Essick, NC Department of Public Instruction
- Kelly Graves, Kellin Foundation
- Kella Hatcher, NC Child Fatality Task Force
- Sharon Hirsch, Positive Childhood Alliance NC
- Robin Jenkins, UNC-Chapel Hill
- Paul Lanier, UNC-Chapel Hill
- Susanne Schmal, NC Department of Public Instruction
- Meghan Shanahan, UNC-Chapel Hill
- Erica Palmer Smith, NC Child
- Thomas White, NC State University



Welcome and Recap of Second Meeting

Ivana Muszkiewicz, Research Specialist, NCIOM

Ivana welcomed update committee members, recapped activities from the second update committee meeting, and reviewed the meeting agenda.

Small Group Discussions

Michelle Ries, President and CEO, NCIOM

Ivana Muszkiewicz, Research Specialist, NCIOM

Sharon Hirsch, President and CEO, Positive Childhood Alliance

The committee members broke into groups to discuss specific recommendations.

Guidance:

- Focus on identifying actionable policy reform that can be moved forward into action.
- Be creative: the best policy solutions may not be under consideration yet
- Be specific: determine the who, what, when, and where necessary to enact change
- Be pragmatic: focus on reforms that could move the needle
- Incorporate increasing and enhancing positive childhood experiences (PCEs) in discussions
- Incorporate economic supports (i.e. financial stability and economic mobility)
- Be focused on preventive actions
- Be focused on changing social norms

Recommendation 3.1: Establish Coordinated State Leadership Efforts to Address Essentials for Childhood Through a Collective Impact Framework (PRIORITY RECOMMENDATION)

The North Carolina Department of Health and Human Services Division of Public Health (DPH), and Prevent Child Abuse North Carolina should establish membership and convene a Leadership Action Team, which will plan for and oversee investment in childhood and family programs to promote safe, stable, and nurturing relationships and environments and prevent child maltreatment.

What is the infrastructure and needed resources?

- Could there be hubs with separate contacts for each hub with the group of leads making up the leadership team – this seems like a better way to maintain engagement without requiring all stakeholders to meet.
- “There needs to be money”. This isn’t something that can be done on the side
- We have great resources and we don’t often update everyone and only those involved are aware of the most up-to-date resources. I want to think an app where this information is available for everyone – in a perfect world, people would be able to go to this app, search for what they need, and get access to information consistently being



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updated. There are also gaps in perspectives, often we get the same people and we have to think about who we're leaving out and how to bring them to the conversation.

Who is the right organization to lead this work and serve as a backbone organization?

- Not just one organization – one can't do it all
- Would benefit from it not being DHHS . They have their own focus and you need someone to get to the big picture – NCIOM or PCANC
 - o DHHS is also influenced by state level politics
- We need someone who is fresh to the work and can see outside of the box
- I don't think this currently exists in NC. How do we do grassroots to state level work without depriving one end of it to uplift the other. I think this is going to have to be built – either a collaboration between orgs where people serve specific functions or a newly imagined public-private partnership. Don't believe a single organization can do this. Not collective impact – a different model.
- We have to take baby steps. We have to make smaller goals that lead to the larger goal. Often times, funding drives our timeline or we hurry to try to accomplish the big goal all at once. Why is it so hard for us to take smaller steps?
- Inclusion of collective impact principles? [Collective impact should be defined below the recommendation in the final report if we are to use the term. There was a lot of discussion around using collective impact overall and whether we should maintain using the principles at all.]
- Rural Opportunity Institute? They have an interesting perspective and approach. They have a different approach and perspective and all of the things in this align with the work they do.

Recommendation 3.2: Support the Establishment and Continuation of Trauma-Informed Practices and Communities (PRIORITY RECOMMENDATION)

The Leadership Action Team should establish a working group to examine research on brain development; the impact of trauma on development and behavior over the lifespan; and ways in which other states and communities have established trauma-informed practices in communities, schools, and among health care providers.

- Examine impact of PCEs on childhood behavior – is there an open question about the relationship between the two?
 - o Pretty good evidence, so change wording.
 - o Maybe change to “promote” instead “of examine”.
 - o Decades of child developmental research repackaged. Not new and groundbreaking.
 - o Wants to read more of it and have it be easily accessible.
 - o Link to the research in the document.
- Feels as a state that we know the positive influence but now it's about raising awareness about positive.



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- Gets the idea of reframing to the positive but also wonders if done a good enough job on T-I practices in communities.
- HRCI – over the past year encourages organizations to undergo trauma-informed organizational assessment at least to become aware of the different domains of being T-I. Maybe add this as a strategy.
- In BH space, incentivize the activities as quality of care in child treatment centers, schools, outpatient. How to incentivize t-i guidelines?
- Had an org as question – if we do this, get a designation? Would push back. Not one and done. But still designation does not cost a lot.
- Promote and treat as common practice.
- Strategy 1 and 2 are great but there's been so many landscape studies, now it would be more helpful to review them all and determine how to move forward instead of doing another one.
 - o Agree, but also feels like some of the energy around this is waning. Was a lot during COVID but concerned that some of multisector coalition work on this is fizzling because people don't know how to do the work and don't have concrete steps like an org assessment to move them forward.
 - o SAMHSA guide may provide some steps in chapter 3. Ten areas. Group could dig more into that. What aspects of that do we have in NC currently?
- Maybe not go here, but does there need to be some strategic conversations how community coalition focused on TI care and resilience combine with System of Care? The two have a strong overlap.
- And with S of Care having mandated aspects through LMEs, communities may go with them for that reason instead of supporting the coalitions. All working on similar pieces.
- Next week, bringing together 8 S of Care and HRCI groups to try to do that better. Having that as a rec would be a great idea so it is not just happening but becomes a statewide rec. Where put that in? Replace a strategy or in main body?
- In landscape analysis strategy – include whether S of Care and HRCI Collaboratives are working together. But we are landscaped to death.
 - o Don't have to do a landscape analysis if it is redundant.
 - o Feels it would be redundant.
 - o Still trying to understand why we need it.
Want to see if there are PCEs being enacted but do we need another landscape analysis?

Recommendation 4.2: Gather Data on Social Norms around Children and Parenting

The child data working group of the Leadership Action Team should explore and identify the most appropriate mechanism and funding source by which to measure public opinion and social norms around parenting, children, and families, and report back to the Leadership Action Team.

- What should we be focusing on social norms?
- What are we hoping to learn here and what are they hoping to influence by learning it?
- Not sure where to go with this. It is just so broad.



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- I wonder if it is about understanding what the understanding is around ACES and increase the understanding of the impact of what positive childhood experiences can have.
- This is simple stuff, we talk about ACES all the time and it is not reaching the folks it needs to. We're still asking "what is wrong with you", instead of "what happened to you?"
- We need to also consider adverse community experiences and consider what it looks like from that angle. For people in this space, most people understand it but the broader professional community may not understand this.
- Not a fan of ACES, especially for bi-lingual kids. The ACES tool comes with a bunch of expectations – it has limitations. We're also not meeting parents where they are and are often driven by our individual agendas
- What is the purpose of collecting this data? We know we need to do more around this. I want to understand the purpose and what we're trying to get at. We already know there is a gap.
- The social norms data was grounded in Jeff's work– thinking we can make a norm change campaign by clarifying the norm and debunking assumptions - informing social norm change campaigns – don't think this is a good use of our time...
- Until we change the norms, we won't see change
 - o Agree but we don't have enough funding to appropriately measure among a weighted sample that truly represents the various perspectives across the state. Not sure if it is worth our time to pursue – expensive to collect and continue to collect to measure change
- Can we recommend eliminating this recommendation?
 - o Conflicted. They have a theory of change for transforming the primary care ecosystem. And they believe that this kind of change can really move the needle. Is the recommendation to pursue outside funding in order to collect this data? The recommendation needs to be to pursue an appropriate amount of funding to collect the data and then use it to inform campaigns, and measure the effectiveness of the campaigns.
- It will require several million dollars to do this well. There is a bunch of stuff needed in how we recruit multiple groups and sub-groups – rich area for ongoing research. To think that we can just go out and do a study is really naive. This is big work. Could be the developmental research arm for understanding children and families in multi-cultural environments. To just collect data on what people think about parenting is challenging.
- We've gone back and forth and what is possible and doable but the major takeaway is to focus on something smaller – this is a very large, complex issue.

Recommendation 5.1: Promote Positive Community Norms Around Child Development and Parenting (PRIORITY RECOMMENDATION)

The North Carolina Early Childhood Foundation should continue and expand their work on changing social norms through the First 2,000 Days campaign.

- NCPC is doing significant work on Family Leadership and Engagement project. Needs to be included. Staff person working on bringing lived experience voice to the table and to lead in communities
- The first 2000 days was about early learning and awareness about child development environments. Do we need another campaign to raise awareness around high-quality early learning, or do we need to develop a new campaign?
- Do we need a new campaign or do we recommend the orgs named to continue the work and keep designating the resources to it. The strategy is to do a call to action.
 - o Think it was incredibly successful. It's part of the early childhood vernacular. They use the phrase of first 2000. So maybe reinvesting in it. DK if it is about a new campaign or to just add a new call to action.
 - o <https://buildthefoundation.org/initiative/first-2000-days> not sure what the national source is but worth exploring overlap with early care and ed in NC policy.
 - o Early Childhood Foundation. Thinks it was NC developed.
 - o From that campaign, there's a lot of rich material. SO how do we use it in schools? IM: Is there a way to build on it in schools.
 - Believes what we are working on would be part of a schools' strategic plan. So what would be the call to action from this work? To move beyond awareness and put policy into action.
 - Timing for that would be really good right now. DPI will be asking 8 ACEs and 2 PCEs in 2025 on YRBS, so we will have more data to work with assuming the students participate. The timing is good to add public schools now.
 - Consider adding a strategy for schools or just put it in the context around the rec?
 - If it was in the context it would keep schools from feeling like we're just adding one more thing on them.
 - o Push back a bit on the importance of 0-5. The first 2000 days was about helping people understand that ed does not start in kindergarten. Brain development earlier. Mindset shift. That is why it was so successful. Got people to think differently about what happens to a child in those first 2000 days. So often focus on k-12 and neglect the supports families need earlier, and damage that can be done even in the first 2 months of life and its impact on brain development and outcomes for life. Reduce stress in new parents to reduce
 - Yes and agrees and when students get to K, connect to a SW who provides services to the whole family and that includes preschool kids. Schools can be helpful even if they aren't the center of the campaign.



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- Do we feel like there are changes to the rec or strategy? More specific about the call to action?
 - o Wonder if the ECF feels like what they currently have is sufficient and if it needs to be updated. Other states are using the materials because they are so good. Need to have a conversation with the ECF about the campaign status. Maybe it has been refreshed recently.
 - o Wonder if the update could be focused on economic supports. It seems to be an emphasis. So much new research on how economic supports in first 3 years of life have a huge impact on families. Maybe update the campaign with specific policies like economic supports.
 - Add surgeon general’s advisory report on parental stress and economic supports. It includes implementation ideas <https://www.hhs.gov/surgeongeneral/priorities/parents/index.html>.
 - So add the idea of focusing on economic supports assuming they have the resources to do so?
 - Maybe strategy 2 needs to say “Update 2000 Days Campaign to include...” So it may be won’t cost so much. Not a new campaign
- Any other orgs?
 - o EarlyWell campaign - out of NC Child. Would be a good place for this work to live at NC Child. Funded by The Duke Endowment.
 - o Investments around Triple P happening now and are significant, and they do include info on child development. <https://nearlyeducationcoalition.org/think-babies-nc/> and <https://www.momsrising.org/campaigns/north-carolina>

Recommendation 6.1: Ensure that Child Care Centers Provide a High Quality, Nurturing Environment (PRIORITY RECOMMENDATION)

The Division of Child Development and Early Education (DCDEE), in partnership with the Child Care Commission and the Department of Public Instruction Office of Early Learning, should continue to re-evaluate its quality star rating system and reimbursement system to identify high quality child care programs based on updated evidence and best practices. DCDEE, in partnership with others should continue work to grow a high quality and well-trained early care and education work force. The North Carolina General Assembly should enhance child care subsidies by ensuring a larger portion of eligible families receive subsidy payments.

What’s the primary outcome we are hoping to achieve with this recommendation, and how does this outcome build on or complement goals of current state work in this area?

- Access, affordability, quality, and equity
 - o “All of the above”
- How do we ensure that we are prioritizing positive childhood experiences?
 - o Emphasis on trauma-informed care, social-emotional development
 - o Ecosystem approach – taking care of workforce and children



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- We could recommend that existing opportunities (i.e. behavioral health funding) be leveraged to support early care and education
- Salaries – there should be adequate compensation for childcare workers and funding for facilities in a way that does not simply raise costs for families
 - o KY provided subsidies to childcare workers to receive childcare

What organization(s) should be named to lead on the recommendation?

- NC Child – to convene parent and childcare worker perspectives
- Legislative action around maldistribution and subsidies

What is a measure of success (how will we know when the recommendation has been implemented?)

- Short term
 - o Prevent additional childcare facility closures
- Medium-long term
 - o All families that need childcare are able to access childcare
 - Maybe using childcare waitlist, but waitlist is an imperfect measure (families will take themselves off of the waitlist even if they still need child care)
- Better understanding of industry needs and data development

Recommendation 6.3: Ensure Economic Security for Children and Families (PRIORITY RECOMMENDATION)

The North Carolina General Assembly should commission a non-partisan economic analysis of the impact of current North Carolina state tax policy on children and families, including impact on economic security, take home pay, and employment rates.

What's the primary outcome we are hoping to achieve with this recommendation, and how does this outcome build on or complement goals of current state work in this area?

- Inform decision-makers across the state
- Is it more impactful to do a new analysis or pull existing data?
 - o Is there data we can leverage from other organizations (like RAND)?
 - o Problem – decision-makers not confident in existing data
 - An independent source (non-partisan, economic) may be necessary
- How much do we want to shape the goals of an analysis?
 - o Should we inform the goals or should they be identified by the commissioned independent organization?
- Disaggregation by gender?

What organization(s) should be named to lead on the recommendation?

- Who in NC should this be?
 - o Previously named organizations: Division of Workforce Solutions, Chamber of Commerce, Institute for Emerging Issues
 - o NC Rural Center commissioned George Washington University Medicaid expansion study and was received well



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- Child Trends
- Are there questions that can be helpful to include in existing surveys and assessments?
 - E.g. NC Commerce Employer Needs Survey
- Framing is important, and an economic analysis should show how policies impact children and economic measures.

What is a measure of success (how will we know when the recommendation has been implemented?)

- Was an analysis performed? Was someone identified to produce a product?
- Awareness
- Inclusion of specific economic policies but no specific goals related to implementation of policies
- Data is being used by organizations who may find it useful

Large Group Discussion

Ivana Muszkiewicz, Research Specialist, NCIOM

Discussion Questions:

- Do we think this primary outcome is correct?
- Are there unintended consequences of this recommendation?
- Does this recommendation promote the value of positive childhood experiences? Are any revisions necessary?
- How do we feel about the feasibility of this recommendation? Are there any concerns about political readiness or available resources for implementation?

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- Need to imagine a different entity with hub and spoke approach; doesn't feel realistic to make one division take the lead; maybe create a new public-private partnership to coordinate this to get people together to coordinate across systems and sectors
 - Think about audience and be more clear about PCEs
 - Bring in awareness piece; identify metrics and opportunities for awareness building
- PCEs and ACEs exist in the same space, but PCEs are used to mitigate impact of ACEs
- Need to hear about constraints, need parent voice
- Those who are doing the work should inform the work and determine implementation strategies



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- Not necessarily an unintended consequence, but an initiative like this is difficult to sustain in the long-term, so sustainability strategies should be addressed in the recommendation
- If you just put on your implementation hat, you acknowledge that all implementation is local and tailored to the context in which implementation happens
 - o Not consistent with field to assume that context is divorced from local tailoring
 - o Would take years to develop and even longer to test
- Role in this recommendation to include philanthropy to support local focus
- Concern about putting responsibility in hands of the community
 - o Accountability should fall with policymakers but implementation should be at the local level
 - o How do we totally change the way we do things?
- We look at impact metrics (outcomes) – what if also we look at process metrics?

Recommendation 3.2: Support the Establishment and Continuation of Trauma-Informed Practices and Communities (PRIORITY RECOMMENDATION)

The Leadership Action Team should establish a working group to examine research on brain development; the impact of trauma on development and behavior over the lifespan; and ways in which other states and communities have established trauma-informed practices in communities, schools, and among health care providers.

- The evidence about the impact of PCEs on development and behavior is settled. A different word should be used rather than “impact”
- Do we need to conduct a landscape analysis and identify state, local, and philanthropic investment?
- Primary outcome doesn’t feel specific enough
 - o Language has been used previously a lot, and it is unclear what we are trying to achieve with this recommendation
- What are we trying to learn and for what purpose? It is unclear/
Can focus on schools, health care providers, etc to be a bit more specific – should we talk about all sectors or a specific sector?
- When there is already research out there, what would be unique about doing it in NC?
 - o Implementation; product/practice teams (SAMHSA guidelines)
 - o Can focus on implementing HOPE Framework (Healthy Outcomes from Positive Experiences)
- Instead of impact, we can use the word “promote”
- May be important to note that the only way this will be effective and implemented is if we have buy in from leadership – leaders may be afraid of what this type of assessment would reveal about their organization; need to frame that this is about improvement
 - o How do we effectively communicate this?

Recommendation 4.2: Gather Data on Social Norms around Children and Parenting

The child data working group of the Leadership Action Team should explore and identify the most appropriate mechanism and funding source by which to measure public opinion and social norms around parenting, children, and families, and report back to the Leadership Action Team.

- So big and broad; may need to make it smaller/more focused
 - o Getting a better understanding of the current understanding within child/family systems, PCEs and ACEs, and then designing a process to increase understanding and then measure how that changes over time
 - o Need to pursue more money to do something like this
 - o Need recommendations about resources to ensure equitable methods
- Is there appetite for a recommendation that is about social norms around economic policies (e.g. public perception of tax policy)?
 - o Not sure how that has been done about it; it would be interesting to see perceptions given that there were financial supports during COVID that went away post-COVID
- Confusion about the definition of social norms
 - o Maybe can rephrase if there is confusion
- Other focus could be general perceptions about parenting
 - o Example: identifying perceived norms vs actual norms (the majority of parents do not spank their kids, for instance)
 - o Family dynamics have changed so much and we need to be aware about assumptions; families may not want to respond to a survey, especially if they are unsure about what the data will do/help
- Is the recommendation about a data surveillance system versus a norms effort?
 - o Currently tasked with creating an ACEs and PCEs surveillance system to track social determinants of health and adverse and positive experiences. We are meant to use the data system to direct or help guide our prevention efforts to ensure we are focused on the right areas in our state and on the right people who need support
- To make this recommendation more feasible, we need to narrow it down and think about regional impact and impact on parents
- Could this be a marketing campaign? Families are over-surveyed and they truly just need support

Next Meeting

Ivana Muszkiewicz, Research Specialist, NCIOM

The Fourth Update Committee Meeting will take place on October 1 from 1:00pm-3:30pm ET.

From Zoom chat:

- 20+ years of what was often referred to as "protective factors" work, which is now really thought of as resilience factors



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- <https://www.hhs.gov/surgeongeneral/priorities/parents/index.html>
- <https://ncearlyeducationcoalition.org/think-babies-nc/>
- <https://www.momsrising.org/campaigns/north-carolina>
- <https://positiveexperience.org/train-with-us/certification-programs/>