

Early Childhood Action Plan

October Workgroup Meeting



Healthy Workgroup | Oct 22, 2020 | 9-11 AM

Introductions

- In 1-2 words, what does healthy mean to you?
- In 1-2 words, what does it mean for young children to be healthy?



Agenda

- 9:00 – 9:20 AM** Introductions, housekeeping, workgroup agreements & charter
- 9:20 – 9:50 AM** Review key findings from pre-read; Equity lens to data analysis
- 9:50 – 10:30 AM** Breakout rooms by goal area
- 10:30 – 10:55 AM** Group discussion
- 10:55 – 11:00 AM** Closing

Zoom Agreements



Mute your phone or computer when you aren't speaking.



Keep your cameras on as much as possible. Turn off when changing locations or speaking with someone off camera.



This session is being recorded.



"Rename" yourself with your preferred pronouns.

Hover over your video, click the "..." in the top right corner and select rename. OR hover over your name in the "Participants" list, select "more" and rename.

November Meeting

- Thursday November 19, 2020, 9:30 – 11am

ECAP Vision

“ All North Carolina children will get a healthy start and develop to their full potential in safe and nurturing families, schools and communities. ”

Durham ECAP Goals



ECAP Workgroup Timeline

Inputs

Workgroup Activities

Outputs

| 1 Discover | | 2 Ideate | | 3 Iterate | | 4 Write & Release |
|---|--|---|---|--|--|-------------------|
| Oct 2020 | Nov 2020 | Dec 2020 | Jan 2021 | Feb 2021 | Mar – Jun 2021 | |
| <ul style="list-style-type: none"> Review Needs & Assets pre-read | <ul style="list-style-type: none"> Review parent survey data | <ul style="list-style-type: none"> (Optional) support community engagement efforts Review recommendations inventory | <ul style="list-style-type: none"> (Optional) support community engagement efforts | <ul style="list-style-type: none"> Review the initial action plans | <ul style="list-style-type: none"> Writing and reviewing as needed | |
| <ul style="list-style-type: none"> Discuss Needs & Assets Pre-Read Discuss 2025 targets Identify biggest strengths and challenges to meet each goal Determine next steps for community engagement | <ul style="list-style-type: none"> Review parent survey data Discuss root causes and write opportunity statements Define 2025 targets Start brainstorming strategies | <ul style="list-style-type: none"> Review and brainstorm recommended strategies Prioritize recommendations | <ul style="list-style-type: none"> Share 2025 targets highest priority recommendations with all workgroups Build initial action plans | <ul style="list-style-type: none"> Continue building out action plans Determine metrics & goals for each recommendation Identify roles and responsibilities of partners in supporting ECAP implementation | <ul style="list-style-type: none"> Identify writers and reviewers to draft sections of the ECAP Begin drafting the ECAP Review and provide feedback on the draft ECAP Gather community input | |
| <ul style="list-style-type: none"> 2025 targets that need updating Biggest challenges and strengths by goal area | <ul style="list-style-type: none"> Updated 2025 targets Opportunity statements Initial ideas | <ul style="list-style-type: none"> Highest priority strategies by workgroup | <ul style="list-style-type: none"> Initial action plans | <ul style="list-style-type: none"> More detailed action plans for presentation to the Board of County Commissioners | <ul style="list-style-type: none"> Written Early Childhood Action Plan | |

Workgroup Agreements

- Respect every individual and idea
 - Value all workgroup participants' ideas and insights.
- Speak plainly
 - Avoid acronyms and jargon.
- Work towards consensus
 - "Even though the decision might not be exactly what I want, I can live with it and publicly support it."
- Share space and focus on equity. Listen.
 - Recognize privilege, creating space for diverse opinions and backgrounds. Support shared access to resources, opportunities, power, and responsibility.
- Work collectively
 - Be guided by our shared passion for our young children in Durham.
- Transparency and inclusion
 - Communicate openly and invite differing perspectives.
 - **Note:** All meetings will be recorded and available on a public website for review.

Shared Workgroup Charter

ECAP Workgroup Charter: Healthy Workgroup

ECAP Workgroup Charter: **Healthy**

ECAP Workgroup Roles & Responsibilities

The workgroup co-chairs and participants signed below agree to contribute based on the responsibilities of their role.

| Co-Chairs | Participants |
|---|---|
| <ul style="list-style-type: none">• Participate in monthly meetings: 1-hour co-chair meeting and 2-hour workgroup meeting (ideally at a computer to facilitate easier activity participate leveraging virtual tools)• Commit 4-6 hours per month for meeting time, reviewing materials and planning• Lead collaboratively and facilitate meetings• Identify and champion additional opportunities for community engagement | <ul style="list-style-type: none">• Actively participate in ~8 monthly 2-hour workgroup meetings (ideally at a computer to facilitate easier activity participate leveraging virtual tools)• Complete pre-reads and material reviews in advance of meetings• Identify and champion additional opportunities for community engagement• Share learnings from ECAP with your communities and teams and bring their ideas back to the workgroup meetings |

ECAP Workgroup Timeline and Activities

We hope to have a draft set of recommendations to submit to the County Commissioners by the end of February 2021. The Durham Early Childhood Action Plan will be released in June 2021.

The workgroup co-chairs and participants will participate in the following activities:

- Identify the strengths, challenges, and opportunities in Durham related to the goals of the NC ECAP;
- Set county-specific goals and targets based on the NC ECAP goals and targets;
- Recommend and prioritize strategies to strengthen the early childhood system in Durham to meet the goals and targets; and
- Create action plans to ensure recommendations are resourced and put into action.

Agenda

- | | |
|------------------|---|
| 9:00 – 9:20 AM | Introductions, housekeeping, workgroup agreements & charter |
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Quick Reminder of Pre-Read Contents

- Data to report out on the ECAP 2025 targets and sub-targets for each of the three goals
- A summary of the strengths and weaknesses (identified at the launch meeting) to meet the ECAP goals
- An early childhood services inventory and summary of relevant cross-agency taskforces that already exist in Durham related to the Healthy goals

Detailed Data Review

GOAL 1 | **GOAL 2**

Goal 1: Healthy Babies

COMMITMENT: Reduce infant mortality

2025 TARGET: To 2018

SUB-TARGETS:

- Infant mortality rate
- Percent of babies born to Black mothers
- Percent of mothers who are pregnant at least 36 weeks
- Percent of women who are obese
- Percent of women who are smokers
- Percent of women who are pregnant at least 36 weeks
- Percent of women who are obese

| | Can this sub-target be reported at the County Level with the ECAP data source? | Does the ECAP County Data Report Provide County Level Data? | Can we get this data at the County level? |
|--------------|--|---|---|
| 2025 Target | Yes | Yes | Yes |
| Sub-Target 1 | Yes | Yes | Yes |
| Sub-Target 2 | Yes | Yes | Yes |
| Sub-Target 3 | No | No | ? |
| Sub-Target 4 | Pre | | |
| Sub-Target 5 | | | |
| Sub-Target 6 | | | |

DATA REVIEW (HHS)

2025 TARGET: (Derives data provided by the State Center for Health Statistics)

Percent of babies born to Black mothers
 The infant mortality rate is more broadly to quality of health care.
 The leading causes of infant mortality are: Sudden Unexplained Infant Death, Sudden Unexplained Infant Death, and other perinatal and racial risk factors, like preterm delivery and low birth weight.

Source: State Center for Health Statistics (SCHS), Division of Public Health (DPH), NC Department of Health and Human Services (NCDHHS), Early Childhood Action Plan Durham County Data Report, 2019.

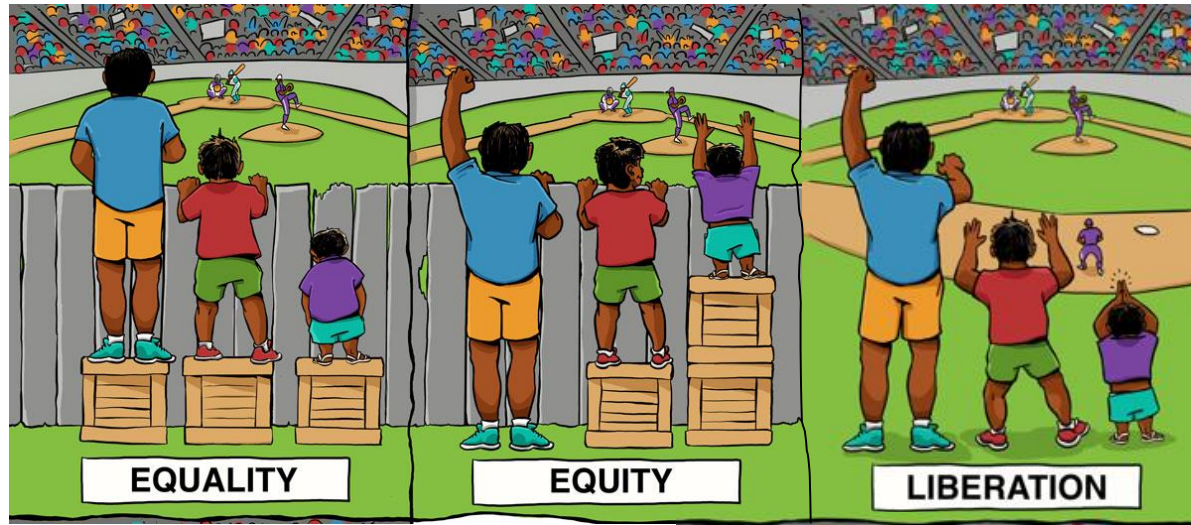
SUB-TARGET 1: Decrease infant mortality rates, disaggregated by race and ethnicity.

Trends in Infant Mortality Rates in Durham County, Five Year Estimates, 2012-2017

Source: State Center for Health Statistics (SCHS), Division of Public Health (DPH), NC Department of Health and Human Services (NCDHHS), Early Childhood Action Plan Durham County Data Report, 2019.

Black infant mortality remains significantly higher than the overall rate of infant mortality and the rate of white infant mortality.

Equity Lens



Equity Approach to the ECAP

- **October Meeting**
 - Recognize that early childhood outcomes are shaped by institutional racism and power relationships that benefit some and burden others based on racial or other social determinants.
 - Recognize the limitations where data have not been disaggregated by race and ethnicity.
 - Consider the implicit bias and/or cultural assumptions of measures.
 - Center the wisdom of people with lived experience (quantitative data won't be the only data we consider).
- **November Meeting**
 - Name the root causes of systemic challenges that result in these inequitable outcomes for Durham's young children.
 - Set targets that challenge us to alleviate early childhood inequities through systems change.

Goal 1: Healthy Babies

| GOAL 1: HEALTHY BABIES | | | | |
|------------------------|---|---|-----------------|-------------------------|
| TARGET | SHORT DESCRIPTION | METRIC | NC | DURHAM |
| 2025 Target | Infant Mortality Racial Disparity Ratio | Infant Mortality Disparity Between African American and White Infants | 2.5x 2013-17 | 3.1x 2013-17 |
| Sub-Target 1 | Infant Mortality Rates | Infant Mortality Rate out of 1,000 Live Births | 7.1 2013-17 | 6.4 2013-17 |
| | | Black Infant Mortality Rate out of 1,000 Live Births | 12.7 2013-17 | 11.9 2013-17 |
| | | Hispanic Infant Mortality Rate out of 1,000 Live Births | 5.7 2013-17 | - |
| | | White Infant Mortality Rate out of 1,000 Live Births | 5.3 2013-17 | 3.8 2013-17 |
| Sub-Target 2 | Low Birth Weight | Percent of Babies Born at a Low Birth Weight (<2,500g) | 9.2% 2014-18 | 8.8% 2014-18 |
| | | Percent of Black Babies Born at a Low Birth Weight (<2,500g) | 14.3% 2018 | 12.3% 2018 |
| | | Percent of Hispanic Babies Born at a Low Birth Weight (<2,500g) | 7.5% 2018 | 7.5% 2018 |
| | | Percent of White Babies Born at a Low Birth Weight (<2,500g) | 7.5% 2018 | 6.5% 2018 |
| Sub-Target 3 | Pregnancy Intendedness | Percent of New Mothers Indicating Their Pregnancy was Intended | 56.9% 2016 | - |
| Sub-Target 4 | Women's Preventive Health Visits | Percent of Women Aged 18 - 44 Who Had a Routine Checkup in the Past Year, 2017 | 26.3% 2017 | - |
| Sub-Target 5 | Breastfeeding | Percent of Infants in Ever Breastfed | 84.9% 2015 | 74.64% 2018-19 (WIC) |
| | | Percent of Infants Breastfed at 6 Months | 58.8% 2015 | 31.43% 2018-19 (WIC) |
| Sub-Target 6 | Poverty | Percent of Families with Children Aged 0 - 8 Living at or Below 200% of the Federal Poverty Level | 52.4% 2016 | - |

Goal 2: Preventive Health Services

| GOAL 2: PREVENTIVE HEALTH SERVICES | | | | |
|------------------------------------|---------------------------|---|---------------|---------------|
| TARGET | SHORT DESCRIPTION | METRIC | NC | DURHAM |
| 2025 Target | Regular Well-Child Visits | Percent of Children Aged 0 – 15 Months Enrolled in Medicaid and Health Choice Who Receive Regular Well-Child Visits | 62.5% 2017 | 63.6% 2017 |
| | | Percent of Children Ages 3 – 6 Years Enrolled in Medicaid and Health Choice Who Receive Regular Well-Child Visits | 69.9% 2017 | 68.8% 2017 |
| Sub-Target 1 | Health Insurance | Percent of Children Aged 0-8 Years without Health Insurance | 4.3% 2016 | - |
| | | Percent of Heads of Household with Children 0-8 without Health Insurance | 19.8% 2016 | - |
| Sub-Target 2 | Immunizations | Percent of 19 – 35 Month-Old Children Who Are Up-To-Date on Immunizations – Combination 6 | 73.6% 2017 | - |
| | | Percent of 19 – 35 Month-Old Children Who Are Up-To-Date on Immunizations – Combination 7 | 70.9% 2017 | - |
| Sub-Target 3 | Annual Dental Services | Percent of Children <1 year old Enrolled in Medicaid Receiving at Least One Dental Service by a Dentist | 3.6% 2017 | - |
| | | Percent of Children Ages 1-2 Enrolled in Medicaid Receiving at Least One Dental Service by a Dentist | 30% 2017 | - |
| | | Percent of Children Ages 3-5 Enrolled in Medicaid Receiving at Least One Dental Service by a Dentist | 58.8% 2017 | - |
| | | Percent of Children Ages 6-9 Enrolled in Medicaid Receiving at Least One Dental Service by a Dentist | 70% 2017 | - |
| Sub-Target 4 | Dental Varnishings | Percent of Children Enrolled in Medicaid or Health Choice Receiving 4 or More Varnishings by 42 Months of Age | 45.8% 2018 | - |
| Sub-Target 5 | Lead Screening | Percent of Children Ages 1 and 2 Receiving Lead Screening | 56.6% 2018 | 48.4% 2018 |
| | | Percent of Children Enrolled in Medicaid Receiving Lead Screening by 2nd Birthday | 60% 2017 | - |
| Sub-Target 6 | Poverty | Percent of Families with Children Aged 0 - 8 Living at or Below 200% of the Federal Poverty Level | 52.4% 2016 | - |

ECAP Data Discussion Questions

- What do you notice when you look at the data? Anything surprising, confusing, unclear?
- What disparities do you see and what do you think is causing those?
- How does the data align with your direct experience?
- Whose experiences are not represented or might be misrepresented in the data?

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Introduce Breakout Room Activity



13 mins

1

Should our 2025 target in Durham be the same as the state's?

2

If no to #1, what should change? The data source? The number?

3

What information do we need to set a Durham-specific 2025 target?



13 mins

What are the 3 biggest systems-level challenges in Durham that need to be addressed before we can meet this goal?

One way you could do this:

- Brainstorm many systems-level challenges and strengths
- Group them into categories
- Discuss and label the top 3 for each

What are the 3 biggest systems-level strengths in Durham that we can leverage to meet this goal?



13 mins

Whose experience will help us better understand the challenges, strengths, and opportunities we have in Durham to meet our 2025 target?

How can we bring in those perspectives and think creatively about authentic engagement amidst the pandemic?

Community Engagement: Getting Creative in the time of COVID-19

- Focus groups
- Facebook posts collecting responses to a few open questions like:
 - What strengths do you see in your community that support families with young children?
 - What has been your biggest challenge so far as a parent or guardian of a young child?
 - What ideas do you have that would make Durham a better place for families with young children?
- Attending Basic Needs distributions and asking folks a few questions
- “Dream” boards around Durham at places people would physically be
- Google voice account or google form for people to share stories in response to a prompt like, “What ideas do you have that would make Durham a better place for families with young children?”

Breakout Rooms by Goal Area

| GOAL 1: HEALTHY BABIES | |
|------------------------|---|
| TARGET | SHORT DESCRIPTION |
| 2025 Target | Infant Mortality Racial Disparity Ratio |
| Sub-Target 1 | Infant Mortality Rates |
| Sub-Target 2 | Low Birth Weight |
| Sub-Target 3 | Pregnancy Intendedness |
| Sub-Target 4 | Women's Preventive Health Visits |
| Sub-Target 5 | Breastfeeding |
| Sub-Target 6 | Poverty |

| GOAL 2: PREVENTIVE HEALTH SERVICES | |
|------------------------------------|---------------------------|
| TARGET | SHORT DESCRIPTION |
| 2025 Target | Regular Well-Child Visits |
| Sub-Target 1 | Health Insurance |
| Sub-Target 2 | Immunizations |
| Sub-Target 3 | Annual Dental Services |
| Sub-Target 4 | Dental Varnishings |
| Sub-Target 5 | Lead Screening |
| Sub-Target 6 | Poverty |

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Final Thoughts

- Bringing ECAP activities to existing committees or community meetings / community groups
- Sharing the parent survey
- November meeting
- Feedback survey

THANK YOU!

