



10 mins

1

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

It doesn't seem wise based on the current disparity

Considering the data that was shared, probably not. Our measures are much lower which speaks to different needs.

No. It seems that we should consider the individual/community needs specifically in Durham.

It's helpful to share the data up to the state level but they may not be the most appropriate for us. It would be great to have universal data

No. Durham is too different than State. Different needs, community, resources, etc.

2

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

Can we measure family resiliency as well as ACEs?

It would be great to gather data from children not receiving Medicaid

Would PHQ-9s be helpful data to use?

3

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

It would be good to know what Family Connects--Durham had for the rate of maternal post partum depression to have a sense of baseline. The state rate is based on incomplete data too

Look at NCIOM ACE rate projections (for 2030) (2 or more)

Could we access the Durham Dept of Pub Health data? (Tracy Ferguson)



5 mins

What other perspectives are needed for us to better understand this goal area?

Are there any additional reports, resources, etc. not included in the pre-read that assess needs in Durham as they relate to this goal that should be brought to this group so we aren't duplicating work?

More individuals with lived experience

African American Maternal Health organizations - poll and reach out

Look at reported vs substantiated (and what might go into the different rates)? What best reflects what's happening in Durham

Need to understand disparities in the data?

Family Connects Durham screenings

ZERO TO THREE State of Young Children 2020 report?



10 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?

Language access across services

Care received from health care practitioners for Black residents

need for universal screening and data collection starting before school age

Lack of availability of universal screening

Criminalization of social determinants of health (equating ACEs with personality/crime)

how poverty can be mis-reported as neglect

over-representation of African American families in child welfare reports

repetitive but inconsistent efforts at collaboration/coordination

A number of community agencies and faith groups committed to meeting the needs in this area (but do we have enough to meet the needs once we screen?)

services exist, but not the capacity to address the need and if we identify more need we will have a greater gap

Need for good (and accessible) treatment/support options especially for those without insurance.

Need more authentic community advocates - mentors, connectors

There are already some levels of assessments(ACEs, early intervention)

we have numerous supports available that partner with families to support parents providing safety and nurturance

Durham has strong resources for Spanish speaking families

Residents poised to participate!

existing collaboration across agencies

