



10 mins

1

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

% Medicaid... should be higher. No reason we cannot work with pediatricians to get this higher. Of course, we currently do not have data for Durham...

No. Cities and counties vary in terms of adequate resources, etc.

No, we are different than many other counties.

Sounded like subtarget goals are good according to those familiar with data

KEA higher, counties have more ability to move these numbers than do at state level; with Durham commitment to universal prek should be able to move this number

Better defining K readiness

2

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

Should aim higher on Medicaid one b/c easier to do at the county level than state. Have lots of coordination already b/t public health, Duke, and UNC on medical side

The KEA was not designed to be a tool to measure against other students.

In this 'space', does it make sense to compare targets to similar counties?

KEA needs to be updated for current measure of K readiness

KEA- with Durham commitment to universal prek should be able to move this number

3

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

Medicaid- would need data from either the state or from health systems (public, Duke, UNC)

Subtarget data needs to be more clear- what is appropriate to aim for? And what cities/counties appropriate to compare to?

Ditto on the subgroup data request

needs to be disaggregated by race and income level

Subgroup data (and possibly setting targets within) would be super helpful

Who is the primary target audience for this info?



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?

... concerning evaluating programs vs evaluating indiv student outcomes... Which evaluation is more helpful to a parent? Which is more helpful to a funder?

Why the sub-targets solely focus on expanding services for special needs... but the goal is to increase K readiness for all children.

PreK eval screening??

other perspectives - what do kindergarten teachers consider as "kindergarten readiness"?

How do we include parents as we identify needs for kindergarten readiness?

How do we assess the qualitative measures?



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?

challenges: defining kindergarten readiness, consistent requirements across Durham for preschools, data sharing agreements for all, and a consistent measure that can be used for everyone.

agreeing on how we measure K readiness

Conceptualizing K readiness will be impacted due to COVID; should we consider qualitative measures in addition?

Challenge - defining Kindergarten readiness and securing an assessment instrument to measure readiness

Following the 2017 State of Durham Report, there is more collaboration around this effort. Keep talking to each other!

systems level coordination and communication to complete outreach to families

access- language needs, support for families who are not Medicaid eligible who will still benefit from services, expansion of services so there is enough for all who need it, etc

Defining the target goals in terms that are easily accessible.

lack of funding and space

Strong commitment to Durham PreK