

**Healthy North Dakota Early Childhood Alliance (HNDECA)
Early Care and Education Subcommittee Meeting
May 21, 2009**

Draft Meeting Summary

Proposed Meeting Goals:

- To identify the top 3 key priorities for the work of the group;
- To compare these priorities to the overall goals developed by the stakeholder group;
- To complete the logic model for these goals;
- To identify any missing goals, data or stakeholders;
- To identify outcome/performance indicators;
- To discuss legislative and other issues of importance to early care and education; and
- To complete the needs assessment per NDDoH instruction.

Meeting Participants: Lyn Hendrickson, Helen Danielson, Vanessa Hoinen, Linda Reinicke, Roberta Lein, Allison Dybing-Driessen, Julie Quamme, Linda Rorman, Earleen Friez, Linda Jagielo, Roxanne Romanick, Kay Larson, Bobbe Shreve and Cheryle Masset-Martz. Dr. Richard Rathge joined the meeting by phone.

Facilitated by: The Consensus Council

Welcome, Introductions and Process Review: Participants were welcomed to the meeting and provided self-introductions. Participants reviewed and affirmed the use of consensus as the rule of decision and reaffirmed the ground rules for discussion as follows:

1. It's our show.
2. Everyone is equal.
3. No relevant topic is excluded.
4. No discussion is ended.
5. Respect opinions.
6. Respect the time.
7. Silence is agreement.
8. Non-attribution.
9. Keep the facilitator accurate.
10. Have fun!

Participants agreed to begin the meeting in the spirit of having our "eyes match our stomachs," a phrase used by Dr. Rathge to help the group in focusing efforts and selecting priorities. Dr. Rathge also encouraged the group to think in a one year – two year timeframe when selecting priorities and setting goals. Participants

discussed the various roles that have been played or could be played by HNDECA (as defined by Cheryle's role/job in the ND Department of Health). Ideas included:

- Gatherer of data and providing program evaluation
- Providing funding
- Partnering with the Early Learning Council (ELC) to help the members broaden their focus to include childcare
- Get agency leaders together and carve out/define the role of early childhood in ND
- Convening and providing facilitation of meetings
- Developing an inventory of who the early childhood partners are and who they could/should be
- Assures that the Early Care and Education subcommittee reflects a broad group of stakeholders
- Reconnect with DPI as a partner (perhaps Brenda Oas)
- Serving as a neutral, anonymous convener
- Pulling communities together to assess needs, gaps

Prioritizing of Early Care and Education Initiatives: Participants brainstormed a list of priority work and then, using a nominal process, ranked the three most important priorities for work in the coming year. The list, in prioritized order, is as follows:

1. To teach and influence the leadership and membership of the ELC about early childhood care and education. (13 dots)
2. To promote the principles of appropriate (good) early learning. (7 dots)
3. To assure that childcare nurse consultants are part of the infrastructure. (6 dots)
4. To develop greater HNDECA involvement by higher education. (5 dots)
5. To assure that infant toddler mental health development is understood and that mental health and behavioral issues are correctly treated/addressed. (3 dots)
6. To assure that the language in the NDCC reflects the system desired. (3 dots)
7. To develop systems of connection to the early childhood community including clear and deliberate expectations of the relationships. (2 dots)
8. To recruit and retain a new workforce into early childhood. (2 dots)
9. To have HNDECA developed tools and rules to play by, along with rewards for those who play by them. (1 dot)
10. To achieve full funding for the childcare nurse consultant services. (1 dot)
11. To enhance the original dismissal study by further study; use the results to tell stories and provide testimonials. (1 dot)
12. To help the ELC process be transparent. (0 dots)
13. To increase overall support for early intervention through Part C funding. (0 dots)
14. To fill gaps for childcare, particularly after school and in the summer. (0 dots)

15. To develop a single point for early childhood news, events and communication. (0 dots)
16. To educate the Department of Commerce about early childhood needs using values-based, foundational messages. (0 dots)
17. To assess and assist DPI with pre-school guidance and development. (0 dots)

Completion of Logic Model Elements for Each Priority: Participants produced the following information relative to the priorities for Early Care and Education:

Priority #1: To teach and influence the leadership and membership of the ELC about early childhood care and education: connected with overall goals 1, 3 and 4

Resources:

- Funding (availability of a grant of \$500K over 3 years to support the ELC)
- Offer HNDECA as a source of in-kind match needed for the grant

Activities:

- Develop a proposal (resolution style) to provide the Lt. Governor with a daylong training in early childhood
- Repeat the training for the ELC members, once appointed
- Offer to connect the ELC with the resources they will need, including people resources
- HNDECA should make recommendations for appointments to the ELC to help in avoiding duplication and to promote efficiency (Cheryle will meet with Governors office staff, Tami and Nicole)
- Develop a list of local and state experts for the ELC to call on for advice and counsel
- Develop a 3 ring binder of resource materials and references for use by the ELC members
- Seek legislative support in this effort (Representatives Hawken, Mueller and R. Kelsch)
- Encourage the state to apply for the grant funding that is available

Outputs:

- The proposal/resolution
- The list of experts
- The 3 ring binder of resources

Outcomes:

- **Short term:** The proposal document is developed, accepted and the Lt. Governor calls upon his early childhood experts.
- **Long term:** The ELC has the breadth and scope of knowledge they need to be effective and to successfully accomplish their defined roles and goals.

Priority #2: To promote the principles of appropriate (good) early learning: directly connected to overall goal 4 but could be used to enhance the others

Resources:

- ELC materials and strategies developed

- Develop more and better technology savvy
- Utilize the Frameworks history and training to build messages
- Continue networking and partnering with public television
- Partnering with United Ways, Children's Defense Fund, Higher Education, CCR&R network, NDAEYC, NDCCPI and NDHSA (particularly in relation to DAP)

Activities:

- Adopt the developmentally appropriate practice (DAP) statement
- Teach legislators by targeting them for direct messages
- Develop simple, memorable media messages ("the more you know") through ND Department of Health media production capability
- Develop and administer a survey to assess attitude change

Outputs:

- Media partnerships
- Media messages and memorable frames
- Clarification surveys

Outcomes:

- **Short term:** messages delivered in communities will help people learn the importance and meaning of early childhood and will change their attitudes about it.
- **Long term:** Funding shifts to support the change in values. There is a reduction in child abuse and neglect reports.

Priority #3: To assure that childcare nurse consultants are part of the infrastructure: connected to overall goals 1, 2 and 4

Resources:

- Funding
- Partnership with Higher Education for Data
- Partnership with the Higher Ed Consortium
- Partnership with advocacy organizations like Family Voices and AARP
- Expand upon the dismissal study by studying issues related to children with disabilities and special healthcare needs
- Partner with the ND State Data Center for the study

Activities:

- Dust off prior attempts at this goal and assess what worked and what didn't
- Bring people together to discuss research needs, identify gaps and share data sources to eliminate duplication
- Elevate the value of childcare nurse consultants
- Develop a white paper/report documenting the lack of availability of nurses
- Survey childcare providers regarding their special health needs (swine flu, etc.)
- Encourage the AAP to push the Department of Health to accept the program
- Define what is "new" programming/funding vs. what can be reprioritized

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- Revisit the public health unit model and/or provide training in understanding early care to public health unit staff
- Define the service to the child as well as the service to the program

Outputs:

- Research-based materials developed to gain support of the Department of Health

Outcomes:

- **Short term:** Gain support of Healthy North Dakota.
- **Long term:** ND Department of Health includes childcare nurse consultants as a line item in their department budget.

Cheryle asked that each participant provide her with information regarding the availability of any study results or needs assessment models or results that could help to inform the future work of the Maternal and Child Health Division.

Linda Jagielo reviewed information regarding outcomes of the following legislative bills:

- HB 1090: Childcare assistance
- HB 1378: Age of admission for school
- HB 1400: Omnibus education bill; ELC; workforce development
- HB 1418: Registries, Early Learning Guidelines, Training
- HB 1472: Early childhood advisory board
- SB 2161: Proof of identity for a child, self-declaration, investigations
- SB 2162: Licensure and registration, fingerprint-based criminal background checks
- SB 2223: State grant program for childcare

Participants also discussed the Center on Social and Emotional Foundations of Early Learning (CSEFEL) (<http://www.vanderbilt.edu/csefel/>) as having potential for being the “one big thing/project” for HNDECA. It was agreed that Cheryle would convene the subcommittee chairs for a more thorough discussion of CSEFEL.

The meeting was adjourned by consensus of the group.

Other Upcoming HNDECA Subcommittee Meetings:

- Access to Health Insurance/Medical Home: May 27: 1-4, Red River Room @ Capitol
- Family Support: May 28: 9-noon: Sakakawea Room @ Capitol
- Mental Health: May 28: 1-4, Sakakawea Room @ Capitol