

**Healthy North Dakota Early Childhood Alliance (HNDECA)  
Parent Education Subcommittee  
May 20, 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; and
- To complete the needs assessment per NDDoH instruction.

**Meeting Participants:** Vanessa Hoines, Linda Rorman, Wendy LaMontagne, Michelle Schmitz-Bohrer, Cheryle Masset-Martz, Jody Bettger-Huber, Megan Treinen, Missi Baranko and Sean Brotherson. Dr. Richard Rathge joined the meeting via teleconference.

**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:

- Convener of people to find common ground and build system capacity
- A neutral person/entity
- Providing meeting logistics and refreshments
- Support publication of “A Connection Resource Directory” for wider distribution.
- Conduct a needs assessment particularly in tribal communities
- Seek geographic areas and a variety of people to help fill identified gaps
- Develop and support media messages and/or a broad media campaign
- Develop a talking point tool, and other tools, for use in talking with policy makers

**Prioritizing of Parent 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. Build capacity for Parent Education. (6 dots)
2. Educate policy makers regarding the value of Parent Education and the value of prevention. (6 dots)
3. Increase Parent Education availability in Tribal communities. (5 dots)
4. Educate medical professionals regarding the importance of Parent Education to increase referrals. (5 dots) *NOTE: It was agreed that this initiative could be shared with the Access to Health Insurance and Medical Home subcommittee.*
5. Continue offering parent leadership training. (3 dots)
6. Partner with the media and community organizations to educate parents about the importance of Parent Education. (2 dots)
7. Assure that Parent Education is accessible to all parents. (0 dots)
8. Address the impact that the current recession/economic downturn is having on children. (0 dots)
9. Address the increased stress on families because of the recession, job loss and other factors. (0 dots)
10. Assist parents with exploring health care options like COBRA and other “gap” programs to help in the event of loss of insurance. (0 dots)
11. Address the children who will be impacted by a military parent being deployed to service. (0 dots)

**Completion of Logic Model Elements for Each Priority:** Participants produced the following information relative to the priorities for Parent Education:

**Priority #1. Build Capacity for Parent Education: The Ultimate would include:**

1. Parent Education is provided in every school and home. (Consistent with over arching Goal #1)
2. Fully funded Parent Resource Centers are located in every region and tribal area.

**Resources Needed:**

- Technology savvy

- Financial support
- Community involvement
- Educators
- Parents who want the service
- Educational resources

**Activities to Achieve Goals:**

- Capture parents attention at milestone moments (kindergarten entry) and educate them then, via means with which they are comfortable
- HNDECA sponsored statewide conferences about Parent Education
- Presentations on Parent Education at otherwise-sponsored conferences supported by HNDECA
- Video production at the ND Department of Health
- Conducting surveys to identify needs, gaps
- Use the “Tupperware” model of education and/or a mutual support network
- Target the most “at-risk” “resource limited” families.
- Use parents as leaders, presenters and messengers to gain credibility and the interest of their peers.

**Outputs Produced:**

- A well developed resource network, both physical and virtual

**Outcomes Desired:**

- Short Term: Reduction in stigma about Parent Education and an elevation of Parent Education as a priority for families.
- Long Term: Increased program offerings and parent attendance leading to an army of confident, empowered parents.

**Priority #2. Educate policy makers regarding the importance of Parent Education: and Related Ideas:**

- Tie these ideas in with other HNDECA subcommittees, particularly with regard to legislative and policy issues
- Better integrate parents into the process
- Parents should serve as messengers because they have the most impact as direct constituents of legislators
- HNDECA could sponsor a statewide education event

**Resources Needed:**

- Parents who are willing to speak up/out
- Training for parents
- Data to support our message and to tell the story of the cost of prevention vs. the cost of waiting for intervention

**Activities to Achieve Goals:**

- Educate about current programs that are successful
- Increase the awareness of the need for Parent Education
- Continue to provide parent leadership training to empower parents as advocates
- Develop common tools for parents to use in their messages

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- Conduct training/orientation for parents regarding the legislative process
- Convene a HNDECA sponsored day at the Capitol for parents

**Outputs Produced:**

- A network of parents is created in each legislative district in ND and is ready to mobilize and advocate during the 2011 legislative session.

**Outcomes Desired:**

- Short term: To change the uneducated attitudes of policy makers about Parent Education.
- Long Term: To have policy members ask questions, seek information, appropriate funds and develop policies supportive of Parent Education.

**Priority #3. Increase Parent Education for Tribal Communities: the ultimate includes:**

- A fully funded Parent Resource Center in each tribal area.

**Resources Needed:**

- Financial resources
- Human resources
- Tribal interest, acceptance and buy-in
- Tribal invitation
- Tribal Council support, if necessary

**Activities to Achieve Goals:**

- HNDECA can survey membership regarding existing tribal relationships and partnerships to be sure to honor cultural protocol
- HNDECA could invite the participation of Scott Davis, newly hired Executive Director of the Indian Affairs Commission
- HNDECA could convene a community group on each reservation to determine the available gaps, needs and community will for such services

**Outputs Produced:**

- Increased cultural competence through HNDECA sponsored training
- Potential educational training via tribal infrastructure, Indian Health Services, Tribal programs and schools (similar to efforts of KAT Productions)

**Outcomes Desired:**

- Short term: Establishing relationships that are mutually respectful and beneficial.
- Long term: Tribal citizens will seek Parent Education resources for their communities and all Parent Education offerings are made available.

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. Participants were thanked for their work and the meeting was adjourned by consensus of the group.

**Other Upcoming HNDECA Subcommittee Meetings:**

- Early Care and Education: May 21: 10 – 4, Sakakawea Room @ Capitol

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- 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