

Using Data to Build Comprehensive Systems for Infants and Families

FACILITATOR GUIDE



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PROJECT OVERVIEW

Why ‘Using Data to Build Comprehensive Systems for Infants and Families’ Was Developed

In October 2007, the first New York State Infancy Summit was convened to focus on the art of community collaboration across the many disciplines that address the needs of infants and their families. As a result, many communities have formed working partnerships with dedicated professionals interested in furthering this cause. The second New York State Infancy Summit and the accompanying materials were developed to help these community coalitions systematically review the core components of a comprehensive early childhood service system necessary to serve infants and their families and to help these professionals make an assessment of their current systems, identify issues that could benefit from their action and develop data-based advocacy efforts.

Intended Audience for the Materials

The materials that follow are intended for coalition members and facilitators in each region of the Child Care Coordinating Council. In particular, the material was developed for coalitions that are *just beginning* to examine their communities and assess where they may need to direct their attention. Those coalition members well into the process may wish to review resource materials and see if they may find new resources to support their work. The Facilitator Guide is also intended for less experienced facilitators and provides considerably more guidance than is necessary for seasoned facilitators. All materials are intended to help with the process but in no way do we expect them to be used verbatim for the sessions. We leave that to the comfort and expertise of both the facilitator and coalition members.

We also recognize the materials are appropriate for most advocacy groups and planning coalitions that would like to consider how they might examine ways to best serve young children in their community and hope it will be helpful to others who would like to take a closer look at how their local systems are serving infants and their families.

How to Use the DVD, Facilitator Guide and Resource Guide for the Infancy Summit

We have organized the information for the second Infancy Summit into four segments we refer to as sessions. These sessions can be viewed as four distinct sessions or may be used as a two-day event. If coalition groups decide to use a two-day format, we suggest enough time be provided between the first and second day so coalition members can have adequate time for the activities described in these sessions.

The Facilitator Guide was designed for new facilitators and we want to encourage facilitators to use it only as a guide so they can make decisions based on personal expertise as well as their own familiarity with the subject matter. We also have assumed members of coalitions will have varying familiarity with the subject matter and may be able to take a lead role to support their groups as the groups move through the sessions.

Project Partners

This effort is a partnership between the Council on Children and Families (Council) and the New York State Child Care Coordinating Council (NYSCCCC) and was funded by a professional development grant from the New York State Office on Children and Family Services to NYSCCCC. The development of the DVD and facilitator's guide, entitled *Using Data to Build Comprehensive Systems for Infants and Families* was a joint venture between the Council and NYSCCCC.

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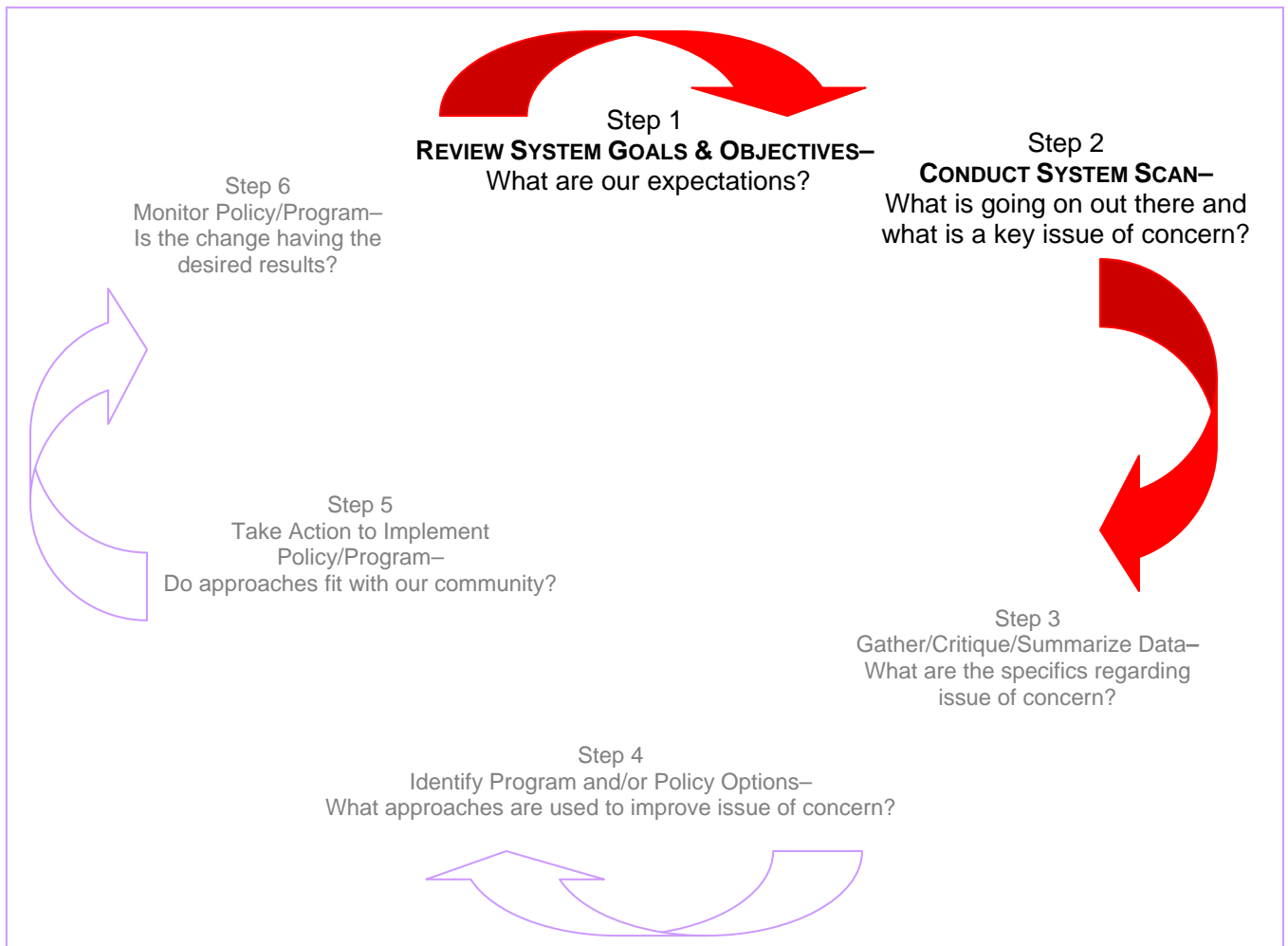
e-mail: council@ccf.state.ny.us

<http://www.ccf.state.ny.us/index.htm>

**SESSION ONE:
MAKING THE CONNECTION BETWEEN DATA AND OUR DAILY WORK**

Session One as Part of the Big Picture

Where we are in the Assessment Cycle



Key Concepts

- An effective system of care takes into account factors that contribute to (1) healthy children, (2) strong families, (3) early learning and (4) supportive communities. When we think about an effective approach for addressing the needs of infants and their families, we need to take a multi-system view that covers these four areas. The Early Childhood Comprehensive Systems (ECCS) Plan was developed to ensure an inclusive view and highlight goals in each of the four areas. This comprehensive view is essential when accurately assessing the quality of any system.
- Based on their collective professional expertise, coalition members can identify areas where their community excels in meeting the needs of infants and families as well as recognize areas in the community that need improvement. This perspective is valuable and necessary in identifying key issues of concern that can be addressed by the coalition. Therefore, the initial steps in the assessment process include a review of coalition members' qualitative expertise along with information (i.e., data) from other sources.
- The assessment cycle is a tool that allows coalition members to use the framework in the ECCS Plan to examine their systems of care and make improvements.

Learning Objectives

Participants will:

- Have an understanding of the four segments that comprise the ECCS framework outlined in the ECCS Plan;
- Identify steps in the assessment process;
- Identify three areas in their community that are strengths and three areas that need improvement with respect to the goals of ECCS; and
- Name at least two data sources related to infants and families.

Session @ a Glance

What	Who	How Long
Welcome and Introductions	Facilitator	5 minutes
Overview of Learning Objectives and Agenda	Facilitator	Under 5 minutes
Introduction and Viewing of DVD	Facilitator	30 minutes
Community Assessment Activity	Participants	15 minutes
Debriefing Discussion	All	15 minutes
Identify Data Sources for Community Assessment	All	15 minutes
Next Steps	Facilitator	5 to 10 minutes

Facilitator Supplies

The following supplies are needed for this session:

- DVD for Session One—*Making the Connection Between Data and Our Daily Work*
- DVD machine
- Television
- Flip chart
- Flip chart sheets with the four ECCS goals and several blank flip chart pages
- Post-it notes (6 for each coalition member)
- Markers (dry eraser or flipchart markers depending on the room and supplies there)
- Handouts
 - Assessment Cycle Used to Build Comprehensive Systems of Care for Infants and Families
 - Data Checklist
 - Data Source Websites Handout
 - Framework of the ECCS Plan

Facilitator Preparation

To prepare for this session, complete the following tasks:

- Develop four flip chart sheets for display that have the ECCS goals
 - Sheet 1: List the *Healthy Children* goals

- Sheet 2: List the *Strong Families* goals
- Sheet 3: List the *Early Learning* goals
- Sheet 4: List the *Supportive Community & Coordinated System* goals
(Be sure to leave enough space between goals for the post-it note activity)
- Write the agenda on a flip chart and have it displayed
- Make copies of handouts for each participant
- Set up the DVD and TV then test the equipment
- Set aside the post-it notes; have extra pens available
- Review the Facilitator Guide and script prior to the presentation
- Preview the DVD and slides prior to the presentation
- Arrange room so tables are in a U-shape with the TV at the front of the room

Suggested Agenda

- I. Welcome and Introductions
- II. Overview of Learning Objectives and Agenda
- III. Viewing of DVD
- IV. Community Assessment Activity—Scanning the Early Childhood System
- V. Debriefing Discussion
- VI. Identifying Data Sources for Community Assessment
- VII. Next Steps

NOTE: This agenda is based on the assumption that coalition members are active participants in the assessment process that is described during this session. Modifications will need to be made if the group is only viewing the content of the DVD and not conducting activities outlined.

Script for Session

The following script was used as a guide for taping this segment. The actual DVD may not be identical; however, this information is shared with facilitators to give them a general sense of what is discussed. Refer to the appendix to view slides used in this session.

Introductions, Purpose & Overview		CHRISTINE CONBOY (HOST): Welcome to the second New York State Infancy Summit, <i>Using Data to Build Comprehensive Systems for Infants and Families</i> . I am Christine Conboy and will be your host during the next four sessions. This summit is a joint effort between the Council on Children and Families and the New York State Child Care Coordinating Council with funding provided by the New York State Office of Children and Family Services. The organizers of this summit are Evelyn Efinger, Infant Toddler Coordinator at the New York State Child Care Coordinating Council as well as
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		<p>Cate Bohn, Susan Perkins, and Mary De Masi, all from the Council on Children and Families.</p> <p>The first statewide Infancy Summit took place by satellite broadcast in 2007. Nineteen community coalitions tuned in to learn more about cross disciplinary collaboration and how to work together to improve service delivery for babies and their families. Video and CD versions of that program are available through the Child Care Resource and Referral agencies across New York or from the New York State Child Care Coordinating Council. The second Infancy Summit uses a more flexible distance learning format so that local communities can plan how to view and discuss our topic - <i>Using Data to Build Comprehensive Systems for Infants and Families</i>.</p> <p>The presentations on this DVD and the accompanying Facilitator Guide and Resource Guide were developed to help community coalitions like yours determine ways to apply data to the ECCS framework so you can systematically and comprehensively review the way infants and families are served in your community. The organizers of this summit hope you will be able to use these materials to help you assess the well being of babies and their families in your community and to influence systems change.</p> <p>This Infancy Summit is organized into four sessions. In session one, participants will be introduced to an assessment process that is used in subsequent sessions. Participants will also learn about data sources at the national, state and local levels. The second session focuses on how to use the data you've collected to tell a compelling story and gain public commitment for your issues. In the third session, we explore how to use data findings to implement effective service solutions and monitor outcomes. And the final session, session four, shows an example of this process in action in New York City. We hope that you will tune in to each of the sessions and use these presentations to help inform your local coalition on how to <i>Use Data to Build Comprehensive Systems for Infants and Families</i>.</p> <p>Now please join Evelyn, Susan and Cate for session one—<i>Making the Connection Between Data and our Daily Work</i>.</p>
<p>Data for Change: Incorporating Data into the Assessment Process</p>	<p>Slides 1-2</p>	<p>EVELYN: Welcome everyone and thank you for your continued interest in improving services and systems that support infants and their families in your community. Our organizations have been working at the state level to support the infancy movement underway across New York. Together with you at the local level, we are helping others understand the importance of the first three years of a child's life and how to maximize the potential in every child. The goals for the infancy period are laid out in the ECCS framework. Hopefully, this diagram is becoming a familiar illustration of the interconnections between Healthy Children, Strong Families, Early Learning and Supportive Communities and Coordinated Systems. If we are to give every child a good start in life, parents and professionals need to work together to support early development and learning.</p> <p>As Susan and I discussed ways to support local efforts, we recognized it might be helpful for coalition members to learn more about data and data sources that are related to the ECCS Plan Framework. And to learn about how they could use the power of that data to promote systems change.</p> <p>SUSAN: To help us with this topic, we've asked Cate Bohn, from the Council on Children and Families, to join the conversation. Cate and Mary De Masi at the Council have developed and compiled all of these wonderful materials in the Facilitator Guide and the Resource Guide. Thanks for all of your work behind the scenes and for joining us today.</p> <p>CATE: My pleasure.</p> <p>SUSAN: So let's get into our topic for this summit. Many of the people in local</p>

	Slide 3	<p>coalitions have dedicated their careers to improve the systems of care for infants and their families. What is the connection between the work they do and information we see charted in data reports?</p> <p>CATE: A lot has been discussed and written about how we can incorporate research into practice or how we can make data-driven decisions. There is a wealth of data out there but many communities struggle with how to use it to make changes. There tends to be a 'disconnect' between what we think we know from practice and what the numbers tell us.</p> <p>EVELYN: A perfect example of this can be seen in our immunization rates. While communities may strive for 100 percent participation, in 2005 New York State was only able to reach 74 percent. How can we make better use of this powerful data to influence public policy?</p> <p>CATE: Before we get into how to use the data that's available, I'd like to share a basic assessment process that will give our listeners a context for using data that is a familiar part of their daily work. Most professionals, whether in early childhood, speech pathology, nursing, child welfare, or oral health, use some type of assessment as a process to identify issues needing more attention, either for a patient, a community or a system of care. Assessment is a natural part of our work and can include information we get from clinical examinations, client satisfaction surveys, program referral information and so many other sources of information, including our own professional expertise. As coalition members know from their own lives, it is a matter of gathering information that can help describe what is going on so they can plan the next course of action. Similarly, the way to connect data to our daily work is to use it to examine our systems so we are knowledgeable and prepared to take action.</p> <p>SUSAN: Is the assessment process different, depending on the profession of our coalition members?</p> <p>CATE: In some instances it will be. However, let's take a look at a traditional assessment process. This traditional assessment process has six distinct steps. Your local site facilitator should have this available for you as a handout. Now, we know that in real life these steps are often not distinct; however, we have organized these sessions around this formal assessment process to help participants learn about each step. The first part is to review the goals and objectives—that is, figure out what are our expectations.</p> <p>EVELYN: Actually, the first step has been done for us if we use the goals and objectives laid out in the ECCS framework.</p> <p>CATE: Yes. Communities can use these statewide goals or modify them to fit their local needs. The second step is to conduct what is commonly called a 'system scan.' This is where you take a look at the system and try to identify, in a general way, those areas that are working and which areas excel as well as identify those areas of the system that may be a concern and need attention. Given that the data will be consistent with the ECCS framework, coalition members need to consider in which areas they see the widest gap between the ideal outlined in the ECCS framework and what is going on in their communities.</p> <p>Obviously, this broad, global scan is not going to provide us with enough detail or</p>
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	<p>Slide 4</p>	<p>knowledge to address specific community concerns so the third step focuses on gathering more specific information. Coalition members should keep in mind that the better they are able to identify data that help them describe an issue, the better prepared they will be for the next step in the assessment process.</p> <p>EVELYN: So step three is the nitty-gritty work of collecting more specific data on the issues of most concern to the community. Many of our listeners are working professionals who interact with babies and families every day and the thought of taking time out from their daily caseloads to research and collect data may seem unimportant. Where do their interests come into play?</p> <p>CATE: The fourth and fifth steps in the process may be of greater interest to them. That is where they will see a pay-off from their earlier work. Step four is where ideas are generated and we can begin to connect the data to improving our daily work. In this step the group will identify program or policy options. This is where they begin to think about solutions and then step five focuses on the implementation of those solutions.</p> <p>SUSAN: I suppose that's one of the advantages to working in a coalition. Groups may want to consider dividing up the work in these steps and have those more familiar with data collection focus on this part of the assessment process.</p> <p>CATE: Yes. There are many ways to go about this but the point is to do your homework. Just like with any good assessment, the better we are able to gather information about the issue, the better we will be able to prescribe a solution so the coalition should be as comprehensive as they can in getting good data about their community. Coalition members should remember data collection is simply gathering information. As Albert Einstein once said, "If I had but one hour to save the world, I would spend 55 minutes defining the problem." Be as comprehensive as you can when collecting data and information.</p> <p>SUSAN: Good point. And there's one final step in this process.</p> <p>CATE: The final part of the cycle is continual monitoring of the community to be sure what was accomplished is maintained. So often we are pleased to make that initial change and then we forget to keep our eye on the issue. Also, that ongoing monitoring helps us maintain those excellent features of our system that we observed in the initial scan.</p> <p>EVELYN: I think most of the participants can relate to the assessment cycle because they've had to apply it when working with families. But it may be helpful to share an example of how this can be used at the community level for planning.</p>
	<p>Slide 5</p>	<p>CATE: Sure. In the Healthy Children component of the ECCS plan we see an objective that states pregnancies are wanted, healthy and safe. One community did a scan and realized many of their unintended pregnancies were among women under age 20. If you look at page 5 in the <i>New York State Early Childhood Data Report</i>, you see this same trend. So the community investigated further and uncovered the fact that their teen pregnancy rate had gradually increased over the last five years. More data showed that the increase was occurring among teens that were in the lower economic group of their community, but unlike most of the research out there, it was also increasing among</p>

		<p>teens in the upper economic group. It looked like teens in their urban and suburban high schools were seeing an increase in pregnancies. The data didn't tell the whole story. They pieced this information together with what was going on in the community and learned that during this same time the sex education program had changed to an abstinence approach and the school nurses at the high school had been cut out of the school budget. Now, we are not able to connect the data dots and say one caused the other but it gives us a good sense of where the system may not be working and where it may need greater support. This community decided to change the curriculum and put a part-time nurse in each high school. The nurse was not allowed to distribute condoms but could teach teens how to use them. They also tried to increase resources to youth development programs for after school.</p> <p>SUSAN: So in that case the community needed to look beyond the numbers and examine the strategies that might have contributed to the results.</p> <p>CATE: That's right. In another example a community did a general scan (step 2 in our process) and saw that blood lead levels were on the rise. This is pretty inconsistent with overall trends so, again, the community was surprised. More data were gathered to determine where this was occurring and they were not surprised to learn it was occurring in the older sections of the community. But given that these homes had been there for years the coalition had to figure out why it was that now they were seeing a change in blood levels among youth. Using Census data and knowledge about their community, the group realized that there was a rise of young immigrant families who were locating in this less expensive, older part of the community and these were the families with higher birth rates and more likely to have young children. As a result, a bilingual education campaign was developed and the coalition partnered with all the pediatricians in the community.</p>
Data Sources	<p>Slide 6</p> <p>Slides 7-8</p>	<p>SUSAN: When Evelyn and I considered this second summit, we realized coalition members have a tremendous amount of data at the community level and we suggest coalition members start by thinking about data resources they use on a regular basis. Think about annual reports you develop or review that can be useful to your coalition; think about county and government agency data that are collected regularly. But Cate what else is out there that they can use?</p> <p>CATE: We have included a number of data sources in the resource section of the Facilitator Guide. These sources reflect data at the national, state, county and local level. It is a mixed grouping. The data sources we shared are recognized for being accurate and consistent measures of the information they represent. And that is what you want to be sure you have—valid and reliable data.</p> <p>EVELYN: Let's go ahead and walk through some of the materials that you've put together.</p> <p>CATE: The US Census provides us with population-based data, which we can use to describe a community in terms of how many people live in the community, what are their ages, how many households, the median income, race and ethnicity of people living in that community. Also, you can learn how many grandparents live with their grandchildren and whether the grandparents have primary care giving responsibility of the children. This descriptive data is termed demographic data and provides a view of who is living in the United States and at a local level. The US Census has a website called <i>American FactFinder</i> that allows the user to type in a zip code or town name to see the related demographic data for that specified area. Other federal data resources are from the agencies that fund many health and human services at the state level such as Centers for Disease Control and Prevention (CDC); Health Resources and Services Administration (HRSA); Substance Abuse and Mental Health Services Administration (SAMHSA); and the Administration for Children and Families (ACF). These agencies provide information about specific health or social conditions or services at a national</p>

	<p>Slides 9 - 10</p>	<p>or state level. These agencies are also good sources of federal rules and regulations for local programs.</p> <p>SUSAN: So those are helpful and well-known sources at the national level. You have this information in your resource guide and as a handout at today’s meeting. What about at the state level?</p> <p>CATE: Well, there is also state level data provided by national nonprofit agencies, such as March of Dimes, which provide maternal and child health data through the PeriStats website; Child Trends which offers several analyses at their website; and the American Institutes for Research (AIR) which supports the SchoolDataDirect.org website and a database that contains assessment scores for approximately 90,000 public schools in the U.S. up to 2005.</p> <p>At the state level in New York, we have each state agency becoming more and more comfortable with putting population and service data on the Internet in addition to the required reporting. The State Health and Education Departments have public access to data and the Office of Alcohol and Substance Abuse Services also provides population-based data at its PRISMS website. Now, another type of data relationship is the one that exists in the social services and criminal justice fields where the state agency provides the local data on a secure website and only to approved people at the local agencies. It would be in your coalition’s best interest to have a contact within these systems to be able to see these data.</p> <p>We’ll show you a few of these websites and I’ll describe a little about each one—the best way to learn what is available is to explore the websites on your own computer where you can bookmark each of them and download what is relevant to your community.</p> <p>EVELYN: OK, let’s take a closer look at what’s available within New York.</p>
	<p>Slides 11-12</p>	<p>CATE: The Kids’ Well-being Indicators Clearinghouse (KWIC) is a tool to gather, plot and monitor New York State children’s health, education and well-being indicator data in order to improve outcomes for children and families. KWIC provides a holistic approach as it cuts across all service sectors and allows individuals and organizations with diverse missions to come together to improve outcomes for children and families. These data are available at the county level for over 100 indicators. KWIC uses the Touchstones framework that was established by the Council on Children and Families and its 12 member agencies. Touchstones is organized by six major life areas where each life area has a set of goals and objectives that represent expectations about the future, and a set of indicators that reflect the status of children and families.</p>
	<p>Slide 13</p>	<p>The OASAS PRISMS System helps identify risk factors and consequences of youth alcohol and substance abuse in New York State counties and New York City zip code neighborhoods. This community-level risk information can alert local governments, prevention planners, and service providers to those areas where alcohol and other substance abuse risks and problems are greatest.</p>
	<p>Slides 14-15</p>	<p>The Department of Health supports the Community Health Assessment Clearinghouse, as a one-stop resource for community health planners, practitioners, and policy developers as well as a statistics and data page that links to the Early Intervention service data, the adult Behavior Risk Factor Survey results and many more sources.</p>
	<p>Slide 16</p>	<p>At the Education Department, the public school report cards and statistical reports provide useful data by school and school district, including performance and accountability measures (e.g., Regent’s test score results), enrollment, demographics (e.g. race/ethnicity), drop-out and attendance rates, and students enrolled in school lunch programs.</p> <p>SUSAN: Thanks Cate. That was a good overview of some of the information available</p>

	Slide 17	<p>from our State agencies. But I know it can be cumbersome to spend time at each of these sites trying to sort through and get the specific information on the birth to five year olds. Let's introduce our audience to the <i>New York State Early Childhood Data Report</i> supported by the ECCS Committee.</p>
	Slide 18	<p>CATE: Each coalition should have one data report to work with and share with members. Members can also download a copy from the Council website. As you may know, this group of infants, toddlers and young children are often not enrolled in services in great numbers and much of their daily routine takes place within a family or caregiver or day care setting—in other words 'below the radar' for the data analysts. Children in school or adults who have drivers' licenses are a known group and what can be termed a 'captured audience.' For example, schools can count the children, in fact count them every day, know their ages and what their test score are. For adults who want a driver's license or who need to renew their licenses, there are rules and regulations to follow, questions to answer and a database to collect the information. To find out more about infants, toddlers and young children in your community, you are going to need to ask each other questions about service utilization and family structures in your community. You will become data detectives!</p>
	Slide 19	<p>EVELYN: And you've provided a tool to help local groups ask the right questions. A handout was developed to guide local groups.</p>
	Slide 20	<p>CATE: We provide a <i>Data Checklist</i> which highlights local data and some less traditional but quite useful data sources. We encourage groups to use a number of strategies for locating data that may not be easily accessible. One is to build partnerships with others who may have access to data you don't have. By finding new partners in your search for data you may happen upon a new resource in your community. For example, longtime volunteer groups or business development agencies or real estate brokers sometimes have incredibly useful information to the health and human services worlds. College or university staff may have conducted a survey of your community, in addition, many coalitions have benefited from the different resources that a local college or university can offer. A topic expert or college librarian can offer the latest research and copies of the full articles or a brief presentation to your group. Many colleges have students who are in search of internships each semester and need relevant placements to learn about the community and how health and human systems work to meet the needs of children and families. Your willingness to offer an overview and professional guidance to an undergraduate or graduate level intern can reap many rewards by way of reporting, writing or data gathering for future coalition meetings.</p>
	Slide 21	<p>SUSAN: Another place to locate data is the local United Way, which may have conducted a survey on topics that may offer you helpful insight into the lives of people in your community. Often these surveys have been administered at the mall or local grocery store or perhaps over the phone to your neighbors in order to ask about a pressing issue or to gauge the public's interest in a particular topic.</p> <p>CATE: In addition to surveys, focus group data are equally important when discussing community concerns, issues and potential strategies to address these concerns. Whether your community could hold a discussion on the rate of teen pregnancy in your county makes all the difference in the world for possible teen pregnancy prevention campaigns aimed at teenage males and females.</p> <p>EVELYN: But unfortunately what we often find is that it's hard to find sources that focus specifically on infants and toddlers. For many of the reasons you mentioned previously—we don't have a comprehensive plan for children and families birth to five and even less for the first three years.</p> <p>CATE: An approach I'd recommend with some caution is to use what is referred to as</p>

		<p>'proxy data.' This is where you use data that are related to the data you want. For example, the percentage of children receiving free- or reduced-price lunch in public schools does not tell us how many families might be having trouble feeding the infants and toddlers in your community. It does tell us the percentage of families that qualify for the school district free- or reduced-price lunch program which could be a <i>proxy</i>, that is a substitute or replacement for how many families might be having trouble feeding the infants and toddlers in your community. This is a proxy indicator because it deals with children in school and you say that many families have younger children also. It is an indicator that deals with measuring food and the necessity of outside help to feed a family, which is helpful when looking at nutrition or feeding programs for the infant and toddler age groups.</p> <p>Our last suggestion is to buy data. This is not usually an option for local coalitions but sometimes this does occur where a locality is able to join an association or buy data from a national or statewide entity. An example of this type of data might be emergency room visits for cardiac related illness from a company that makes cardiac catheters for hospitals.</p> <p>SUSAN: Well, this should give local coalitions plenty of food for thought! Thank you Cate for assembling all these materials and walking us through these data sources. I know that you have offered to be available if groups want to contact you for further information. We hope this session will launch some good discussions in your communities and help you get started <i>Using Data to Build Comprehensive Systems for Infants and Families</i>.</p>
<p>Wrap Up and Possible Next Steps</p>	<p>Slides 22-24</p>	<p>CHRISTINE CONBOY: That concludes the first session <i>Making the Connection Between Data and Our Daily Work</i>. Thank you for tuning in.</p> <p>As you move forward, we want to mention that the materials designed for this summit are intended to provide maximum flexibility so that every community across New York can tailor the assessment process to make it work for its own purpose. Therefore, your local site facilitator will now discuss next steps with the group. We hope you will utilize your collective expertise about your community to complete the community scan, which is step two in the assessment process.</p> <p>See you next time in session two where we will learn more about how to use data to inform and tell your story. Again, thank you for your participation in the summit and your dedication to the infants, toddlers, and families in your communities.</p>

Session Overview

Welcome and Introductions

To begin the session, welcome participants and thank them for their participation. If necessary, ask individuals to introduce themselves to the group.

Learning Objectives and Agenda

Tell participants they will:

- Have an understanding of the four segments that comprise the Early Childhood Comprehensive Systems (ECCS) Plan, the goals associated with each of the segments and the importance of viewing work related to infants and their families within the context of all four areas;
- Have an understanding of the assessment process they can apply to areas of interest;
- Be able to identify three areas in their community that are strengths and three areas that need improvement with respect to the goals of ECCS; and
- Be able to name at least two sources of data related to infants and families.

Next, provide a brief description of the sessions' primary activities:

- Overview of ECCS Plan core components and goals and the assessment process;
- Group exercise to rate the extent their community currently meets the ECCS goals;
- Description of possible data sources and the tie between data and ECCS goals;
- Group identification of possible data sources; and
- Debriefing.

Introduction of the of DVD

- Introduce the DVD and explain that it begins with an overview of the assessment process and a description of data sources used in that process.
- Ask coalition members about their familiarity with the framework used as part of the ECCS Plan. Review the framework if the group is not familiar.
- Begin the DVD.

Community Assessment Activity—Scanning the Early Childhood System

- The following activity is designed for coalition groups that may be new to the assessment process. You may decide your group has advanced beyond this stage and may decide to move to information in the next session. However, before you move on, it is recommended that someone in the group quickly summarize system highlights (i.e., what they learn when they did the scan). Similarly, if it has been a while since the last scan, the group could do a review to see if there has been any change.

What follows is intended for groups that have not conducted a community scan.

- For those groups new to the scan process, remind coalition members that assessment is a core function—for practitioners and managers alike. As noted in the DVD session, assessment is a necessary first step for nurses, early childhood specialists and dentists

- and others in determining what the issues are, whether more information is needed and how to proceed.
- Direct coalition members' attention to the four flip chart sheets that list goals associated with each segment of the ECCS framework and explain that the group is now going to conduct an activity that is the second step in the assessment process. This activity helps coalition members determine how well their own community (defined as neighborhood, town, county or regional area) is meeting the goals outlined in the ECCS framework.
 - Explain this step involves collection of data and *they* are the source of data. As noted in the DVD, members of the coalition have substantial knowledge and expertise about the systems that serve infants and their families. This activity draws on that expertise.
 - Encourage coalition members to think about how well their community is doing in providing comprehensive services. Coalition members may be aware of progress in some but not all areas of the ECCS framework. At the end of the activity, coalition members will have identified the *three top areas* within the community where service systems:
 - are working well and meeting goals outlined in the ECCS framework (most positive (+) post-it slips) and
 - are not achieving goals outlined in the ECCS framework and need improvement (most negative (-) post-it slips).
 - Ask coalition members to use their professional experience and family stories to 'rate' how well the community is doing in providing comprehensive services and meeting ECCS goals by promoting healthy children, strong families, early learning and supportive communities for infants, toddlers and their families.
 - Explain to the group that before the group can 'collect data,' you would like them to take six post-it notes and mark three notes with a positive sign (+) and mark three notes with a negative sign (-).
 - Ask each coalition member to place notes with the positive post-its on the ECCS goals that the individual member thinks the community is addressing well and may need continued monitoring but not wholesale improvement. *Members may place up to two notes on a single bullet, if they believe this bullet warrants particular emphasis.*
 - Next, ask coalition members to place post-it notes with negative signs on ECCS goals that the individual member thinks the community is not addressing well and does warrant wholesale improvement. *Again, they may place up to two notes on a single bullet, if they believe this bullet warrants particular emphasis.*
 - Be sure to organize the time of this activity. The group could do all of their post-it notes (both positive and negative) at once for approximately 15 minutes as a large group activity.
 - Once the group has completed their task, tally the top three highest and lowest rated goals.
 - You may walk around the room after the 15 minutes and do a quick tally with a marker of the post-it notes at each goal. It can be helpful to give a break to the group and count up the post-it notes without onlookers. Also, you may want to divide up this task and ask someone to do the tallying for half the sheets while you tally the other half.
 - List the three areas that received the most positive post-it slips and the three areas that received the most negative post-it slips on a flip chart sheet and display it for the group.

Debriefing Discussion

A debriefing is necessary and, almost always, some people will have asked for more post-it notes and several will have used multiple post-it notes on what they see is the biggest area that needs improvement or what the systems do best.

- Begin the debriefing with a discussion of the system and how people made their decisions—some may have based decisions on their knowledge of data; others may have used anecdotal experiences; while others may have based decisions on impressions.
- Ask coalition members to consider where there are similarities and differences. It can be a useful discussion for everyone to use the different or similar views of the system and discuss how well we are all doing serving infants and their families.
- Ask the group if the results (six identified areas) ring true with their own understanding of the systems that serve infants and their families. Were there any surprises?
- The six areas receiving top ratings will be referred to as the *core focus areas*.

Identifying Data Sources for Community Assessment

- You may want to remind the group that the post-it notes were assigned to various goals based on the extensive expertise of the coalition members. As noted in the DVD, the qualitative data need to be coupled with quantitative data and this is the next step in the assessment process—identifying quantitative data that provides information about the community and its ability to address the needs of infants and their families.
- Distribute the *Data Checklist* to coalition members and have members identify data sources on the checklist for which they are familiar and may have used in the past for other planning activities/reports. If possible, coalition members should identify data sources on the checklist that provide information about the core focus areas identified earlier.
- The coalition members will also have knowledge of data sources beyond this list and you will want to add those data sources to the *Data Checklist*.

Next Steps

- Explain that the next step in the assessment process is to gather data that will be combined with their knowledge about the community. Remind members that data collection is another form of information gathering. The information will allow them to better describe the issue(s) that influence the quality of services in their community and help them take the necessary actions for improvements.
- If the coalition members have decided to proceed with the assessment process in their own community, invite them to investigate data sources from their organization that help describe the core focus areas and have them bring these data to the next session. These may be in the form of annual reports, etc. The purpose of gathering data for the next session is to provide the group with a better understanding of each area.
- If members decide to bring data, remind them *no individual level data* will be used; only aggregate and population data are needed for planning purposes. The coalition members may wish to invite colleagues from their organization who are more familiar

with the data to the next meeting. It may be helpful to identify co-chairs to serve as leads for the assessment effort.

Resources and Handouts

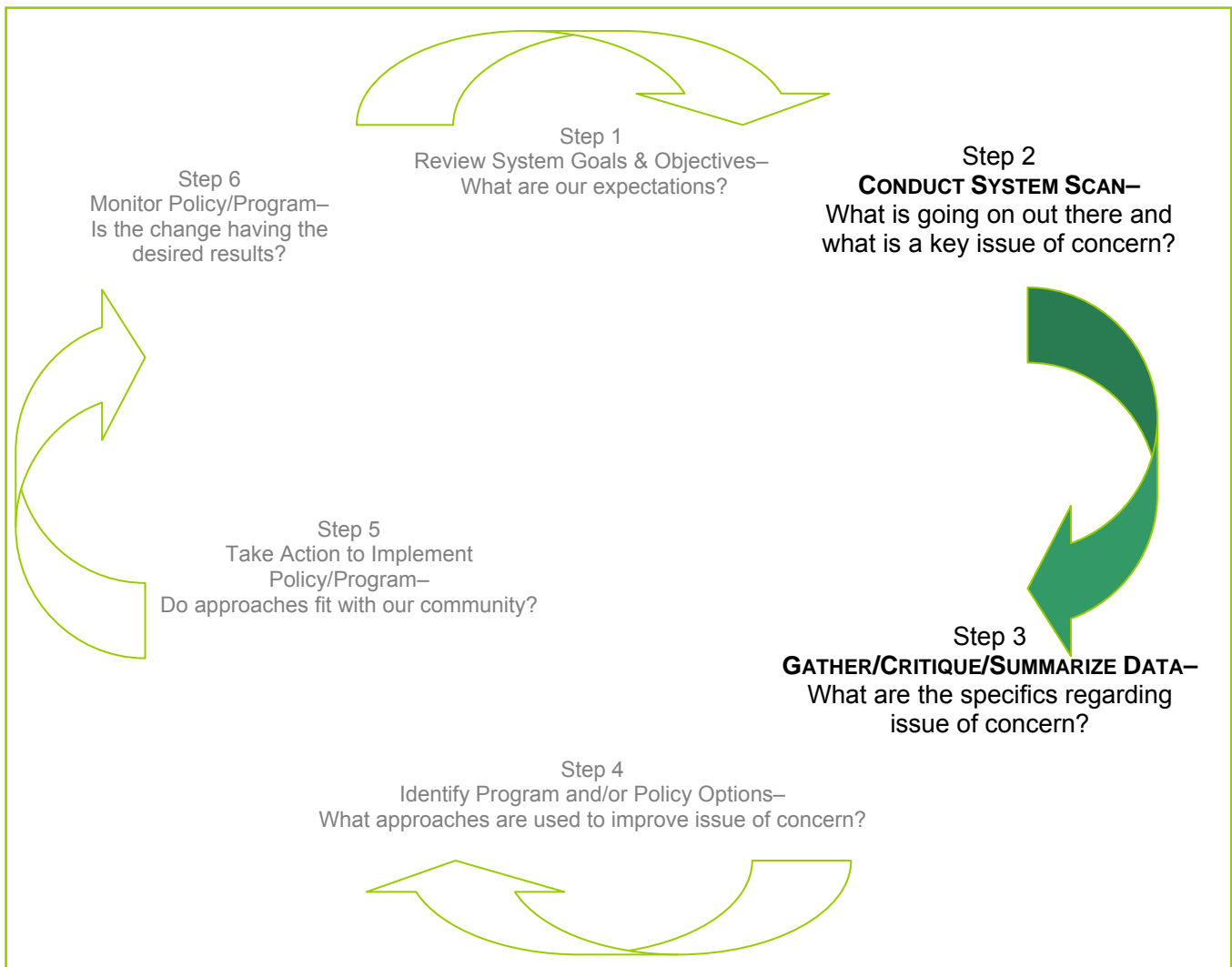
- A copy of the *NYS Early Childhood Data Report: The Health and Well-being of New York's Youngest Children* is provided to each facilitator. The report is available at: www.ccf.state.ny.us/Initiatives/EccsRelate/EccsResources/ECReportFullDoc.pdf *
- Assessment Cycle Used to Build Comprehensive Systems of Care for Infants and Families*
- Data Checklist *
- Data Source Websites Handout*
- Framework of the ECCS Plan *

An asterisk (*) indicates this resource or handout was mentioned during the DVD session.

SESSION TWO: USING DATA TO INFORM AND TELL A STORY

Session Two as Part of the Big Picture

Where we are in the Assessment Cycle



Key Concepts

- The assessment process requires us to gather and examine the facts that are available, determine if additional information is needed, assemble all the information and determine next steps for action.
- The first step of any story-telling process is to lay out the information as we know it, gain a sense of what the facts describe, and then assemble the information into a compelling story that is able to combine facts and figures with day-to-day experiences and knowledge of our communities.

Learning Objectives

Participants will:

- Use available data to examine issues of concern (describe and compare change);
- Use nontraditional data sources to describe newly emerging conditions; and
- Understand different ways to document findings for internal and external use.

Session @ a Glance

What	Who	How Long
Welcome and Introductions	Facilitator	Under 5 minutes
Overview of Learning Objectives and Agenda	Facilitator	Under 5 minutes
Introduction and Viewing of DVD	Facilitator	20 minutes
Activity and Discussion	Participants	60 minutes
Next Steps	Facilitator	5 minutes

Facilitator Supplies

The following supplies are needed for this session:

- DVD for Session Two—*Using Data to Inform and Tell a Story*
- DVD machine
- Television
- Flip chart with the six core focus areas identified during the last session
- Markers (dry erase or flipchart markers depending on the room and supplies there)
- Handouts
 - Organizing and Presenting Data: A How To Primer
 - Framing Public Issues
 - A Meta-Analysis of Opinion Data Concerning School Readiness, Early Childhood and Related Issues
 - Sample fact sheets
 - What is Infant Mental Health?
 - Get the Lead Out—Illinois
 - Lead Fact Sheet—District of Columbia
 - Children’s Health Fact Sheet—The Henry J. Kaiser Family Foundation
 - Copy of *Promoting the Mental Health and Healthy Development of New York’s Infants, Toddlers, and Preschoolers: A Call to Action*
 - Tip sheet on what to consider when compiling data and examining a new issue

Facilitator Preparation

To prepare for this session, complete the following tasks:

- Send a reminder to coalition members to bring copies of their data, if this is what they decided to do at the last session
- Develop a flip chart that lists the six core focus areas
- Write the agenda on a flip chart and have it displayed
- Make copies of handouts for each participant
- Set up the DVD and TV then test the equipment
- Review the Facilitator Guide prior to the presentation
- Preview the DVD and slides prior to the presentation
- Arrange room so tables are in a U-shape with the TV at the front

Suggested Agenda

- I. Welcome and Introductions
- II. Overview of Learning Objectives and Agenda
- III. Viewing of DVD
- IV. Activity and Discussion
- V. Wrap-up and Next Steps

NOTE: This agenda is based on the assumption that coalition members are active participants in the assessment process that is described during the session. Modifications will need to be made if the group is only viewing the content of the DVD and not conducting activities outlined.

Script for Session

The following script was used as a guide for taping this segment. The actual DVD may not be identical; however, this information is shared with facilitators to give them a general sense of what is discussed. Refer to the appendix to view slides used in this session.

<p>Welcome and Session Overview</p>	<p>CHRISTINE CONBOY: Welcome to session two of the (second) New York State Infancy Summit, <i>Using Data to Build Comprehensive Systems for Infants and Families</i>. I am Christine Conboy and I am your host throughout all four sessions of this presentation. This summit is a joint effort between the Council on Children and Families and the New York State Child Care Coordinating Council with funding provided by the New York State Office of Children and Family Services. The organizers of this summit are Evelyn Efinger, Infant Toddler Coordinator at the New York State Child Care Coordinating Council as well as Cate Bohn, Susan Perkins, and Mary De Masi, all from the Council on Children and Families.</p> <p>The first statewide Infancy Summit took place via live satellite broadcast in 2007. Nineteen community coalitions tuned in to learn more about cross disciplinary collaboration and how to work together to improve service delivery for babies and their families. Video and CD versions of that program are available through the Child Care Resource and Referral agencies across New York or from the New York State Child Care Coordinating Council.</p> <p>The second summit uses a more flexible distance learning format so that local communities can plan how to view and discuss our topic - <i>Using Data to Build Comprehensive Systems for Infants and Families</i>.</p> <p>The presentations on this DVD and the accompanying Facilitator Guide and Resource Guide were developed to help community coalitions like yours determine ways to apply data to the Early Childhood Comprehensive Systems or ECCS framework so you can systematically and comprehensively review the way infants and families are served in your community. The organizers of this summit hope you will be able to use these</p>
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		<p>materials to help you assess the well being of babies and their families in your community and to influence systems change.</p> <p>This Infancy Summit is organized into four sessions. During session one, members of the coalition were invited to conduct a system scan to identify areas within their systems that need attention. Additionally, some coalitions may have begun gathering data about those areas of concern. This next session presents information on ways to use data to build knowledge about your system and tell a compelling story that will initiate change. We hope that you will tune in to each of the sessions and use these presentations to help inform your local coalition on how to <i>Use Data to Build Comprehensive Systems for Infants and Families</i>.</p> <p>So let's join Evelyn, Susan and Cate for session two—<i>Using Data to Inform and Tell a Story</i>.</p>
Data to inform	Video of Children Playing	<p>NARRATOR: Storytelling is a time-honored practice we use to help children understand what may be unfamiliar or not clearly understood. Similarly, we use data to describe and compare so we are able to appreciate our own circumstances. For example, we can use data to describe New York's children.</p> <p>We can explain that:</p> <ul style="list-style-type: none"> ▪ One in five children are living in poverty ▪ Almost all children have health insurance (90%) ▪ About 60% receive childcare out of their home <p>We can also use data to compare and answer questions like:</p> <ul style="list-style-type: none"> ▪ How has the immunization rate changed over time? Is it improving? Worsening? ▪ Who is most likely to experience this change? Are children in all families improving or just those with single mothers? Is the decrease seen among infants or are toddlers affected too? ▪ How does the change play out where we live? Does the change we observe seem to be community-wide or is it isolated? ▪ And of course, is this change better or worse than our neighboring community and how close do we come to a recognized standard or benchmark? <p>By piecing this information together, we become better informed of what is occurring, gain a better understanding of the types of solutions needed, and are able to develop a more targeted strategy for using our resources.</p> <p>SUSAN: Hello I'm Susan Perkins from the Council on Children and Families. Welcome to session two – <i>Using Data to Inform and Tell a Story</i>. As we watched the children play, our storyteller used statistics to describe the status of children in New York and to contemplate important questions about their well being. There are many ways to use data to describe and increase the impact of an issue. In the last session, our data expert, Cate Bohn, shared examples from two communities and we saw how it is important to be vigilant in their search for data and incorporate knowledge about community circumstances that may not be a part of an official report. The more complete our information, the more precise we can be in our understanding of the issue. Having said that, we also recognize that you probably were not able to find data for a number of issues and we'd like to take some time in this session to talk a bit about that. Once again I'm joined by Evelyn Efinger and Cate Bohn.</p>
Telling the public story		<p>EVELYN: Storytelling up to this point is for the purpose of informing those people involved in the coalition. It really is for internal use. And with the examples you gave the last time I have an appreciation for why a coalition examining an issue needs to fully understand what exactly is going on. This type of careful analysis is essential for planning and modifying systems. As a matter of fact, it brings to mind the need for coalitions to include community planners so they can either access this information in the initial scan or share this with those individuals as they move through the process. Now we'd like to talk about how to move the information to a more public forum, either for advocacy or system changes, like establishing new programs or policies.</p>

	<p>Slides 1-2</p>	<p>CATE: As coalitions get ready to share their information with the others there are things to consider that will either increase or decrease your credibility and ultimately the support you get.</p> <p>As you work to convince community partners and possible funders that your issue is an important social concern, be sure you are familiar with the data and you have used reliable sources. We've discussed several reliable national and state level data sources.</p> <p>Here are some important considerations:</p> <p>1) <i>Always cite your data sources.</i> It is very important when describing your community or an issue that you always cite your data sources. This allows others in the community to go to the same source and find the same data as well as to give credit to the agency for providing the data to you and your group. Citations for data sources can be footnotes or denoted within the fact sheet or report. If data is from a website, your report must state web site address and date of retrieval. It is particularly good to mention governmental sources or non partisan, nonprofit sources—this is because the data will have gone through a 'checks and balance' process in order to be published.</p> <p>2) <i>Use governmental sources or non partisan, nonprofit sources, preferably organizations that we've heard of before in the media or in our fields.</i> Be very clear on what type of data you've used and where it comes from as it could distract certain groups of people from your main message if they have questions about your data.</p> <p>3) <i>Interpret the data but don't go overboard.</i> It is important to figure out what you can and cannot say about the data. Immunization rates tell us how well the overall system is doing for getting kids vaccinated on time—a collaboration of doctors, parents and insurance companies. The data does not tell us why we are doing well or why we are not doing well with vaccinating kids on time.</p> <p>4) <i>Know what you can and cannot say about your data.</i> Comparisons can be made with other geographic areas in New York and you probably know what areas to compare yourselves to at this point. Comparison with statewide rates or the national situation may be helpful to provide the broad picture for the issue. This broad view can illuminate the similarities that you have with state and national trends or highlight that your area is very different. Each of these situations provides information to the decision-makers about the issue. It may also be helpful to emphasize any early childhood field or health benchmarks that may be relevant to your issue.</p> <p>5) <i>Consider linking your data with another organization.</i> This might include a county government or a local United Way that has utilized the same data in a recent report.</p> <p>6) <i>Tell your story within the context of your community and its history.</i> It is important to let people know that you are from the community and you have the community's best interest at heart, indeed its youngest children at heart.</p> <p>7) <i>Always remember that Early Childhood is a noble profession.</i> Keep in mind there are intrinsic tensions you will see when discussing your issues at the local level. Keep in mind the importance of the children and their social, emotional and physical well-being and keep it professional. Do not name call or blame another profession for the problem or systemic failure. This is not productive and could result in a larger abstract discussion rather than a pointed and particular discussion around a different issue than the issue you have identified as a group. Do this for the obvious reasons but also because you want to continually partner with people in your community system.</p> <p>EVELYN: How do you present the data in a way that will be inviting to people so they don't get overwhelmed with numbers? It might be tempting to list out all we've learned and that may or may not get attention of people who need to help us change systems. For example, I've seen fact sheets developed on issues but I'm not sure when I go to a legislator that I'd begin with numbers or would they be interested in a family's story?</p>
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		<p>SUSAN: I agree. Coalition members should take a look at the resource materials we've included that were developed by Frameworks Institute, an organization that helps advocacy groups communicate issues. They have developed excellent materials that will guide coalition members on how to use the data to develop persuasive communications that will engage various audiences, like legislators and the media. And one thing you will notice that although we've been talking about data and using numbers to really refine our understanding of an issue, Frameworks points out we need to focus on the issue and people first, then support it with numbers. Looking at the material made it much clearer to me about how we can use data to create stories for both internal and external use.</p> <p>CATE: And don't limit who gets the information. Include newspaper editorials or articles, presentations to Boards of Directors, Village Town Meetings, and Community Foundations. This may require some modification of your message and the Frameworks materials will be helpful here. You can take to collection of information you have a package it for various formats—everything from a one hour verbal presentation to a one page fact sheet or a 10 page report.</p>
<p>Infant Mental Health</p>		<p>SUSAN: So we've discussed data from all different angles and talked about ways to use it to describe or compare. But we also recognize there may be a lack of information about an issue because that topic is quite new and we may not even know what to measure or what to collect. A good example of this is infant mental health. As we prepared this summit, we had phone conversations with facilitators and asked what might be issues of concern where we could show how to use data to improve the system. Infant mental health was one of the topics raised during those phone conversations. As many of you have come to realize, there is little if any data on this topic. However, when an issue is new, the starting point for gaining our initial knowledge is to begin to describe that phenomenon. One way is to begin talking to experts so they can help us identify who is involved in the issue and what needs to be done. Since infant mental health is an emerging issue, we wanted to discuss possible approaches and have invited Evelyn Blanck, a leading expert in this area from the New York <i>Zero-to-Three Network</i>, to provide an overview of infant mental health and to share those features that are essential when attempting to describe this area.</p> <p>EVELYN BLANCK: I am here today to talk about a critical and emerging issue, infant mental health. I will talk about what the research tells us about early childhood mental health, discuss some of the initiatives and efforts to address early childhood mental health in New York State, and share with you tools available to assist you in your advocacy efforts.</p> <p>I will begin by defining what we mean by infant mental health. Infant mental health is the capacity of the child from birth to age three to experience, regulate and express emotions; form close and secure interpersonal relationships; and explore the environment and learn. Infant mental health refers to how these issues affect development in the first three years of life. Early childhood mental health is synonymous with healthy social and emotional development.</p> <p><i>Why is Infant Mental Health Important?</i> Neuroscientists discovered that brain scans of very young children with strong nurturing early relationships were very different than brain scans of children with disorganized attachments to primary caregivers or of children with trauma or ongoing exposure to stress.</p> <p>It is now clear that the quality of early childhood relationships shapes the child's brain architecture and has a significant impact on the ability of young children to learn, on their sensory processing, on their ability to regulate themselves and on their ability to form relationships.</p> <p>Jack Shonkoff, the Director of the Center on the Developing Child, Harvard University</p>

		<p>has perhaps best summarized these recent scientific findings, “We know that what happens in the early years either sets the stage for sturdy or fragile existence. Children’s development depends on the quality and reliability of their relationships.”</p> <p><i>Economic Imperative to Intervene Early</i> James Heckman, a Nobel prize economist has shown the significant return on investments spent on young children. We know that investing in early childhood has a significant return on the dollar.</p> <p><i>Data: Preschool Expulsion</i> In advocacy, it is important to use data. One recent finding is that significant numbers of young children are being expelled from preschool programs. School readiness is contingent on social emotional development. This is an example of where data can be used to support the need for mental health consultation to address behavioral and social emotional problems.</p> <p><i>Importance of Relationships</i> Children develop within the context of their relationships. In order to effectively treat young children, you must work in the context of their relationships. The emotional well being of young children is directly tied to the emotional functioning of their caregivers. In order to support young children, you need to support the relationships in which they live.</p> <p><i>Importance of Intervening Early</i> Early intervention can have profound positive long term impact on overall development. If not addressed early, emotional difficulties that emerge early in life can become serious disorders over time. We also know that the presence of one or more risk factor such as trauma, parental mental illness or substance abuse, poverty, poor childcare, or homelessness increases the likelihood of problems later in life. It is critical to intervene early.</p> <p><i>Efforts Around Advocacy</i> We found that there were increasing numbers of young children being identified in need of services with no place to refer them. For example, training was provided to judges on the implications of disruption in attachment and trauma, but when they recognized the impact and sought to refer young children, there were no services. Little public dollars were devoted to the social, emotional needs of children under 5 and we lack an adequately trained work force to work with them.</p> <p>In 2003, in response to the lack of services and critical need, the New York City Early Childhood Mental Health Strategic Work Group was formed as an advisory group to the New York City Department of Health and Mental Hygiene. Members included experts from the fields of early intervention, mental health, preschool special education, child care, child welfare and the judicial and academic systems. The group was convened to develop an action plan for New York City and New York State to address the mental health needs of infants, toddlers and preschoolers and their families. The work group developed a white paper entitled: <i>Promoting the Mental Health and Healthy Development of New York’s Infants, Toddlers and Preschoolers: A Call to Action</i>. The white paper was used to advocate for early childhood mental health services. It gathered, summarized and critiqued data to support the need for attention to early childhood mental health. The white paper is being updated to reflect the progress since the paper was released. It can be used as a tool for advocacy efforts. It is available as a handout and at: http://www.docsfortots.org/documents/NYCMentalHCalltoAction.doc</p> <p>What are some of the gains in New York State over the past few years?</p> <ul style="list-style-type: none"> ▪ The New York State Office of Mental Health released Child and Family Clinic Plus, an initiative that for the first time target children under the age of 5. ▪ The New York City Department of Health and Mental Hygiene published the “Enjoy Your Baby” brochure and video, which is targeted towards new mothers and
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		<p>emphasizes the importance of their relationship with their infant.</p> <ul style="list-style-type: none"> ▪ The New York City Council funded eight separate early childhood initiatives. ▪ The New York City Department of Health and Mental Hygiene funded an Early Childhood Mental Health Consultation and Treatment Program targeting East and Central Harlem. ▪ The New York City Association for Children’s Services sponsored a half day conference on early childhood mental health. <p>There have also been two national summits sponsored by Zero-to-Three in 2005 and 2007. The New York State team included representatives from New York State and City government to meet with leaders from other states to learn from their efforts.</p> <p><i>Children’s Health Plan</i> The Children’s Mental Health Act (CMHA, 2006) charged the Office of Mental Health with producing a plan for a comprehensive, coordinated children’s mental health system for children birth to 18. The Children’s Health Plan has been released and jointly signed and submitted to the Governor’s Office by nine Commissioners of New York State child serving agencies. This provided an unparalleled opportunity to address the social emotional needs of young children and families across service delivery system</p> <p>The plan calls for the, “right services at the right time in the right amount”. The plan recognizes that social and emotional development and learning form a foundation for success in school, work and in life. It seeks to build an infrastructure of lower cost interventions by providing services in mainstream settings such as Head Start to support the early intervention and entry into care.</p> <p><i>What are the Lessons Learned from These Efforts?</i></p> <ol style="list-style-type: none"> 1. Information and facts can be powerful tools in framing the issues. An example of this is <i>Unequal from the Start: A Check-Up on New York City’s Infants and Toddlers</i>. The research and facts speak. 2. Advocacy efforts should be targeted. You should decide what you want and tailor your message to the target audience. The updated white paper will look at each child serving system; identify the challenges, opportunities and recommendations to address the unmet need. <p>FACILITATOR NOTE: Refer to materials in session three of the Resource Guide for the article on promoting infant mental health. To view the executive summary of <i>Unequal from the Start</i>, see session four of the Resource Guide.</p> <p>CATE: We have purposely selected this issue of infant mental health to show you how an issue of concern may not be illuminated with population data but instead show how a more complete picture is achieved with a system description and service component of what occurs with the parent–infant dyad.</p> <p>We direct you to the National Survey of Child Health website where you can get information at the state level about all parents’ mental health—this is not limited to the parents of infants so it is not the ideal but a start.</p> <p>FACILITATOR NOTE: This website is included in the Data Sources and Websites handout from the first session.</p> <p>CATE: At the local level, we suggest you begin by looking at who are the providers, where are they located, what services are delivered and what services are needed. Begin with focus groups or even discussions with experts within your coalition. The goal is to identify the target population and get a sense of the size of the issue. Once you begin to get a handle on this you may decide to collect data in your community.</p> <p>As an example, one community interested in pediatric mental health decided to work with pediatricians to have the physicians begin gathering consistent data during each</p>
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	Slides 3-5	<p>visit they had with a child. It was an incomplete picture because not all children had physician visits but it was a place to start. Another source of data is billing data where you can work with local Departments of Health and Mental Health to get information about service utilization and reimbursements. Again, this issue is new and visits may not be billed as mental health visits but it begins to help you paint a picture.</p> <p>EVELYN: There is a 'tips' handout your facilitator will share that has a set of questions for groups to use as they consider where to get information that will help them describe how this issue looks in their own communities. The intent here is to help communities take a more systematic look at what is going on. Also, we have tried to identify possible places to look for related data.</p> <p>SUSAN: Once again we have described quite a bit of information and hope coalitions will consider moving through the steps so they can move their communities forward and improve their own ability to tell a story about their systems.</p>
Wrap Up and Possible Next Steps	Slide 6-10	<p>CHRISTINE CONBOY: Thank you everyone. Your facilitator will now discuss coalition activities related to step three in the assessment cycle—examining the details of the areas of concern and the areas of success that your group highlighted in a previous exercise. You are building your community's back-story by doing your homework and gathering data so you can then carefully examine the system.</p> <p>See you next time in session three where we will learn more about ways to take action to improve the system of care for infants and their families. Again, thank you for your participation in the summit and your dedication to the infants, toddlers, and families in your communities.</p>

Session Overview

Welcome and Introductions

To begin the session, welcome participants and thank them for their participation. If necessary, ask individuals to introduce themselves to the group.

Learning Objectives and Agenda

Tell participants, as part of this session, they will learn how to:

- Use available data to examine issues of interest (describe and compare);
- Use data to describe newly emerging issues; and
- Identify nontraditional data sources we can use to learn about newly emerging issues of interest.

Introduction of the of DVD

- Introduce the DVD and explain that emphasis is on steps 2 and 3 in the assessment cycle—compiling available data and summarizing data related to and issue of interest.
- Begin the DVD.

Activity and Discussion

- If the group decided at the last session to bring data, have each member take about five minutes to describe the data they brought and have them describe how it relates to objectives in the ECCS framework in general or to one of the core areas identified during the community scan. You may wish to develop a table similar to the one below:

Data Source	Focus Area(s) Addressed	Summary of Data <i>(what data tell us)</i>

- Once all the data are presented, have the coalition members review the data:
 - What do the data tell us about our system that may affirm or may be different from what our professional experiences told us the last time we met?
 - Do the data provide information about the scale of an issue of concern or help target particular groups that need attention?
 - What additional information is needed to better understand the issue?
- The group may wish to take time to brainstorm on additional data sources and people who could provide more information on the core focus issues.
- The data primer provided in the Resource Guide will help coalition members to organize and interpret data accurately. You may also provide members with the tip sheet.

Next Steps

- Depending on coalition goals and interest, members of the group can continue to identify data sources related to issues of concern and share that information during the next session or begin to draft a fact sheet. The Frameworks materials and examples of fact sheets provided in the Resource Guide can assist coalition members in this work.

Resources and Handouts

- Organizing and Presenting Data: A How To Primer
- Framing Public Issues *
- A Meta-Analysis of Opinion Data Concerning School Readiness, Early Childhood and Related Issues *
- Sample fact sheets
 - What is Infant Mental Health?
 - Get the Lead Out—Illinois
 - Lead Fact Sheet—District of Columbia

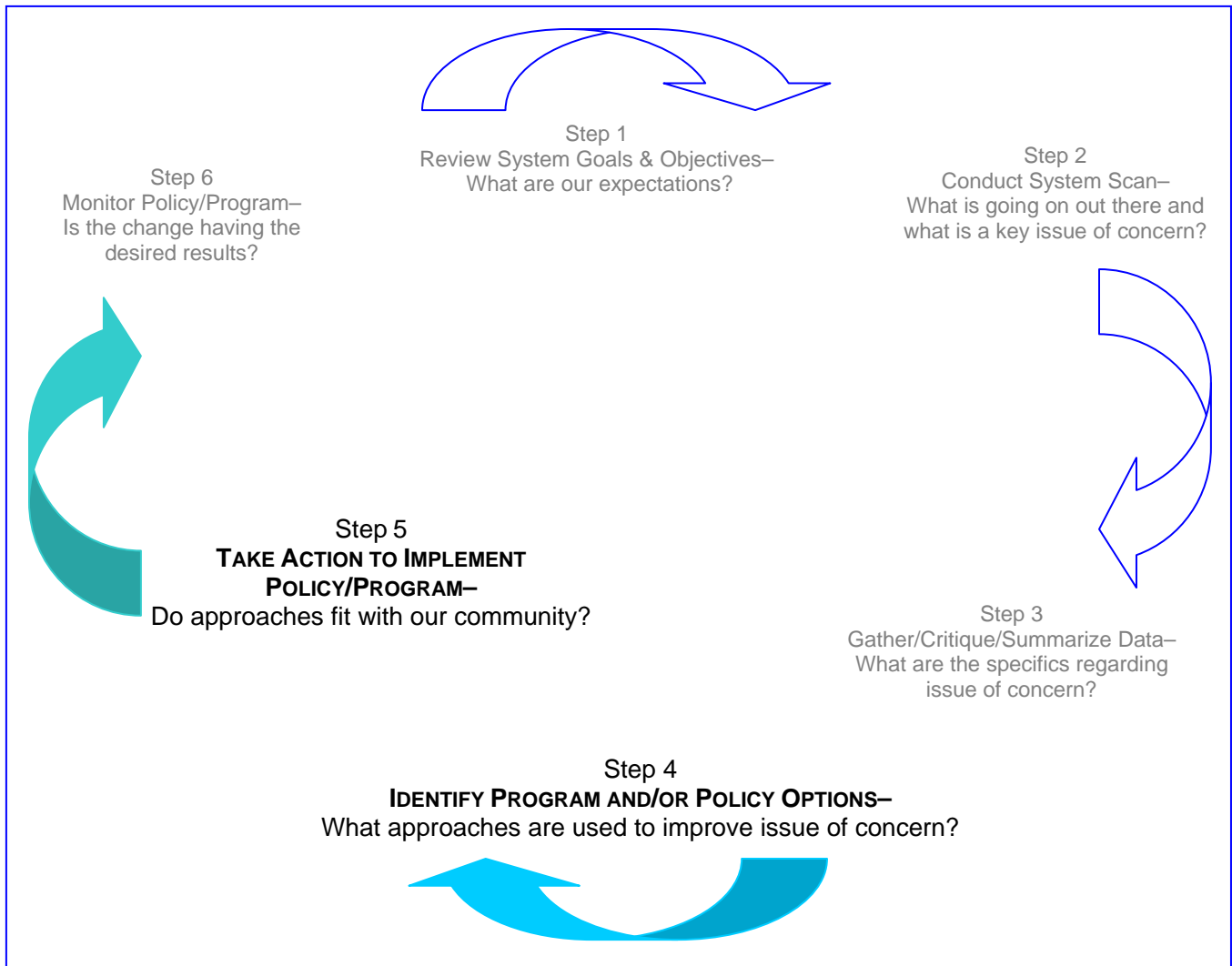
- Children's Health Fact Sheet—The Henry J. Kaiser Family Foundation
- Copy of *Promoting the Mental Health and Healthy Development of New York's Infants, Toddlers, and Preschoolers: A Call to Action* *
- Tip sheet on what to consider when compiling data and examining a new issue *

An asterisk (*) indicates this resource or handout was mentioned during the DVD session.

SESSION THREE:
USING DATA FOR SYSTEM CHANGE

Session Three as Part of the Big Picture

Where we are in the Assessment Cycle



Key Concepts

- Data serve as the cornerstone for change, allowing us to identify and clearly focus the issue of concern. Once an issue of concern is properly examined and understood, we can make better decisions about what approaches should be taken and how those approaches should be implemented.
- The approach taken should effectively address the issue of concern and use evidence-based approaches so intended results can be realized.
- When we review how the selected approach fits into the context of the community, we gain another opportunity to bring in new partners to help with funding/implementation.

Learning Objectives

Participants will:

- Identify benefits for using evidence-based practices; and
- Use their knowledge of the community to identify additional partners who could further their goals.

Session @ a Glance

What	Who	How Long
Welcome and Introductions	Facilitator	Under 5 minutes
Overview of Learning Objectives and Agenda	Facilitator	5 minutes
Introduction and Viewing of DVD	Facilitator	35 minutes
Follow-up Discussion	All	25 minutes
Next Steps	Facilitator	15 minutes

Facilitator Supplies

The following supplies are needed for this session:

- DVD for Session Three—*Using Data for System Change*
- DVD machine
- Television
- Flip chart
- Markers (dry erase or flipchart markers depending on the room and supplies there)
- Handouts:
 - Examples of best practice materials from:
 - Center for Emotional and Social Foundations for Early Learning (CESFEL) housed at Vanderbilt University
 - What Works Clearinghouse
 - Child Trends

Facilitator Preparation

To prepare for this session, complete the following tasks:

- Write the agenda on a flip chart and have it displayed
- Make copies of handouts for each participant
- Set up the DVD and TV then test the equipment
- Review the Facilitator Guide prior to the presentation
- Preview the DVD and slides prior to the presentation
- Arrange room so tables are in a U-shape with the television at the front

Suggested Agenda

- I. Welcome and Introductions
- II. Overview of Learning Objectives and Agenda
- III. Viewing of DVD
- IV. Follow-up Discussion
- V. Next Steps

NOTE: This agenda is based on the assumption that coalition members are active participants in the assessment process that is described during the session. Modifications will need to be made if the group is only viewing the content of the DVD and not conducting activities outlined.

Script for Session

The following script was used as a guide for taping this segment. The actual DVD may not be identical; however, this information is shared with facilitators to give them a general sense of what is discussed. Refer to the appendix to view slides used in this session.

<p>Welcome and Session Overview</p>		<p>CHRISTINE CONBOY (HOST): Welcome to the second New York State Infancy Summit, <i>Using Data to Build Comprehensive Systems for Infants and Families</i>. I am Christine Conboy and I will be your host throughout all four sessions of this presentation. This summit is a joint effort between the Council on Children and Families and the New York State Child Care Coordinating Council with funding provided by the New York State Office of Children and Family Services. The organizers of this summit are Evelyn Efinger, Infant Toddler Coordinator at the New York State Child Care Coordinating Council as well as Cate Bohn, Susan Perkins, and Mary De Masi, all from the Council on Children and Families.</p> <p>The fist statewide Infancy Summit took place via satellite broadcast in 2007. Nineteen community coalitions tuned in to learn more about cross disciplinary collaboration and how to work together to improve service delivery for babies and their families. Video and CD versions of that program are available through the Child Care Resource and Referral agencies across New York or from the New York State Child Care Coordinating Council.</p> <p>The second summit uses a more flexible distance learning format so that local communities can plan how to view and discuss our topic - <i>Using Data to Build Comprehensive Systems for Infants and Families</i>.</p> <p>The presentations on this DVD and the accompanying Facilitator Guide and Resource Guide were developed to help community coalitions like yours determine ways to apply data to the Early Childhood Comprehensive Systems or ECCS framework so you can systematically and comprehensively review the way infants and families are served in your community. The organizers of this summit hope you will be able to</p>
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	<p>their lives or the community as a whole and what is the best way to incorporate their perspective as you do your work?</p> <p>EVELYN: Similarly, it will be important to identify natural stumbling blocks. We are really just beginning to address the problems facing babies and their families.</p> <p>CATE: Yes, it's good to identify barriers at the start. There may be financial costs which translate to more taxes or people may be ambivalent and think it does not affect them. Try to consider any aspects that may reflect a bias or prejudice, such as my family doesn't need those services. Will you get resistance from professional groups who think their way, the current way, is better or shouldn't be changed?</p> <p>One way to address these stumbling blocks is to think in terms of business plan language. And also ask yourselves, how will the approach improve local business, local school services or improve the community as a whole? That is when you might begin thinking of allies you missed before.</p> <p>SUSAN: Thank you Cate. You have laid out some excellent issues to consider as the group moves forward. We wanted to close with our cows in the field because we want to encourage you once again to build those partnerships that will promote system change. Young children and their parents, caregivers and our communities are interconnected and a 'community scan' can help you see beyond the field, beyond the family to the rest of the system.</p> <p>In the first summit we described who might be possible partners in your coalition. As you use data to more fully explore system issues and target resources needed, be sure to continually consider partners and not rely exclusively on the usual suspects. By addressing some of the issues Cate just raised you will be better prepared to take action.</p>
<p>Wrap Up and Possible Next Steps</p>	<p>CHRISTINE CONBOY: Thank you everyone. Your facilitator will now lead a discussion on step four of the assessment process—identifying program and policy options that can be used to improve this area of concern. Using websites mentioned in this session, you will identify what action your community might take to address your issue of concern.</p> <p>Please join us next time for the fourth and final session where we will learn from members of the New York City Zero-to-Three coalition about step five of the assessment process: taking action to implement your strategy.</p> <p>Again, thank you for your participation in the summit and your dedication to the infants, toddlers, and families in your communities.</p> <p>FACILITATOR NOTE: The websites that Christine refers to are further described in the Discussion section covered in <i>Session Overview</i>.</p>

Session Overview

Welcome and Introductions

To begin the session, welcome participants and thank them for their participation. If necessary, ask individuals to introduce themselves to the group.

Learning Objectives and Agenda

Tell participants they will:

- Identify the benefits and challenges of evidence-based programs and practices; and
- Use their knowledge of the community to build a context for the core issue and identify additional partners to support their goals.

Introduction of the of DVD

- Introduce the DVD and explain that it highlights how to select the most appropriate types of solutions with respect to policies and programs. The DVD highlights benefits and challenges associated with the use of evidence-based solutions (i.e., programs and practices) and reinforces the need to continue building partnerships so solutions are implemented and sustained.
- Begin the DVD.

Discussion

- The example with the cows reinforces the need for multiple layers of partnerships—those interested in the overall early childhood system and those interested in addressing specific improvements within the system.
- Are there any natural partners the group did not consider as they try to address their issue(s) of concern?
- What are the current tensions and how might your group alleviate them?
- Remind coalition members that the various partners may have varying opinions of what solutions are warranted. The members can refer to the materials in the Resource Guide for a wide range of evidence-based programs. The CSEFEL website focuses on what works in infant mental health. The Institute of Education Services is a valuable website for evidence-based programs in education. However, members should be sure to search the site using the keywords early childhood so they are directed to materials relevant for their population of interest. The Child Trends site covers a range of issues and has a section dedicated to early childhood.

Next Steps

Remind the group they have just begun this process of building coalitions and using data to improve the early childhood system. The first three sessions served as an accelerated example of the process they can use within their community; however, it is well understood they may not be at the point where they even have their core issue clearly identified. Yet, the process has been laid out so they can pursue it more thoroughly, as the group decides. The final session will give them an idea of how a coalition in New York City plans to use data for system change.

Resources and Handouts

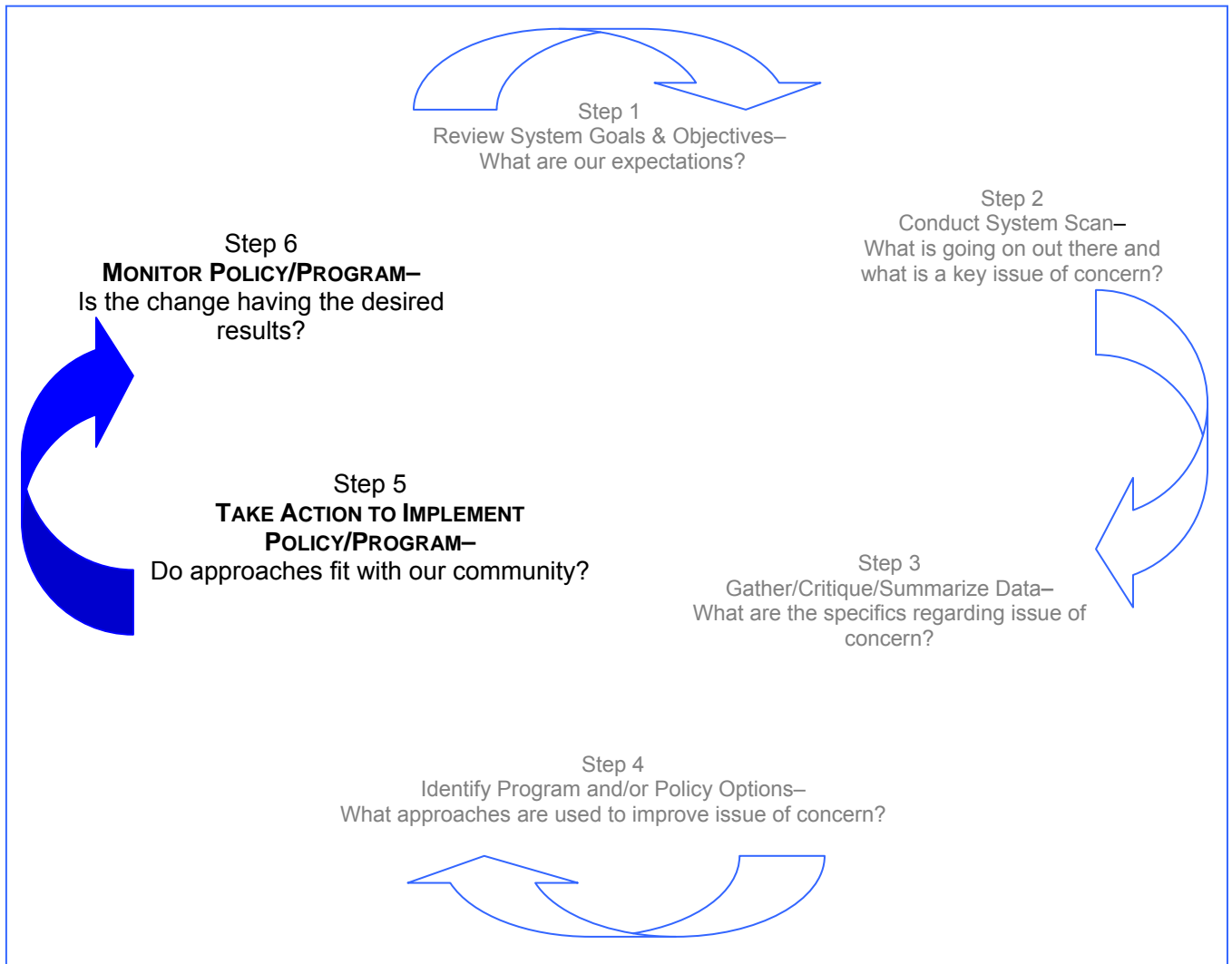
- Example of briefs developed by the Center for Emotional and Social Foundations for Early Learning (CESFEL) housed at Vanderbilt University www.vanderbilt.edu/csefel
- Example of materials available at the What Works Clearinghouse <http://ies.ed.gov/ncee/wwc/>
- Example of materials available at Child Trends www.childtrends.org

Specific websites are not cited in the script. The resources identified here are intended to provide coalition members with a broad range of evidence-based programs that may be helpful with many of the issues they may have identified in their community scan.

SESSION FOUR:
UNEQUAL FROM THE START—
THE NEW YORK CITY ZERO-TO-THREE COALITION STORY

Session Four as Part of the Big Picture

Where we are in the Assessment Cycle



Key Concepts

- Early childhood learning opportunities and health status of our infants and toddlers in our communities are touchstone issues that allow common ground for family dreams and community aspirations. For many societies, including the US, the health of infants and toddlers is a clear indication of the health of the entire community. This session allows us to hear how New York City went about gathering information and what happens next for the Zero-to-Three Coalition.
- The approach taken by New York City or any coalition should be able to effectively address the different segments of society and garner enough attention so that intended results will be realized.
- The approach used by New York City offers a view to other coalitions of how to tell your own story.

Learning Objectives

Participants will:

- Identify New York City Zero-to-Three Coalition’s core issue of concern;
- Identify two challenges to the New York City Zero-to-Three Coalition’s assessment process and how members addressed the challenges; and
- Determine whether a similar report and educational campaign would work in their own community setting and what alternative approaches their coalition may use.

Session @ a Glance

What	Who	How Long
Welcome and Introductions	Facilitator	Under 5 minutes
Overview of Learning Objectives and Agenda	Facilitator	Under 5 minutes
Introduction and Viewing of DVD	Facilitator	30 minutes
Follow-up Discussion	All	30 minutes
Wrap-up	Facilitator	10 minutes

Facilitator Supplies

The following supplies are needed for this session:

- DVD for Session Four— *Unequal from the Start: The New York City Zero-to-Three Coalition Story*
- DVD machine
- Television
- Flip chart
- Markers (dry erase or flipchart markers depending on the room and supplies there)
- Handouts:
 - Executive Summary of *Unequal from the Start*
- Certificate of Attendance for each coalition member

Facilitator Preparation

To prepare for this session, complete the following tasks:

- Write the agenda on a flip chart and have it displayed.
- Set up the DVD and TV then test the equipment..
- Review the Facilitator Guide prior to the presentation.
- Preview the DVD prior to the presentation.
- Sign Certificate of Attendance for each coalition member.
- Arrange room so tables are in a U-shape with the TV at the front.

Suggested Agenda

- I. Welcome and Introductions
- II. Overview of Learning Objectives and Agenda
- III. Introduction and viewing of DVD
- IV. Follow-up Discussion
- V. Wrap Up

NOTE: This is the final session of the Infant Summit. However, coalition members may decide to continue their work independently.

Script for Session

The following script was used as a guide for taping this segment. The actual DVD is not identical; however, this information is shared with facilitators to give them a general sense of what is discussed. Refer to the appendix to view slides used in this session.

<p>Welcome and Session Overview</p>		<p>CHRISTINE CONBOY: Welcome to the second New York State Infancy Summit, <i>Using Data to Build Comprehensive Systems for Infants and Families</i>. I am Christine Conboy, your host throughout all four sessions of this presentation. This summit is a joint effort between the Council on Children and Families and the New York State Child Care Coordinating Council with funding provided by the New York State Office of Children and Family Services. The organizers of this summit are Evelyn Efinger, Infant Toddler Coordinator at the New York State Child Care Coordinating Council as well as Cate Bohn, Susan Perkins, and Mary De Masi, all from the Council on Children and Families.</p> <p>The first statewide Infancy Summit took place via satellite broadcast in 2007. Nineteen community coalitions tuned in to learn more about cross disciplinary collaboration and how to work together to improve service delivery for babies and their families. Video and CD versions of that program are available through the Child Care Resource and Referral agencies across New York or from the New York State Child Care Coordinating Council.</p> <p>The second summit uses a more flexible distance learning format so that local communities can plan how to view and discuss our topic—<i>Using Data to Build Comprehensive Systems for Infants and Families</i>.</p> <p>The presentations on this DVD and the accompanying Facilitator Guide and Resource Guide were developed to help community coalitions like yours determine ways to apply data to the Early Childhood Comprehensive Systems or ECCS framework so you can systematically and comprehensively review the way infants and families are served in your community. The organizers of this summit hope you will be able to use these materials to help you assess the well being of babies and their families in your community and to influence systems change.</p> <p>During the last session, we focused on how to use data to tell your story. We examined different ways to package information on your issues and how to create powerful reports and presentations for different audiences. In this session, session three, we start to put the information to use by identifying approaches that can resolve the gaps in your current service delivery systems. Here is where you will be able to take the information gained in the previous segments to identify possible solutions that will fit with your community. Please join Evelyn Efinger, Evelyn Blanck, Liz Isakson, and Carole Oshinsky for a panel discussion about the development and use of the New York City Zero-to-Three Report, <i>Unequal from the Start</i>.</p>
<p>Panel Discussion</p>		<p>EVELYN EFINGER: Hello everyone. In this segment of the program, we'll bring the topic of data alive by showing you how one community addressed the issue of data collection. We hope this will provide an example but not a prescription because we know that every group will start from a unique place and have different goals. Whatever you decide to take on as a local community, the information is powerful. Doing your homework and having the facts goes a long way toward influencing others to identify with your cause. Whether your goal is</p>

	<p>Slide 2</p>	<p>to build a new child care center for babies and toddlers or to change a county or state policy, the data you collect will be a powerful tool to help you reach your goal.</p> <p>I have with me members of the <i>New York Zero-to-Three Network</i>. We have Co-Presidents, Carole Oshinsky and Evelyn Blanck along with Liz Isakson, who is a pediatrician, member of the New York Zero-to-Three Policy and Public Education Committee, and candidate for a Master's in Public Health at Columbia University's Mailman School of Public Health.</p> <p>Let me first say that the <i>New York Zero-to-Three Network</i> was founded in 1990 for the purpose of strengthening the professional voice for infants and their families. They began in New York City and the wider metropolitan area and are in the process of expanding their membership across the state. Tell me a little more about your organization.</p> <p>EVELYN BLANCK: Let me give you a bit of information about who we are and how we work. We are the only organization solely devoted to infants and their families and we come at it through the lens of many different disciplines. There are five main activities we are engaged in:</p> <ul style="list-style-type: none"> • Training; • Conferences; • Roundtables; • Cross--disciplinary networking; and, • Partnering with coalitions such as the <i>Winning Beginnings NY</i> and <i>NY CAN</i> committees. <p>Our goal is to unite the voices for babies across the state. Our board members include leading experts in the field of early childhood with representation from mental health, early care and education, academia, speech and language, occupational therapy, physical therapy, art therapies, parents and the legal system. We bring people together and provide opportunities for dialog across the various disciplines in order to increase public awareness.</p> <p>CAROLE OSHINSKY: Some may ask, 'Why does the infancy period matter?' Very clearly, this is a critical time in child development since the brain develops fastest in the first three years of life. Early relationships during that time period impact brain development. We all recognize now that the formative years of life are a period of great growth, but this time can also be a period of extreme vulnerability for infants, toddlers, parents, caregivers and families. Jack Shonkoff, the editor of <i>From Neurons to Neighborhoods</i>, says early relationships really impact brain development. And the economist, James Heckman confirms that money spent on quality child programs saves many more dollars in the future. It is well established from a variety of disciplinary perspectives that comprehensive and coordinated services are required in order to support and enhance the multiple needs of the child and the intimately related needs of parents, caregivers and families.</p> <p>EVELYN EFINGER: So today we want to hear more about your new report, <i>Unequal from the Start: A Check Up on New York City's Infants and Toddlers</i>. Let's start with how this idea came about.</p> <p>CAROLE OSHINSKY: The specific event that served as a catalyst for us was the first infancy summit held in Binghamton in 2004 under your leadership Evelyn, which called for comprehensive services regional session for organizing. This program is a successor of that summit.</p> <ul style="list-style-type: none"> • First infancy summit • Regional grants from summit <ul style="list-style-type: none"> ○ First year of monthly meetings culminated in a seminar with leaders from Ounce of Prevention Fund in Chicago with specific ideas on what to do next—choose our issues, build relationships with other groups
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	<p>and organizations, and produce a report.</p> <ul style="list-style-type: none"> • Knew we had a complicated issue here and that we needed some help—so decided to apply for grant from New York University—special Capstone grant to prepare report for birth to 5 and refocus on birth to three: <ul style="list-style-type: none"> ○ This gave us four masters students to help us review the research, choose indicators to collect data on, and prepare a first draft of our report. <p>EVELYN BLANCK: There is an infancy movement across the state and we felt the time was right to put some of the facts down on paper and examine the facts to see what we have to address. There is a lot going on in New York State, and we wanted to put our report at the center and show how these initiatives should be tied together.</p> <p>Let me tell you what has been happening in New York City and New York State, spearheaded by members of our board which helped direct and shape our efforts.</p> <ul style="list-style-type: none"> ▪ The Advisory Group of the <i>New York City Early Childhood Mental Health Strategic Work Group</i> released a white paper, <i>Promoting the Mental Health and Healthy Development of New York’s Infants, Toddlers and Preschoolers: A Call to Action</i>. This is available on the New York Zero-To-Three website at www.nyzerotothree.org ▪ Board member Susan Chinitz, with Councilwoman Margarita Lopez, got a hearing on mental health for young children and money was allocated to some programs in NYC. The City Council now funds eight separate early childhood initiatives that provide services such as screening, consultation, training, and treatment in a variety of settings including pediatric primary health clinics, foster care, family courts, head start, and day care settings. ▪ In 2005, for the first time, the state Office of Mental Health included children under the age of 5 in their <i>Child and Family Clinic Plus</i> initiative. The model aims to work closely with families to help with early identification of emotional needs by providing free voluntary screening in community settings and programs such as Head Start. If emotional difficulties are identified, the program works with family members and is able to offer services in the home and community, based on the individual needs of the child and the family. ▪ In 2006, The New York City Department of Mental Health and Mental Hygiene funded a three year early childhood mental health consultation and treatment program targeting East and Central Harlem. ▪ In 2007, the <i>NYC Administration for Children’s Services (ACS)</i> sponsored a half day conference on early childhood mental health. <p>Building on these efforts, we wanted to develop a tool that would give a united voice across the state for babies as well as develop a more comprehensive overall plan and agenda to promote a healthy start for all babies.</p> <p>EVELYN BLANCK: There are a number of ways to go about getting the message out. We started with idea of a comprehensive report where we would look at birth to five but that got so big we decided to do a short fact sheet first. We realized the urgency of getting something out so we started with the fact sheet.</p> <p>The fact sheet took three months to complete and that started with a draft based on the full report. Then we hired Liz as the consultant who helped revise and coordinate the activity with our committee. I’ll let Liz Isakson tell you about the process and how we used the fact sheet which was released in January 2007.</p> <p>EVELYN EFINGER: So tell me more about how we used the fact sheet.</p> <p>CAROLE OSHINSKY: Yes. Let me tell you about how it was shared and the responses we got. We sent copies to the media, all city and state legislators and</p>
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	<p>key agency heads. We received several requests for meetings in NYC and Albany. For example, we met with policy staff from the City Council President’s office and met with others from the Deputy Mayor’s Office to start a dialog for change.</p> <p>We learned valuable lessons from these activities. For example:</p> <ul style="list-style-type: none"> • Know what you are asking for and be specific; • Be mindful that change takes time; • Engage <i>everyone</i> who works with infants and toddlers; and • Reach out to other organizations and join or create coalitions to create a powerful and unified voice for babies and toddlers in New York State and each region. <p>EVELYN EFINGER: But then you decided to go for gold and produced a comprehensive report. What made you continue and delve deeper? The fact sheet became a stepping stone since you were able to take some of the data you had gathered to get the ball rolling and it sounds like you got some traction with just one page of facts.</p> <p>EVELYN BLANCK: We wanted to address the issue comprehensively. We know that it will take a cross-disciplinary approach to address all of the issues facing young families. We borrowed the ECCS framework of healthy children, strong families, and early learning to help us widen our lens and embrace all of the professions that work to support infants, toddlers and their families. We were very lucky to hire Liz as the consultant who could coordinate the activity with our committee. She brought such enthusiasm to the project as a parent, pediatrician in a high risk area of New York City, and a public health student at Columbia University. <i>Docs for Tots</i> also helped provide support for her work with us, in addition to the Regional infancy grants.</p> <p>EVELYN EFINGER: Let’s look at the report.</p> <p>LIZ ISAKSON: Once we borrowed the framework we had to define what we meant by healthy children, strong families and early learning. In order to do this we brainstormed to identify markers for assessing the three domains of healthy children, strong families and early learning. We then had to scour the city to see if the information was available to report on all the measures we identified. We constantly ran into challenges with trying to find data on infants and toddlers that focused on the first three years of life, was available at the borough or neighborhood level for New York City and had meaning within the framework of healthy children, strong families and early learning. In general, we found that the data pointed to large disparities and that New York City’s children were literally unequal from the start.</p> <p>As an example of how we present the information in the check-up, let’s look at the information we collected for infant mortality rates in NYC. NYC looks very similar to state and national levels but when you break it down by neighborhood the picture becomes clearer. Infant mortality rates within the city vary nearly 2 to 1 between lowest and highest neighborhoods for infant mortality in the City. This disparity was true across the domains of healthy children, strong families and early learning.</p> <p>EVELYN EFINGER: This is quite a collection of information. How will your group be using this information to help babies and their families?</p> <p>EVELYN BLANCK: The data collection process and the results really focused our advocacy efforts and helped define our priorities. The disparity, the lack of information at the local level, and the inconsistency of access, utilization and coordination of services for infant toddlers and their families in NYC push us</p>
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	<p>Slide 3</p>	<p>towards advocating for a comprehensive system for infants, toddlers and their families.</p> <p>LIZ ISAKSON: The report gives us benchmarks to follow over time. All of the information can be updated and tracked.</p> <p>CAROLE OSHINSKY: The committee is charged with looking at this report over time. We intend to use it to monitor activities in the city and state.</p> <p>EVELYN EFINGER: I can see many uses in the public policy arena. Let's start with public policy. How is your committee thinking of using the report in this way?</p> <p>CAROLE OSINSKY: For public policy work, we are raising the issues with Mayor's Office and our state legislators.</p> <p>EVELYN EFINGER: Given the importance of prevention and how important it is to start early, are these types of activities happening across the country?</p> <p>EVELYN BLANCK: Sixteen states just recently came together to discuss infancy issues. Also, the recent passage of the <i>Children's Mental Health Act</i> in 2006 charged state mental health offices with producing a plan for a "comprehensive, coordinated children's mental health system" for children birth to 18 years of age. This, "aging down" means that the New York State Office of Mental Health is acknowledging and responding to the dire need for early intervention.</p> <p>EVELYN EFINGER: Any last thoughts on your process in New York City?</p> <p>CAROLE OSHINSKY: Other groups may want to look at their communities, they can take one topic and develop a fact sheet to start and bring it to their local politicians. They can build a group with other organizations to become a local coalition that works on a comprehensive plan. We plan to do similar presentations at national meetings as well as in the state to get people interested in these ideas.</p> <p>EVELYN EFINGER: I want to thank you all very much for taking time to share with us the story of <i>Unequal from the Start</i>.</p> <p>Well, we've reached the end of the cycle for now. You've heard how a local coalition completed an assessment of the infant toddler world and went to work to tell the story of our children. We hope this summit has offered you support as you go about the work of improving your systems. Good luck and once again, thank you for your fine work.</p>
<p>Wrap Up and Possible Next Steps</p>	<p>Slides 4-11</p>	<p>CHRISTINE CONBOY: Thank you everyone! Stay tuned and your facilitator will describe possible next steps for your community. Also, we realize this has been a whirlwind tour through the assessment process for coalitions looking to build comprehensive systems for infants and families so this is a reminder to those who participated in the summit that the organizers are available on a limited basis for phone consultation and guidance and you are invited to call upon them. You can contact Cate, Susan or Evelyn through your group facilitator.</p> <p>Again, thank you for your participation in the summit and your dedication to the infants, toddlers, and families in your communities. We look forward to hearing about all the good work you all are doing around New York State! Take Care and Good Luck!</p> <p>This has been the second New York State Infancy Summit, <i>Using Data to Build Comprehensive Systems for Infants and Families</i>. This summit is a joint effort</p>

		between the Council on Children and Families and the New York State Child Care Coordinating Council with funding provided by the New York State Office of Children and Family Services. The organizers of this summit are Evelyn Efinger, Infant Toddler Coordinator at the New York State Child Care Coordinating Council as well as Cate Bohn, Susan Perkins, and Mary De Masi, all from the Council on Children and Families.
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Session Overview

Welcome and Introductions

To begin the session, welcome participants and thank them for their participation. If necessary, ask individuals to introduce themselves to the group.

Learning Objectives and Agenda

Tell participants they will be able to:

- Identify NEW YORK CITY Zero-to-Three Coalition’s core issue of concern;
- Identify two challenges to the NEW YORK CITY Zero-to-Three Coalition’s assessment process and how members addressed the challenges; and
- Determine whether a similar report and educational campaign would work in their own community setting. If not, what differences or changes in approach would be needed?

Introduction of the of DVD

- Introduce the DVD and explain that it highlights how to select the most appropriate types of solutions with respect to policies and programs. The DVD highlights one coalition’s actions toward building a comprehensive system for Infants and families.
- Begin the DVD.

Discussion and Wrap-Up

- This is the final session on the Infant Summit. The facilitator can lead a discussion of how the coalition members may like to either wrap-up the activity they began during this summit or determine how they may proceed, without the facilitated process. Remind the group they have just begun this process of building coalitions and using data to improve the early childhood system. The first three sessions served as an accelerated example of the process they can use within their community; however it is well understood they may not proceed. The intent of the summit was to present the process so they could pursue it more thoroughly, as the group decides.

- Remind the group that limited technical assistance is available from Cate Bohn and Susan Perkins, from the Council on Children and Families. Examples of this support include phone consultations to help members find appropriate data sources and feedback on data summaries or fact sheets developed by coalition members.
- Coalition members may decide to make a connection with the statewide Infant-Toddler Network.
- The facilitator can distribute a Certificate of Attendance to each participant. It is suggested the facilitator mail certificates to members who may not be present during the last session. The certificates are included in the Resource Guide for session four.
- The facilitator will have coalition members complete the evaluation forms and return the completed forms to the NYS Council on Children and Families at:

Susan Perkins
52 Washington Street
West Building, Suite 99
Rensselaer, New York 12144

Resources and Handouts

- Executive Summary of the *Unequal from the Start* Report *
- Certificate of Attendance

NOTE: Many of the websites mentioned by the panelists are found in the web resource that is in session one of the Resource Guide. Also, the article mentioned by panelists about promoting infant mental health is included in session two of the Resource Guide.

An asterisk (*) indicates this resource or handout was mentioned during the DVD session.

APPENDIX: SESSION SLIDES

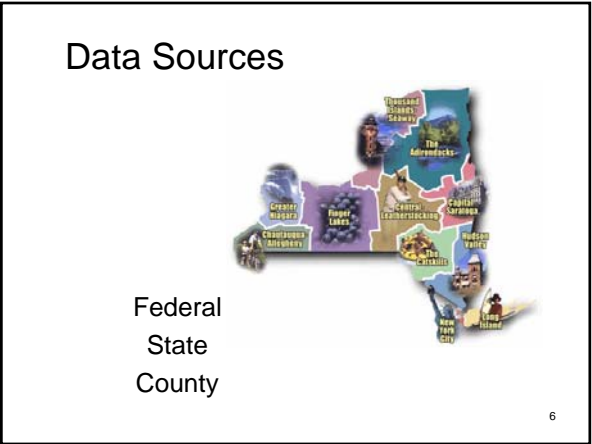
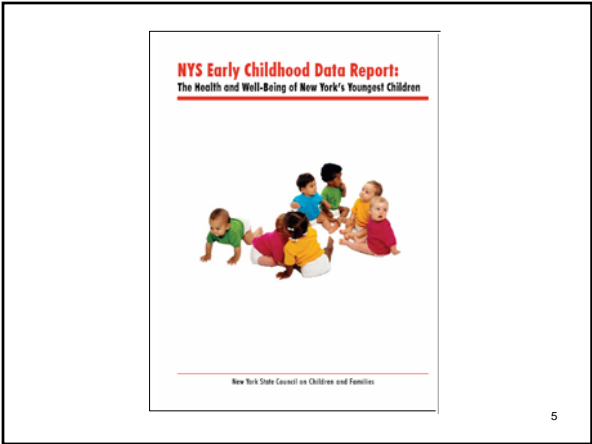
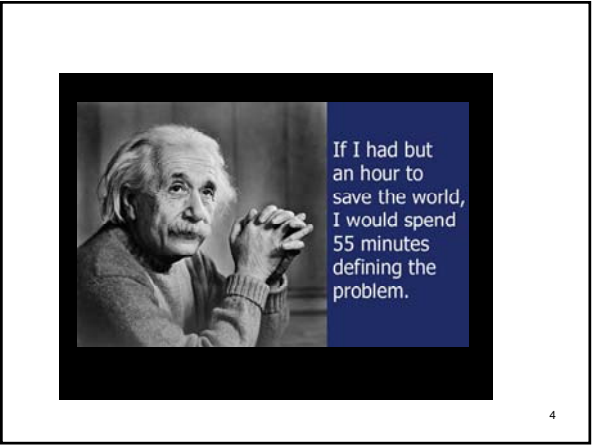
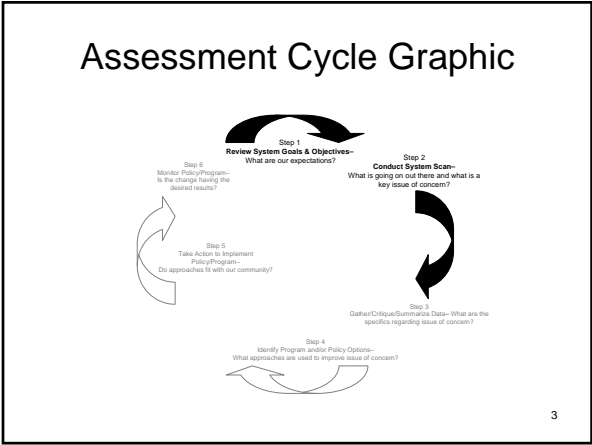
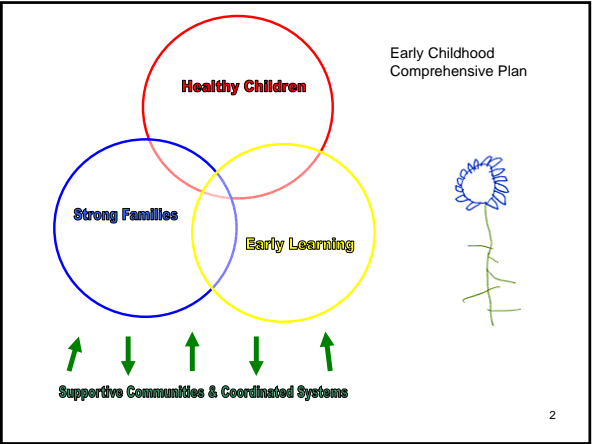
Using Data to Build Comprehensive Services for Babies and Families

Second New York State Infancy Summit
2009



Session One Slides: Making the Connection Between Data and Our Daily Work

1



The screenshot shows the U.S. Census Bureau website. At the top, it says "U.S. Census Bureau" and "Data Finders". A large number "U.S. 305,039,349" is displayed, representing the population. The page is divided into several sections: "Income Poverty & Health Insurance Coverage", "People & Households", "Business & Industry", "Geography", "Newsroom", and "Special Topics". There are also links for "Data Finders" and "Population Finder".

7

The screenshot shows the American Factfinder website. The header includes "U.S. Census Bureau" and "American Factfinder". Below the header, there are navigation tabs: "Main", "Search", "Feedback", "FAQs", "Glossary", "Site Map", and "Help". The main content area is titled "Your source for population, housing, economic, and geographic data". It features a search bar with fields for "county, tract, or zip" and "state". A large number "305,039,362" is displayed, representing the population. There are also sections for "Fast Access to Information", "Getting Detailed Data", and "Download Center".

8

The screenshot shows the PeriStats website, developed by the March of Dimes Perinatal Data Center. The header includes "march of dimes" and "PeriStats". Below the header, there is a "Welcome to PeriStats" message and a "Easy Start" section with a "Choose a State" dropdown menu. The main content area is divided into several sections: "WHAT'S NEW", "DATA VIEWERS", "The Latest", "Create Graphs", "Create Maps", "Newborn Screening", "Quick Facts", and "State Summaries".

9

The screenshot shows the SchoolDataDirect website. The header includes "SCHOOLDATA/DIRECT". Below the header, there is a search bar with fields for "School", "City", "State", and "ZIP". A large number "3" is displayed. The main content area is titled "A place for educators, researchers, and policymakers to access information about public schools." It features sections for "Educate. Empower. Engage.", "FIND STATE INFORMATION", and "FIND NATIONAL INFORMATION".

The screenshot shows the Kids' Well-being Indicators Clearinghouse (KWIC) website. The header includes "NEW YORK STATE" and "Kids' Well-being Indicators Clearinghouse". Below the header, there is a "Welcome to KWIC" message and a "Your opinion is important to us!" section. The main content area is divided into several sections: "Frequently Asked Questions", "About KWIC", "To begin working with data", and "Survey". There are also dropdown menus for "Select One" and "Select Indicator".

11

The slide is titled "NYS Kids Well-being Indicator Clearinghouse (KWIC)". It features a list of indicators:

- Economic Security
- Physical and Emotional Health
- Education
- Citizenship
- Family
- Community

At the bottom of the slide, there is a URL: <http://nyskwic.org>. There is also a logo for the KWIC website.

12

New York State Office of Alcoholism and Substance Abuse Services (OASAS)

The OASAS PRISMS System helps identify risk factors and consequences of youth alcohol and substance abuse in New York State counties and New York City 20-code neighborhoods. This community-level risk information can alert local governments, prevention planners, and service providers to those areas where alcohol and other substance abuse risks and problems are greatest.

PRISMS county and NYC Risk Profile Reports - The PRISMS Risk Profiles reports for update New York counties and New York City are downloadable in pdf.

- 2006 PRISMS County Risk Profiles **NEW**
- 2004 PRISMS NYC Risk Profiles **NEW**
- 2003 PRISMS County Risk Profiles
- 2000 NYC PRISMS Profiles
- 1996, 1999, and 2001 PRISMS County Risk Profiles

PRISMS Data - Data from the PRISMS reports can be downloaded for further analysis or for use in reports and graphics.

13

NEW YORK STATE
Department of Health
Information for a Healthy New York

Community Health Assessment Clearinghouse

The Community Health Assessment Clearinghouse is a "one-stop" resource for community health planners, practitioners, and policy developers.

Data

- New York Community Health Data Set (Updated August 2007)
- County Health Assessment Indicators (CHAI) (Updated August 2007)
- County Health Indicator Profiles (Updated August 2007)
- NY Community's Health and Equities: New York City Department of Health and Mental Hygiene
- New York State Department of Health data links
- New York State Data Partners' program data
- Data for states including New York
- National public health data sets

How-To Guide

- New York State Community Health Assessment Guidance Documents
- 10-step assessment process with worksheets

Examples

14

NEW YORK STATE
Department of Health
Information for a Healthy New York

You are here: [Home](#) > [Statistics & Data](#)

Statistics & Data

- AIDS/HIV
- Alzheimer's Disease
- Ambulatory Surgery (SPARCS Outpatient) Statistics
- Arthritis
- Behavioral Risk Factor Surveillance System (BRFSS)
- Cancer
- Cancer Registry, New York State
- Cardiovascular Disease (Heart Disease and Stroke)
- Child Health Plus
- Childhood Lead Poisoning Surveillance
- Children with Special Health Care Needs
- Chronic Disease
- Communicable Disease Statistics
- Community Health Assessment Clearinghouse
- Community Health Data Sets (CHDS)
- Congenital Malformations Registry
- County Health Assessment Indicators (CHAI)
- County Health Indicator Profiles (CHIP)
- Cystic Fibrosis
- Dental Health
- Diabetes
- Disability
- Drowning Statistics for Incidents at New York State Public Bathing Facilities
- Early Intervention Program
- Electronic Clinical Laboratory Reporting
- Environmental Public Health Tracking
- Fatality Assessment and Control Evaluation (FACE)
- Foodborne Disease Outbreaks in New York State

15

NEW YORK STATE
State Education Department
Elementary, Middle, Secondary and Continuing Education

Office of Instructional Support & Development (ISD)
Sean C. Stover, Associate Commissioner

Information and Reporting Services

Newest Updates (updated 8/20/08)

DATA COLLECTION	DATA REPORTING	ACCOUNTABILITY
Field Memo on Statewide Data Collection	"Press Releases"	Accountability Rules
ISD (Student Information Repository System)	NYSTAT (New York Statewide Testing and Accountability Reporting Tool)	Accountability Timelines
STED (secondary-level data)	New DoJ Interpret the Scores	Memo on Accountability
SEDS (school and student enrollment and demographic data)	NYSD Report Cards	State Benchmarks & Annual Measurable Objectives for 2008-09, 2009-10, and 2010-11
NYSDAP (New York State Alternate Assessment for Students with Severe Cognitive Disabilities)	NYSD Report Cards	Alternative Accountability System for High Schools and Special Schools
Career & Technical Education	Chapter 895 - Report to the Governor & Legislature on the Educational Status of the State's Schools	2007 NYS Blue Ribbon Awards announced by US Department of Education
VADER Data Collection	Elementary and Middle Level ELA and Math Standards	Effective Annual Measurable Objectives (AMOs)
Nonpublic Schools	Educational Statistics for New York State	High Performance Counts and Trends Important Schools & Districts

16

NYS Early Childhood Data Report:
The Health and Well-Being of New York's Youngest Children

New York State Council on Children and Families

17

New York State Early Childhood Data Report

Data arranged by ECCS Goals:

- Healthy Children
- Strong Families
- Early Learning
- Supportive Communities & Coordinated Systems

18

Coalition Members aka 'Data Detectives'

- Responsibility
- Availability
- Local Data
- Local Context
- Connections with larger systems
- Messengers
- Partners

19

DATA CHECKLIST

Each community has available data resources that are used for various purposes. For example, county and city government agencies have access to data and can be important partners in your assessment process. Coalitions made up of members from the same state may be able to partner. Local organizations can serve a similar purpose. Therefore, we suggest you seek out these data resources since they will provide you with a local view, which is important when examining and planning action for your community. Below are the cities that highlight examples of organizations and data resources your community along with the type of data that may be available and may be familiar to coalition members. Coalitions members are encouraged to add to the list these data resources they have used in the past that are not listed here.

- Child Care Credit/Working Credit
 - Available data by age group
 - Cost of care
- Head Start
 - Community Needs Assessment
- Local Food Bank
 - Children in foster care
- Health Department
 - Immunizations
 - WIC participation
 - Prenatal care and/or postpartum program description (PPDAP)
 - Maternal, Child and Adolescent Services Program (MCASAP)
 - Early Intervention (EI)
- Community Health Worker Program (CHWP)
- Municipal Community Liaison or Planning Department
- Community Practice Plan
- United Way
 - Community Assessment Report
- Other Local Child Care/Early Childhood Organizations or Government Agencies
 - Community Health Clinics
 - Grants Planning
 - Regional Planning Networks
 - School Districts
 - Tribal Government
 - Universities and colleges
 - Working Women Associations
- Other Data Resources Used by Members of Coalitions

20

The graphic features a central image of the Statue of Liberty and a waterfall. Text elements include: 'PUBLIC POLICY', 'COMMUNITY IMPACT', 'FIND YOUR LOCAL UNITED WAY', 'MEMBERS ONLY', 'WHAT'S NEW', 'GET TO KNOW US BETTER', 'Updates 06.19.08 Community Building ResourceTable', 'SECA Resources', and the United Way logo with the tagline 'what matters.'

21

Time for the
Local
Discussion.



Thanks for
listening.

There are phone numbers, e-mail
addresses and resource websites listed
in the Workbook.

22

Contact Information

Evelyn Efinger, MEd
Infant/Toddler Coordinator

New York State Child Care Coordinating Council
230 Washington Avenue Extension
Albany, NY 12203
ph. 518-690-4217 fax 518-690-2887

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23

Contact Information

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52 Washington Street, Suite 99
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518-473-3652

Cate.Bohn@ccf.state.ny.us
Susan.Perkins@ccf.state.ny.us

And please visit the Council at www.ccf.state.ny.us

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Using Data to Build Comprehensive Services for Babies and Families

Second New York State Infancy Summit

2009



Session Two Slides: Using Data to Inform and Tell a Story

1

Increase Credibility

- Always Cite Your Data Sources
- Use Reliable Data Sources
- Interpret the Data but Don't go Overboard
- Know What the Data Does Not Tell Us
- Comparisons are extremely Helpful to help put the Data or Issue in Context for your Listeners & Audience
- Keep it Professional

2

Always Note Data Sources

- Citations for data sources as footnotes or within the fact sheet.
- If from a website, must state web site address and date of retrieval.
- Mention governmental source or non partisan, nonprofit source. Be clear on what type of data source you've used.
- Helpful to mention if county gov't or local United Way has utilized the same data in a recent report.

3

Questions to Help Examine Issue

- List information your group knows about the issue.
- List information your groups knows about the system.
- What does our community have by way of these services?
- Are these services meeting best practice?
- What else does the group know?

4

Questions to Help Examine Issue

- Who refers parent/infant dyad?
- What assessments are utilized for parent/infant dyad?
- Duration of infant mental health services?
- Commute to services from our community?
- Which agency pays for the services?
- What qualifications do infant mental health professionals have? License?
- Are there different levels of care?

5

Tell Your Story

6

With much appreciation...

The video images of young children in this DVD were provided by the Professional Development Program, Rockefeller College, University at Albany under a contractual agreement with the New York State Office of Children and Family Services.

7

Contact Information

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Susan.Perkins@ccf.state.ny.us

And please visit the Council at www.ccf.state.ny.us

9

Time for Local Discussion




Thank you for your attention.

Resources & contact information are listed in the handouts.

10

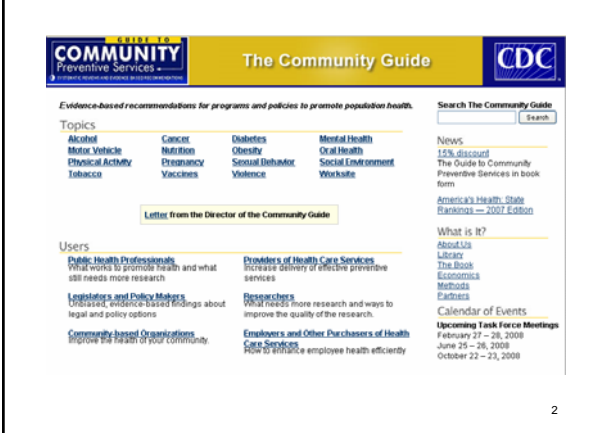
Using Data to Build Comprehensive Services for Babies and Families

Second New York State Infancy Summit 2009



Session Three Slides: Using Data for System Change

1



COMMUNITY Preventive Services | **The Community Guide** | **CDC**

Evidence-based recommendations for programs and policies to promote population health.

Topics: Alcohol, Cancer, Diabetes, Mental Health, Motor Vehicle, Nutrition, Obesity, Oral Health, Physical Activity, Pregnancy, Sexual Behavior, Social Environment, Tobacco, Vaccines, Violence, Worklife

Public Health Professionals: What works to promote health and what still needs more research.

Legislators and Policy Makers: Up-to-date, evidence-based findings about legal and policy options.

Community-based Organizations: Improve the health of your community.

Providers of Health Care Services: Increase delivery of effective preventive services.

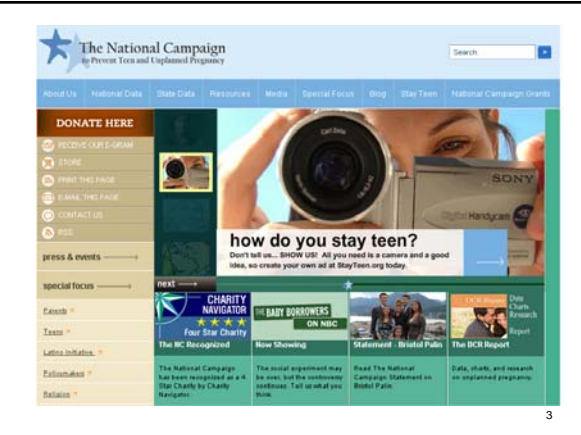
Researchers: What needs more research and ways to improve the quality of the research.

Employers and Other Purchasers of Health Care Services: How to improve a employee health efficiently.

Search The Community Guide

News: 15% discount, The Guide to Community Preventive Services in book form, America's Health, State Rankings — 2007 Edition, What is it?, About Us, Librarians, The Book, Economics, Methods, Partners, Calendar of Events, Upcoming Task Force Meetings: February 27 – 28, 2009, June 25 – 26, 2009, October 22 – 23, 2009

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The National Campaign
Prevent Teen and Unplanned Pregnancy

How to Use | National Data | State Tools | Resources | Media | Special Focus | Blog | Star Teen | National Campaign Grants

DONATE HERE: RECEIVE OUR PROGRAM, STORE, WHEN THE PAGE, EMAIL TWO PAGE, CONTACT US, HELP

press & events

special focus

Events: Texas, Latin Initiative, Publications, Italian

how do you stay teen?
Don't sit on... SHOW US! All you need is a camera and a good idea, so create your own ad at StayTeen.org today.

CHARITY NAVIGATOR: Four Star Charity, The NC Recognized

THE BABY BORROWERS: ON NBC, How Showing

Stationed... In Real Pain

Dear Charlie, Research Report, The BCR Report

The National Campaign has been recognized as a 4 Star Charity by Charity Navigator.

The second segment may be over, but the controversy continues. Tell us what you think.

Read The National Campaign Statement on Breast Pain

Talk, Share, and research on implanted programs.

3



NEW YORK STATE EARLYCHILDHOOD.ORG

Promoting Professional Development and High Quality Early Childhood and School-Age Programs

Center on Children and Families

CHILD DEVELOPMENT RESOURCE GUIDE | CHILD CARE QUALITY RATING AND IMPROVEMENT SYSTEM | CARE BODY OF KNOWLEDGE | OCCASIONAL PROGRAMS | COLLEGE AND UNIVERSITY DEGREE PROGRAMS AND TRAINING RESOURCES | COMMISSION OF EARLY CHILDHOOD PROGRAM STANDARDS | INCLUSIVE COMMUNITY EARLY CARE AND EDUCATION PROGRAMS | feature links

This website has been developed by the <http://www.nysed.gov/earlychildhood> and the <http://www.nysed.gov/earlychildhood> Head Start Collaboration Project to support professional development and improve the quality of early childhood and school-age programs. It is designed to provide a one-stop source of information for those exploring careers in early childhood and school-age programs as well as those already working in the field and looking to advance in their careers. It also contains information that supports the efforts of program directors and others to improve the quality of their programs.

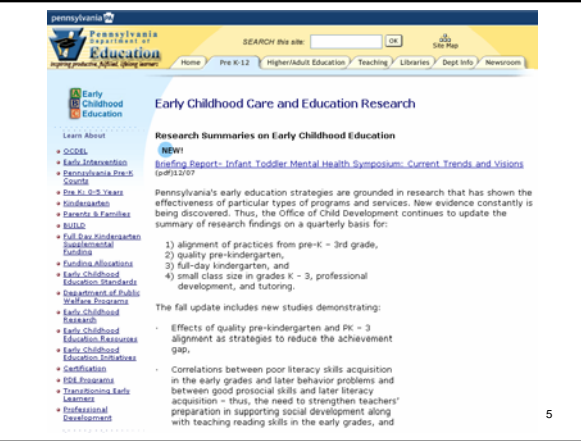
SCHROLL DOWN TO SEE ALL LINKS

Career Development Resource Guide
A one-stop source of information on careers and career planning in early childhood and school-age programs.

Child Care Quality Rating and Improvement System—Quality Stars NY
Quality Stars NY is a Quality Rating and Improvement System being developed by New York State for early care and education programs. The system, once implemented, will recognize, encourage and reward improving the quality of all settings in the state where children are learning every day. Click here for more information about Quality Stars NY!
PLEASE NOTE: Quality Stars NY is still in the planning phase.

Care Body of Knowledge
A list of the most important research results available on early childhood care and education that are used to guide policy and practice.

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Pennsylvania Department of Education

SEARCH this site: [input] [OK] [Site Map]

Home | Pre K-12 | Higher/Adult Education | Teaching | Libraries | Dept Info | Newsroom

Early Childhood Education

Learn About:

- OCCEL
- Early Intervention
- Education Prof. Standards
- Day K-3 Years
- Kindergarten
- Parents & Families
- Public
- Full Day Kindergarten Developmental Fundings
- Education Assistance
- Early Childhood Education Standards
- Department of Public Welfare Programs
- Early Childhood Research
- Early Childhood Education Resources
- Early Childhood Education Toolboxes
- Professional Development

Research Summaries on Early Childhood Education

IRRI
Emerging Report: Infant/Toddler Mental Health Symposium: Current Trends and Visions (9/9/12/07)

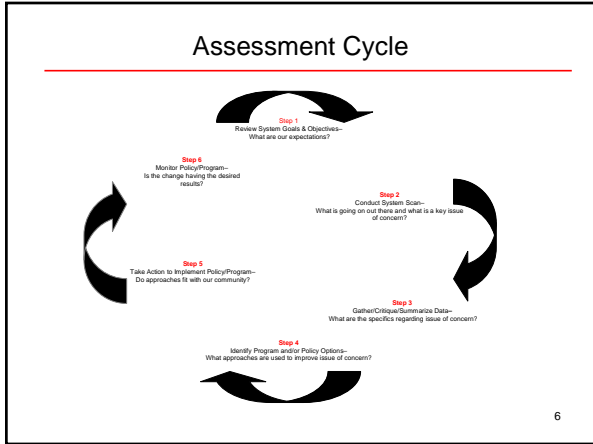
Pennsylvania's early education strategies are grounded in research that has shown the effectiveness of particular types of programs and services. New evidence constantly is being discovered. Thus, the Office of Child Development continues to update the summary of research findings on a quarterly basis for:

- 1) alignment of practices from pre-K - 3rd grade,
- 2) quality pre-kindergarten,
- 3) full-day kindergarten, and
- 4) small class size in grades K - 3, professional development, and tutoring.

The fall update includes new studies demonstrating:

- Effects of quality pre-kindergarten and PK - 3 alignment as strategies to reduce the achievement gap,
- Correlations between poor literacy skills acquisition in the early grades and later behavior problems and between good prosocial skills and later literacy acquisition - thus, the need to strengthen teachers' preparation in supporting social development along with teaching reading skills in the early grades, and

5



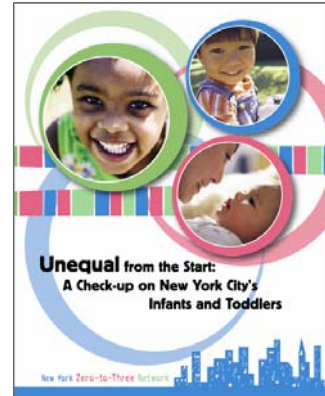
Using Data to Build Comprehensive Services for Babies and Families

Second New York State Infancy Summit
2009



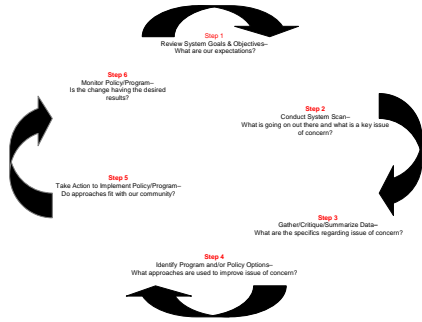
Session Four Slides: NYC Zero-to-Three Coalition Unequal From the Start

1



2

Assessment Cycle



3

Acknowledgements

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With much appreciation...

The video images of young children in this DVD were provided by the Professional Development Program, Rockefeller College, University at Albany under a contractual agreement with the New York State Office of Children and Family Services.

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Many
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and
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and
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Ready to Learn, Live & Laugh



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