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

Step 1 REVIEW SYSTEM GOALS & OBJECTIVES—What are our expectations?

Step 2 CONDUCT SYSTEM SCAN—What is going on out there and what is a key issue of concern?

Step 3 Gather/Critique/Summarize Data—What are the specifics regarding issue of concern?

Step 4 Identify Program and/or Policy Options—What approaches are used to improve issue of concern?

Step 5 Take Action to Implement Policy/Program—Do approaches fit with our community?

Step 6 Monitor Policy/Program—Is the change having the desired results?
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

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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.
Cate Bohn, Susan Perkins, and Mary De Masi, all from the Council on Children and Families.

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 - *Using Data to Build Comprehensive Systems for Infants and Families*.

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.

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 *Use Data to Build Comprehensive Systems for Infants and Families*.

Now please join Evelyn, Susan and Cate for session one—*Making the Connection Between Data and our Daily Work*.

**Data for Change: Incorporating Data into the Assessment Process**  
**Slides 1-2**

**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.

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.

**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.

**CATE:** My pleasure.

**SUSAN:** So let’s get into our topic for this summit. Many of the people in local
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?

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.

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?

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.

SUSAN: Is the assessment process different, depending on the profession of our coalition members?

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.

EVELYN: Actually, the first step has been done for us if we use the goals and objectives laid out in the ECCS framework.

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.

Obviously, this broad, global scan is not going to provide us with enough detail or
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.

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?

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.

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.

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.

SUSAN: Good point. And there’s one final step in this process.

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.

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.

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 New York State Early Childhood Data Report, 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
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.

SUSAN: So in that case the community needed to look beyond the numbers and
examine the strategies that might have contributed to the results.

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.

| Data Sources | 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?

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.

EVELYN: Let’s go ahead and walk through some of the materials that you’ve put
together.

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 American FactFinder 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
or state level. These agencies are also good sources of federal rules and regulations for local programs.

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?

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.

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.

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.

EVELYN: OK, let’s take a closer look at what’s available within New York.

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.

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.

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.

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.

SUSAN: Thanks Cate. That was a good overview of some of the information available
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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 New York State Early Childhood Data Report supported by the ECCS Committee.

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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!

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EVELYN: And you’ve provided a tool to help local groups ask the right questions. A handout was developed to guide local groups.

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CATE: We provide a Data Checklist 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.

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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.

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.

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.

CATE: An approach I’d recommend with some caution is to use what is referred to as
‘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 proxy, 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.

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.

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 Using Data to Build Comprehensive Systems for Infants and Families.

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<td>CHRISTINE CONBOY: That concludes the first session Making the Connection Between Data and Our Daily Work. Thank you for tuning in.</td>
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<td>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.</td>
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<td>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.</td>
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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:

- 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 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.
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