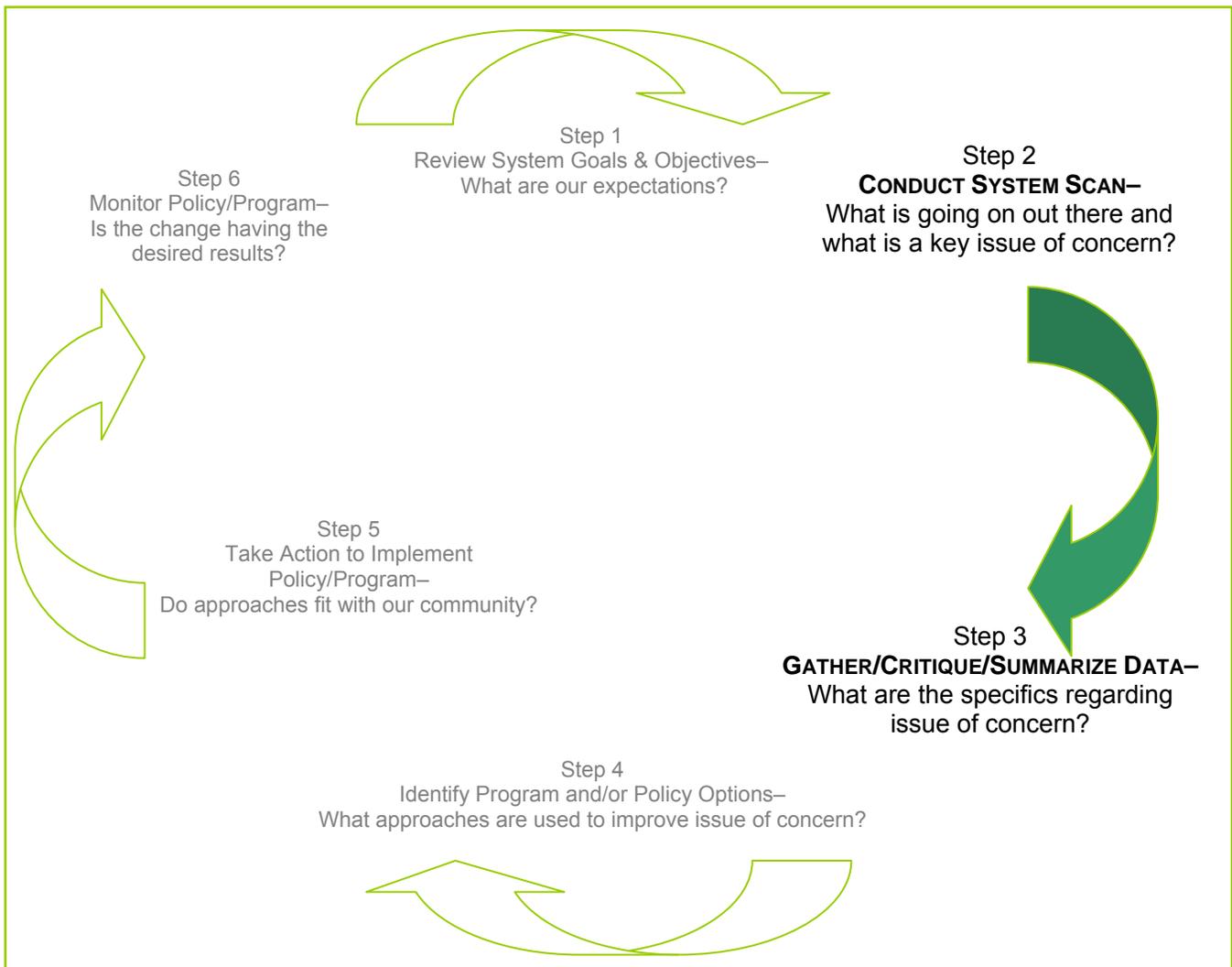## SESSION TWO:
USING DATA TO INFORM AND TELL A STORY

Session Two as Part of the Big Picture

Where we are in the Assessment Cycle

Step 1
Review System Goals & Objectives–
What are our expectations?

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

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

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

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?

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
  - o Organizing and Presenting Data: A How To Primer
  - o Framing Public Issues
  - o A Meta-Analysis of Opinion Data Concerning School Readiness, Early Childhood and Related Issues
  - o 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
  - o Copy of *Promoting the Mental Health and Healthy Development of New York's Infants, Toddlers, and Preschoolers: A Call to Action*
  - o 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.

| Welcome and Session Overview | | CHRISTINE CONBOY: Welcome to session two of the (second) New York State Infancy Summit, *Using Data to Build Comprehensive Systems for Infants and Families*. 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.

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.

The second 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 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.

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

So let's join Evelyn, Susan and Cate for session two—*Using Data to Inform and Tell a Story.*

Data to inform	Video of Children Playing	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.

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.

We can explain that:
▪ One in five children are living in poverty
▪ Almost all children have health insurance (90%)
▪ About 60% receive childcare out of their home

We can also use data to compare and answer questions like:
▪ 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?

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.

SUSAN: Hello I'm Susan Perkins from the Council on Children and Families. Welcome to session two – *Using Data to Inform and Tell a Story.* 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.

Telling the public story		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.

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.

	Slides 1-2	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. 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. Here are some important considerations: 1) *Always cite your data sources*. 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. 2) *Use governmental sources or non partisan, nonprofit sources, preferably organizations that we've heard of before in the media or in our fields*. 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. 3) *Interpret the data but don't go overboard*. 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. 4) *Know what you can and cannot say about your data*. 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. 5) *Consider linking your data with another organization*. This might include a county government or a local United Way that has utilized the same data in a recent report. 6) *Tell your story within the context of your community and its history*. 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. 7) *Always remember that Early Childhood is a noble profession.* 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 then 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. 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?

		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. 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.
Infant Mental Health		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 *Zero-to-Three Network*, to provide an overview of infant mental health and to share those features that are essential when attempting to describe this area. 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. 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. *Why is Infant Mental Health Important?* 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. 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. Jack Shonkoff, the Director of the Center on the Developing Child, Harvard University

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."

Economic Imperative to Intervene Early
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.

Data: Preschool Expulsion
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.

Importance of Relationships
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.

Importance of Intervening Early
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.

Efforts Around Advocacy
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.

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: *Promoting the Mental Health and Healthy Development of New York's Infants, Toddlers and Preschoolers: A Call to Action.* 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

What are some of the gains in New York State over the past few years?
▪   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

- emphasizes the importance of their relationship with their infant.
- 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.

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.

Children's Health Plan
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

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.

What are the Lessons Learned from These Efforts?
1. Information and facts can be powerful tools in framing the issues. An example of this is *Unequal from the Start: A Check-Up on New York City's Infants and Toddlers*. 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.

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 *Unequal from the Start*, see session four of the Resource Guide.

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.

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.

FACILITATOR NOTE: This website is included in the Data Sources and Websites handout from the first session.

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.

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

	Slides 3-5	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. 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. 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.
Wrap Up and Possible Next Steps	Slide 6-10	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. 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.

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 *(what data tell us)*

- 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

- o   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.

Facilitator Notes (things to remember to say, remember to do, or follow-up on):

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