Spark NH Vision: All New Hampshire children and their families are healthy, learning, and thriving now and in the future.
Spark NH Mission: Provide leadership that promotes a comprehensive, coordinated, sustainable early childhood system that achieves positive outcomes for young children and families, investing in a solid future for the Granite State.

Spark NH Data Committee Meeting Summary

November 2, 2015

Attendance: Liz Collins, Peter Antal, Laura Milliken, Carol Garhart, Marti Ilg, Marj Droppa, Cathy McDowell, Jennifer Sabin, Maureen Quinn, Melissa Moore

Liz (chair) appealed to the group to ask that another member consider agreeing to act as Co-chair – role and time commitment was reviewed.
One of the activities that the current chair cannot complete is the every other month report out – Marty offered to report out for the group.
Anyone interested may connect with Laura.

Introductions:
Review of Minutes from last meeting (9-9-15) – no corrections or discussion

Early Childhood Indicators:

Peter reviewed the current worksheet (handed out at the meeting) and gave an overview of our process to date. Group reviewed the items identified in red on the handout and had further discussion on the following:

-We do need to discuss "risk factors" - we have 2 potential data sources talking about risk with a little different complexion. Do we want to consolidate to one - we would like to stick with 3 or more risk factors as the criteria and there is concern about whether our current reference to the American Community Survey is an error. Peter will check into the ACS and confirm if and how they survey about ACES risk factors.

-We have ACES risk factors listed under Healthy Children and under Strong Families. The group agrees that it makes sense to keep it in one category and that Healthy Children is the appropriate category to use.

-There was an interest in changing the developmental screening age range to 9 months but for now we will mirror the language from the data source – NSCH

-Will move the indicator related to the % of health care providers who expressed a need for additional information on early childhood to the end section of Areas for Follow up since the previous data source, the NH Infant Mental Health Survey, has not been repeated recently and there is not a current plan to repeat it.

Equity Discussion

Presentation from Amy Parece-Grogan:

Reviewed some of the compelling information available about Health Equity, research (Bad Outcomes in Black Babies) and documentaries (*Unnatural Causes: When the Bough Breaks*),

Discussed the CLAS (Culturally and Linguistically Appropriate Standards) standards.

"What's Race Got to Do with it" – Assessment: Council participated in the assessment and then reviewed the outcome of the assessment. Each workgroup reviewed the process by which we could improve Workgroup activities and outputs, related to addressing health equity. Amy reviewed the process that was used to brainstorm (fish bone, back map) and then how they further evaluated causes/concerns. These were then evaluated and assigned to Spark workgroups. None were assigned to the Data Workgroup specifically. The Racial Equity Impact Analysis questions were reviewed with the workgroup chairs.

The Data group does have limitations in that data sets available often do not have a breakdown of data related to language, race, and ethnicity. It is important that the Data Workgroup be familiar with information to assure that anyone using data sets can determine Health Equity implications. ACA section 4302a includes the required format for collecting data.
There is a tool called "Me, My Race and I", done by PBS that is a great exercise that helps to identify the importance of having individuals self-identify. It is important to train and refresh training on how to ask for/identify this information.

<u>Data Committee Workplan:</u>

- The work we are doing on the Dashboard indicators is not currently in the Workplan
    - It could fall under Activity 7A,1
- We should include an addition to state recommendation that data collection reflect best practice regarding disparities and health equity.
    - Perhaps in Goal 3
- Regarding 9D – Parent Engagement and Involvement we have struggled on the data committee as have committees. There was a lot of discussion about what our goal is, what is realistic and how it can be modified.
- Perhaps we can change language to reflect a commitment to engagement of families who represent the community at large.
- We do currently have access to family input/feedback from our regional groups.

Additional info:

There is grant funding available to expand capacity of infant care in Merrimack County available through Granite State United Way. Laura will get the information and send it out.