



INDIANA EARLY LEARNING ADVISORY COMMITTEE

Child Development and Well Being Workgroup

Meeting Minutes Summary

May 28, 2015

MEMBERS

Kevin Bain

Melanie Brizzi

Charlie Geier

Beckie Minglin

Tammy Veselsky

Alonzo Weems

ADVISORY

MEMBERS

John Burnett

Connie Sherman

Attendees: Sharon Molargik, Jan Katz, Chris Furbee, Julie Burns, Lisa Henley, Shirley Payne, Carrie Bale, Connie Sherman, Dana Jones, Erin Kissling, Christina Commons, Kyle Wehmann, Monica DiOrio, Julie Tipton

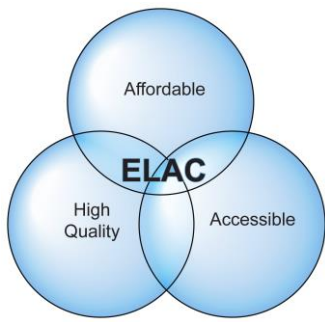
Key Topics Discussed:

- Introduction of new Transform Consulting Group (ELAC project management and support) team member, Monica DiOrio.
- Discussion of how to disseminate the Kindergarten Readiness definition statewide and how it will be used going forward. Will look to ELAC for guidance. There is a potential opportunity to align this work with the Evaluation workgroup around KR Assessments.
- Erin received 94 public comments on the Foundations draft! The Foundations will be presented to ELAC in June for endorsement.
- The Foundations were written mainly for educators, not with a family audience in mind. The Family Engagement workgroup is tasked with helping IDOE create a family-friendly version of the Foundations.

Subcommittee reports:

Physical Health

- Trouble finding state-level, centralized data on target age group, focus is on school-age children. Shirley worked with Dr. James Miller, Oral Health Director for Indiana on this.
- Cavities are leading chronic disease in children. Economic status is huge risk factor for cavities/tooth decay, etc.
- Amanda asked about EHS or HS data—potentially some best practices we can adopt. HS requires children to see dentist by age 1 and submit annual reports on all childhood diseases (examinations, follow up treatment, routine exams). HS Program Information Reports (PIR) on dental issues go to Congress (uploaded in Wiggio). Can get Medicaid data too.
- Insurance community as a source for data? (i.e. aggregate reports for how many children see a dentist, etc.) Hoosier Healthwise is another a potential source. Data on “routine” checkups may not be accurate for low-income families who only go when something is wrong.
- Lots of sources collect BMI and obesity data. Can BMI be linked to oral health concerns? Correlation of bad teeth with high BMIs? Missy Hawn has access to this information.
- A major challenge is how to get data on kids who are not part of any organized programs (almost half of kids in IN). In Race To the Top (RTT)



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grant submitted 2 years ago, Indiana scored low in area of childhood physical health because programs are so siloed and not coordinated.

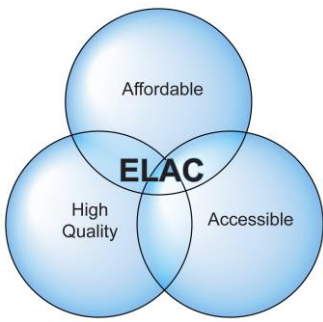
- Overall, we will have to rely on national data. This group could write a white paper on the importance of dental health in IN. Dr. Miller is currently working on oral health research paper for state; will request a copy.
- How is “environment” defined in terms of health? Subgroup has defined it as physical toxins and hazards; not toxic stress. There is a Sunny Start report on Hoosier environmental health (2012) that has lots of data, including 2nd/3rd hand smoke in home, etc.
- Physical Activity: Emphasis on active learning, not just play. Need to include sleep data. Reminder to include SPED children in all analyses.
- Workgroup consensus to recommend health guidelines (oral, physical, environmental, etc.) as required care for children (i.e. children must get 60 minutes of play per day; or another idea is to have a mobile dentist office to go to rural areas of state.) Focus is on high-level policy change, which is always a challenge. Shirley stated that getting buy-in from schools might be an issue too.

Intellectual Health

- Major discussion on who the audience is for this work, and what “intellectual health” means. Academic? Cognitive? Agreed that “intellectual health” could be interpreted as “readiness to learn.” Could be two-sided: Academic learning and Approaches to learning (which aligns with The Foundations.)
- With intellectual health, are we talking about intellectual *development*? Could this be a measure of intellectual potential or achievement? Connie suggested it might be a child’s *disposition* to learning, their persistence.
- Introduced “gear” graphic with three gears for each focus “bucket” area of Health. (Uploaded in Wiggio.)
- Could not find much by googling intellectual health; Group decided that intellectual health isn’t a common term and may need to be further defined.
- In looking at what data we have, there isn’t much on academic development for young children. Maybe some ISTAR KR data and end-of-continuum data with ISTEP and IREAD scores. IU has a Dept of Learning and Developmental Sciences, so maybe data there?

Social/Emotional or Mental Health

- Discussed the learning relationship between parents and children, and how the mismatch of personality and temperaments leads to misunderstanding and misdiagnosing childhood behavior.
- There are large numbers of children on medications and with high dosages, possibly due to a lack of services that engage parents to foster positive social well-being and a culture of understanding. (Data is available on all



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medicated children).

- Need for workforce development (train the trainer) around engagement with families on getting along with kids that are “different” or that families view as different.
- Need for diet, exercise, sleep, to be included in this subset of Health.
- To get clearer on next steps, Kyle reads deliverables from January 2015 kickoff meeting which state that this workgroup will make health recommendations to Paths to QUALITY.

Key Questions Raised:

- Will there be a push to use the recommendations that appear in the ELAC Report this year? The 2015 report will do a better job to identify which departments at state level would have the authority or responsibility to implement the recommendations.
- How would the ELAC report recommendations proposed by this workgroup be implemented? Specifically, the definitions of kindergarten readiness and child health.
- Is the Definition of Kindergarten Readiness in the Foundations? Yes, in the glossary.
- Why are there no kindergarten readiness standards for social/emotional development? (IN state superintendent also asked this question.) There are none in our state yet, but the process to create them is underway. Carrie asked if this is the same for health standards.
- Will the approval process for any new social/emotional standards largely be the same as the current Foundations revision? Erin says yes.
- Are we lumping all developmental issues under the umbrella of Health?
- What are we doing this subcommittee work for and where are we trying to go with it? Need to get clear on audience and next steps.

Action Steps:

1. Get clarity on when ELAC recommendations are approved, then what happens? Specifically, for recommendations put forth by this workgroup. (Kyle will facilitate.)
2. Kyle/Monica and co-chairs will schedule a call to discuss next steps for subcommittees
3. Kyle will provide education around “data gathering” and common misconceptions.
4. Subcommittees will meet to re-assess strategies to gather and review data based on a PTQ audience.



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5. Physical Health subcommittee: Review PIR reports posted in Wiggio as well as RTT grant application feedback from 2013. Check up on Hoosier Healthwise and insurance companies as data sources. Request BMI data from Missy Hawn and oral health research paper from Dr. Miller.
6. Intellectual Health subcommittee: Work to further define intellectual health. Potentially request ISTAR data and any data from IU Dept of Learning and Developmental Sciences.
7. Social/Emotional/Mental Health subcommittee: Request data on medicated children, brainstorm other available data, decide on name of bucket area: "social/emotional" or "mental" health.

Next Meeting:

Thursday, June 25th, 10:00 am -12:00 pm

Location: St. Mary's Child Center, 901 Martin Luther King Jr. Street, Indianapolis, IN, 46202

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