



Child & Family Wellbeing Committee

April 14, 2021

1-2:30 pm

Zoom: <https://zoom.us/j/409812744>

Attendees: Autumn Chadbourne, Christine Shepherd, Bethanee Grace, Laura Balestreri, Carrie Prechtel, Riki Rosenthal

Hub Staff: René Brandon, Teresa Slater, Chelsea Reinhart, Vicki Risner

Agenda

Welcome

Raise Up Oregon Strategic Plan – Objective 8: All Families with Infants Have Opportunity for Connection

Reviewed family surveys that were drafted at our last meeting. See attached pdf for discussion and results. (Child and Family Wellbeing survey results.pdf)

Continue with outreach planning document; Identify resources for families with newborns
https://drive.google.com/file/d/1j_TmsE0qm9s8HS_Zg5xtqYPTe9VLdXkt/view?usp=sharing

Note: After reviewing the survey results, we highlighted those partners that families identified in red in the third column. The other partners that we had identified are in black. Some families were aware a lot of resources, others that we didn't include originally, and in some potential gaps are in awareness.

Discussion on potential videos to create

Based on survey results, what video topics are most critical?

What type of video for each topic – Informational? Skill building? Overview of services?

Ideas generated:

- How to sign up for services
- Teaching a skill
- A critical piece for the Spanish language versions is to not just translate them into Spanish, but to recreate it to be culturally responsive for those Spanish speaking families.
- Resource driven for the waiting rooms or birthing rooms
- In this time of social distancing and masks, I think any type of game or activity, something that promotes mimicking that so many babies haven't been exposed to

this last year, are so developmentally important. Babies are missing that crucial socialization piece that is fundamental to success and development in the long term.

- With the Make Parenting A Pleasure curriculum, there's 1-3 minute videos on a couple different sessions that we found on YouTube. Even if we don't use those videos we could pull topics from them. I did see the Serve and Return topic in some of their activities. They are short parents and children skill videos.
- Best site(s) for video – social media, webpages, waiting rooms, hospital birthing center rooms
- We should look at the Raising Resilience videos that are about to launch. They are about 30 seconds long and maybe could be incorporated into this as well. The length was decided based on attention span, running PSAs on TV, etc. Also, Oregon Health Authority dictates that any communication that goes out to our members has to be at a sixth-grade maximum reading level. A two-minute length on Facebook seems to be the right amount of time to keep a person's interest.
- The 30 second spots are a little different than what we are looking at. We have talked about putting these in hospitals and waiting lobbies with a captive audience, with a lot of captioning due to those videos often being played without sound. At our first community resource orientation meeting, The Family Connection and Listo shared videos. They were eye catching, informative, and upbeat. They really drew in your attention. Kids tend to be the first ones to see them in lobbies and start talking to their parents about what they are seeing. So, including that level of entertainment factor is important. Vroom has really great videos that we've shared before.
- There's a need for more than one kind of video. Watching Bethany and Diana was compelling because it didn't feel overly professionally done. Normal people walking someone through how to do something. It wasn't stuffy or condescending, just real people talking to real people. The end user will see that as so approachable. Linda Otto with the Family Nurturing Center did a series of professional videos on infant massage that are around 5 minutes long, with soothing music in the background with was appropriate because she was teaching the skill of how to calm a baby.
- Teresa: We're in a small community. When we can see our peers, our own people on the TV screen talking about programs, then you walk in and need that service, they will identify with the same people in our community and build that connection even stronger. Our survey said that's what our families our looking for.
- Listo's video was done in an interview style and is bilingual. When someone was speaking in Spanish they have translation at the bottom of the screen. It was really good and captured everything you want to know about their program.
- Harvard University has a lot of serve and return things on their websites. Little parenting tips like that are so important.
- When Rogue Community Health has virtual visits, people check in with the medical assistant online and then are placed in a virtual waiting room. That would be a great place to have links or education videos, while the patient waits. RCH uses Doxey.me. and a fair number of other medical providers are using this service. Non medical partners could apply this idea as well.
- Maybe add a QR code to those videos so that they can have access to it, how to find that resource afterwards.

- If there are QR codes for the videos playing in the waiting room, we could include those on their visit summaries. For virtual visits, they could pull up their summaries in My Chart and get the QR codes and/or links there.

Next Steps

Vroom has different videos that can be shared out.

Listo has their services video.

The Family Connection has their tutorial video for parenting education.

Family Nurturing Center has topical videos based on some services they provide as well as some child development information.

If you know of any other partners who have those types of videos that can be shared out, either to raise awareness of a resource or to teach a skill to a family, let's collect them to share out. If we find partners that have already done it, whether local or Harvard partners, let's utilize what we have versus creating something just to create it. Chelsea could share them out in one or more of her email distributions encouraging our partners to share the videos on social media, post them on a website, promote them, share them directly with some families who might benefit from them.

At the next Raising Resilience work group Chelsea will share the survey feedback, and get feedback from the group to see if there are any topics that they might want going forward.

Then have a conversation on a video that we want to start with, identifying the topic, who we think the audience is and where it would be best placed. Then we can identify a videographer and content, and who should be the person in front of the camera talking about that resource.

If we can start to build an inventory of videos and links that we know about, and topics that we think we need but don't have a video for it yet, that will help us start to chip away towards our goals. Then we will engage with our partners for the venues we think would be most appropriate to reach the families who need to hear the information. What does it take to get these videos into a clinic? Who's the gatekeeper that determines whether or not something gets approved or not? How do we navigate those processes with our partners so that we can reach those families?

How can we ensure that more families get information and we do that by giving our partners a broad-spectrum definition or partners, information? Maybe compiling a video library, with links under each topic, sharing that out to partners, talking about different ways they could use it and then ask partners how they are using it. It's one thing to give the information to people, it's another to get a commitment from them that they're going to implement it, put a video in their waiting rooms and run them.

Please share the links to videos with us to be compiled for our next meeting. Then at our next meeting we could have a whole category of videos to start to look at and see where some of the gaps are and go from there. Which ones we need to create a local video for.

CCO Updates:

OHA Kindergarten Readiness Metric

No activity to report at this time.

Community Information Exchange

Most partners should be getting invitations to participate in information sessions.

Carrie: It goes live next Tuesday, April 20th. It's a closed loop referral system. When you're working with a client a referral can be sent to any agency that's listed in the Connect Oregon system. A confirmation will come back up when that person receives help or if that agency that you referred them to are not able to help, it will come up with a decline so that you can follow up with another referral to an additional resource. This closed loop referral system ensures that people get connected. With 211, they call up to get a referral that the person has to go then call that agency on their own.

This new system is agency to agency and takes the burden off of the client so they don't get wrong doors or closed doors if they don't qualify or that agency is at capacity. It's going to be so much more efficient. Any community partner can join for free. It's not too late, partners can be added in to the system now or can join whenever they feel that they're able. Jackson Care Connect and AllCare are partnering to fund this effort.

René: I'm excited from the systems perspective to see the type of data that can be shared on Southern Oregon so that we can see how many families were successfully connected to the service that they needed when they needed it and also where there isn't enough capacity for the actual demand. Where there are complete gaps, where families are needing a service and they're not able to get those needs met because, from the early learning hub perspective, that really helps us to determine how we might best invest our funding. The more partners that are utilizing it, the more accurate the data will be for the region.

Next Meeting:

May 12, 2021
1-2:30 pm
Zoom