The Data Action Team spent considerable time discussing the term "high-quality" and the need to have a common definition. How do you define "high-quality" in your field/agency?
High quality early care and education promotes positive child outcomes through- • Nurturing and responsive learning communities that promote trusting relationships • Engaging and positive interactions with children, families and staff • Inclusive and safe play environments with opportunities for physical, social-emotional, language and cognitive skill development • Teaching strategies that address the varying abilities of each child • Practices that respect diversity
Depends on the service we are talking about...e.g., if we are talking about primary care visits by pediatricians, I would define "high quality" as a visit that meets the standards of the AAP.
High-quality means it yields results, has been carefully thought out and works.
High quality as a parent would be a product that is effective for every child. Meaning every child is able to understand expectations clearly and effectively. All expectations should be clear
Accurate, relevant, creating impact in an efficient & effective way
Hmm...it depends. For some indicators (like immunization rates) there are pre-determined indicators or goals. For others, we decide together prior to measurement.
Assuming this relates to high quality early education. So we defer to National Center on the Developing Child and NAEYC Standards.qualified teachers, nurturing environments, low staff child ratios, DAP, etc.
evidence-based and nationally endorsed generally
It varies depending on the issue-access to high quality early learning, health care, nutrition. We rely largely upon shared understanding in each issue community and ratings systems (like the star ratings system) or guidelines to help define in each area.
In education, intentional and goal oriented to drive growth for the students (customer).
In the clinical psychology and related intervention effectiveness/implementation research field, we often use the term evidence-based instead of "high-quality." High-quality can be defined in many ways as it's a vague concept and can be easily skewed in different directions depending on a person's opinion. With a term based on research evidence, "evidence-based", there is less room for natural human biases. The general consensus on the definition of "evidence-based practice" takes into account the number of clinical trials (randomized samples of participants, use of a control group, etc.) - more and larger trials with diverse populations showing positive change in the participants over time are seen to display more evidence for their "high-quality" or with a more concrete term - effectiveness (ability to influence the changes desired among a population). A paper discussing this term is: https://www.apa.org/practice/resources/evidence/evidence-based-statement.pdf
High fidelity to a model that has been shown by rigorous evaluation to have impact
Demonstrating in action the best interest to the community being served.

What is the appetite in your agency for data sharing? What obstacles have you encountered in the past around data-sharing? What are your concerns? What data from your agency would you like to see shared?
We strongly support data sharing. We respond to many requests for community and program level data and provide it whenever we can. Sharing data does require data management and staff capacity. Clarity about the types of data is important, community level, program level, client level. It is also important to know if the need is for aggregate data or individual data, or something in between (disaggregated by sub-group for example). We have experienced obstacles to getting data in any format from some entities, especially large organizations such as the school system. Data capacity in some smaller organizations may be limited and there are often confidentiality concerns. It is time consuming (but critical) to manage the development of relationships that may result in data sharing agreements. There must be a commitment from all levels of an organization to establish a process for data sharing and to understand the value and purpose of data sharing, including state level buy in when necessary. There are a number of "data gaps"- some data is just not available either because it is not collected or tracked or it is not available (or accurate) through an existing data management system. We are interested in collaborating with other entities to share data. We recognize that there are often efforts in the community to collaborate around this issue but there is sometimes duplication and lack of coordination of those efforts. For community level data, we try to access the most recent direct source whenever is possible so that the data is up to date and we are happy to continue to share this. We are interested in developing data sharing agreements and developing increased capacity for this work.
I can't answer for an agency. I would like to see all population level data shared. With appropriate safe guards, I would like to see agencies share data that would help coordinate services for clients
Data sharing is very important in our agency. We need better tools to share our data. Concern: are we collecting the best data and are we interpreting the data correctly?
As a parent I think it is important to have the data available. It is important to know the numbers, where your student is on the spectrum, and understand how you can make a change within your household with the data presented.
I am not in an agency but I have seen fears about sharing data that may reveal information the organization does not want to be known
We will move heaven and earth to share data.
We base our work on reliable research and dats and share this information regularly with our members and partners. Latest research on child development, children's health, early learning, school readiness.
our agency doesn't have much data to share. While I get confidentiality concerns, I think it would be great if we could get to tracking outcomes by child rather than like- cohorts. Another concern with data sharing is that data can be complex and nuanced and if sharing with someone who doesn't get all the complexity and nuance, final "analysis" can be misleading
Our organization does not collect data, but relies upon data from government agencies and partner organizations to inform our education and advocacy work.
RTA Data sharing should be transparent specifically on the objectives. In our field, we have an abundance from state and federal criteria. We need specific data, drilled down to the specific objectives. We need individual student specific (based on standards)-from standardized state testing.
We are open to sharing data if and when the appropriate contracts and/or Institutional Review Board (IRB) documents are in place with data-sharing partners. Obstacles may include concern about how the data will be used, desire for more collaboration than actually occurs, and differences in opinion on how the data should be interpreted. My concerns would be similar, though I believe it's possible to come to a consensus on how to share data if all parties involved share a similar goal and purpose for the data sharing and use. From our agency, it may be nice to share the evidence on need for strong implementation science backing training of clinicians in trauma-informed evidence-based practices (interventions for children and families who have been exposed to trauma). Such data parallels the need for effective training of counselors, teachers, etc. in trauma-informed and other practices to support grade-level reading.
Very open to sharing of de-identified data
It often appears that researcher's reinventing the wheel and the information only looking at one interest and not as whole. Would like to see shared information on the same subject to best see the results and develop a strategy to work for the interest.