

Pathways to Grade-Level Reading Measures of Success Framework

Our vision is bold – all North Carolina children, regardless of race, ethnicity or socioeconomic status, are reading on grade-level by the end of third grade, so that they have the greatest opportunity for life success.

The NC Pathways to Grade-Level Reading Initiative is creating partnerships among the state’s early learning and education, public agency, policy, philanthropic and business leaders to define a common vision, shared measures of success and coordinated strategies that support children’s optimal development beginning at birth. The first step is to define whole-child, birth-to-eight measures of success that put children on a pathway to grade-level reading. The measures of success, presented here, align with the following goals:

- Health and Development on Track, Beginning at Birth
- Supported and Supportive Families and Communities
- High Quality Birth-to-Eight Early Learning and Education

The measures of success framework was developed by a Data Action Team – comprised of 30 experts from North Carolina’s leading universities, research institutes, government agencies, businesses and think tanks – in partnership with the Pathways to Grade-Level Reading stakeholders. The Data Action Team identified the following criteria to determine measures to be included in the framework:

- **Research-based.** Connected clearly to the top-line result through research.
- **Actionable.** Is something that can be reasonably affected through state or local legislation; policy, program or practice change; or community action.
- **Impactful.** Will impact the lives of a number of NC children and families.
- **Easily Communicated.** Can be easily understood by parents, policymakers, and other key stakeholders.
- **Equalizing.** Will reduce gaps and inequalities that currently exist among NC populations.

It is important to note that the framework does not include everything that moves the needle on grade-level reading, nor does it capture everything that impacts the individual outcomes. It presents what the Data Action Team recommends as the best framework that if addressed would significantly improve outcomes for young children and is based on the criteria and our state context.

The wording of measures in this framework are intentionally as clear and simple as possible, to ensure that the document is accessible for all audiences. A technical document to accompany the framework will define each measure precisely, including the numerators and denominators, measurement tool used, research-based thresholds (i.e., 2500 grams defines a baby with low birth weight), and populations for the “rate” measures (i.e., “Rate of dentists per 10,000, per county”).

GOALS are conditions for children, adults, families, or communities that we are aiming for. Goals support our top-line Result.

Example: *Health and Development on Track, Beginning at Birth* supports our top-line Result: *All Children are Reading on Grade Level by Third Grade*

Outcomes	<p>OUTCOMES are foundational elements that support the related Goal and top-line Result.</p> <p>Example: <i>All children have a healthy start</i> supports the Goal <i>Health and Development on Track, Beginning at Birth</i> and the top-line Result</p>
As Measured by	<p>MEASURES OF SUCCESS are data indicators that help to quantify the achievement of an Outcome.</p> <p>“As Measured by” indicators <i>measure</i> the related Outcome.</p> <p>Example: <i>% of babies born low birth weight</i> helps measure the Outcome <i>All children have a healthy start</i>.</p>
As Influenced by	<p>“As Influenced by” indicators <i>move, or influence</i>, the “as measured by” indicators and the related Outcome.</p> <p>Example: <i>% of pregnant women who smoke</i> influences the “as measured by” indicator <i>% of babies born low birth weight</i> and the Outcome <i>All children have a healthy start</i>.</p>
Conditions	<p>CONDITIONS are underlying factors that influence all the Measures, Outcomes and Goals, and the top-line Result. There are many such factors. The Data Action Team highlighted three that research shows are particularly influential:</p> <p style="text-align: center;"><i>Equity</i> <i>Economic Security</i> <i>Social-Emotional/Behavioral Health</i></p>

HEALTH AND DEVELOPMENT ON TRACK, BEGINNING AT BIRTH

Outcomes	All children have a healthy start	All children have access to healthcare	All children are physically and emotionally healthy				All children reach appropriate developmental benchmarks		
As Measured by	% of babies born low birth weight	% of Medicaid-enrolled children receiving regular well-child visits	% of children with excellent or good health	% of children with healthy weight	% of children exhibiting self-regulation, good interpersonal skills, and no behavior problems	% of children with untreated tooth decay	% of children showing improvement with early intervention services	% of children on-track for oral language skills at 24, 36, 48 and 60 months	% of children developmentally on-track at kindergarten entry
As Influenced by	% of adults with health insurance % of pregnant women who receive on-time prenatal care % of pregnant women who smoke % of pregnant women who drink alcohol % of pregnant women who misuse prescription drugs or use illegal substances Rate of births to girls aged 15-19	% of children with health insurance % of parents with health insurance Rate of pediatricians and family physicians Rate of pediatricians and family physicians accepting Medicaid Rate of dentists Rate of dentists accepting Medicaid	% of children ages 19-35 months who are fully immunized % of parents with a regular place to take their children for medical care (i.e., medical home)	% of children over age 6 who are physically active for 60 minutes/day 5 days/week % of children who eat the recommended dietary guidelines of fruits and vegetables % of children living in food insecure households % of mothers who exclusively breastfeed for six months	% of children who receive a behavioral health screen % of children with an identified behavioral health need on screen % of children with an identified behavioral health need referred for services % of children referred to behavioral health services who receive services	% of children who have seen a dentist in the past year	% of children who receive a developmental screen % of children with an identified developmental delay on a developmental screen % of children with an identified developmental delay referred to early intervention services % of children referred to early intervention who receive services		
Conditions	Equity								
	Economic Security								
	Social-Emotional/Behavioral Health								

SUPPORTED AND SUPPORTIVE FAMILIES AND COMMUNITIES

Outcomes	All children have safe, stable, nurturing relationships with their caregivers			All children live in families that have the knowledge, skills and social supports to support children’s optimal development				All children live in families that are economically secure		All children live in safe, toxic-free, economically-viable communities that support children and families			
As Measured By	Rate of investi- gated/ assessed child abuse or neglect	Average number of minutes per day that parents talk or play with their children	Average number of days per week that families eat their main meal together	% of new mothers with access to sufficient social supports	% of children who maintain literacy gains over the summer	% of parents with sufficient knowledge of child development and parenting skills	Average number of days per week that parents read to their children	% of families with children living below 200% of FPL	% of birth-to-eight children who are homeless	Rate of reported violent crimes, by census tract	% of adults living on block where it is safe for children to play outside	% of children living in high poverty neighborhoods	% of children with elevated blood lead levels
As Influenced By	% of adults with fewer than three adverse childhood experiences (ACEs) % of parents screened for depression at well-child visits % of parents identified with depression referred for services % of parents referred who receive services for depression % of parents who misuse substances			% of families screened for poverty at well-child visits <i>Note: The underlying conditions at the bottom of the chart and some influencers in the Health and Education goals affect access to social supports.</i>		Rate of summer learning programs <i>Note: Many of the other factors that influence summer learning loss are included as indicators elsewhere in this framework.</i>		% of births to mothers with at least a 12th grade education Rate of home visiting, parent education, and family preservation programs Rate of parents who participate in home visiting, parent education, and family preservation programs		% of children with housing stability (family has not moved more than once in past 12 months) % of families who spend less than 30% of income on housing		% of children screened for elevated blood lead levels	
Conditions	Equity												
	Economic Security												
	Social-Emotional/Behavioral Health												

Note: The underlying conditions at the bottom of the chart are some of the factors that influence neighborhood safety and toxicity, and concentrated poverty.

HIGH QUALITY BIRTH-TO-EIGHT EARLY LEARNING AND EDUCATION

Outcomes	All children have access to high-quality, developmentally appropriate, culturally competent birth-to-eight programs with highly qualified professionals		All children attend early learning programs and schools consistently		All children learn in environments that are safe, promote a positive climate, and support social-emotional development		
As Measured by	<p>% of all children birth-to-five enrolled in child care</p> <p>% of children birth-to-five attending high quality early childhood programs (centers, schools and family homes)</p>	<p>% of students meeting expected growth in reading (K-3)</p>	<p>% of children with regular attendance at child care or early education programs (birth-to-five) and school (K-3)</p>	<p>% of children who changed schools during the past school year (K-3)</p>	<p>% of birth-to-eight children suspended from programs and schools</p> <p>% of birth-to-eight children expelled from programs and schools</p>	<p>% of children promoted to next grade level (K-3)</p>	<p>% of schools integrating social-emotional strategies</p>
As Influenced by	<p>% of birth-to-eight early childhood teachers with post-secondary early childhood education, by degree</p> <p>% of birth-to-eight early childhood teachers with early childhood/child development-specific knowledge and competencies</p> <p>% of birth-to-eight early childhood administrators and principals with post-secondary early childhood education, by degree</p> <p>% of birth-to-eight early childhood administrators and principals with early childhood/child development-specific knowledge and competencies</p>		<p><i>Note: Many of the factors that influence school attendance are included under the Health and Family/Community goal areas, and in the underlying conditions at the bottom of the chart.</i></p>		<p>% of children attending elementary schools that systematically involve child care programs/families before school transition</p> <p>% of teachers who receive professional development on children's mental health, including trauma</p> <p>% of teachers working with special populations, including English language learners and children with disabilities, who receive specific training/coaching for these populations</p> <p>% of children (K-3) receiving special education services</p>		
Conditions	<p>% of students with access to programs in native language</p> <p>% of estimated eligible children under age 6 receiving child care subsidies</p> <p>% of families paying 10% or less of income on child care</p>		<p>% of children who attend schools that reflect the socioeconomic diversity of their school districts</p>				
Equity							
Economic Security							
Social-Emotional/Behavioral Health							