



NC Pathways for Grade-Level Reading is powered by the NC Early Childhood Foundation in collaboration with NC Child, The North Carolina Partnership for Children, Inc., and BEST NC.



# Our Shared Goal

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.



# It's Achievable

With policies and practices that reflect reading is a cumulative process, developing at birth and rooted in early brain development. To build a strong foundation for learning and third grade reading children need:

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





Pathways is creating partnerships among the state's leaders in early learning and education, public agencies, policy, philanthropy and business to define a common vision, shared measures of success and coordinated strategies that support children's optimal development beginning at birth.





# Engaged Stakeholders

Benchmarks

BEST NC

Book Harvest

Bryan Foundation

Budget and Tax Center

Buncombe County Partnership for Children

Campaign for Grade-Level Reading

Carolina Medical Center Dept of Family Medicine

Center for Child and Family Policy, Duke University

Child Care Services Association

ChildTrust Foundation

Community Care of North Carolina

Cumberland County Partnership for Children

Down East Partnership for Children

Durham's Partnership for Children

Education First

Education Innovations Group

First Book

FPG Child Development Institute

Institute for Child Success

Institute for Emerging Issues

John Locke Foundation

Marbles Kids Museum

MDC/Great Expectations

MomsRising

Nash-Rocky Mount Public School District

NC Branch of International Dyslexia Association

NC Business Committee for Education

NC Central University

NC Child

NC Child Care Coalition

NC Community College System

NC Department of Public Instruction

NC Division of Child Development and Early Education

NC Division of Public Health, Children and Youth Branch

NC Division of Social Services

NC Infant and Young Child Mental Health Association

NC Institute of Medicine

NC Race to the Top-Early Learning Challenge Grant

NC School Boards Association

NC Early Childhood Foundation

NC Partnership for Children, Inc.

NC Legislative Representatives

North Carolina Justice Center

NSO Associates

Nurse Family Partnership

Orange County Health Department

Orange County Partnership for Young Children

Parents

Partnership for Children of Cumberland County

Partnership for Children of Wayne County

Pediatrician

PNC

Prevent Child Abuse NC

Reach Out and Read

Read Charlotte

Reading Connections

Ready for School, Ready for Life

Rex Endowment

RTI International

SAS

Scope View Strategic Advantage

Skeebo Foundation

State Center for Health Statistics

The Duke Endowment

The Hunt Institute

Triangle Community Foundation

UNC Center for Community Capital

UNC Charlotte, Institute for Social Capital

UNC Department of Psychology and Neuroscience

UNC Gillings School of Global Public Health

UNC School of Social Work

UNC-TV

United Way of North Carolina

United Way of the Greater Triangle

University of North Carolina - Greensboro

Wake SmartStart

Wake Up and Read

Wayne County Library

Wells Fargo

# Learning Teams

## Health

### **Blue Cross Blue Shield NC Foundation**

Carolinas HealthCare System  
Center for Child and Family Health  
Children's Places and Spaces/Marbles Kids Museum  
John Rex Endowment  
March of Dimes  
NC Child  
NC Division of Child Development and Early Education  
NC Division of Public Health, Children & Youth Branch  
NC Early Childhood Foundation Board of Directors  
NC Infant & Young Child Mental Health Association  
North Carolina Healthy Start Foundation  
North Carolina Institute of Medicine  
Nurse-Family Partnership  
Parent Representative  
Partnership for Children of Cumberland County  
Prevent Child Abuse NC  
Project Enlightenment Foundation  
Ready for School, Ready for Life  
Skeebo Foundation  
Triangle Community Foundation  
**UNC Gillings School of Global Public Health**  
Wake Health

## Family

Benchmarks NC  
Book Harvest  
Carolinas HealthCare System  
Center for Child and Family Policy, Duke University  
Children's Places and Spaces/Marbles Kids Museum  
Communities In Schools NC  
Duke Center for Child and Family Policy  
Duke University Environmental Law & Policy Clinic  
Exchange Family Center  
NC Budget and Tax Center  
NC Child  
NC Division of Child Development and Early Education  
NC Institute of Medicine  
North Carolina Early Childhood Foundation  
NSO Associates  
Parent Representative  
Partnership for Children of Cumberland County  
Prevent Child Abuse North Carolina  
Smart Start of New Hanover County  
**The Duke Endowment**  
The NC Partnership for Children/Smart Start, Inc.  
Triangle Community Foundation  
**UNC Charlotte Urban Institute**  
United Way of North Carolina  
United Way of the Greater Triangle  
University of North Carolina at Chapel Hill

## Learning

BEST NC  
Book Harvest  
Child Care Services Association  
ChildTrust Foundation  
Down East Partnership for Children  
FPG Child Development Institute  
**Great Expectations - Kate B. Reynolds Trust**  
**John Locke Foundation**  
MomsRising  
Nash/Rocky Mount Public School District  
NC Division of Child Development and Early Education  
NC Department of Public Instruction  
NC Department of Public Instruction, K-3 Literacy  
NC Department of Public Instruction, Office of Early Learning  
NC Institute of Medicine  
NC School Boards Association  
NCAeyc  
North Carolina Early Childhood Foundation  
Parent Representative  
Partnership for Children of Cumberland County, Inc.  
Partnership for Children of Johnston County  
Ready for School, Ready for Life  
SAS  
The NC Partnership for Children/Smart Start, Inc.  
Triangle Community Foundation  
UNC Chapel Hill  
United Way of the Greater Triangle

**Bold** denotes Co-Chair.

# Check out this awesome team!

**Health and Development on  
Track Beginning at Birth  
Learning Team Co-Chairs**



**Jennifer Zuckerman**  
BlueCross Blue  
Shield of North  
Carolina Foundation



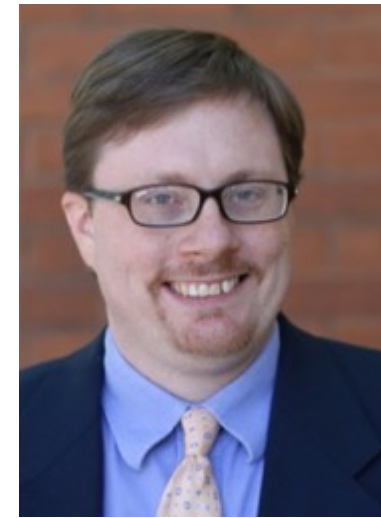
**Meghan Shanahan**  
UNC Gillings School  
of Global Public  
Health



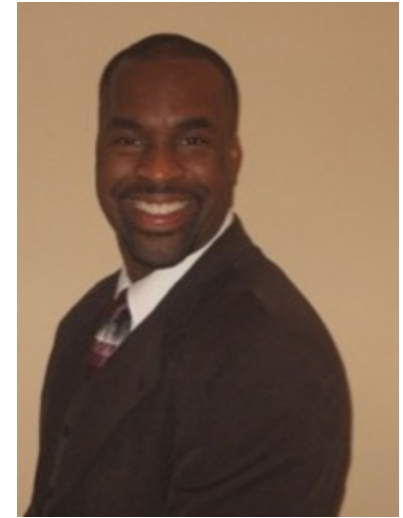
**Amy Hawn Nelson**  
UNC Charlotte Urban  
Institute



**Tamika Williams**  
The Duke  
Endowment



**Terry Stoops**  
John Locke  
Foundation



**Khari Garvin**  
Great Expectations



# Introductions

Who . . . ?



# What's in the Notebook?

Meeting Agenda

Examining Inequities Individual Reflection Sheet

Equity Worksheet

Basecamp 101

Pathways Theory of Change

Measures of Success Framework – 1-pager

Measures of Success Framework – full version

Research Rationale

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Data

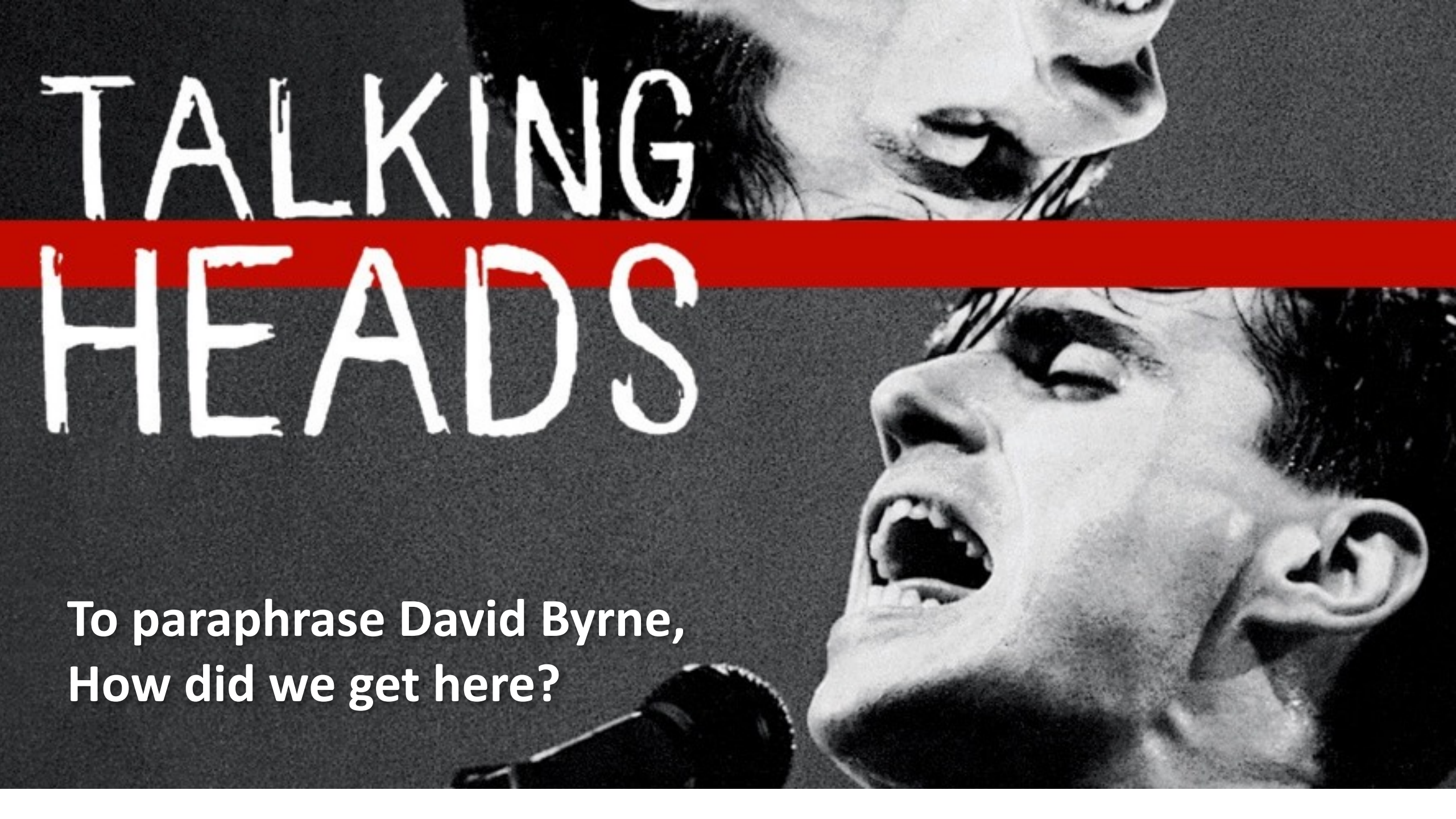
Map of NC Counties

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*Tab*



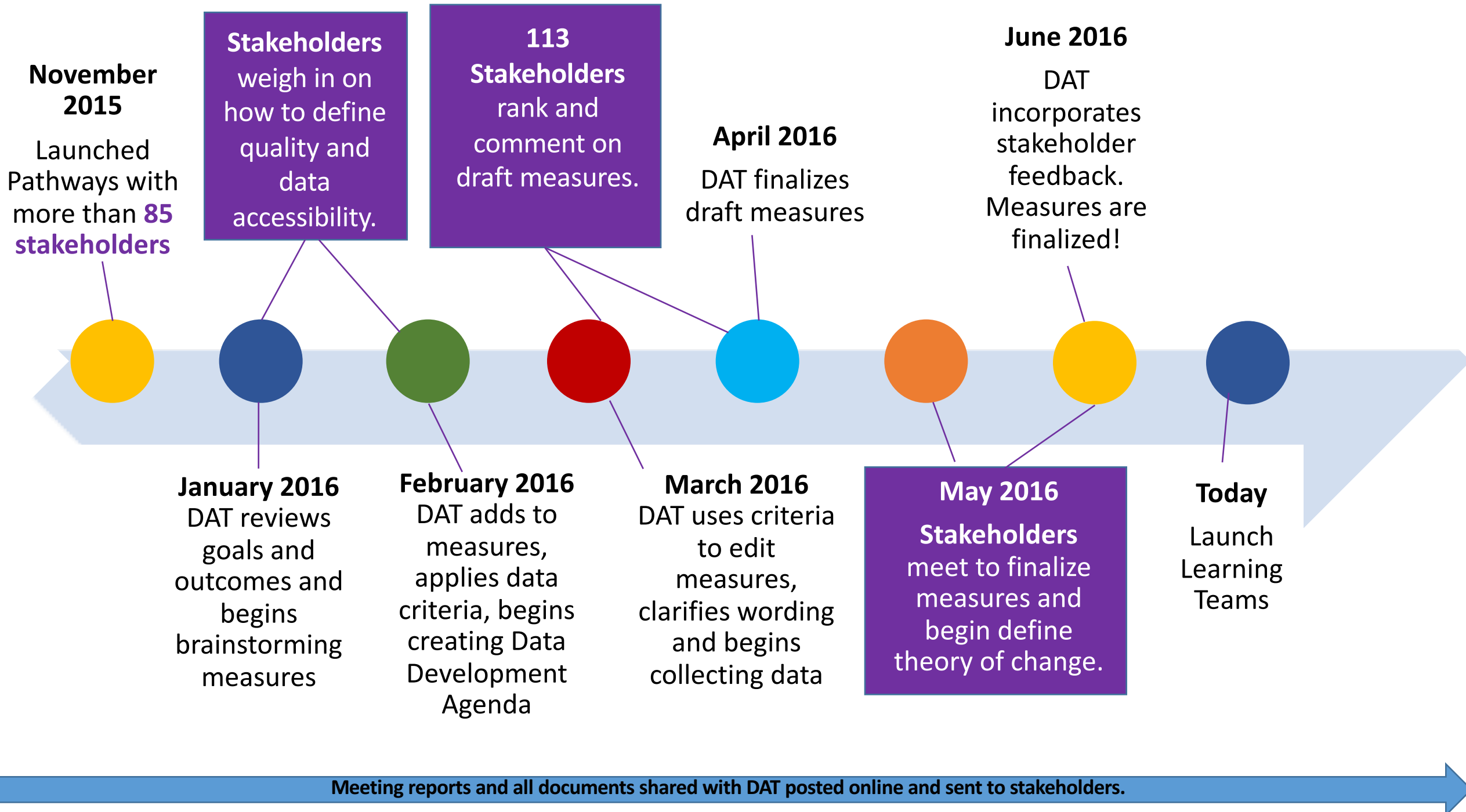




# TALKING HEADS

To paraphrase David Byrne,  
How did we get here?





# Criteria

- ✓ **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.

<p><b>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.</b></p>	Goals	Outcomes	How will we know?	What will we measure?
	<b>Health and Development on Track Beginning at Birth</b>	A healthy start	Birth weight	% of babies born with low birth weight
		Access to health care	Well-child visits	% of Medicaid-enrolled children receiving regular well-child visits
		Physical and emotional health	Good health	% of children with excellent or good health
			Healthy weight	% of children with healthy weight
			Social-emotional health	% of children exhibiting self-regulation, good interpersonal skills, and no behavior problems
			Dental health	% of children with untreated tooth decay
		Appropriate development benchmarks	Early intervention	% of children showing improvement with early intervention services
			Oral language skills	% of children on-track for oral language skills at 24, 36, 48 and 60 months
			School readiness	% of children developmentally on-track at kindergarten entry
	<b>Supported and Supportive Families and Communities</b>	Safe, stable, nurturing relationships	Child abuse/neglect	Rate of investigated/assessed child abuse or neglect
			Parent and child interactions	Average number of minutes per day that parents talk or play with their children
			Family meals	Average number of days per week that families eat their main meal together
		Families with the skills and supports to support their optimal development.	Support for new mothers	% of new mothers with access to sufficient social supports
			Summer learning	% of children who maintain literacy gains over the summer
			Parent skills and knowledge	% of parents with sufficient knowledge of child development and parenting skills
			Reading with children	Average number of days per week that parents read to their children
		Economic security.	Family poverty	% of families with children living below 200% of FPL
			Homelessness	% of birth-to-eight children who are homeless
		Toxic-free, safe, viable communities.	Neighborhood crime	Rate of reported violent crimes, by census tract
			Safe to play outside	% of adults living on block where it is safe for children to play outside
			Neighborhood poverty	% of children living in high poverty neighborhoods
			Blood lead levels	% of children with elevated blood lead levels
	<b>High Quality Birth-to-Eight Learning and Indication</b>	Access to high quality birth-to-eight programs with highly qualified professionals.	Child care enrollment	% of all children birth-to-five enrolled in child care
			High quality child care enrollment	% of children birth-to-five attending high quality early childhood programs (centers, schools and family homes)
			Kindergarten through third grade reading	% of students meeting expected growth in reading (K-3)
		School attendance.	Regular attendance	% of children with regular attendance at child care or early education programs (birth-to-five) and school (K-3)
			School stability	% of children who changed schools during the past school year (K-3)
		Safe, positive climates that support social-emotional development.	Suspensions	% of birth-to-eight children suspended from programs and schools
			Expulsions	% of birth-to-eight children expelled from programs and schools
			Retentions	% of children promoted to next grade level (K-3)
			Social/emotional strategies	% of schools integrating social-emotional strategies



**Make Sense of the Data.  
Learning Teams!**

**Reconvene for Critical Decision Point.**

- **Use information from Learning Teams to determine if we take on framework as a whole or pick select outcomes as a starting point.**


**Understand the Root Causes. Build and Implement Action Plans.**





# Learning Team Role - Critical Thinking!





## Condition

## 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								



**Which parts of the framework are most relevant for your work or the work of your organization?**



## Provide Critical Review of Indicator Data

Identify trends to consider while designing strategies

Identify inequities to consider while designing strategies

Identify critical patterns across indicators to leverage or pay attention to

## Identify Data & Knowledge Gaps

Identify additional data or information that is needed to track progress and inform initiative

## Inform Design Decisions

Develop recommendations to guide strategy design

# Learning Team Responsibilities

# Team Meeting Process

September

- Team Formation
- Identifying and Understanding Inequities and Data Trends

October

- Identifying Critical Needs and Reasons Why Inequities and Patterns Exist

November

- Identifying Critical Patterns to Leverage or Address
- Begin to Develop Recommendations

December

- Identifying Data and Knowledge Gaps
- Developing Recommendations for Stakeholder Group

## TODAY: Provide Critical Review of Indicator Data

Identify inequities to consider while designing strategies



## Understand Inequities

Which groups of children and families are falling behind the most?

In which measures are the biggest inequities found?

Which areas of the state are falling behind the most?

What do these findings mean for this initiative?

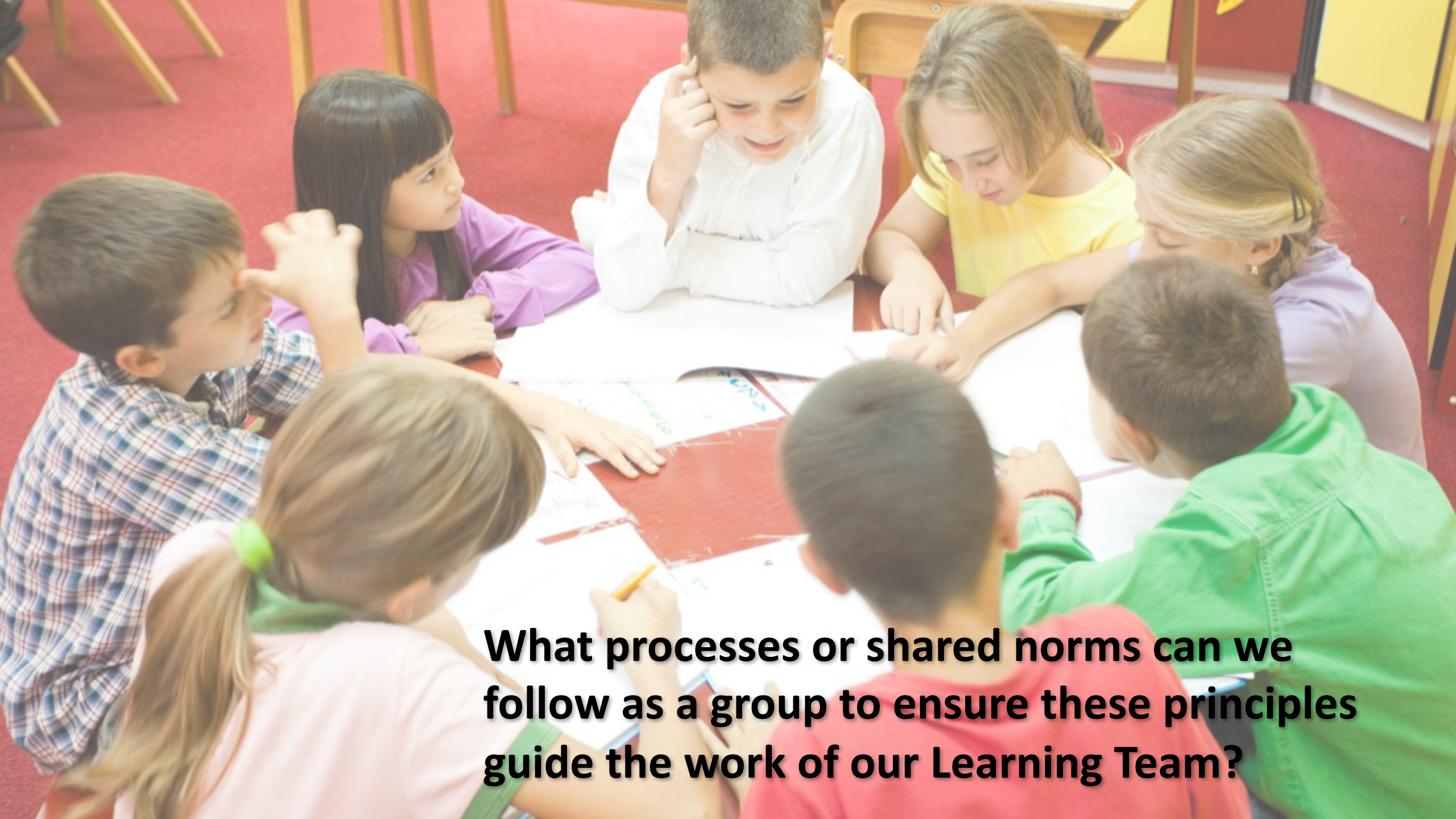
**What questions do you have about the Learning Team purpose or process?**





# Guiding Principles

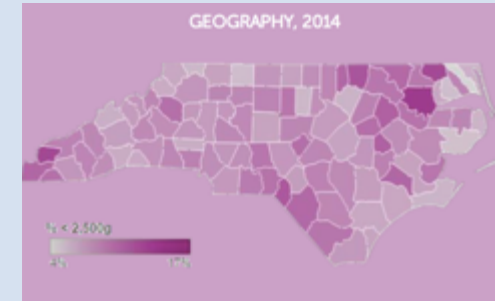
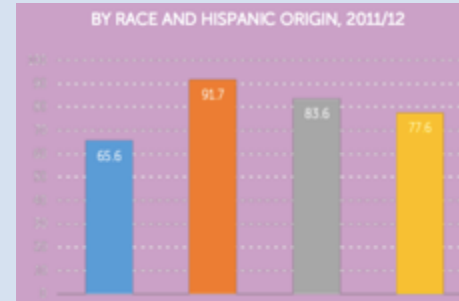
- ✓ We will be data and research-driven and informed by developmental science.
- ✓ We are committed to acknowledging and eliminating systemic inequities and racial, ethnic, socioeconomic and ability disparities in early childhood experiences, opportunities, and outcomes.
- ✓ We will focus on the whole child, birth-through-eight, in the context of his or her family and community, using a multidimensional systems lens.
- ✓ We will be transparent, collaborative and accountable to one another.
- ✓ We will be informed by and hold ourselves accountable to families and communities.
- ✓ We will have a strengths-based approach, highlighting protective factors and preventative solutions, and be guided by compassion.
- ✓ We will work to ensure that each child has the opportunity to fulfill his or her potential.
- ✓ We will prioritize solutions that are actionable and sustainable, and we will have high expectations of what is achievable.
- ✓ We will be results-oriented, embracing innovation and see change as opportunity.



**What processes or shared norms can we follow as a group to ensure these principles guide the work of our Learning Team?**

# Types of Data

NC AVERAGE	NC RANK	US AVERAGE
8.9%	41	8%



Comparison

Trend

Race/Ethnicity  
and Income  
Inequities

Geographic

# Types of Data

**Databook:** High-quality, consistently reported, available for all children across the state, often disaggregated

**Supplemental Databook:** May be national data, may be for certain subgroups rather than for all children statewide, may come from a one-time data source



A young boy with a joyful expression is the central figure, wearing a blue and white plaid shirt and a black backpack. He is holding a pink and blue object in his right hand. The background is a soft-focus brick wall. Overlaid on the image is the title text in large, white, bold, sans-serif capital letters.

# HEALTH AND DEVELOPMENT ON TRACK, BEGINNING AT BIRTH

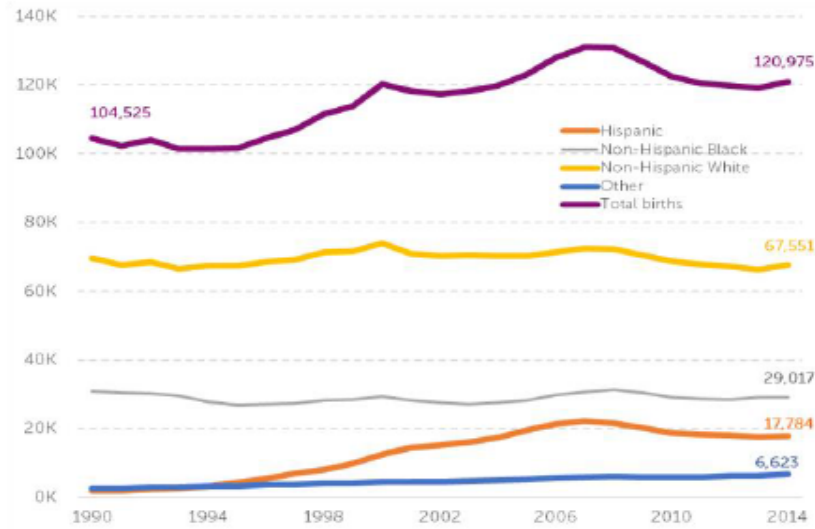
Prepared by NC Child for  
NC Pathways to Grade-Level Reading Health Learning Team

AUGUST 2016

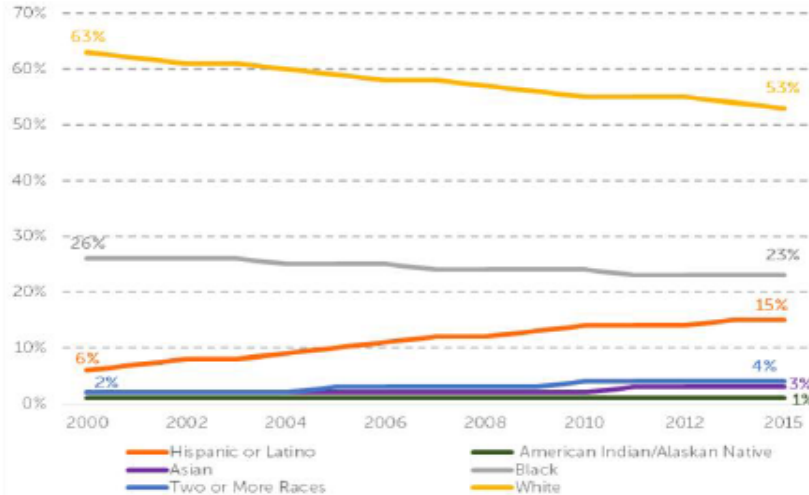


## DEMOGRAPHIC SNAPSHOT

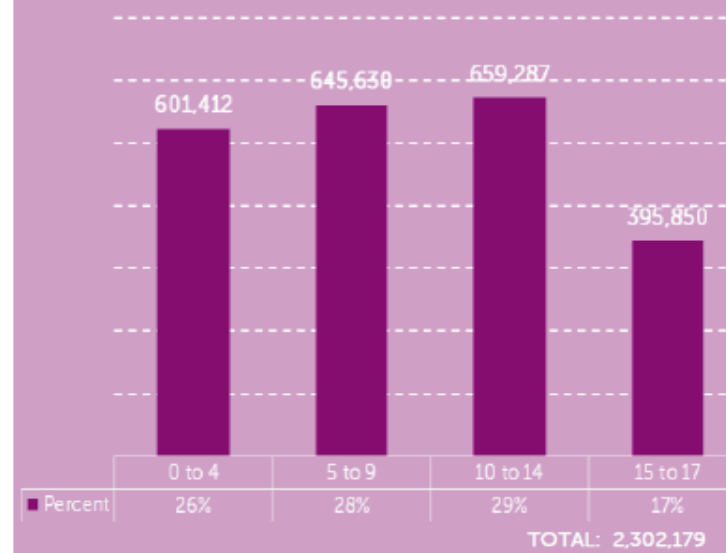
### LIVE BIRTHS BY RACE & ETHNICITY



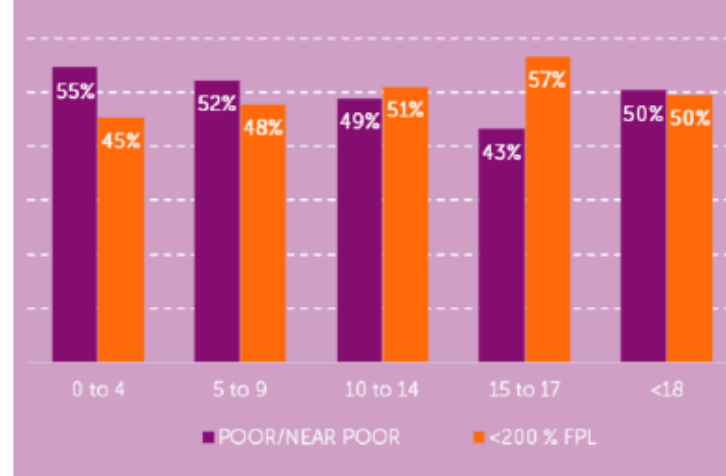
### CHILD POPULATION BY RACE & ETHNICITY



### CHILD POPULATION BY AGE, 2014



### ECONOMIC HARDSHIP BY CHILD AGE, 2014



SOURCE: Births/ Child Population: Annie E. Casey Foundation KIDS COUNT Data Center. Child Poverty: NC Child analysis of 2014 U.S. Census Bureau, 2014 American Community Survey PUMS. Child Population by Age: NC OSBM, Demographics. NOTE: In 2014, the federal poverty guideline for a family of three (the average household size in North Carolina) was \$19,790.



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# ARE WE MAKING PROGRESS?

## HEALTH AND DEVELOPMENT

MEASURE	PAGE	TREND	DATA YEAR	NC AVERAGE	NC RANK	US AVERAGE	BEST RATE	WORST RATE
All children have a healthy start								
Low birthweight births	11		2014	8.9%	41	8%	Alaska 5.9%	Mississippi 11.3%
All children have access to healthcare								
% of Medicaid-enrolled children receiving regular well-child visits (age 0-9)	12		2015	68.3%	NA	69.6%	NA	NA
All children are physically and emotionally healthy								
% of children with excellent or very good health	13		2011/12	84.7%	33	84.2%	South Dakota 91.7%	California 77.6%
% of children whose height and weight falls into expected ranges								
Children exhibiting self-regulation, good interpersonal skills, and no behavior problems								
Children with untreated tooth decay	14		2013/14	13%	NA	NA	NA	NA
All children reach appropriate developmental benchmarks								
% of children showing improvement with early intervention services	15		2014	Social-emotional skills: 58.8% Knowledge and skills: 51.9% Appropriate behaviors: 57.4%	NA	NA	NA	NA
% of children on-track for oral language skills at 24, 36, 48, and 60 months								
% of children developmentally on-track at kindergarten entry								

Rank 1= Best Rate

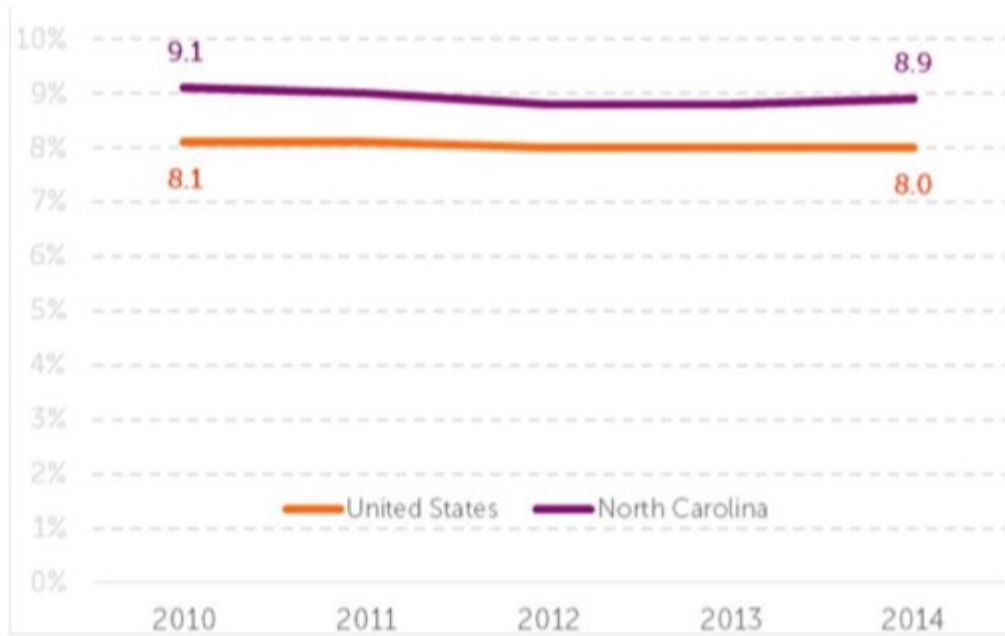
# A HEALTHY START

## Birth Weight

The percentage of live births weighing less than 2,500 grams

AGE: NEWBORNS

### DATA OVER TIME



### WHY IS THIS MEASURE IMPORTANT?

Infants born weighing less than 2,500 grams (5.5 pounds) are at greater risk for physical and developmental problems than infants of normal weight. Children who are born at a low birthweight are at higher risk for long-term illness or disability and are more likely to be enrolled in special education classes or to repeat a grade.

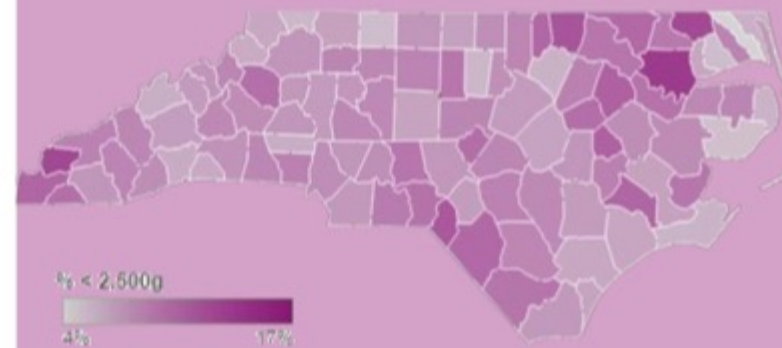
**SOURCE:** Annie E. Casey Foundation, *KIDS COUNT Data Center*. **NOTE:** The category of White includes only non-Hispanic White. The categories Black, American Indian, and Asian and Pacific Islander include both Hispanic and non-Hispanic. Those in the Hispanic category include those who may have identified in any racial group.

### DATA DETAIL

#### RACE AND HISPANIC ORIGIN, 2010-2014



#### GEOGRAPHY, 2014



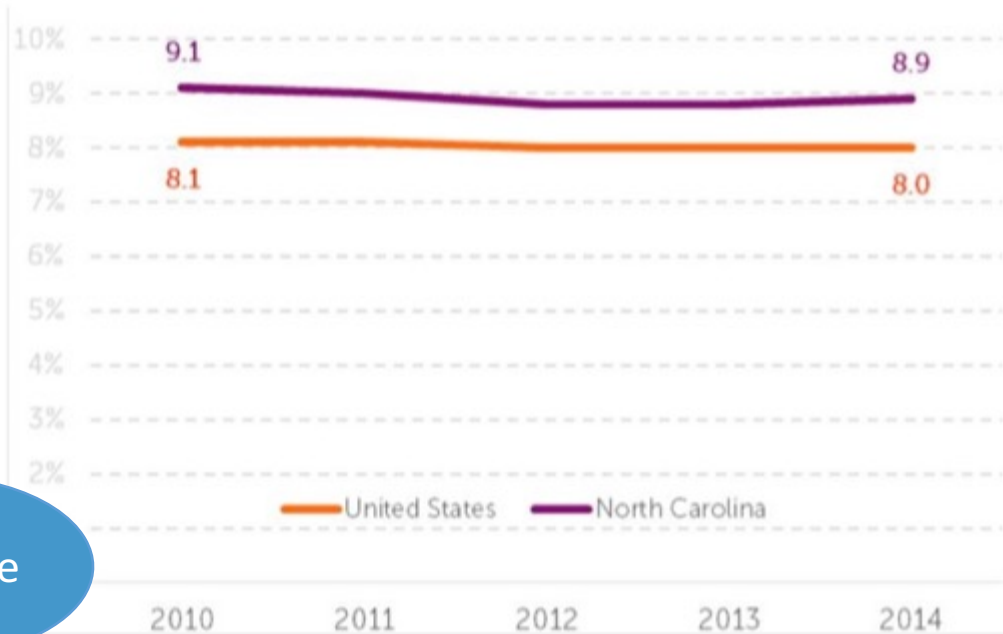


# A HEALTHY START Birth Weight

The percentage of live births weighing less than 2,500 grams

AGE: NEWBORNS

DATA OVER TIME



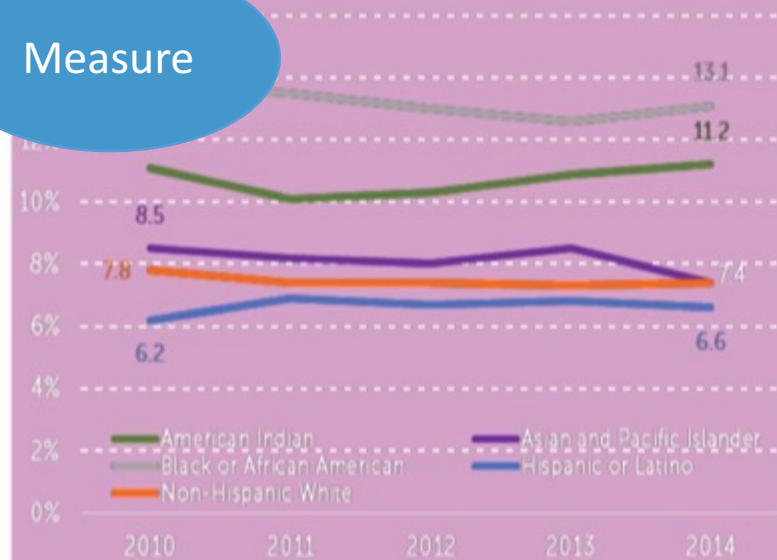
## WHY IS THIS MEASURE IMPORTANT?

Infants born weighing less than 2,500 grams (5.5 pounds) are at greater risk for physical and developmental problems than infants of normal weight. Children who are born at a low birthweight are at higher risk for long-term illness or disability and are more likely to be enrolled in special education classes or to repeat a grade.

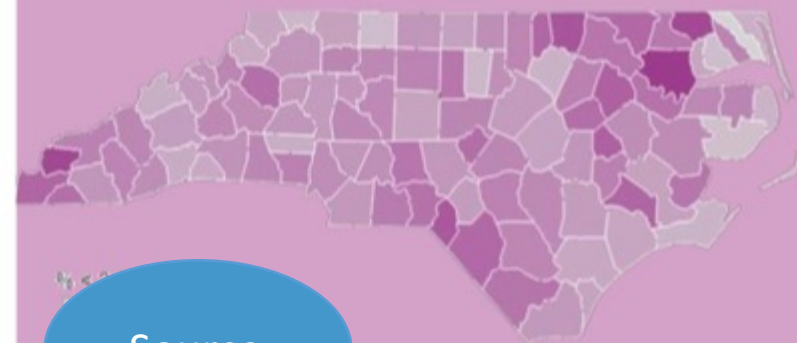
**SOURCE:** Annie E. Casey Foundation, *KIDS COUNT* Data Center. **NOTE:** The category of White includes only non-Hispanic White. The categories Black, American Indian, and Asian and Pacific Islander include both Hispanic and non-Hispanic. Those in the Hispanic category include those who may have identified in any racial group.

## DATA DETAIL

### RACE AND HISPANIC ORIGIN, 2010-2014



### GEOGRAPHY, 2014



Source

# A HEALTHY START

## Birth Weight

The percentage of live births weighing less than 2,500 grams (5.5 pounds) for infants born in North Carolina.  
AGE: NEWBORNS

DATA OVER TIME



Trend Data

Race/ Ethnic  
and Income  
Comparisons

### WHY IS THIS MEASURE IMPORTANT?

Infants born weighing less than 2,500 grams (5.5 pounds) are at higher risk for physical and developmental problems than infants of normal weight. Children who are born at a low birthweight are at higher risk for long-term illness or disability and are more likely to be enrolled in special education classes or to repeat a grade.

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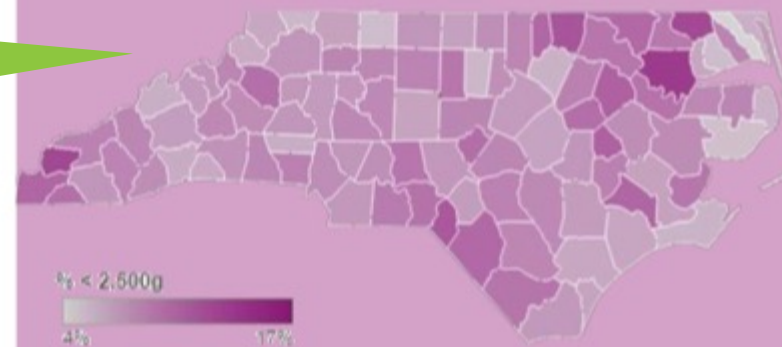
Geographic  
Comparisons

## DATA DETAIL

### RACE AND HISPANIC ORIGIN, 2010-2014



### GEOGRAPHY, 2014



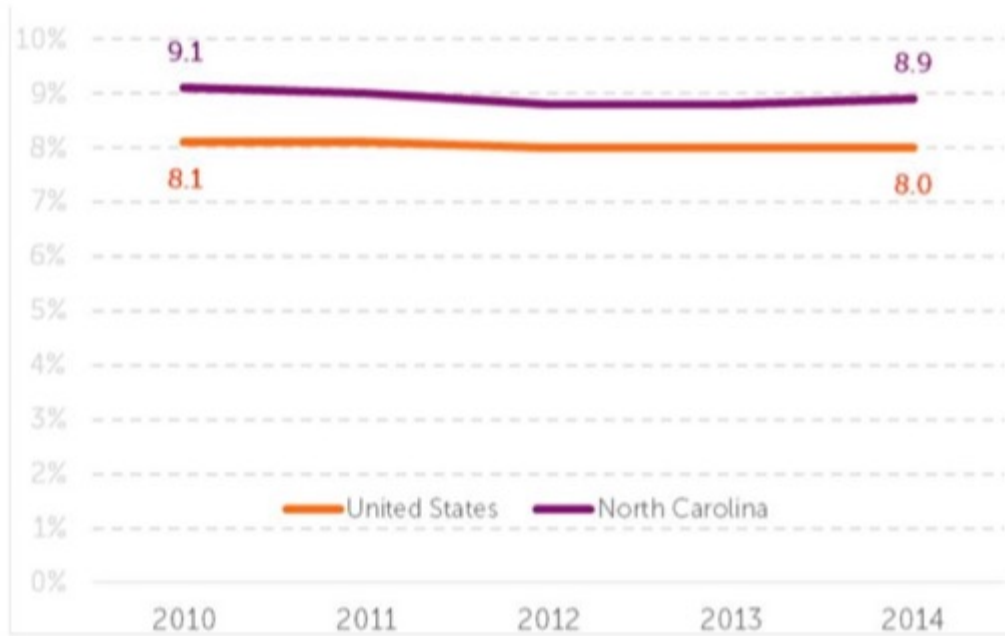
# A HEALTHY START

## Birth Weight

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DATA OVER TIME



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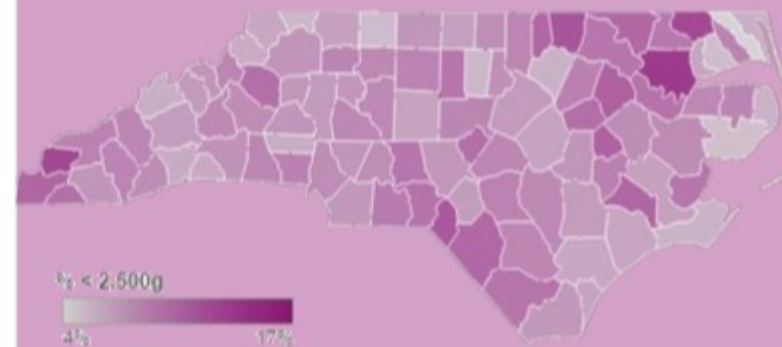
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## DATA DETAIL

### RACE AND HISPANIC ORIGIN, 2010-2014



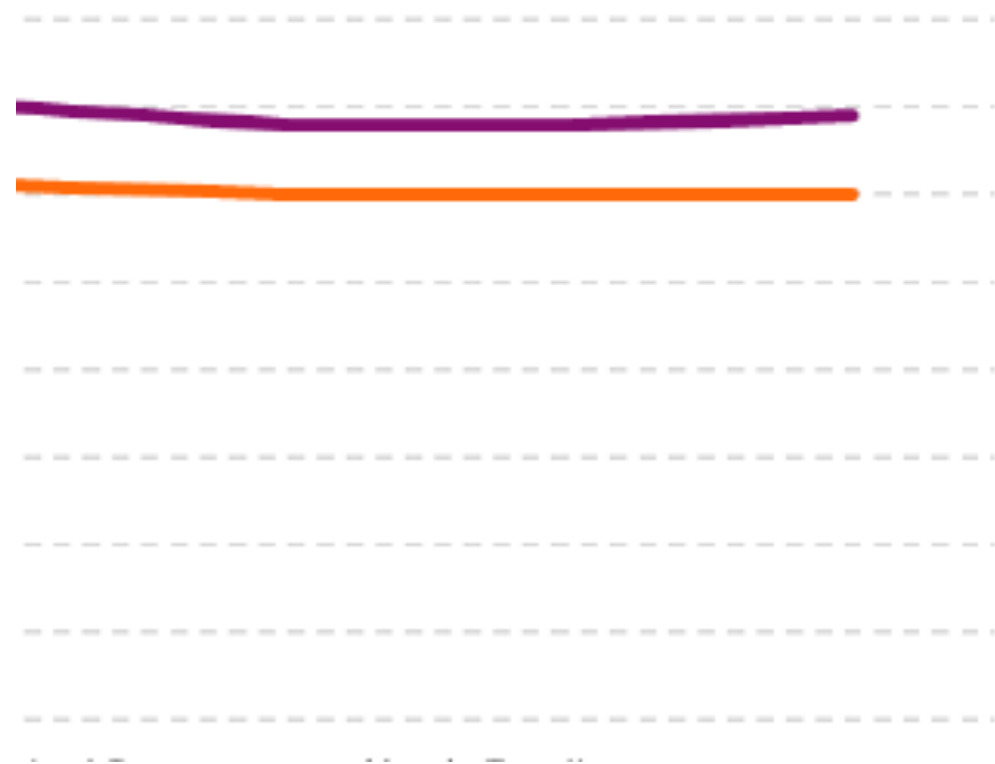
### GEOGRAPHY, 2014





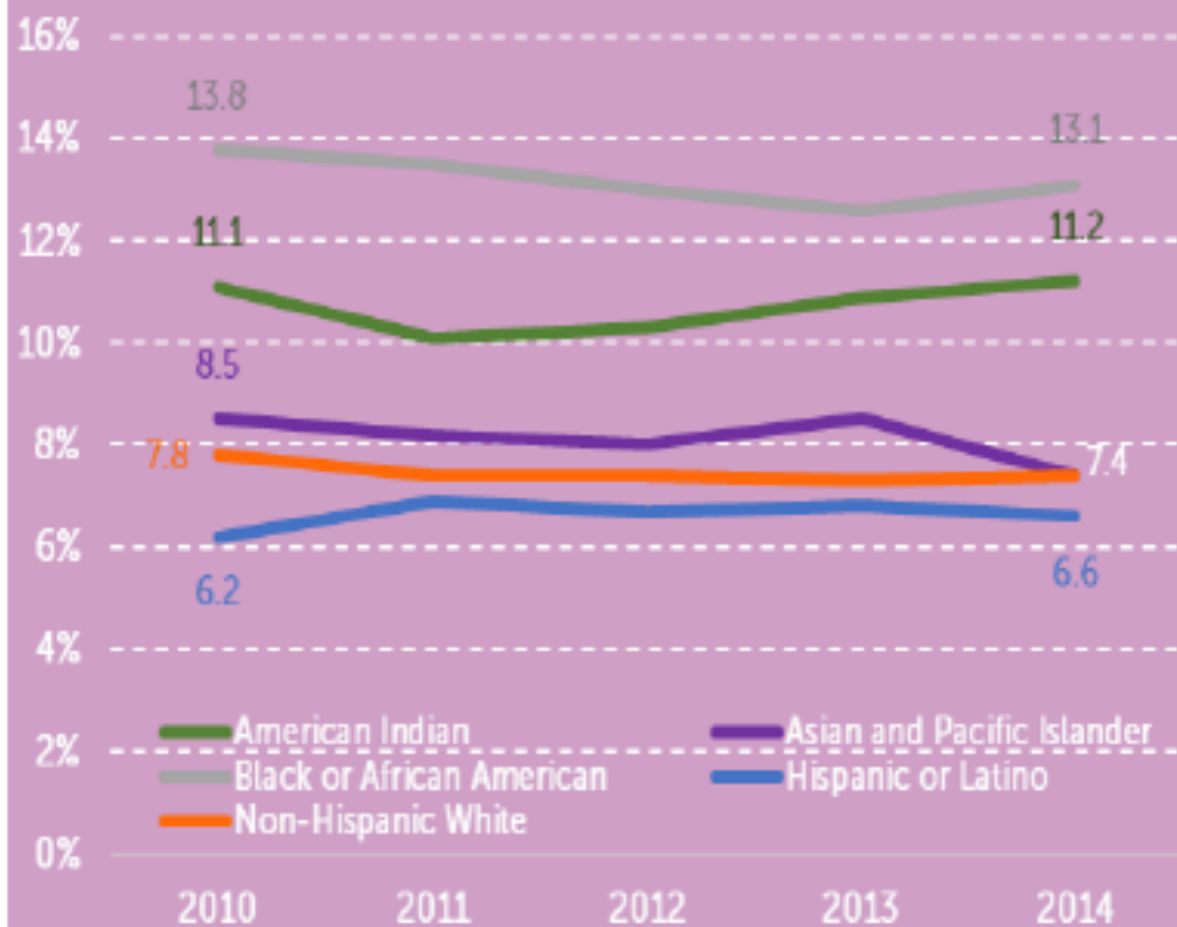
# ART

ths weighing less than 2,500 grams



## DATA DETAIL

RACE AND HISPANIC ORIGIN, 2010-2014



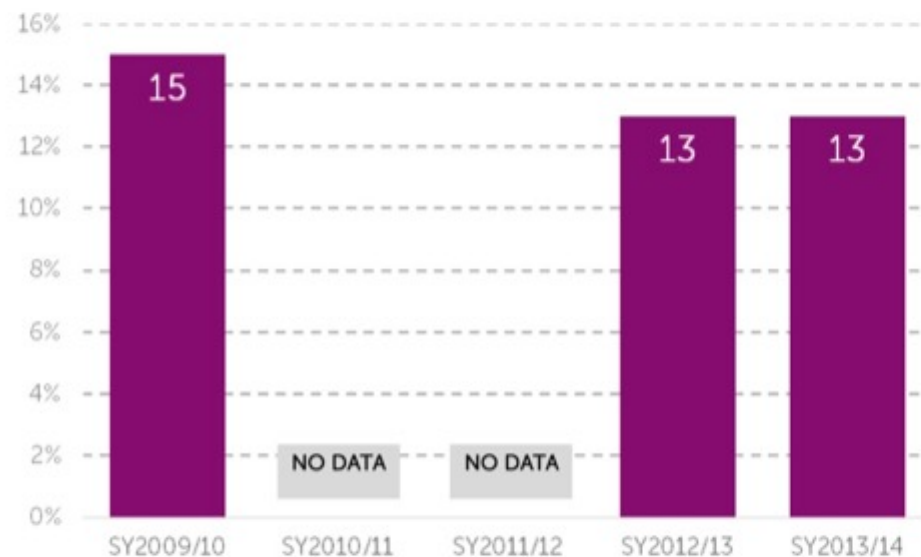
# PHYSICAL & EMOTIONAL HEALTH

## Dental Health

The percentage of kindergarten students with untreated tooth decay

AGE: KINDERGARTEN STUDENTS

### DATA OVER TIME



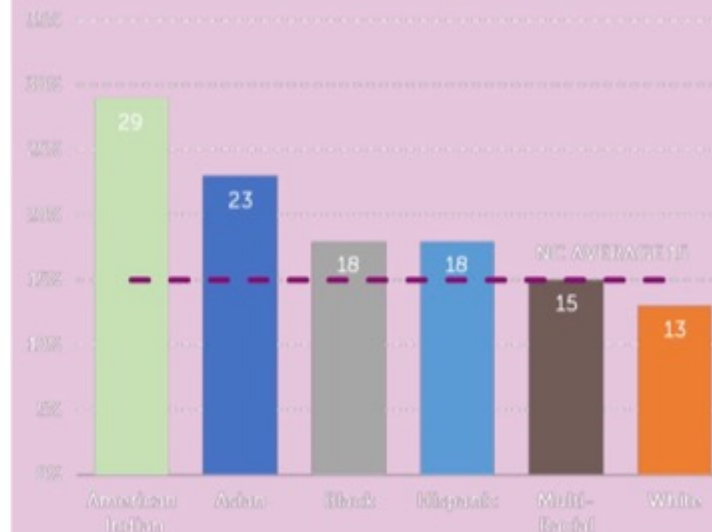
### WHY IS THIS MEASURE IMPORTANT?

Tooth decay is the most common chronic childhood disease. Untreated dental problems can lead to secondary physical illness, delay overall development, compromise school attendance and performance, and interfere with psycho-social functioning.

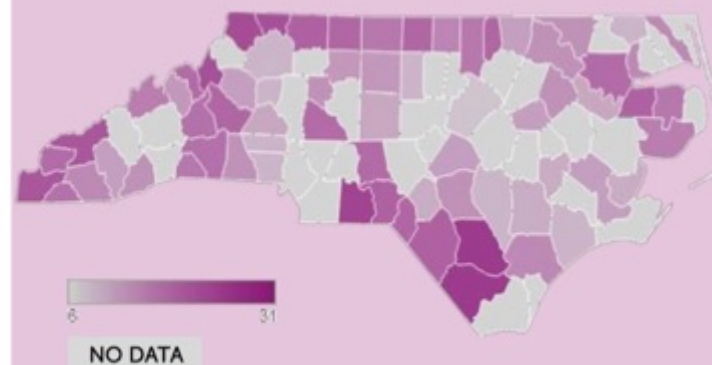
**SOURCE:** N.C. Department of Health and Human Services, Division of Public Health, Oral Health Section. *North Carolina Oral Health Section Kindergarten Oral Health Status County Level Summary*. **NOTE:** Variable is %dt, the percentage of kindergarten students with untreated tooth decay. School year data.

### DATA DETAIL

#### RACE AND HISPANIC ORIGIN, 2009-2010








#### GEOGRAPHY, 2013-2014



\*Income not available

# ARE WE MAKING PROGRESS?

HEALTH AND DEVELOPMENT

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% of children whose height and weight falls into expected ranges								
Children exhibiting self-regulation, good interpersonal skills, and no behavior problems								
Children with untreated tooth decay	14		2013/14	13%	NA	NA	NA	NA
All children reach appropriate developmental benchmarks								
% of children showing improvement with early intervention services	15		2014	Social-emotional skills: 58.8% Knowledge and skills: 51.9% Appropriate behaviors: 57.4%	NA	NA	NA	NA
% of children on-track for oral language skills at 24, 36, 48, and 60 months								
% of children developmentally on-track at kindergarten entry								

Rank 1= Best Rate



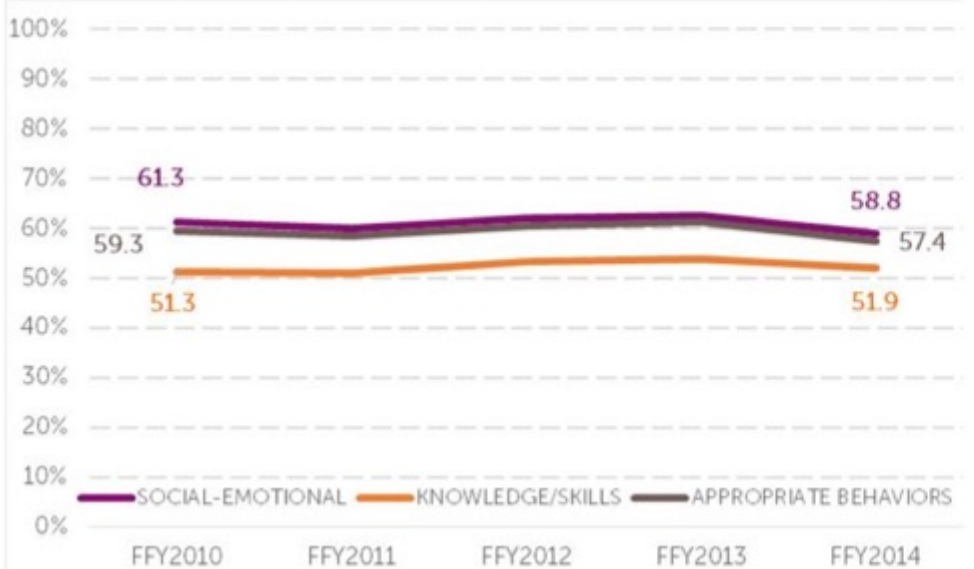
# APPROPRIATE DEVELOPMENTAL BENCHMARKS

## Early Intervention

The percentage of children showing improvement with early intervention services

AGE: 3

### DATA OVER TIME



### WHY IS THIS MEASURE IMPORTANT?

Without appropriate supports and services in the early years, children with special educational needs are less likely to be ready for school and are at higher risk for poor educational outcomes.

**SOURCE:** U.S. Department of Education. *Part C State Performance Plans (SPP) Letters and Annual Performance Report (APR) Letters*. Part C, Indicator 3: Infants and Toddlers outcomes. Summary Statement 2. North Carolina falls between the 10th and 90th percentile for this measure when compared to other states' outcome data. In FFY 2014, the data range across states for each category in this measure were: social-emotional 44.8-69.8%, knowledge and skills 36.6-63.0%, and appropriate behaviors 41.5-72.9%.

### DATA DETAIL

BY RACE AND HISPANIC ORIGIN

[NO DATA]

BY INCOME

[NO DATA]

GEOGRAPHY

[NO DATA]



**Health and Development on Track, Beginning at Birth  
Supplemental Data**





Let's Get to Work



### **Step 1: Individual Reflection (worksheet in your binder)**

- What strikes you as you look over this data?
- What seems important for other stakeholders to know?

### **Step 2: Small Table Conversation.** Map conversation on the wall. Use one color per outcome:

**Healthy Start** – **Access to Healthcare** – **Physical/Emotional Health** – **Appropriate Developmental Benchmarks**

- What inequities seem really important to pay attention to?
- Which groups are most disadvantaged according to this data?
- Which areas of the state are most disadvantaged according to this data?

### **Step- 3: Small Table Equity Rating (worksheet in your binder)**

To what extent does this indicator represent an area where great inequities exist?

- **GREAT INEQUITIES** in this indicator area: Data on this indicator highlight significant racial or income inequities.
- **SOME INEQUITIES** in this indicator area: Data on this indicator highlight some racial or income inequities.
- **LITTLE OR NO INEQUITIES.** Data on this indicator reveal few racial or income inequities.
- **Equity data not available:** Race and income data was not available to evaluate this indicator.

### **Step 4: Repeat Process** for Each Outcome Facilitate Using Data from Both Resources

**Step 5: Identifying the Greatest Inequities:** Place a dot on the stickies on the wall that represent an indicator that was rated as “Great Inequities” on the group evaluation sheet.



**What did you notice?  
Who had an “AHA!” moment?**

# Next Steps

Analysis on walls and equity ratings will be collected, integrated, and summarized. You will see these at the next meeting.

Our next meeting is on October 5. We will discuss reasons why these inequities and patterns exist and assess other trends in the data, including comparing NC to national data to determine a level of need for each indicator.







**Reflections?**