

## Appendix A: NC Early Childhood Data Development Strategy

The **Education and Family Supports working group** recommended the following measures for prioritization:

### Shorter-term:

- **Regular Attendance and Suspension/Expulsion**, including:
  - Percent of students who are chronically absent in K-3<sup>rd</sup>, disaggregated by race/ethnicity, income, school district and age
  - Percent of children who are chronically absent from NC PreK, disaggregated by race/ethnicity, income and county/school district
  - Children suspended and expelled from child care programs and elementary schools, disaggregated by county/school district, race/ethnicity, income and age
- **Affordable High Quality Child Care**, including:
  - Estimated eligible children under age 6 receiving child care subsidies, disaggregated by race/ethnicity, income
  - Families paying 10 percent or less of their income on child care, disaggregated by race/ethnicity, income and age of child

### Longer-term:

- **Positive School Climate** – schools employing social-emotional strategies or some composite measure of school climate
- **Parent Education Supports**, including:
  - Availability of in-home visiting, parent education and family preservation services
  - Percent of parents participating in those programs and services

The **Health and Family Supports working group** recommended the following measures for prioritization:

### Shorter-term:

- **Food Security** – percent of eligible families with young children who receive SNAP benefits, including a state average and disaggregated by county and race/ethnicity
- **Adults with Health Insurance** – percent of adults with health insurance, disaggregated by race/ethnicity and income

Longer-term:

- **Social-Emotional Health Screening** – percent of young children screened for social-emotional health needs, disaggregated by race/ethnicity, income and county
- **Environmental Health** – percent of children screened for elevated blood lead levels and the percent of children with elevated levels, disaggregated by race/ethnicity, income and age
- **Medical Home** – percent of parents reporting they have a regular place to take their children for medical care (i.e., a medical home), disaggregated by county

### **Rationales, First Steps and Who is Responsible**

The chart on pages 7-11 shows the small groups' rationales for choosing these measures, the first steps NC should take to start collecting them, and who is responsible.

## NC Early Childhood Data Development Strategy

Issue	Measure	ST/LT?	Why?	How?	Who?
<b>Regular Attendance and Suspension/Expulsion</b>	Percent of students who are chronically absent in K-3 <sup>rd</sup> , disaggregated by race/ethnicity, income, school district and age	ST	Disaggregating these data would help NC approach chronic absence, including for school discipline, with a racial equity lens; these data sets are readily available for public settings, but need to be connected; data for the birth-5 system still need to be collected and quality checked	<ol style="list-style-type: none"> <li>1. Meet to agree that data collection on chronic absence and suspension/expulsion among 0-8 year-olds is important</li> <li>2. Explore creating a chronic absence/suspension/expulsion data platform, fed by PowerSchool. Switch from ECIDS to SAS platform and roll-out of ECATS (Every Child Accountability and Tracking System) through NCDPI could provide opportunities</li> <li>3. Survey parents, school social workers and others who work with families, and do focus groups on chronic absence, suspension and expulsion</li> </ol>	<ol style="list-style-type: none"> <li>1. DPI and DHHS</li> <li>2. DCDEE</li> <li>3. UNC or an RFP</li> </ol>
	Percent of children who are chronically absent from NC PreK, disaggregated by race/ethnicity, income and county/school district	ST			

	Children suspended and expelled from child care programs and elementary schools, disaggregated by county/school district, race/ethnicity, income and age	ST			
<b>Affordable High Quality Child Care</b>	Estimated eligible children under age 6 receiving child care subsidies, disaggregated by race/ethnicity, income	ST	Disaggregating these data would help NC approach ensuring affordable child care with a racial equity lens; affordable, high-quality child care is critical for child development; NC is close to being able to measure these indicators already	<ol style="list-style-type: none"> <li>1. Gather disaggregated census data (race, county)</li> <li>2. Periodically survey NC parents about the affordability of childcare and draw information from the Preschool Development Grant needs assessment</li> <li>3. Analyze the data</li> </ol>	<ol style="list-style-type: none"> <li>1. DHHS/UNC</li> <li>2. UNC</li> <li>3. DHHS/UNC</li> </ol>
	Families paying 10 percent or less of their income on child care, disaggregated by race/ethnicity, income and age of child	ST			
<b>Positive School Climate</b>	Schools employing social-emotional strategies or some composite measure of school climate	LT	Disaggregating these data would help NC bring a racial equity lens to improving school climates; positive school climate is critical for young children’s social-emotional development; positive school climate can decrease behavioral issues	<ol style="list-style-type: none"> <li>1. Explore B-5 usage of CLASS assessment</li> <li>2. Talk with FPG about FirstSchool opportunities, including EduSnap, a classroom observation measure</li> <li>3. Work together on school safety opportunities</li> </ol>	<ol style="list-style-type: none"> <li>1. DCDEE</li> <li>2. DCDEE and DPI Office of Early Learning</li> <li>3. DHHS, DPI Office of Early Learning and Multi-Tiered System of Supports</li> </ol>

<b>Parent Education Supports</b>	Availability of in-home visiting, parent education and family preservation services	ST	Disaggregating these data would help NC bring a racial equity lens to ensuring access to parent education supports; the work is already underway through the North Carolina Partnership for Children/Smart Start's home visiting initiative	<ol style="list-style-type: none"> <li>1. Link data for use of these services to data on use of employment and training services for adults and youth</li> <li>2. Use current home visiting data integration effort to look across home visiting programs to standardize data being collected and link with Division of Workforce Solutions</li> </ol>	<ol style="list-style-type: none"> <li>1. Division of Workforce Solutions</li> <li>2. DHHS and DIT</li> </ol>
	Percent of parents participating in those programs and services	LT			
<b>Food Security</b>	Percent of eligible families with young children who receive SNAP benefits, including a state average and disaggregated by county and race/ethnicity	ST	The SNAP/FNS program team within DHHS does not currently have data on the percent of eligible families receiving SNAP services. This data would be beneficial in informing decisions about how to increase enrollment in counties that have a low percent of their eligible population being served.	<p>Conduct an analysis of the eligible population, by income:</p> <ol style="list-style-type: none"> <li>1. Talk to SNAP team</li> <li>2. Get update on whether there are projects underway to get this data.</li> </ol>	DHHS, with support from Office of State Budget and Management, research partners

<b>Adult Health Insurance</b>	Percent of adults with health insurance	ST	Adult/parent insurance influences children's health; collecting county level data should be relatively easy	County-level analysis of existing insurance data  1. Reach out to Population Reference Bureau 2. Reach out to Shep Center 3. Determine how the data would be used	1. NC Child 2. NCIOM
<b>Social-Emotional Health Screening</b>	Percent of young children screened for social-emotional health needs, disaggregated by race/ethnicity, income and county	LT	Children's social-emotional health data is already a priority in NC for data development; aligns with other state initiatives on early childhood; high impact and high need	1. Talk to Medicaid about what PHPs are required to collect re. rates of screening – social determinants of health screens or other tools 2. Refer to Children's Social-Emotional Health Data Workgroup recommendations for population-based measure(s).	1. DHHS 2. NC Early Childhood Foundation, through Children's Social-Emotional Health Data Workgroup
<b>Environmental Health</b>	Percent of children screened for elevated blood lead levels, disaggregated by race/ethnicity, income and age	LT	Aligns with current efforts; important to draw attention to these data; there are currently low screening rates; high impact, and disparities are present	Clarify process of identifying children for screening ((i.e., all children or those ID'd as high risk?) in order to:  1. Broaden data collection to include more children 2. Know what steps needed to collect race data	1. NC Child 2. DHHS
	Percent of children with elevated levels, disaggregated by race/ethnicity, income, age	LT			

<p><b>Medical Home</b></p>	<p>Percent of parents reporting they have a regular place to take their children for medical care (i.e., a medical home), disaggregated by county</p>	<p>LT</p>	<p>Prioritizes a focus on children’s and families’ experience with the health care system; can capture valuable information about factors impacting access and communication</p>	<ol style="list-style-type: none"> <li>1. Explore cost of oversampling the National Survey of Children’s Health for this question</li> <li>2. Determine how the data would be used</li> </ol>	<ol style="list-style-type: none"> <li>1. National Survey of Children’s Health</li> <li>2. Organizations like Local Health Departments, Community-Based Organizations could provide case</li> </ol>
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