

Indicators: State Experiences
Project THRIVE Indicators Call #2
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Joan Blough (MI):

- Working with the MI Kids Count grantee has been very important for our success in indicators, both in planning and process: we used the same set of indicators and results to use as basis for Great Start Collaboratives
- When we were first funded by MCHB, thinking about strategic planning, wanted to be different than business as usual. How would we understand what's happen for all kids in MI, moving beyond traditional funding (at risk, disabilities)?
- RBA—do that for us! This process came at the same time as when the state legislature was reading *The Price of Government* and thinking about RBA—synergy
 - RBA enables thinking about change at population level
 - Helps grow an understanding—problems are very interrelated
- Indicators help think across sectors—improving health as public responsibility, community responsibility, vs. just the responsibility of public health programs.
- Initial set of indicators in the strategic plan
- Folks who do data helped
- Set 4 of indicators—process of winnowing down to a set that still large but concise set—all valid, can get at state and county level—have made compromises
- Don't always have indicators you want, have to live with what you have
- Fortunate to get funding from NGA to do policy summit
- Need for comprehensive cross sector early childhood data system
- There will be work over the next 5-10 years on data
- Understanding across groups leads better outcomes for change—data can help

Jane Zehnder-Merrell (MI):

- Kids Count does data
- Substantial overlap between ECCE and Kids Count
- MI has State book—core indicators that we take from national book
- Infant mortality, low birth weight, child deaths, child poverty, child safety—bring down to young child focus
- Also do annual report on eight measures from the birth certificate —Right Start 83 counties, 70 communities with population above 25,000
- Data are expressed as percent of births. This creates a compelling profile of birth cohort.
- 8 outcomes: 6 maternal, 2 birth outcomes
 - Lots of important indicators for early childhood community—teen mom, repeat births to teens, smoking during pregnancy, high school ed, married parents

- In 2004 state data book focused on young children: break out in those 5 areas, zero in on what could find in state level for each area to assess well-being in young children
- MI has very low rates of uninsured children but the rates of hospitalization for asthma suggest access to primary care may be an issue – these data can leverage access to care issues—Medicaid payments are so low for doctors, do kids get care they need?
- Resources available from state Kids Count project has
 - access to state network plus national project at the Annie E. Casey Foundation
 - relationships with 8 agencies, 17 people, that pull data for book or Right Start
 - Data on the web: 123 indicators on national website- CLIKS (Community Level Information on Kids -online database): anyone in country can go and compare counties, most data are for last 15 years so users are not limited to present trend, can do their own work—create graphs, maps, ranking, profiles, for community or county
- Technical Assistance: finding and helping interpret data--What is driving trends, what's happening in community
- Public Education and Media: new reports involve release activities, working with electronic and print media thru state Involved Great Start network. We brief the local people, they understand the data and are involved in the release—they can talk to local media as what's driving trends
- Capitalize on reports, invested in data
- Kids Count works across broad range of agencies
- Contract relationship with MI Early Childhood Investment Corp—specialized materials, consultations, and ongoing collaboration to strengthen data supply

Question (from MT Kids Count): We have 4 sets of indicators, so it's still large and a work in progress. What has been primary challenge is trying to get a handle on it?

- We started with the list we wished we had but didn't, and then plugged them into an assessment form, but we found integrating into assessment form was not helpful—it escalates frustration. We also found when we broke the indicators into groups that we had trouble finding indicators for the S-E component and the parent education and support—not much data in these areas. It's been two areas of frustration. The core set has been pretty unchanged. We have a baseline across the state and report cards to communities. We report to the community at large about the status of child indicators.

Deborah Nelson (NC):

- The question in NC is how to manage a large set of indicators—the tension around a manageable set and having a large list
- Started entire process with diverse cross agency group, and lots of stakeholders. We have had 18 months of meetings and debate to getting to our set

- Asked for mix of people to be involved and to think how in their agency they could shift into right directions: apply program standards, accountability, policy, etc
- We have a fluid doc and expect it to shift.
- We asked 3 narrowing questions:
 - do we have a data source? If didn't have it we let it go.
 - how strong is the evidence that this indicator is linked to school readiness? This allowed to eliminate several that sounded good but the evidence was not strong enough
 - do we have pretty good agreement among mixed stakeholders at the table? If too much disagreement it's not productive. We didn't ask for perfect agreement.
- Used ready communities/family/schools as guide: it helps keep more organized
- We asked group of data experts (including Kids Count grantees) to bring data experts to table to find out how good data sources are
- On the chart: green lights—good data sources; caution sign—still a little shaky about data; under construction—working on it as population level data source.
- Most under construction is in ready children section. We have the kindergarten health assessment, but it's hard to measure on social-emotional--we don't have that data
- We looked at the THRIVE chart—made sure our indicators were there! Good reflection there—not 1-1, but a lot of matching.
- We're working the kindergarten health assessment (joint requirement between DPH and the Department of Public Instruction)—an assessment required of all children. It's very comprehensive and completed by a highly trained professional. However, there are data issues--if it worked beautifully that would be one thing but the professionals aren't completing it perfectly. So we're trying a social marketing campaign to boost quality of data.

Question: no prevention needs assessment? It's a survey of risk factors conducted in schools with 8th and 10th graders—how many 8th graders consumed alcohol in last 30 days?

- NC is looking at school readiness indicators—if looked at child wellbeing or school success we would have done things like that. The discussion did stir that up! Focused on 0-5 outcomes and school readiness. We decided not to look at high school outcomes, but are interested in what others are doing.
- Joan: Comment on MEEP indicators: MI Education assesses reading scores, but we don't go to older ages. It never really even came up, but it's interesting to think about. If our outcomes were different it might have come up.
- Ready schools indicators--waiting for Kellogg Foundation data—kids are ready but what about their schools? Data will be flawed
- SPARK initiative (from Smart Start website—useful materials and disk of professional development resources). It is not a simple task to find Ready Schools indicators; it's even harder in than in other sections

- We are getting some fear and pushback—class size, class ratio—we were concerned that we were giving a message that’s all it takes to be a ready school. So we asked to hold off and give the message that that doesn’t tell the whole story
- Now we have a placeholder. We’re waiting until we get through the process to put something there that will really show the complexity of ready schools and how to measure. The indicator will be something like the % schools score at least x on a ready schools assessment tool.

Comment (Andy in Iowa): I think this is not telling the full story—indicators are an attainable data point. We need to look, but then have to do analysis that will clarify the data. This argument sets you up for panels of hundreds of indicators. They all have value, but it goes beyond purpose of indicators. It makes more sense in the ready schools questions (about giving the wrong messages) because so much less work has been done. There is no perfect set of ready schools indicators.

Question: What is the health assessment during the KHA?

- It’s an assessment filled out by doctor or certain nurses. It’s a reflection of a perfect well-child visit: development, hearing, vision, illness, physical exam, BMI, blood pressure, etc. It’s a comprehensive snapshot. However, we don’t even have it in electronic format. We’re piloting one and working on it.

Question: How does the health section measure SE readiness?

- Block on KHA that is developmental block, in that there’s a list of valid and reliable screening tools for the S-E domain. A doctor can check if kids are within normal and refer to specialist if there are concerns.

Question: Is there reliability with a one-time shot?

- It relies on validated screening tools.

Bob Cosantino (VT):

- Will be talking about the use of results-based accountability (RBA) and how we’re using in VT’s Building Bright Futures
- In 1994, VT got Annie E. Casey Foundation grant. We started working with Mark Friedman and formed a state team for children and families, including mangers, state agencies, advocacy organizations, providers, etc. We have 12 districts in VT, and had a group that we called the Regional Partnership. These districts are small geographically and population-wise, not large population areas.
- The team developed 10 state outcomes and 1998 these outcomes were written into law. This was the basis of a lot of work from early childhood, early care, mental health, etc. When we got the ECCS grant, we looked at the 10 outcomes. We have 5 areas in ECCS but wanted to fit them into the framework. There were 4 that directly related to ECCS, so we had that as background to work with.
- We started out on state council, infrastructure, kinds of committees, local level too, what happens there mirrors state level, so we formed a BBF regional council meant to mirror the state council (public-private, with schools, state, parents, etc.).
- We had money to get the 12 regional councils together to start working on local regional plans using RBA. We took the four relevant outcomes into the indicator

discussion. We have lots of statewide data but wanted to say if we're doing something locally, what do we really focus on?

- We're using RBA as an organizing mechanism, as a means by which people get to table.
- If you start with that, you don't want to barrage the teams with a long list of indicators that will have heads spin. Chose the ones that are really relevant in the community and get partners together.
- We have local plans by region focusing on their own indicators (% women smoking during pregnancy, obese children, abuse and neglect, new families at risk, etc). We gave them a list of indicators and wanted the communities to go through the RBA process and decide which 3-4 to focus on to start. This was a way to pull together everyone in community and to organize.
- The comprehensive nature of what we're doing allowed local regions to organize. The councils were intended to be comprehensive, but that wasn't happening, but by using indicators we were able to see who was not at the table and draw partners in.
- VT is a small state but each region is different. It's easier on some than others to inform people about what BBF is, what comprehensive system is, how we think people should work together.
- There was lots of misunderstanding about what programs can do; people were asking too much. If you are going to "turn the curve" do you have all involved, everyone here: it's a collective responsibility, not just one program.
- We discussed questions like: is a program being affected—if not, how can they contribute for population indicators? What can and can't you do with indicators? What do we really mean when talking about community?
- Every region picked performance measure/indicator. There are a number that a few regions are working on: smoking or drug use during pregnancy, abuse and neglect rates. So they will get together as groups to look at best practices.
- Our focus was on how using RBA and indicators language helped people organize locally and inform and educate about what a comprehensive system is, what we are trying to build.

Comment/Question: Andy: Community groups are better around outcome measure (i.e. stable and supportive families than child abuse and neglect)—you can reduce abuse, but still not have stable, supportive families, the broader concept. Those are important indicators, but not outcomes. Why start smaller, especially in communities where people aren't working together, where they are even challenging reducing abuse and neglect?

- What's important to local region, that will feed to state council and they will do some things they can do to help—how about screening and follow up to abuse suspicion calls—lots of work to do on that at a state level. How do you tell if measurement/reporting is going up, vs rates going down?
- Here in VT, we're finding that we have low rates. But we think that's partly because we're only following up on small number of screened cases—we need increase number of cases we're following up on. This comes up in a lot of areas.

Leslie Davidson (THRIVE):

- One thing that strikes me from all these presentations is the different ways that you've developed use of indicators you are using—as a tool for organizing, challenging people to develop programs and across agencies and barriers, out of the box. In some cases when we framed indicators for THRIVE, we chose population, systems and process, overall outcomes. It's challenging to make it work
- When kids begin school with undetected problems—that is a beacon for problems in the system.
- You have distal and proximal questions about outcomes. You can look at school dropouts, ability at grade 8—those are background, but now so distal they aren't as helpful now. They can be on the back burner as eventual outcomes.
- THRIVE chart shows population risk factors on bottom line—we have exposure to multiple risk factors
- How you look at vulnerable children—make job harder, overcome at risk in EC years. Some are other things you want to work on as part of EC projects.
- Modulates how you do it: for example, if you change LBW, you change outcomes.

Q&A and Discussion Section

Question: no one mentioned expulsion from early care and education. Is anyone interested in trying to look at that, or successful? It's a very good indicator of failure of systems in many possibilities. Yale has baseline data from 40 states but not ongoing indicators work.

- Jane: interested in preschool expulsion efforts. In MI high risk kids aren't in center based care. In MI we have data showing that the most vulnerable kids aren't able to attend center based care. 60-80% of subsidies are in family, friend and neighbor care, or with home aids.
- The study looks at state funded preschool programs in 40 states, not unlicensed FFN care. They took a sample from programs—may or may not be useful data, but it was not a comprehensive look at even all programs in state.

Question: Use of indicators what we heard today is that indicators used as mechanism to generate buy in, enthusiasm, resources to solve problems that could be used for specific problems identify and prioritization, mobilize locally and have local jurisdictions select what makes sense, what's important. You may lose statewide but generate local energy.

- Bob—in VT we are so small, when we talk about regional level: 4-5 regions are half the state. Aside from local indicators selection, all regions are working on one, “kids ready for school in 5 domains”. Kids ready for school incorporates poverty and mental health and health. It brings up a very complicated discussion about what are the effects of poverty, homeless on kids. Local to VT is not very far away.
- Conversation that tends to not to cross areas of interest--high quality childcare, access to health insurance and medical homes, poverty—if you give these to a group of people, they tend to gravitate to their areas of expertise and worth on those. What we are trying to do in NC is to use indicators to have cross conversations

- Access to medical home is easy for doctors (to think about), but high quality child care doctors could influence that if we can think across the areas of expertise and interest
- Asthma hospitalization is an outcome for failure to have med home, and a failure to do health support in childcare. Or it could have to do with busses outside schools. That's a safe community level indicator. Maybe you have a state pattern that they're going down except in a few places. So what's wrong in those places?
- Has power –communication power—talking about getting stakeholders together
- Proxy power is about evidence that means something
- Data power issues—look at wonderful chart from NC that shows data power
- Frame as coverage
- Frame as positive
- Community foundation
- All looking at same data indicators—what's happening in community, how well is it working, focus on saying data point them in direction of seeing
- Without data would think of different issues
- Strategic plan and implementation plan in community—targeted to different results and doing different things

Question: Has group dealt with relationship of indicators and setting target measures to assess how well or leaving open to flexible interpretation of indicator value to promote message that you want to promote?

- Setting targets is science and art

Deborah

- We're not setting targets, but that came up in the conversations. It's a legitimate point. It's another layer of sophistication. Our data group put together where we are now and tracking over time so we know what direction were going on
- Some are using Healthy People 2010 as targets

Joan

- The national level sets are working well for MI since MI is close to national average
- Setting targets—direct funding to GSC to build local infrastructure, haven't set targets on indicators on programs and service deliveries
- Setting benchmarks for state priorities at state level not easy to do, and then we run into same problem with data.