



NORTH CAROLINA EARLY CHILDHOOD ACTION PLAN: DATA CONSIDERATIONS IN RESPONSE TO COVID-19 PROGRAM AND POLICY CHANGES

GOAL 4: SAFE AND SECURE HOUSING

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Executive Summary

The North Carolina Early Childhood Action Plan (ECAP) was released in February 2019 and established goals and targets based on the current state of child health and well-being to improve early childhood outcomes by 2025. When this plan was released, we could not have known that the COVID-19 pandemic would disrupt lives across the state and nation. COVID-19 necessitated a sudden shift in how programs function and families are served. The pandemic has and will continue to have major public health implications. Further, children and families will experience ripple effects from school closures, the economic recession, extended time away from peers, and strain to the social safety net. Black and Brown families in particular have suffered greatly from COVID-19 due to structural racism and systemic oppression.

The goal of this document is to record changes to NC programs and policies that serve North Carolina families in response to the COVID-19 pandemic, identify data limitations resulting from those changes, and make recommendations about how to use ECAP data moving forward. This project aims to address the unforeseen challenges that have developed due to the COVID-19 pandemic by identifying programs are being implemented differently and changes to data that are being collected as a result of new implementation approaches.

Background

The North Carolina Early Childhood Action Plan (ECAP), which was released in 2019, establishes ten goals aimed at addressing children's ability to live healthy lives, have safe and nurturing relationships, and learn and be ready to succeed. Each of the ten goals includes targets and sub-targets that serve as indicators of improvement as the State works towards those goals. Goals, targets, sub-targets, and measures reflect the data that were available and the expected function of early childhood service systems prior to the COVID-19 pandemic. The pandemic has disrupted nearly all aspects of those service systems. Therefore, it is important to consider how service systems and data collection changed beginning in March 2020 so we can measure changes in each target and sub-target and make recommendations about how goals may need to shift or be re-prioritized in light of the pandemic.

Current Considerations

We reviewed each indicator in the ECAP and identified concerns about data quality based on our knowledge in July 2020 about how programs and policies have changed thus far. The summary table is color coded to indicate levels of concern over data reliability and validity due to changes in data collection, reporting, or practice in response to COVID-19. Reliability means that data are consistent across time. Validity means that the data are actually measuring the factor(s) they are intended to.

- Low data quality (red) indicates a measure that relies on data we anticipate will be unreliable and potentially invalid due to data collection and reporting changes or due to unknown procedural implications from COVID-19.
- Moderate data quality (yellow) indicates a measure that relies on data we anticipate is reliable but may be affected by currently unknown sources of bias. Data may have uncertain validity.
- High data quality (green) indicates a measure that relies on data we anticipate is reliable and valid and do not have reason to believe that there will be changes in data quality due to COVID-19 related barriers.

We do not recommend eliminating any data sources at this time despite some questions regarding data reliability and validity. It is reasonable to expect to see changes in trends for nearly all indicators beginning in March 2020 due to widespread policy and practice changes. By maintaining all original data sources and indicating where data may be unreliable or invalid, we can better identify whether there were actual changes in key indicators or whether some variance during the COVID-19 period may be due to data quality. We also recommend adding new data sources to some targets in cases where we believe the current data source may not be designed to capture nuanced variation.

We also rate the priority of each target for achieving ECAP goals in 2025 based on current predictions of the level of vulnerability and impacts of the COVID-19 pandemic on the existing ECAP measures.

- High priority (red) means that efforts to meet a target need to increase substantially to overcome deficits that may be imposed by the COVID-19 pandemic or that efforts to meet a target are prioritized because they will have secondary effects on other targets.
- Moderate priority (yellow) means that efforts to meet a target may need to increase but that we do not anticipate downstream impacts due to the COVID-19 pandemic.
- Low priority (green) means that the indicator is still important but that we do not anticipate needing to increase existing efforts to meet targets once programs re-open.

Goal 4: Safe and Secure Housing

ECAP Commitment: Babies, toddlers, young children and their families across North Carolina will have access to safe, secure, and affordable housing.

COVID-19 and Possible Impacts on Goal 4 Indicators:

- Due to statewide suspensions of eviction for non-payment, we may see a decrease in the percentage of children experiencing homelessness from March-June and then an increase in July and subsequent months.
- Identification of children who are newly experiencing homelessness may be hindered as children are not in school. Schools report residency data to NC DPI. Schools may not have accurate information on student's residency status while they are not physically in school and if they are not able to connect with families remotely.
- The number of children under age 6 who experience homelessness is estimated based on the number of children grades K-12 who are experiencing homelessness. Because schools may not have accurate information on students' residency status while schools are closed, estimates of the number of children under age 6 who are experiencing homelessness may be inaccurate.
- High housing cost burden may increase due to COVID-19 financial strains resulting from loss of work.
- Children experiencing homelessness may experience increased disparities in access to quality early care and education.
- The CDC released data from the National Syndromic Surveillance Program in June 2020 indicating that emergency department visits across age groups and conditions declined 42% during the early weeks of the pandemic (March 29-April 25, 2020) compared to the same time period in 2019 and that the steepest decline was in persons aged ≤ 14 years. Asthma is among the top 20 categories of conditions with lower visit counts during the early pandemic period. Compared to the same period in 2019, there was an 84% decrease in the number emergency department visits for asthma among children < 10 years.¹ Emerging researchers suggests that this decline is in part due to patients avoiding hospital settings but may also be associated with reduced person-to-person transmission of respiratory viruses in schools and child care settings, reduced exposure to outdoor allergens, and reduced traffic and industrial pollution.²
- Children's access to blood lead screenings is limited due to COVID-19 restrictions.



| Indicator | Data Quality Considerations | Vulnerability |
|---|---|--|
| <p>Children Under Age 6 Who Are Experiencing Homelessness</p> <p><i>Current Data Sources: NC Department of Public Instruction, NCDHHS, Division of Child Development and Early Education</i></p> | <p>Low – The number of children under age 6 who experience homelessness is estimated based on the number of children grades K-12 who are experiencing homelessness. Because schools may not have accurate information on students’ residency status while schools are closed, estimates of the number of children under age 6 who are experiencing homelessness may be inaccurate.</p> | <p>High – The statewide moratorium on evictions ended in June 2020, but families continue to experience economic losses. Limited resources and high rates on unemployment may result in an increase in the number of children who are experiencing homelessness. There will likely be long-term economic impacts from COVID-19.</p> |
| <p>Number of Children K-3rd Grade Enrolled in NC Public Schools Experiencing Homelessness</p> <p><i>Current Data Sources: NC Department of Public Instruction, NCDHHS, Division of Child Development and Early Education</i></p> | <p>Low – Schools report residency data to NC DPI. Schools may not have accurate information on student’s residency status while they are not physically in school and if they are not able to connect with families remotely.</p> | <p>High – The statewide moratorium on evictions ended in June 2020, but families continue to experience economic losses. Limited resources and high rates on unemployment may result in an increase in the number of children who are experiencing homelessness. There will likely be long-term economic impacts from COVID-19.</p> |
| <p>Percent of Households with Children 0-8 Years Facing High Housing Cost Burden</p> <p><i>Current Data Sources: American Community Survey, U.S. Census Bureau</i></p> | <p>High – We do not anticipate that data quality will change in response to COVID-19.</p> | <p>High – The burden of housing cost is likely to increase as households experience widespread economic losses and housing costs remain high.</p> |
| <p>Rate of Emergency Department Visits for Asthma Care per 1,000 Children Ages 0-8</p> <p><i>Current Data Sources: NC DETECT, Division of Public Health, NCDHHS</i></p> | <p>High – We do not anticipate that data quality will change in response to COVID-19.</p> | <p>Low – Thus far we have seen a dramatic decline in children’s ED visits and it is not clear what is driving this trend. Additional information is needed to know if this indicator requires increased attention.</p> |

| Indicator | Data Quality Considerations | Vulnerability |
|--|--|---|
| <p>Percent of Young Children (0-6 years) Receiving Lead Screening with Confirmed Elevated Blood Lead Levels</p> <p><i>Current Data Sources: NCLEAD Surveillance System, Children's Environmental Health, Division of Public Health, NCDHHS</i></p> | <p>High – We do not anticipate that data quality will change in response to COVID-19.</p> | <p>Low – We do not anticipate that additional long-term efforts will need to be made in response to COVID-19 to meet this target.</p> |
| <p>Percent of Families with Children Aged 0-8 Living at or Below 200% Federal Poverty Level</p> <p><i>Current Data Sources: American Community Survey, U.S. Census Bureau</i></p> | <p>High – Data are drawn from the American Community Survey and U.S. Census Bureau. We do not anticipate that data quality will change in response to COVID-19.</p> | <p>High – We anticipate that economic impacts from the COVID-19 pandemic will increase the percent of families with young children living at or below the FPL. Poverty is an upstream indicator that increases risk for many other ECAP targets.</p> |

References:

1. Hartnett KP, Kite-Powell A, DeVies J, Coletta MA, Boehmer TK, Adjemian J, et al. Impact of the COVID-19 Pandemic on Emergency Department Visits - United States, January 1, 2019-May 30, 2020. *Morb Mortal Wkly Rep.* 2020;69(23).
2. Oreskovic NM, Kinane TB, Aryee E, Kuhlthau KA, Perrin JM. The Unexpected Risks of COVID-19 on Asthma Control in Children. *J Allergy Clin Immunol Pract* [Internet]. 2020;19–21. Available from: <https://doi.org/10.1016/j.jaip.2020.05.027>