



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

GOAL 5: SAFE AND NURTURING RELATIONSHIPS

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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 5: Safe and Nurturing Relationships

ECAP Commitment: Babies, toddlers, and young children across North Carolina will grow up with safe and nurturing family and caregiver relationships.

COVID-19 and Possible Impacts on Goal 5 Indicators:

- Early data across the US is showing a dramatic decrease in the number of referrals being made to CPS, similar to what is typically seen over extended school breaks. It is unlikely that maltreatment rates are decreasing as COVID-19 restrictions are exacerbating risk factors, such as financial stress and material hardship, and limiting access to protective factors, such as social support. Referrals to CPS are often made by teachers, doctors, law enforcement, or other adults outside the home. These people have limited access to children as schools are closed and many doctors' visits have moved to telehealth technology. While the rate reflects the number of substantiated cases over the number referred, the cases that are being referred currently may be more severe with more noticeable evidence of maltreatment.
- Case workers may have less collateral evidence to substantiate referrals.
- Social isolation and loss of social support/resources at school and other activities outside of the home may expose children to more ACEs and/or exacerbate the effects of ACEs.
- Home visiting services are being implemented through video conferencing. However, home visitors may not be able to identify some needs in the home that they would be able to identify if they were in-person. This may lead to more ACEs.
- COVID-19 may contribute to an increase in disparities in who receives post-partum depression screenings due to disparities in access to telehealth technology. Medicaid has continued enrollment and providers are allowed to conduct screening via telehealth when both audio and visual technologies are available. Providers may have a harder time screening mothers who do not have reliable internet access or audio-visual technology.

Indicator	Data Quality Considerations	Vulnerability
<p>Rate of Children 0-8 years who are substantiated for maltreatment</p> <p><i>Current Data Sources: Division of Social Services Central Registry, NC FAST</i></p>	<p>Low – Maltreatment substantiation rates are calculated based on the number of reports that are screened in for assessment. There are always inherent limitations to these data due to the bias of who is reported to DSS. It is likely that children who may be experiencing maltreatment who would normally be identified by teachers, health care professionals, or other people in the public are not being identified while families are at home. It is possible that more severe cases of maltreatment are being reported to DSS while less severe cases may not be identified. Stay at home orders may also limit the information that can be collected during an investigation. Therefore, data on maltreatment substantiation rates are unreliable at this time.</p>	<p>High – Social isolation, material hardship, and parental mental health are all associated with increased risk of child maltreatment. It is likely that risk related to all of these factors has increased due to social distancing and the economic impacts of COVID-19. Additionally, risk may increase when children are not going to school or participating in other activities that may protect them from maltreatment. Increased efforts will be necessary to meet family needs to prevent maltreatment.</p>
<p>Percent of Children 0-8 Years with Two or More Adverse Childhood Experiences (ACEs)</p> <p><i>Current Data Sources: National Survey of Children’s Health, U.S. DHHS</i></p>	<p>High – We do not anticipate that data quality will change in response to COVID-19.</p>	<p>High – Social isolation, material hardship, and parental mental health are all associated with increased risk of child maltreatment and parental substance use (just two forms of ACEs). It is likely that risk related to all of these factors has increased due to social distancing and the economic impacts of COVID-19. Additionally, risk may increase when children are not going to school or participating in other activities that may protect them from ACEs or reduce the impact of ACEs. Increased efforts will be necessary to meet family needs to prevent ACEs.</p>

Indicator	Data Quality Considerations	Vulnerability
<p>Percent of Children Enrolled in Medicaid with at Least One Documented Maternal Post-Partum Depression Screen for Mother</p> <p><i>Current Data Sources: NC Medicaid</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 existing efforts will need to be amplified once doctor's offices are open for in-person visits.</p>
<p>Rate of Emergency Department Visits for Injuries per 1,000 Children Ages 0-8 Years</p> <p><i>Current Data Sources: NC DETECT, Division of Public Health, NC DHHS</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>



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