



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

## GOAL 9: ON TRACK FOR SCHOOL SUCCESS

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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 9: On Track for School Success

**ECAP Commitment:** Young children across North Carolina will reach their developmental goals by the time they enter Kindergarten.

### **COVID-19 and Possible Impacts on Goal 9 Indicators:**

- Based on these statistics, there is likely a significant portion of children who were not able to continue effective learning remotely. Disparities may increase as a result of disproportionate disruption of learning due to COVID-19 classroom closures.
- The percent of children who enter Kindergarten at a level typical for their age group may be skewed lower than usual.
- There are likely disparities in family's ability to access teletherapy services.
- The percent of children who receive early intervention services will likely be skewed lower than usual.
- Trauma and stress associated with the pandemic and limited opportunities for social interaction may inhibit growth of social-emotional skills.

Indicator	Data Quality Considerations	Vulnerability
<p>Percent of Children Who Enter Kindergarten at a Level Typical for Their Age Group</p> <p><i>Current Data Source: NC Department of Public Instruction</i></p>	<p><b>Moderate</b> – Currently unknown how assessments will be conducted for children entering Kindergarten in 2020.</p>	<p><b>High</b> – An entire cohort of children entering Kindergarten in Fall 2020 experienced a loss of pre-school education and diminished socialization opportunities that impact social-emotional and cognitive development.</p>
<p>Percent of Children Enrolled in Medicaid Receiving General Developmental Screening in First 3 Years of Life</p> <p><i>Current Data Source: NC Medicaid Child Core Set</i></p>	<p><b>High</b> – Data are drawn from Medicaid claims. We do not anticipate that data quality will change in response to COVID-19.</p>	<p><b>Low</b> - We do not anticipate existing efforts will need to be amplified once doctor’s offices are open for in-person visits.</p>
<p>Percent of NC Children Who Receive Services through the Infant Toddler Program to Address Developmental Risks and Delays</p> <p><i>Current Data Sources: NC Early Intervention Program, NC Division of Public Health, NC DHHS, NC Preschool Exceptional Children, NC Department of Public Instruction</i></p>	<p><b>High</b> – Data are drawn from administrative records. We do not anticipate that data quality will change in response to COVID-19.</p>	<p><b>Moderate</b> – Additional efforts may be needed to make up for therapeutic services that could not be delivered through telehealth technology.</p>
<p>Percent of NC Children Who Receive NC Preschool Exceptional Children Services to Address Developmental Risks and Delays</p> <p><i>Current Data Sources: NC Early Intervention Program, NC Division of Public Health, NC DHHS, NC</i></p>	<p><b>High</b> – Data are drawn from administrative records. We do not anticipate that data quality will change in response to COVID-19.</p>	<p><b>Moderate</b> – Additional efforts may be needed to make up for therapeutic services that could not be delivered through telehealth technology.</p>

Indicator	Data Quality Considerations	Vulnerability
<i>Preschool Exceptional Children, NC Department of Public Instruction</i>		
<p>Percent of NC Children Who Received Services through the Infant Toddler Program, Entered the Program Below Age Expectations in Each Outcome, and Substantially Increased Their Rate of Growth by the Time They Exited the Program</p> <p><i>Current Data Sources: NC Early Intervention Branch, NC Division of Public Health, NCDHHS</i></p>	<p><b>Moderate</b> – This indicator relies on data from two time points. We do not currently know how many assessments were not completed at the time of entry or exit. Missing data at either time point may limit our ability to draw conclusions about growth rates.</p>	<p><b>Moderate</b> – Additional efforts may be needed to make up for therapeutic services that could not be delivered through telehealth technology.</p>
<p>Percent of Children Who Received Services through the NC Preschool Exceptional Children Program, Entered the Program Below Age Expectations in Each Outcome, and Substantially Increased Their Rate of Growth by the Time They Exited the Program</p> <p><i>Current Data Sources: NC Preschool Exceptional Children Program, NC Department of Public Instruction</i></p>	<p><b>Moderate</b> – This indicator relies on data from two time points. We do not currently know how many assessments were not completed at the time of entry or exit. Missing data at either time point may limit our ability to draw conclusions about growth rates.</p>	<p><b>Moderate</b> – Additional efforts may be needed to make up for therapeutic services that could not be delivered through telehealth technology or remote learning activities.</p>