

July 30, 2009

TO: The Florida Cabinet for Children and Youth

FROM: Kate Stowell, Ed. D., The Policy Group for Florida's Children and Families

RE: Continuation of Priority Indicators Workshop

Background:

The Florida Cabinet for Children and Youth adopted The State of Florida's Child Report on March 17, 2009. The Cabinet asked The Policy Group for Florida's Families and Children to return with recommendations for "headline" indicators, which were initially presented on June 16, 2009. That discussion resulted in the following indicators of interest to the Cabinet:

Goal/outcome: Every Florida child is healthy

1. Health insurance for every child in the state of Florida
2. Medical home or primary health care provider
3. Annual preventive health and dental care
4. Prenatal care

Goal/outcome: Every Florida child is ready to learn and succeed

The Policy Group was asked to research and develop additional indicators for this topic, including indicators that would address screening and assessment measures for quality learning.

Goal/outcome: Every Florida child has a stable and nurturing family

The three main issues under this category were poverty, foster care and teenagers having children; an indicator on family support would be desirable. Regarding the Policy Group's recommendation on indicator #1 (children living in families with income below the poverty threshold), the Cabinet was in agreement. Regarding #2 (children who have "some indication" or "verified" evidence of abuse or neglect), the Cabinet requested the Policy Group to edit the indicator. Regarding #3 (children under 18 in foster care at any time in the year), the Cabinet was in agreement. Regarding #4, the Policy Group was asked to substitute "teen births" in place of "teen births to women who were already mothers."

Goal/outcome: Every Florida child lives in a safe and supportive community

The Cabinet requested that the Policy Group narrow down the indicators and come back with more information, especially as to indicator #2. Issues that were touched upon were:

1. Crime
2. Intentional injury versus unintentional injuries resulting in hospital or emergency room visits
3. Participation in quality after school program care
4. Safe neighborhoods

In preparation for the July 30 meeting, The Policy Group analyzed results of the discussion, reviewed availability and desirability of additional indicators and discussed progress to date with Mark Friedman. *Several guiding concepts for the July 30 meeting emerged:*

- The priority or “headline” indicators should clearly tell the extent to which children have made progress in each goal area, and there should be no more than three to five headline indicators in each goal area. The Cabinet has expressed interest in no more than 8 to 12 indicators, or 2 to 3 per goal area.
- There should be co-equal results in each goal area. If there are two priority indicators in “healthy children,” then there should be two in “ready to learn and succeed” and so on.
- Each goal area is as important as the other. While an indicator may bring results in more than one goal area, and all of them are inter-related, each of the four goal areas should be treated separately and independently.
- The Cabinet expressed interest in indicators “upstream” as opposed to “downstream” in terms of effect of those indicators on child well-being. Indicators that clearly lead the way to change were preferable to others that will likely change if the leading indicator changes.
- The Cabinet asked for different indicators in the “ready to learn and succeed” goal area. It is important to note that the “state of the art” in this area is elusive. While there is agreement on the need for quality, defining that in indicator format is difficult. Likewise, defining “developmental capacity” can be done with a single indicator, but it is not one in widespread use. The Cabinet would be plowing new (and wonderful) ground if it were to adopt the indicator. The indicators recommended in this goal area rely heavily on established research and available data.
- The Cabinet expressed some hesitancy on indicators from survey data. It should be noted that additional data sources for this information were researched. All use the same source, which is data from the National Child Health Survey, Child and Adolescent Health Measurement Initiative of the Maternal and Child Health Bureau, Health Resources and Services Administration, U.S. Department of Health and Human Services. This data can be trusted; it just isn’t collected annually.

Finally, to recap guidance provided at the June 16 meeting, priority indicators are ones that best respond to these questions:

- Which indicator is most important to change?
- If you had to explain the indicator to your neighbors and colleagues, is it compelling and does it make common sense?
- Does the indicator measure something that has a major impact on the result we want?

Key Indicators:

The Cabinet has articulated its values as: improving the self-sufficiency, safety, economic stability, health and quality of life of all children and youth in Florida. And it has specified four categories of focus:

health, school readiness, families and communities. The Cabinet seeks to select key indicators on which it will measure progress toward accomplishing its mission. *Initial discussion on key indicators by the Cabinet is supported by research suggesting the importance of the following premises.*

Premises:

- Healthy child development is a foundation for future sustainable economic and community development, as capable children are the building blocks of a solid and productive society. The early years of life matter because early experiences affect the architecture of the maturing brain. As it emerges, the quality of that architecture establishes either a sturdy or a fragile foundation for all of the development and behavior that follows - and getting things right the first time is easier than trying to fix them later. When interpersonal experiences are disruptive, neglectful, abusive, unstable, or otherwise stressful, they increase the probability of poor outcomes. Severe or chronic stress releases harmful chemicals in the brain that impair cell growth and make it harder for neurons to form healthy connections.¹
- Health care for children/youth should be prevention-based, family-focused and developmentally-oriented.²
- A vast store of research ... has confirmed that what young children learn, how they react to the events and people around them, and what they expect from themselves and others are deeply affected by their relationships with parents, the behavior of parents, and the environment of the home and neighborhoods in which they live.³
- Early and extensive enrollment in child care or an early education setting has become the norm in U.S. society. It is the quality of care and, in particular, the quality of the daily transactions between providers and the children for whom they are responsible, that carry the weight of the influence of child care/early education on children's development. The positive relation between child care/early education quality and virtually every facet of children's development that has been studied is one of the most consistent findings of developmental science.⁴ Staff qualifications is the strongest predictor of program quality and child outcomes.⁵
- Five factors have been shown to promote stable and nurturing families: nurturing and attachment, knowledge of parenting and of child and youth development, parental resilience (ability to cope), social connections (network of friends, family and neighbors) and concrete supports (to help meet basic needs).⁶ The well-being of every community and the prosperity of every state depend on whether families are able to secure opportunities to provide a better future for their children. Family economic success builds strong communities.

¹ Frameworks Institute, 2006, www.frameworksinstitute.org

² American Academy of Pediatrics, online at www.brightfutures.aap.org

³ National Research Council and Institute of Medicine (2000). *From neurons to neighborhoods: The science of early childhood development*. Committee on Integrating the Science of Early Childhood Development. Jack P. Shonkoff and Deborah A. Phillips, eds. Board on Children, Youth, and Families, Commission on Behavioral and Social Sciences and Education. Washington, DC: National Academy Press.

⁴ Same

⁵ Mitchell, A. (2007). Improving and rating the quality of early care and education in Florida. Auburndale, FL: The Policy Group for Florida's Families and Children. Available online at <http://www.policygroup.org/downloads/policy%20brief%20series/2007-Q001.pdf>

⁶ Child Welfare Information Gateway, Children's Bureau, FRIENDS National Resource Center For Community-Based Child Abuse Prevention (2009). Strengthening families and communities: 2009 resource guide. Available online at http://www.childwelfare.gov/pubs/res_guide_2009/

- Safe and stable neighborhoods and communities engender better social interactions among residents and are healthier places for children to grow and develop. Family-friendly neighborhoods provide opportunities for children to play outside and interact with other children and adults in a clean and healthy environment. Neighborhoods associated with poverty, residential turnover, violence, significant unemployment, lack of accessibility and lack of social relationships and trust between neighbors are high-risk environments for children and families.⁷ When we improve the public environment in which a generation develops, we improve developmental outcomes. Children grow up to be better citizens who give back, thus improving the community.⁸

⁷ Prevent Child Abuse North Carolina

⁸ Frameworks Institute, 2006, www.frameworksinstitute.org

Suggested indicators:

Every child is healthy

Underlying premise: Health care for children/youth should be prevention-based, family-focused and developmentally-oriented.⁹

Indicators in italics are collected by the American Community Survey (U.S. Census Bureau) and/or the National Survey of Children's Health (Maternal and Child Health Bureau of the U.S. Health Resources and Services Administration. Survey data is considered valid and accurate. However, it is reported at 3- to 4-year intervals.)

Leading Indicators (Upstream)	Likely to Change if Leading Indicator Changes (Downstream)
Mothers beginning prenatal care in the first trimester	Children at developmental capacity Low birth weight Infant death rate Children with special needs
Children without health insurance	Children at developmental capacity Children not receiving specific health care services necessary for identified developmental delays and special needs 2-year-olds who are immunized <i>Children receiving annual preventive dental and health services</i> <i>Children with a medical home or primary health care provider</i> Child deaths
Children with a medical home or primary health care provider (a primary care practice that provides them with accessible, continuous and coordinated care)	Children at developmental capacity 2-year-olds who are immunized Child deaths Rates of abuse and neglect Children not receiving specific health care services necessary for identified developmental delays and special needs
Children receiving annual preventive dental and health services	Children at developmental capacity Child deaths Rates of child abuse and neglect Children not receiving specific health care services necessary for identified developmental delays and special needs

⁹ American Academy of Pediatrics, online at www.brightfutures.aap.org

Every child is ready to learn and succeed

Underlying premises:

Early and extensive enrollment in child care or an early education setting has become the norm in U.S. society. It is the quality of care and, in particular, the quality of the daily transactions between providers and the children for whom they are responsible, that carry the weight of the influence of child care/early education on children’s development.

The positive relation between child care/early education quality and virtually every facet of children’s development that has been studied is one of the most consistent findings of developmental science.¹⁰ Staff qualifications is the strongest predictor of program quality and child outcomes.¹¹

Indicators in italics are collected by the American Community Survey (U.S. Census Bureau) and/or the National Survey of Children’s Health (Maternal and Child Health Bureau of the U.S. Health Resources and Services Administration. Survey data is considered valid and accurate. However, it is reported at 3- to 4-year intervals.)

Leading Indicators (Upstream)	Likely to Change if Leading Indicator Changes (Downstream)
<p>Children at or within 9% of their developmental capacity</p> <p>Note: The Cabinet would be taking a leadership role in using this as a headline indicator. It is the best way to understand the “readiness” of children, but it is not an indicator in widespread use right now.</p>	<p>School readiness</p> <p>Teen dropouts</p> <p>Child abuse and neglect</p> <p>Children reading on or above fourth grade level</p> <p>Children with math proficiency on or above fourth grade level</p> <p>Children with special needs</p>
<p><i>Children read to by their parents and relative caregivers</i></p>	<p>School readiness</p> <p>Child abuse and neglect</p> <p>Children reading on or above fourth grade level</p> <p>Children with math proficiency on or above fourth grade level</p> <p>Teen dropouts</p>
<p>Mother’s education level</p> <p>Available indicators:</p> <p>Births to mothers with less than 12 years of education</p> <p>Children in households where the household head is a high school dropout</p>	<p>School readiness</p> <p>Child abuse and neglect</p> <p>Children reading on or above fourth grade level</p> <p>Children with math proficiency on or above fourth grade level</p> <p>Teen dropouts</p> <p>Teens not in school and not working</p>

¹⁰ Same

¹¹ Mitchell, A. (2007). Improving and rating the quality of early care and education in Florida. Auburndale, FL: The Policy Group for Florida’s Families and Children. Available online at <http://www.policygroup.org/downloads/policy%20brief%20series/2007-Q001.pdf>

<p>Early care-giver training/education</p> <p>Available indicators:</p> <p>Early childhood staff with CDA or equivalent</p> <p>Early childhood staff with an associate’s degree</p> <p>Early childhood staff with bachelor’s degree</p> <p>Early childhood staff with master’s degrees</p>	<p>Children at developmental capacity</p> <p>School readiness</p> <p>Children reading on or above fourth grade level</p> <p>Children with math proficiency on or above fourth grade level</p> <p>Teen dropouts</p>
<p>Quality early learning settings</p> <p>Available indicators:</p> <p>Programs with NAEYC accreditation or that meet Head Start performance standards</p> <p>Family child care homes accredited by the National Association for Family Child Care (NAFCC)</p>	<p>Children at developmental capacity</p> <p>School readiness</p> <p>Children reading on or above fourth grade level</p> <p>Children with math proficiency on or above fourth grade level</p> <p>Teen dropouts</p>
<p>Quality VPK</p> <p># benchmarks met on NIEER* quality standards checklist (currently 4/10)</p> <p>* National Institute for Early Education Research</p>	<p>Children at developmental capacity</p> <p>School readiness</p> <p>Children reading on or above fourth grade level</p> <p>Children with math proficiency on or above fourth grade level</p> <p>Teen dropouts</p>

Every child deserves a stable and nurturing family

Underlying premises:

Five factors have been shown to promote stable and nurturing families: nurturing and attachment, knowledge of parenting and of child and youth development, parental resilience (ability to cope), social connections (network of friends, family and neighbors) and concrete supports (to help meet basic needs).¹²

Leading Indicators (Upstream)	Likely to Change if Leading Indicator Changes (Downstream)
Teen births	<ul style="list-style-type: none"> Children living in families below the poverty threshold Child abuse and neglect Children ready to learn and succeed Teen dropouts Teens not attending school and not working Teen births to women who were already mothers
Children living in families with income below the poverty threshold	<ul style="list-style-type: none"> Teens not in school and not working Teen births Teen births to women who were already mothers Child abuse and neglect Children ready to learn and succeed Teen dropouts Youth in juvenile detention centers Youth not attending school and not working Crime rate Children with all parents in the labor force
Children abused and neglected	<ul style="list-style-type: none"> Children at developmental capacity Child deaths Youth in juvenile detention centers Youth not attending school and not working Children under 18 in the foster care system at any time in the year Crime rate

¹² Child Welfare Information Gateway, Children's Bureau, FRIENDS National Resource Center For Community-Based Child Abuse Prevention (2009). Strengthening families and communities: 2009 resource guide. Available online at http://www.childwelfare.gov/pubs/res_guide_2009/

Every child lives in a safe and supportive neighborhood

Underlying premises:

Safe and stable neighborhoods and communities engender better social interactions among residents and are healthier places for children to grow and develop. Family-friendly neighborhoods provide opportunities for children to play outside and interact with other children and adults in a clean and healthy environment. Neighborhoods associated with poverty, residential turnover, violence, significant unemployment, lack of accessibility and lack of social relationships and trust between neighbors are high-risk environments for children and families.¹³

Indicators in italics are collected by the American Community Survey (U.S. Census Bureau) and/or the National Survey of Children's Health (Maternal and Child Health Bureau of the U.S. Health Resources and Services Administration. Survey data is considered valid and accurate. However, it is reported at 3- to 4-year intervals.)

Leading Indicators (Upstream)	Likely to Change if Leading Indicator Changes (Downstream)
Domestic violence	Crime rate Child abuse and neglect
Condition of housing Percentage of occupied housing units lacking complete plumbing facilities, complete kitchen facilities, or where no telephone service is available	Children in safe neighborhoods Teen births Teen births to women who were already mothers Child abuse and neglect Children ready to learn and success Youth in juvenile detention centers Youth not attending school and not working Teen dropouts
Homeless children	Children at developmental potential Teen births to women who were already mothers Child abuse and neglect Children ready to learn and succeed Youth in juvenile detention centers Youth not attending school and not working Teen births Teen dropouts Children in safe neighborhoods
<i>Children participating in quality after-school programs</i> <i>% of school-age children 6-17 participating in one or more organized activities outside of school</i>	Children in safe neighborhoods Children at developmental capacity Youth in juvenile detention centers Youth not attending school and not working

¹³ Prevent Child Abuse North Carolina

Teen births

Teen births to women who were already mothers

Teen dropouts

Crime rate