

# Oregon's Infant Toddler State Self- Assessment Process



Presented to ELC Best Beginnings Committee

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# Purpose & Goals

- ▶ Collect data and policy information to better understand the policy picture for infants and toddlers in Oregon
- ▶ Use an analysis of assessment results to inform a set of recommendations to strengthen infant toddler policies and service delivery across sectors.



# History

- ▶ Peer learning grant and technical assistance
- ▶ Identification/decision to use Zero to Three toolkit
- ▶ Conclusion of peer learning group



# Impact Project Technical Assistance Grant

- ▶ Sponsored by The State Capacity Building Center (Office of Head Start and Child Care)
- ▶ Intensive consultation and technical assistance
- ▶ State-directed: context, vision, and goals
- ▶ Up to 4 years
- ▶ Focus on systems and services that are fully or partially supported by their Child Care and Development Fund (CCDF)



# State Self-Assessment Workgroup

- ▶ Early Learning Division child care and program staff
- ▶ Oregon Health Authority (OHA)
  - ▶ Public Health Division/Maternal and Child Health
  - ▶ Health Systems Division/Child & Family Behavioral Health Unit
- ▶ Black Parent Initiative
- ▶ Children's Institute
- ▶ PSU Graduate Infant Toddler Mental Health Program
- ▶ Ford Family Foundation
- ▶ Oregon Child Development Coalition (OCDC)
- ▶ Native American Youth and Family Center (NAYA)
- ▶ Oregon Center for Career Development (OCCD)
- ▶ Department of Human Services (DHS)
  - ▶ Self Sufficiency
- ▶ Oregon Department of Education (ODE)
  - ▶ Early Intervention/Early Childhood Special Education

# State Self-Assessment Process Overview

## 1<sup>st</sup> Step

- Collect State Data
- Collect Policy & Program Information

## 2<sup>nd</sup> Step

- Stakeholder Survey
- Family Survey

## 3<sup>rd</sup> Step

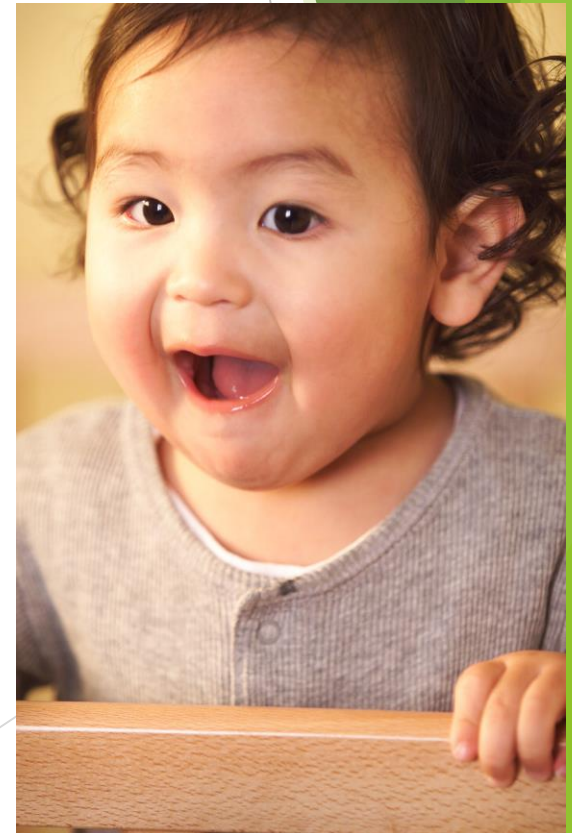
- Vet Findings & Use the Results

# Progress to date

- ▶ First round of policy info and data collection into tool
- ▶ Stakeholder data meeting: April 6<sup>th</sup>, 2017
- ▶ Data follow-up prioritization and vetting with work group
- ▶ State leads performed additional round of data collection based on feedback and prioritization
- ▶ Initial work on survey process
- ▶ Determination of need for stronger route for recommendations to go forward (bring under Best Beginnings)

# Infants and Toddlers in the Policy Picture: A Self-Assessment Toolkit for States

- ▶ Developed by and available for free from Zero to Three®
- ▶ Tool sections:
  - ▶ Demographics
  - ▶ Good Health
  - ▶ Strong Families
  - ▶ Positive Early Learning Experiences
  - ▶ Systems & Collaboration
- ▶ Includes:
  - ▶ Yes/No questions regarding state policies
  - ▶ Questions regarding funding for infant/toddler supports
  - ▶ Collection of state-level data points
  - ▶ Family and stakeholder survey templates





DEMOGRAPHIC	STATE	NATIONAL COMPARISON <sup>1</sup>	SUGGESTED SOURCE FOR STATE DATA
4. Percent of births to foreign-born mothers		22% <sup>3</sup>	KIDS COUNT Data
5. Percent of infants and toddlers who live in families that are poor or near-poor	<p>poor</p> <p>near-poor</p>	<p>25% poor (at or below 100% of the federal poverty level [FPL])</p> <p>23% near-poor (100%–200% of the FPL)</p>	ZTT <i>State Baby Facts</i>
6. Percent of infants and toddlers living with an unmarried parent		34%	ZTT <i>State Baby Facts</i>
7. Percent of mothers (of infants) who are in the labor force		62%	ZTT <i>State Baby Facts</i>
8. Percent of children less than 6 years old whose mothers have a high school education or less		33% <sup>4</sup>	NCCP <i>Early Childhood State Profiles</i>

**COMMENTS**

<sup>3</sup> Annie E. Casey Foundation, KIDS COUNT Data Center, available online at: <http://datacenter.kidscount.org/>

<sup>4</sup> National Center for Children in Poverty, *United States Early Childhood Profile*, updated August 2016. Available online at: [http://www.nccp.org/profiles/early\\_childhood.html](http://www.nccp.org/profiles/early_childhood.html)

# Data Meeting Highlights

- ▶ Lots o' feedback and energy!
- ▶ Themes:
  - ▶ Need for parent voice/experiences of systems
  - ▶ Who is left out of the data? (category definitions, etc.)
  - ▶ Need to illuminate ACEs/experiences of toxic stress
  - ▶ Disparities in eligibility and access to early learning programs
  - ▶ Infant toddler workforce supports (culturally specific)
- ▶ Data gaps:
  - ▶ Disaggregation of data by race/ethnicity and immigrant/refugee status
  - ▶ Referral and follow-up to developmental screening
  - ▶ Culturally specific home visiting services
  - ▶ Diaper need
  - ▶ Young children's oral health

# Data Meeting Highlights

- ▶ Solicited topics/questions for family and stakeholder surveys
  - ▶ Part C/Early Intervention
    - ▶ How do families and service providers experience the system, from screening to referral to evaluation to services?
    - ▶ Different experiences by race/ethnicity? What are the reasons families don't make it to services?
  - ▶ Family leave and basic needs
    - ▶ What do working families experience; what would be different if they had paid leave?
    - ▶ Resources/need for food, formula, diapers
  - ▶ Infant toddler child care
    - ▶ Cost, availability and choices
    - ▶ Schedules and continuity of care
    - ▶ Cultural responsiveness, comfort with caregivers
  - ▶ How do families and service providers experience the linkages between systems generally?
  - ▶ What is working in communities that we should know about?

# Digging into the data

<p>4. Percent of births to foreign-born mothers</p>	<p><b>Oregon</b></p> <p><b>33% (2014)</b></p>	<p>US</p> <p>22%</p>	<p>Also available through OHA Vital Stats – Oregon births: Region and selected country of mother’s birth by continent of father’s birth. (<a href="#">volume 1, 2015</a>, Table 2-12)</p> <p>2015 Oregon births n = 45,656</p> <p>2015 births to mothers born in the US n = 37,082</p> <p>Race, ethnicity, and place of birth of mother by selected demographic characteristics, 2015 births – Table 2-13. (moms born in or outside of the US)</p> <p>Parent’s language is not collected on Oregon birth certificate/vital statistics.</p> <p>US data from KIDS COUNT</p>
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<p>5. Infant mortality rate</p>	<p><b>Oregon</b></p> <p>5.1 deaths per 1,000 live births</p> <p>n = 704</p>	<p>US</p> <p>6.4 deaths per live 1,000 births</p>	<p><b>Disparities</b></p> <p>Oregon Vital Statistics Data demonstrate prominent disparities in infant mortality by race/ethnicity (deaths that occur in the first year of life, 2012-2014 birth cohort, rate per 1,000 live births):</p> <p>Non-Hispanic White: 4.9 (n = 460)</p> <p>NH Black: 8.6 (n = 24)</p> <p>NH American Indian: 10.6 (n = 16)</p> <p>NH Asian: 4.8 (n = 31)</p> <p>NH Pacific Islander: Not calculated (fewer than 5 deaths in this category, n = 4)</p> <p>NH Other and not stated: 23.4 (n = 12)</p> <p>NH Multiple races: 5.3 (n = 25)</p> <p>Hispanic: 5.2 (n = 132)</p>	<p>Oregon Vital Statistics, 2015</p> <p>Data available for neonatal (less than 28 days of age), postnatal (day 28 through 364 after birth) and infant deaths (within 1 year of birth).</p> <p>By maternal characteristics, including age, race, education, tobacco use, prenatal care (Birth cohort 2012- 2014): <a href="#">Table 7-18</a>.</p> <p>By maternal characteristics, including age, race, education, tobacco use, prenatal care (Birth cohort 2014): <a href="#">Table 7-17</a>.</p>
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# Digging into the data

4. Cost of infant care in child care centers as percentage of income for single mothers	<b>Oregon</b> <b>52%</b>	37% national median	Median annual price of toddler care in a child care center in Oregon: \$11,976. Care of a toddler as a percent of the annual income of a minimum wage worker: 63% SOURCE:OSU	ZTT <a href="#">State Baby Facts</a>
9. Available slots for eligible children in Early Head Start	<b>8.1%</b>		<b>2639 slots out of 32, 480 eligible children</b>	Oregon EHS Percent Served Report 2016-17 draft  2016 Oregon Program Information Report
12. 211info Requests for assistance from households with infants and toddlers	<p>From May 2016-March 2017, there were 3509 requests for assistance to 211 from families identifying as pregnant, or having at least 1 child under the age of 2 living in the household.</p> <p>.06% African 13.9% African American/Black 4.3% Alaskan Native &amp; Native American 2.4% Asian 19% Hispanic/Latino .28% Middle Eastern and Northern African 1.9% Native Hawaiian and Pacific Islander 57.2% White</p>	<p>Types of referrals requested:</p> <p>Housing 6,101 requests Utility Assistance 3,031 Individual, Family &amp; Community Support 2,388 Food/Meals 1, 259 Health Care 1, 034 Income Support and Assistance 1,020 Legal, Consumer and Public Safety Services 650 Clothing, Household, Personal Needs 520 Information Services 381 Transportation 421 mental Health/Addictions 326 Education 120 Other: Employment, Disaster Services, Arts, Culture and Recreation, Volunteers/Donations, and other Government/Economic Services</p> <p>Data source: 211 Data System Custom Report</p>		

# Digging into the data

Early Intervention Child Count: 2.6% of Oregon infants and toddlers received EI services in 2015-2016								
National average is around 3%								
Special Education Child Count	Asian	Black	Hispanic	Native American	Pacific Islander	White	Multi Racial	Total
0	13	12	130	3	0	480	14	652
1	37	22	288	9	5	880	41	1282
2	45	39	376	11	6	1135	69	1681
<i>EI (0-2) Total</i>	95	73	794	23	11	2495	124	3615

## Early Childhood ACEs in Oregon:

- 12.6% of 0-5 year olds had already experienced 2 or more ACEs (national average 12.5%)
- 22.7% of 0-5 year olds had already experienced 1 ACE (national average: 24.1%).
- The numbers of children ages 6-11 with two or more ACEs jumped significantly.

Data source: National Survey of Children's Health, 2011-2012

# Policy Highlights

- ▶ Oregon's Medicaid Expansion is key
  - ▶ 45% of Oregon births are covered by Medicaid
  - ▶ 2017: Cover All Kids passed Oregon Legislature
  - ▶ Medicaid coverage extended to more than 17,000 undocumented children starting January 1, 2018 (\$38 million investment)
- ▶ Education and promotion of Medicaid billing for children's mental health services + diagnosis codes
- ▶ Developmental screening incentives and workforce training



# Next steps

- ▶ Formalize work group under the oversight of Best Beginnings
- ▶ Add representation to self-assessment work group
- ▶ Work group meeting in mid-August
- ▶ Tackle family and stakeholder engagement to complete the assessment process

## And then...

- ▶ Additional stakeholder data review meeting(s)
- ▶ Analysis of assessment findings
- ▶ Develop and present recommendations to Best Beginnings/Early Learning Council
- ▶ Cross-sector implementation of recommendations by CCDF-funded Infant/Toddler Specialist, OHA staff and other partners



# Questions/Wrap-up

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