



Early Learning Division | 700 Summer St NE, Suite 350, Salem, OR 97301

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Measuring Success Committee Meeting Agenda

DATE: WEDNESDAY, AUGUST 14TH, 1:00-3:00PM

LOCATION: EARLY LEARNING DIVISION, 700 SUMMER ST NE
(VETERAN AFFAIRS BLDG), 3RD FLOOR DESCHUTES ROOM

Please join my meeting from your computer, tablet or smartphone.

<https://global.gotomeeting.com/join/668384581>

You can also dial in using your phone: 877 309 2073

- Access Code: 668-384-581

Meeting Goals:

- REVIEW DEMOGRAPHIC INFORMATION AVAILABLE FOR EACH MEASURE
- DECIDE BETWEEN ALTERNATIVE PROPOSED MEASURES
- PROVIDE FEEDBACK FOR TEMPLATE OF MEASURE SUMMARIES

Meeting Agenda:

I. Welcome and Introductions	1:00 – 1:10
II. Update on <i>Raise Up Oregon</i> Implementation Process	1:10 – 1:20
III. Review of demographic information available for measures	1:20 – 1:50
IV. Review & choose between alternative proposed measures	1:50 – 2:20
V. Provide feedback on template for measure summaries	2:20 – 2:50
VI. Meeting wrap-up	2:50 – 3:00



SMOKING:

PRAMS

The next questions are about smoking cigarettes around the time of pregnancy (before, during, and after).

23. Have you smoked any cigarettes in the *past 2 years*?

- ☐ No
☐ Yes

Go to Question 27

24. In the *3 months before* you got pregnant, how many cigarettes did you smoke on an average day? A pack has 20 cigarettes.

- ☐ 41 cigarettes or more
☐ 21 to 40 cigarettes
☐ 11 to 20 cigarettes
☐ 6 to 10 cigarettes
☐ 1 to 5 cigarettes
☐ Less than 1 cigarette
☐ I didn't smoke then

25. In the *last 3 months* of your pregnancy, how many cigarettes did you smoke on an average day? A pack has 20 cigarettes.

- ☐ 41 cigarettes or more
☐ 21 to 40 cigarettes
☐ 11 to 20 cigarettes
☐ 6 to 10 cigarettes
☐ 1 to 5 cigarettes
☐ Less than 1 cigarette
☐ I didn't smoke then

26. How many cigarettes do you smoke on an average day *now*? A pack has 20 cigarettes.

- ☐ 41 cigarettes or more
☐ 21 to 40 cigarettes
☐ 11 to 20 cigarettes
☐ 6 to 10 cigarettes
☐ 1 to 5 cigarettes
☐ Less than 1 cigarette
☐ I don't smoke now

ECHO

53. Have you smoked any cigarettes in the *past two years*?

- ☐ No → Go to Page 10, Question 55
☐ Yes

54. How many cigarettes do you smoke on an average day *now*? (A pack has 20 cigarettes.)

- ☐ 41 cigarettes or more
☐ 21 to 40 cigarettes
☐ 11 to 20 cigarettes
☐ 6 to 10 cigarettes
☐ 1 to 5 cigarettes
☐ Less than 1 cigarette
☐ None (0 cigarettes)

55. Not including yourself, is there anyone in your household who smokes cigarettes, cigars or pipes?

- ☐ No
☐ Yes

BREASTFEEDING:

PRAMS

45. How old was your new baby the first time he or she had liquids other than breast milk (such as formula, water, juice, or cow's milk)?

____ Weeks OR ____ Months

- ☐ My baby was less than 1 week old
- ☐ My baby has not had any liquids other than breast milk

ECHO

1. How old was your 2-year-old the first time he or she drank liquids other than breast milk (such as formula, water, juice, tea, or cow's milk)?

____ Weeks OR ____ Months

- ☐ My child was less than 1 week old

2. How old was your 2-year-old when he or she completely stopped breastfeeding or being fed breast milk?

____ Weeks OR ____ Months

- ☐ Still breastfeeding
- ☐ I never breastfed this child

DHS "HOPE" AND "SELF-EFFICACY" QUESTIONS:

"My involvement with DHS Self sufficiency and the services DHS has connected me to have helped me feel more hopeful about my future" (hope)

"My involvement with DHS Self sufficiency and the services DHS has connected me to have helped me feel more confident in my ability to improve my current circumstances" (self-efficacy)

MS Measures Library: Update (August 12, 2019)

Notes: -- The **ECHO (Early Childhood Health Outcomes)** survey is currently planned to begin in 2020 with a limited version, then go to even/odd years rotation for subject content (resulting in data every 2 years for selected items. Regarding racial/ethnic breakdown, “Depends” means the ability to breakdown by race/ethnicity depends on the survey sampling.

SYSTEM GOAL 1: CHILDREN ARRIVE READY FOR KINDERGARTEN		
Long-term System Measures	Data Source & Notes:	Racial/ethnic breakdown?
hold for future health measure		
OKA Approaches to Learning: Interpersonal Skills & Self-Regulation	ODE/ELD	Yes ¹
OKA Math, Letter Names, & Letter Sounds	ODE/ELD	Yes ¹
Kindergarten attendance (90% + of days attended)	ODE/ELD	Yes ¹
Third-grade reading (% proficient)	ODE/ELD	Yes ¹
Intermediary Measures		
Objective 1: Families are supported and engaged as their child’s first teachers.		
Frequency of reading to children	ECHO	Depends
Parenting Skills Ladder	OPEC (could combine with some HV if versions are reconciled)	Yes, but Asian/PI group is non-standard
Objective 2: Families have access to high-quality affordable early care and education.		
% of children with access to child care slot	OSU	No
# of SPARK-rated programs	WOU/TRI	Not applicable
# of children in SPARK-rated programs	WOU/TRI	Yes
Continuity of subsidized child care arrangement	OSU	
Affordability of child care	OSU	Not applicable
Objective 3: A high-quality, well compensated, culturally responsive, and diverse early care and education workforce is in place.		
Turnover rate of providers	OSU/PSU OCCD	Yes
% with providers with BA or Step 5/9	OSU/PSU OCCD	Yes
Diversity of ECE workforce	OSU/PSU OCCD	Yes
Compensation measure	OSU/PSU OCCD	No (collected at facility level)
Objective 4: Early childhood physical and social-emotional health promotion and prevention is increased.		
Well-child visits	OHA	Yes
Preventive dental exams	OHA	Yes
Exclusive breastfeeding first 6 months	PRAMS or ECHO	Yes/Depends
Immunization rate	OHA	Yes
Objective 5: Young children with social-emotional, developmental, and health care needs are identified early and supported.		
Developmental screenings (% screened by 36 months)	OHA	Yes
% of infants and toddlers in EI services showed gains in S-E skills	ODE, EI/ECSE	Yes
% of preschoolers in ECSE services showed gains in S-E skills	ODE, EI/ECSE	Yes
Objective 6: Children and families experience supportive transitions and continuity of services across early care and education and K-12.		
(develop future measure)		

SYSTEM GOAL 2: HEALTHY, STABLE, & ATTACHED FAMILIES		
Long-term System Measures	Data Source & Notes	Racial/ethnic breakdown?
Maternal mortality rate	OHA	Yes
Maternal depression	OHA	Yes
% of children free of abuse & neglect	DHS	Yes
Food (in)security	USDA food security report or ECHO or DHS ²	USDA: NO ECHO: Depends upon sampling
Young children in poverty (under 6)	Census	Yes
% of families earning a living wage	Employment Dept OR Current Pop Survey (Census) OR DHS ²	
Adequate birthweight	OHA	Yes
Severe rent burden for families w/ young children	OCHS	Yes
Rate of preterm births	OHA	Yes
Intermediary Measures		
Objective 7: Parents and caregivers have equitable access to supports for their physical and social-emotional health.		
Adequate prenatal care	OHA	Yes
Well-women visits	OHA	Yes
Smoking while pregnant or 2nd-hand smoke	PRAMS or ECHO	TBD: Depends upon sampling
Maternal social support	ECHO	TBD: Depends upon sampling
Parenting stress	ECHO	TBD: Depends upon sampling
Family's sense of hope OR Self-efficacy	DHS ²	Yes
Objective 8. All families with infants have opportunities for connection		
(Develop future measure)		
Objective 9: Families with young children who are experiencing adversity have access to coordinated and comprehensive services.		
Continuity in subsidy program	OSU	
Children in foster care get timely health assessment	OHA	Yes
Residential stability after 6 months	OCHS or DHS ²	Yes

¹ ODE has both individual flags for each race and ethnicity option, and the final category determination.

² DHS data for these two measures are limited to self-sufficiency clients.

SAMPLE TEMPLATE FOR MEASURE DOCUMENTATION

MEASURE	OKA APPROACHES TO LEARNING: INTERPERSONAL SKILLS & SELF-REGULATION
SOURCE	Oregon Department of Education (ODE)
DEFINITION	<p>The Approaches to Learning segment is an observational assessment completed by the student's teacher using the Child Behavior Rating Scale (Bronson et al., 1990) after the teacher has had an opportunity to become familiar with the student. The focus of this segment is to observe a child's interactions with other children and adults in the classroom and their interaction with classroom materials over time. This segment does not take any student time to administer. 15 items are rated on a 5-point rating scale and then summed to produce a total score.</p> <p>For more information on the OKA, see: https://www.oregon.gov/ode/educator-resources/assessment/Pages/Kindergarten-Assessment.aspx</p>
DATA AVAILABILITY	ANNUALLY
RACIAL/ETHNIC BREAKDOWNS?	YES. Note that both a single determined race/ethnicity is available for each student as well as separate flags (yes/no) for each race/ethnicity.
RESEARCH RATIONALE	<p>The Approaches to Learning domain was adapted from the Child Behavior Rating Scale (CBRS; Bronson et al., 1990) is based on teacher observation of the student during regular classroom activities and routines. These items focus on a child's approaches to learning, self-regulatory skills, and interpersonal skills. The CBRS has been demonstrated to be strongly predictive of reading and math achievement in elementary grades and has been validated in a wide range of cultural contexts.</p>
STATE ESTIMATES	<p>See Results by school year at https://www.oregon.gov/ode/educator-resources/assessment/Pages/Kindergarten-Assessment.aspx</p>

MEASURE	ADEQUATE PRENATAL CARE
SOURCE	OREGON HEALTH AUTHORITY (OHA)
DEFINITION	<p>Care that began in the first or second trimester and included at least five prenatal visits.</p> <p>Calculation: The number of Oregon resident births whose mothers received adequate prenatal care divided by the number of Oregon resident births who received adequate or inadequate prenatal care (note: excludes missing cases).</p>
DATA AVAILABILITY	ANNUALLY
RACIAL/ETHNIC BREAKDOWNS?	<p>YES</p> <p>https://www.oregon.gov/OHA/PH/BIRTHDEATHCERTIFICATES/VITALSTATISTICS/ANNUALREPORTS/VOLUME1/Documents/2017/Table0218.pdf</p>
RESEARCH RATIONALE	<p>Prenatal care is important for both the health of the baby and the mother. Mothers who receive late or no prenatal care are more likely to have babies with health problems. Mothers who do not receive prenatal care are three times more likely to give birth to a low-weight baby, and their baby is five times more likely to die.ⁱⁱ However, some health researchers have concerns about the value of prenatal care as an indicator. Women who seek prenatal care are more likely to have higher incomes and intended pregnancies, which makes it difficult to measure the unique effects of prenatal care.ⁱⁱⁱ Prenatal care does not always address, and may not be as effective among, women with specific social and medical risks.^{iv} Adequacy of care (defined by the frequency and timing of visits), however, has been correlated with positive outcomes and may also confer benefits such as reduced likelihood of postpartum depression and infant injuries.^v</p> <p>— Excerpted from <i>Child Trends DataBank</i></p>
STATE & NATIONAL ESTIMATES	<p>Oregon: 2016 = 94.0% 2017 = 93.9% 2018 = 93.7%</p> <p>For annual data, see https://www.oregon.gov/oha/PH/BIRTHDEATHCERTIFICATES/VITALSTATISTICS/BIRTH/Pages/index.aspx</p> <p>The National Center for Health Statistics collects information about prenatal care using data from birth certificates, which is available to the public. Data available include the date of the first prenatal visit, the total number of prenatal visits for the pregnancy, and a variable that recodes the data to determine in which trimester the prenatal care began.</p>