

Project Objective:

Purpose: To conduct an analysis of current data capacity, develop an indicator framework and recommendations for implementation. The analysis will be used by the Governor’s Office, State departmental leads and other policy makers to improve utilization and access to adequate data for the purposes of improving health, safety and school readiness outcomes for our youngest children. Conducting an analysis of the “current state” and clarifying the key data points needed to track child outcomes and plan effective programs will enable policy makers to have much needed information that will improve our overall state early childhood system. Coordinated state health, human services and early care and education (ECE) data systems will further enable state policy makers to effectively close the school readiness gap and prepare all young students to succeed in school and in life.

Deliverables: Recommendations on the above to the Executive Office on Early Learning (EOEL) and by August 2012. Two progress reports on Phase I and II have been submitted on March and June 30 to inform on project developments and adjust course as needed.

- Recommendations for a Framework of Early Childhood Indicators for School Readiness
- The environmental scan of current data systems and an analysis of their strengths and weakness as they relate to the ability to implement the framework.
- Population of the indicator framework with baseline data.
- Recommendations for policy makers for changes to existing data systems and training needed for efficacy that will ensure policy makers have information that can help them understand services that are most effective in creating strong families and children and the special needs of vulnerable populations by deepening their understanding of the family strengthening and social determinants of health models, as well as enabling access to information about components of early education services for preschool age children that contribute to school readiness.
- Identify strategies that will move the indicators.

This work can be fed into the State Action Plan that is in the process of development under the leadership of the Executive Office on Early Learning.

- **Phase 1:** January-March 2012 – Development and vetting of Indicator Framework and Assessment of Current Capacity to track key indicators.
- **Phase 2:** April-June 2012 – Conduct baseline data inventory on Indicators in the Framework and assessment of data systems. Recommendations and Development of Priorities for data capacity development agenda.
- **Phase 3:** July-September 2012 – Partnership Development and Commitment to improve priority data systems. Development of Strategies to move the indicator.

Summary of Completed Project Tasks, Phases I and II

Deliverables for Phases I and II were completed on March 31, 2012 and June 30, 2012 and approved by the Department of Health, Maternal and Child Health Branch.

In Phase I, we focused our attention on the development of an indicator framework that included major health and social determinants of risk and protective factors important to early development, as well as indicators of early education components, all related to school readiness. Using this framework, we assessed the current capacity of Hawaii's state agencies and other organizations to provide data relevant to this set of indicators, and examined characteristics of these available data sets (e.g. frequency of collection, geographic areas represented, participant characteristics, sample or population data, access requirements). The project was introduced to health, human services and education department administrators, Hawaii's Early Learning Council, P-3 and P-20 (Longitudinal Data System) the Collective Impact Early Childhood workgroup and other potential partners.

In Phase II, we researched and reported on the significance of each indicator proposed in Phase I to the outcome of reading proficiently by fourth grade and overall academic success. We also conducted an environmental scan of Hawaii's Current Early Childhood Improvement Efforts activities, as an information source for those engaged in planning.

The original "Getting Ready" indicator framework was adapted to fit the "Pathways" model that has been adopted for the Office on Early Learning Action Strategy efforts. This new model places extensive attention on health and social determinants that influence development and school readiness for young children, the importance of transitions and continuity in early experiences, and supportive education and care elements through grade 3. This model is being used in development of Strategies and Action Steps to move the indicators, focused on six goal areas (see report section on "Strategies to Move the Indicators").

Goal 1: Healthy and Welcomed Starts

Goal 2: Health and Development on Track

Goal 3: All Families are Supported and Supportive

Goal 4: High Quality Child Care and Early Education

Goal 5: Continuity in Early Childhood Experiences Birth through Third Grade

Goal 6: Effective Teaching and Learning in K-3 Classrooms

In Phase II, a Framework Template was created for use by the six Action Strategies planning groups. In this Framework document, we report Hawaii's current status on each indicator in comparison to national data (for all indicators with currently available data), list "emerging" indicators needing data development, and provide data notes, with information about trends and data sources.

Phase III Activities

Partnership Development

Short-term Plans

The start of Phase III of this project coincided with the formal opening of the Executive Office on Early Learning in July 2012. The past three months have involved intensive exposure to the need for collaborative work with data partners and opportunities to experience uses of data as part of planning and policy development.

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For the short-term (current FY 2013, possibly continuing through calendar year 2013), partnership development is focused on defining and making arrangements for specific data sets to be collected annually, identifying the responsible entities for supplying the data, and setting up agreements and specifications which will support data collection for each indicator and delivery of data to the EOEL. Demographic data on the 0 to 8 child population, low-income children and other at-risk groups (e.g. children under 6 whose families are homeless, who are in foster care, who are in early intervention and special education preschool programs, who have health or developmental problems identified through screening, or who have limited English language) and school and program enrollment and other statistics will also be collected.

Specifications for Indicator Data Requests	
Data content	Examples
Data source	Agency, division, program and database (if known) where data is located
Type of data needed	Program enrollment data
Type of statistic	Number of children enrolled; percentage of total children screened who were positive for developmental delays (see note)
Time period	Calendar year, fiscal year, or specific months
Ages of children, specific age grouping needs	All children ages 0 to 5, grouped by year of birth
Geographic area designations	Grouped by county, island, and high school complex area or city and zip code of child's residence. (For some areas with small populations, adjacent areas may need to be grouped if the data set is small.)
Special instructions about data	Please contact me to discuss how area are to be combined if grouping small area locations is needed.
NOTE: If percentages are requested, the numerical statistics used for determining the percentages should also be obtained (e.g. children enrolled, total child population).	

Agencies have informally agreed to provide data for the proposed set of indicators, with contact persons identified for each indicator data point. These informal agreements will be formalized through letters from Terry Lock, Director of the EOEL. A Data Request Form and schedule for data collection will be exchanged as part of these agreements. (A sample Data Request Form is included as an attachment.)

Current data partners include the Good Beginnings Alliance, PATCH, Head Start, Kamehameha Schools, the University of Hawaii's Center on the Family, the P-20 Project, and the Departments of Health, Education and Human Services.

As part of a FY2013 contract with the Department of Human Services (DHS), the Good Beginning Alliance (GBA) will be responsible for some data elements that GBA has collected annually since 2000 for the Interdepartmental Council School Readiness Performance Partnership indicator report. These data will continue to be tracked as part of the current set of indicators. GBA will provide demographics and data for Goal 3, 4, 5 and 6 indicators from the DOE kindergarten readiness assessment (HSSRA).

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The University of Hawaii Center on the Family (UH-COF) provides annual demographics on children under age 5 whose families are homeless in their Homeless Service Utilization Report. The UH-COF may also be able to assist with analysis of data from the U.S. Census Bureau for school complex areas, if needed. The UH-COF will eventually be providing information from the Quality Rating Improvement System for early childhood centers, currently in the pilot stage (an emerging indicator for Goal 4).

An informal agreement with the Department of Education (DOE) enables their early childhood specialist to assist with data requests for information contained in accessible databases. Requests requiring more substantial data preparations are channeled through the Superintendent to Christina Tydeman, Ph.D., Special Projects Director in the DOE’s Data Governance Office. The DOE provides demographics on public school enrollment, enrollment projections, preschool and kindergarten special education enrollment, and free/reduced lunch program participation.

The Department of Human Services has agreed to supply EOEL with data from Child Welfare Services, Med-Quest and the Child Care Office in BESSD, and to authorize release of data for licensed child care providers and the Early Childhood Workforce Registry maintained by a contract with PATCH.

The Department of Health (DOH) will provide access to essential birth certificate data for demographics and Goal 1 indicators. DOH Family Health Services Division (FHSD) data analysts will provide assistance in organizing DOH indicator data and census data by school complex area, and may also assist with collection of EPSDT comprehensive screening data, since these data tasks are related to current projects and research publications of the FHSD.

Table of Partner Agency Contributions to “NOW” Indicator Data			
Partnering Agency	Data Category	Indicator	Time period
Good Beginnings Alliance	Demographics	Students with Limited English in DOE kindergarten	SY 2012-13
	Demographics	Students entering kindergarten with preschool experience	SY 2012-13
	Goal 3	Low-Income Young Children receiving Free/Reduced Lunch, DOE elementary school data	SY 2012-12
	Goal 4	Access to Family Child Interaction Learning or Home Visitation	SY 2011-12 p
	Goal 4	Access to Child Care and Preschool Subsidies, including DHS child care and other subsidy providers	FY 2012 and SY 2011-12
	Goal 4	Children’s Readiness at Kindergarten Entry in 5 developmental areas – from DOE Hawaii State School Readiness Assessment (HSSRA)	SY 2012-13
	Goal 5	Transition Practices between Preschool and School (HSSRA)	SY 2012-13
	Goal 6	Kindergarten Teacher Credentials (HSSRA)	SY 2012-13
	Goal 6	Kindergarten Class Size (HSSRA)	SY 2012-13

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Table of Partner Agency Contributions to “NOW” Indicator Data			
Partnering Agency	Data Category	Indicator	Time period
University of Hawaii Center on the Family	Demographics	Children under age 5 whose families are homeless	FY 2011-12
	Goal 3	Children under 6 living in single parent households	Census 2011 ACS data
	Goal 3	Households with linguistic isolation	Census 2010 or ACS
Hawaii Department of Education	Goals 4 and 5	HSSRA survey data sets (provided to GBA)	SY 2012-13 (fall 2012)
	Goal 5	Absenteeism	SY 2011-12
	Goal 6	Reading and Math Proficiency at Grades 3 and 4	SY 2011-12
Hawaii Department of Human Services	Demographics	Foster children – data from Child Welfare Services	FY 2011-12
	Goal 2	Child Abuse and Neglect – data from Child Welfare Services	FY 2011-12
	Goal 2	Health Screening – data from Med-Quest	FY 2011-12
	Goal 4	Access to Child Care Subsidies – data set from BESSD, Child Care Office to be analyzed by EOEL or GBA	FY 2011-12 (on hand)
	Goal 4	Early Education Teacher Credentials – data set from PATCH Early Childhood Workforce Registry, to be analyzed by EOEL	FY 2011-12 (on hand)
Hawaii Department of Health	Demographics	Annual Birth Statistics at school complex level	2012
	Demographics	Children receiving Early Intervention Services	FY 2010-11 and 2011-12
	Goal 1	Birth outcomes – data from Vital Statistics	FY 2010-11 and 2011-12
	Goal 1	Mother’s Education Level – data from Vital Statistics	FY 2010-11 and 2011-12
	Goal 1	Prenatal Care – data from Vital Statistics	FY 2010-11 and 2011-12
	Goal 1	Unintended Pregnancies – data from Maternal and Child Health/PRAMS	FY 2011-12
	Goal 1	Breastfeeding – data from FHSD/WIC	FY 2011-12
	Goal 2	Childhood Obesity – data from FSHD/WIC and research study	FY and SY 2011-12
	Goal 5	Early Intervention follow up and continuity – exit data from FHSD/EIS	FY 2011-12

During this initial data collection period, the EOEL will continue to maintain all data collected for the Indicator Project, along with data obtained for preparation of the Preschool Plan (see information below). At this stage, several major data sets require additional analysis (e.g. combining information from various sources, organizing data by age or geographic area) to be useful in planning and policy development. These data will inform development of the Office’s State Action Plan for Hawaii’s early development and learning system.

Long-term Plans

As part of this early childhood data work, we have been able to assist the EOEL in initiating steps to establish a long-term early childhood data system that will track indicator data and support the information needs of the EOEL. FY 2013 will be devoted to planning and we anticipate that many elements of this system will be place by FY 2014, and for years beyond.

The UH Center on the Family, which currently operates an informational website with Kids Count and other Hawaii data related to children and families, has expressed interest in supporting EOEL data needs. In response, we requested and have received a proposal and business plan from the UH-COF for consideration by the EOEL, with these parameters:

- An agreed upon set of indicators (probably very close to the list we have been working off of in the Framework and Significance documents)
- Data collected annually
- Analyzed from primary sources
- At school complex level, whenever possible
- Available on a website and in print material.

An alternative plan would involve managing early childhood data from within the EOEL. We have requested technical assistance in developing data system plans from the State Office of Information. Our request describes the current need of EOEL to track data on children and families, programs and practitioners during implementation of the state preschool program, as well as the long-term need to track outcomes for children in a comprehensive early childhood system. Information on data availability, problems and gaps encountered through development of this indicator project have helped to identify specific problems with early childhood related data that need to be addressed (see attached White Paper “Request for Technical Assistance”).

In addition we recommend that the EOEL establish long-term Memoranda of Understanding for data sharing with the Departments of Education, Health, Human Services, and University of Hawaii similar to those included in Hawaii’s Race to the Top – Early Learning Challenge proposal, to enable on-going exchange of data to track progress on indicators and outcomes for children.

Demographic Data on Target Population for the EOEL Preschool Plan

Considerable data exchanges between early childhood data partnering agencies have taken place during Phase 3 in support of the EOEL’s Preschool Plan. Demographic data and program statistics gathered and analyzed for the EOEL preschool plan during July-August 2012 include:

- Capacity of licensed preschools – data from PATCH, DHS contract
- Births by complex area, 2007 through 2011 – data analysis by DOH, FHSB
- DOE K and JrK children, SY 2011 – data analysis by GBA, from DOE/HSSRA
- Military Child Development Centers, 2011 – data from Joint Naval Base, PMRF Naval Base, Marine Corps Base Hawaii and Army

In addition, some data pertaining to Goal 4 indicators has been collected and analyzed:

- Low-income children ages 3 and 4 with subsidized preschool enrollment
 - Preschool and Pauahi Keiki Scholarships, SY 2012 – data from Kamehameha Schools
 - Preschool Open Doors subsidies, FY 2012 – data from PATCH, POD enrollment (DHS contract)
 - Head Start enrollment, SY 2012 and fall 2013 – data from four Head Start grantees (HCAP, PACT, MEO and CFS)
- Early Education Teacher Credentials - data from PATCH, Early Childhood Workforce Registry (DHS contract)
- Accredited Child Care – data from NAEYC and NECPA websites, PATCH capacity data

To further inform the EOEL Preschool Plan, the consultants were asked by the EOEL to develop a survey to collect data from Hawaii's licensed preschool providers during July and August. The survey purposes included gathering preschool capacity data for children of different age groups and obtaining information on potential vacant classrooms and spaces available for expanding services (data not previously available). Originating with a letter and written form from the EOEL Director, the 10-question survey was also made available online via the SurveyShare website. The Good Beginnings Alliance partnered in administration of this survey during the last two weeks of August, sending email notices to preschool directors, keeping records on responses, making follow-up calls to non-respondents, and recording written and phone survey responses online.

About 76% of Hawaii's preschools participated in the survey, representing 75% of the total spaces available for children ages 2 through 5. The participation rate varies by county, with 76% of all preschools returning surveys on Oahu (73% of spaces), 71% on Kauai (80% of spaces), 85% on Maui (88% of spaces) and 70% on Hawaii (80% of spaces).

In addition to providing data needed for the EOEL Preschool Plan, this survey had value as a communication tool, enabling information to reach preschool directors who have limited access to early childhood policy development, and creating a channel for expression of their comments and questions. Limitations of the survey included insufficient time for pre-survey preparations, which resulted in difficulties for GBA staff in supporting survey participation.

The EOEL has also begun to explore the use of GIS data mapping to understand data relationships and communicate data. GIS mapping technicians from the DBEDT designed geographical maps of Hawaii's school district areas, showing high school complex area boundaries, preschool and DOE elementary school locations, with color-shading to indicate low-income child demographics for complex areas based on free/reduced lunch percentages, using data collected for the EOEL. Data maps may be useful tools in comparing needs and resources and locating services.

Strategies to Move the Indicators

At the request of The Office on Early Learning (EOEL) the consultants in Phase III of the Indicator Project designed a process to address how to impact the indicators that had been found to be significant to early learning in Phase II (reference document *Significance of the Indicator*). The foundation for much of the research that became part of the Significance document was embedded in a larger research document *Pathway to Children Ready for School and Succeeding at Third Grade*, Lisbeth Schorr, Vicky Marchand, June 2007. As a starting point for planning purposes we adopted the framework they proposed, it was comprehensive of health, safety, family support, early care and education and linked to early K-3 education.

The project was launched by the EOEL in July with staff and consultants in place. This Action Strategy will be outcomes driven-- incorporating indicators, data and research that drive strategies and actions – and be developed through a collaborative process.

Project Team

Terry Lock, Director

JoAnn Farnsworth, AS Project Director

Melody Vega, OEL Projects Manager

Jodi Hardin, AS Consultant

Scott Spann, AS Consultant

Jeff Mohr, Omidyar Family Enterprises

Background

Building on the Four Pillars developed by the Early Learning Council: Early Learning and Care, Health, Parent Education and Support, and Workforce and Professional Development, the scope was broadened to encompass children prenatally through third grade. Using the research conducted by Lisbeth Schorr and Vicky Marchand in their study “Pathways to Children Ready for School and Succeeding by Third Grade” we have focused our framework on the goals they identified with the following adaptations:

Goal 1: Healthy, Welcomed Starts

We have clarified that goal for us to mean women’s health across the life course incorporating preconception care through early stages of attachment and bonding.

Goal 2: Health and Development on Track

Includes socio-emotional, physical and dental health and child development from birth to age 8 across settings.

Goal 3: Supported and Supportive Families

Including intergenerational support for families in child rearing, literacy and life skills.

Goal 4: High- Quality Child Care and Early Education

We consider early learning and care across four settings: family child interaction learning, home visitation, in home care and group care, linking with after school and summer activities.

Goal 5: Continuity in Early Childhood Experiences

To include continuity in medical, dental, family support professionals as well as consistency of knowledge, standards and curricula on how children learn and develop.

Goal 6: Effective Teaching and Learning in K-3 Classrooms

To include not only quality of the teaching and learning environment but to ensure children are safe, well fed and cared for so they are able to learn.

The Process

We hope to have the first phase of the project complete by the end of December. The second phase will be the staged implementation, oversight and continuous refinement.

The first phase will be sequenced in four parts:

1. Planning and Design- basically complete but will refined as we learn together what is critical for success
2. Engagement & Context Mapping
 - i. Engagement of Team Leaders for each goal and their recruitment of members (to date over 80 people have been involved in the context mapping process)
 - ii. Context mapping (early August)

Scott Spann of Innate Solutions has been engaged as a consultant to work with the teams and interview a dozen or so key stakeholders to help us “see” the critical strategic efforts needed to move the identified indicators and create an early childhood system.
 - iii. Teams and ELAB members will review the preliminary map. (Mid August)
 - iv. Final analysis will be available to the team leaders by the end of August.

The outcomes we hope to achieve through the context mapping effort are to

- Identify the interdependencies between and among each of the goals and the key forces affecting them
- Serve as the common frame and language that “holds” the early childhood conversation over time
- Offer the platform for the exploration and analysis guiding the overall action strategy effort

- Conduct a “preliminary” analysis to identify leverage points with the power to transform the quality of early childhood outcomes
- Allow logical sequencing of the various actions across the network to effectively coordinate action over time for greatest impact

3. Development of Strategies and Prioritized Actions to implement those strategies. September and October

This work will be done in teams and across teams in the early fall. Melody Vega, Hawaii Careers with Young Children, and Jodi Hardin, who led the development of the Early Childhood State Plan for Colorado, will coordinate this effort with the teams. Each team is charged with identification of key strategies and action steps which will address the indicators in their given goal area, providing a strong platform upon which overtime the OEL can build. These initial strategies will support the Preschool Plan that is concurrently being developed to create a high quality model for access to targeted statewide preschool.

4. Development of System Elements required for implementation and monitoring. November

In this phase of the Action Strategy process the teams will identify the strategies needed for Hawaii to develop a “virtual” early childhood system. Technical assistance providers will help us develop some of these system elements.

- i. Key partnerships
- ii. Financing Strategies
- iii. Policy and administrative rule changes
- iv. Data systems and Indicator tracking
- v. Professional development

In addition to the development of strategies to move the indicators three key capacities will be built among those who are a part of the comprehensive early childhood system:

1. Create shared clarity about both the current reality and future actions required to significantly transform Hawaii’s early childhood system and embed an outcomes-focused approach.
2. Build the relationships across the system needed to ensure strong, productive partnerships and networks over time.

Create a shared understanding of the sequencing and prioritization of what needs to take place to build the system.

Data Status and Recommendations for Future Data Work

We have taken an approach to data review that began with attempts to locate and collect data significant to understanding how Hawaii's young children are doing in relation to a set of key developmental indicators. Investigating the availability of these data points, we have found variation among Hawaii's state agency data systems, including strengths and weak areas.

Department of Health

1. Agency data sets contain valuable detailed information about participants of particular programs or other focused data collection efforts, but
2. Much of the data is episodic, fragmented among programs and not organized to enable cross-program tracking of individual children or families.
3. The DOH has epidemiologists and research analysts with data knowledge and skills as well as to take a leadership role in improving data practices.
4. A linked agency-wide data system requiring collection of data on all individuals receiving services from DOH programs and contracted services would enhance agency ability to understand the impact of programs. Developing data standards across programs and establishing a linking method for data systems in the Family Health Services Division (e.g. WIC, Maternal and Child Health programs, EIS, Healthy Start and the HHVN) could be a first step.
5. Health surveys incorporating key questions can better guide policy and planning if they are conducted more frequently and have sufficient localized samples to understand circumstances in specific communities.

Department of Education

1. State longitudinal data system development and implementation has improved access to detailed information on student characteristics and will enable insights from long-term studies.
2. The DOE has the most comprehensive localized data available for the entire state of Hawaii. Access to DOE data in summary report formats would be helpful in cross-agency data planning. Currently, data products are mainly available at the individual school level. Summary reports that include school, high school complex area, and district level data would be helpful for understanding the demographic characteristics of school populations, academic progress, attendance, etc. for geographic areas throughout the state. These data can be shared under FERPA requirements.
3. It will be important for the EOEL and DOE to work together on Kindergarten Readiness Assessment plans.
4. Major gaps exist in data on kindergarten and early elementary grade characteristics at the school level. Much information is needed, including number of classrooms, type and number of teachers per classroom, student-teacher ratio, curriculum used, child grouping practices, class size, teacher education and demographics.

5. Additional data are needed for preschool special education programs including participant and workforce demographics, services provided, group size and composition, inclusion practices, and enrollment changes during the school year. These data need to be available at school, high school complex, district and state level.
6. DOE experts in research, planning and evaluation are essential participants for a cross-agency early childhood data improvement team.

Department of Human Services

1. Departmental data systems are antiquated and currently undergoing a major overhaul. Although data systems include extensive details about program participants, extracting new data reports is difficult and requires use of expert technicians familiar with the existing system.
2. Data systems operate to fulfill DHS primary role of delivering financial and other types of “safety net” services, including health care, child care subsidies and food assistance, and data reporting is focused on monitoring these services and expenditures.
3. Child care data is linked with the overall client database and therefore has the potential to provide many details about the population receiving services, not currently being studied.
4. The DHS has limited ability to conduct data research and analysis for policy development.
5. Child Welfare Services should be a participant in cross-agency data planning for tracking vulnerable children.
6. Med-Quest data collection about the EPSDT services needed for Indicators is limited; the DOH/FHSD plans to collect these EPSDT data directly from health service providers through an agreement with Med-Quest.
7. Until DHS completes the data system improvements that are underway, analysis of important early childhood-related data for can be accomplished by sharing data sets from the Child Care HANA database, for analysis by EOEL.

Head Start Data

1. Head Start data is currently organized around information required for their national Program Information Report (PIR), aimed at monitoring overall Head Start program services. This system does not include all the types of information needed for state planning or analysis of Head Start services in combination with other early childhood programs, or for localized geographic areas.
2. Work with Head Start grantees to develop methods of reporting Head Start data on local area services and needs of Head Start population in Hawaii.
3. More information is needed about the contents of Head Start data on individual child participants.
4. Include Head Start representation in cross-agency data planning.

Recommended EOEL Role in Early Childhood Data Development

1. Assume leadership in overall data policy development for early childhood years.
 - a. Convene a cross-agency data improvement team to follow up on data improvements recommended in this report and by the national Early Childhood Data Collaborative (e.g. *10 Fundamentals of Coordinated State Early Care and Education Data Systems*, August 2010 and March 2011) and Build Initiative.
 - b. There is a need to extract and improve data about Hawaii’s diverse child care and early education programs and infrastructure from a perspective of supporting child development and family needs. Current data sets, e.g. from DHS child care (the most current source of data on out-of-home services for low-income children under 5 and on the early childhood workforce) have been developed to support operational and reporting needs of child care licensing and payment programs and do not currently yield the types of information needed to understand capacity, system demographics and characteristics, or outcomes for children and families.
 - c. Communicate with the State OIS about data elements and reports that will enhance the ability of EOEL and other agencies to use data to “see the big picture” and also focus on community level needs as state agency data systems are updated and improved.
 - d. The EOEL needs to collect and maintain a variety of information in addition to quantitative statistics. Include qualitative data methods such as focus groups, interviews, open-ended surveys and literature reviews as part of the EOEL data plans.
 - e. It will be important to communicate information about EOEL goals, the Indicator Framework, strategies undertaken, and ongoing tracking of progress to the public, early childhood stakeholders, families and policy-makers, using the most current types of media resources.
 - f. Collect and monitor information on expenditures and financing for Hawaii’s early childhood system.
 - g. Coordinate with Hawaii’s longitudinal database development team. The longitudinal data base will eventually enable access to comprehensive, long-term data on progress of individual children from birth through college years. On-going communications will be needed to further define roles of the EOEL and the longitudinal data project as new early childhood data resources are developed and current data systems improved.
 - i. The longitudinal data system will not provide all types of data needed for EOEL policy and planning work.
2. The EOEL can best connect with early childhood data activities at the state and national level, e.g. through the National Governor’s Association, the Early Childhood Data

Collaborative, and similar entities, with potential access to resources and technical assistance from these projects. For example, the New America Foundation’s Federal Education Budget Project is currently exploring structures that states can use in organizing comprehensive data on children in all types of early childhood programs in local geographic areas (see *Counting Kids and Tracking Funds in Pre-K and Kindergarten: Falling Short at the Local Level*, September 2012, at www.edbudgetproject.org.)

3. An in-house data system can expedite access to details needed for planning, policy development and problem-solving. Responding to unexpected data requests often requires extracting details from source data.
 - a. Analysis of early childhood capacity and determining needs requires integrating data from multiple sources.
 - b. A central data point is needed for early childhood information. Maintain at minimum basic demographics about children under 6 and related programs. The EOEL needs access to data for media inquiries, communications with program providers, etc.
 - c. Access to some data files in “look up” format, e.g. licensed preschool list, military child development centers.

Indicator Data Improvements

1. Improvements are needed in source data for these Indicator data sources:
 - a. Early Childhood Workforce Registry database - structural and content improvement to enable analysis, report system characteristics, and record information essential for QRIS
 - b. DHS child care data – develop report specifications to monitor details of program participation by children under age 6
 - c. Preschool capacity, workforce and program characteristics – collect additional details to fill data gaps
 - d. Early Childhood practitioner wage and salary information – no local data collection source
 - e. Longitudinal data system – early childhood contents still in the developmental stage
 - f. EPSDT – data recorded by Med-Quest does not include details needed; DOH analysts may collect these data
 - g. Home Visitation Network database – not yet operational
 - h. Develop data sources to track all Emerging Indicators.
2. The Action Strategy Framework overall goal needs to be measurable, and the best outcome measures for reading and mathematics proficiency selected.
 - a. The overall goal is evolving through work group discussions, and the current statement “75% of Hawaii’s Children are Ready and Succeeding in School and

- 75% of Schools are Succeeding for Children and Their Families by 2017” will need other measures beyond academic proficiency scores.
- b. A decision is needed on best measures for proficiency, i.e. NAEP scores at 4th grade (comparable to national data) or 3rd grade Hawaii Proficiency test scores (comparable between cohorts and to Hawaii DOE goals).
3. All indicators and other data collected should be examined in relation to how they will be used. Are data results actually relevant to policy and practices in Hawaii, e.g. which programs are affected, are cross-departmental policy issues involved, what changes do the data suggest? How will this data inform actions, priorities and policy positions of the EOEL? These questions need to be addressed by the Action Strategy planning groups as part of their process.
 4. Cross-agency data partners need to consider data compatibility and sharing concerns, including:
 - a. Issues related to assigning unique identifiers for children that can be used to match or combine data across state programs, such as confidentiality and access guidelines.
 - b. Use of common definitions and tools, e.g. health and developmental screening instruments
 - c. Data content essentials such as using child identifiers that enable data analysis while masking identity, recording child’s date of birth, ethnicity, languages spoken, and residential area.
 - d. Adopting methods of assigning geographic area in data sets that are adaptable to a variety of area boundaries, and providing analytic tools to organize data (e.g. use of geocodes, conversion tables for analysis by the designated local geographic organizing system such as school complex area)
 - e. Agreement on methods for determining population size of children under 6, and criteria for determining poverty and low-income status, to ensure common denominator use in reporting statistics by percentage
 5. Develop methods for determining or collecting missing data elements, such as:
 - a. Information on income levels of Hawaii families with young children
 - b. Spaces available and enrollment in preschool programs by age cohort
 - c. Census data elements not available from American Community Survey because of Hawaii’s small sample size.
 6. Additional details about the quality of indicator data sets and other data maintained by Hawaii agencies are included in our Phase I Progress Report and Appendix.

Final Thoughts

Overall, this data project has had considerable success in moving toward the intended goal of attending to health and social determinant risk and protective factors for young children via a data-driven framework that will guide Hawaii's early childhood system. Although cross-agency planning on improving common data elements to enable sharing between agency data systems, tracking meaningful information about child and family clients, and increasing the use of data for policy development need to continue as a long-range focus, use of this Indicator Framework can provide a foundation and structure for future success.

There are 5 Attachments to the Report

1. Final set of recommended Indicators with agency partners and contact person
2. Sample Data Request Form
3. Updated Significances document (PDF)
4. Updated Action Strategy Framework document
5. White Paper Data Request to OIS